

For Office Use Only
 Date admitted: _____
 Admitted to grade: _____
 Registration: _____
 Seat fee: _____
 One-time fee: _____
 Immunization: _____



Phone: 242-603-5439/ 242-813-7473

Students

Picture

Student Application

DATE: _____

Sex: Male [] Female []

Child's name: _____

Birthday: _____ Present age: _____
Month/ /day/ /year

Name of the person the child lives with: _____

Mother's name: _____

Home telephone: _____ Street Address: _____

Place of employment: _____ Email address: _____

Work telephone: _____ Cell phone: _____

Father's name: _____

Home telephone: _____ Street Address: (Same as above) _____

Place of employment: _____ Email address: _____

Work telephone: _____ Cell phone: _____

Emergency Contact Name/s (other than parents):

*Name: _____ Relationship: _____ Tel: _____ Cell: _____

*Name: _____ Relationship: _____ Tel: _____ Cell: _____

Please list the names of persons authorized by the parents to pick up the child from school. Your child will not be released to anyone other than those on this list unless we receive direct permission from you.

Return this completed application along with the following:

1. A recent photo of the child
2. A copy of the child's birth certificate / passport
3. \$75.00 registration fee (non-refundable/ one-time fee) **accident insurance included**
4. A completed medical examination report (attached)
5. A copy of the child's immunization record
6. A signed childcare agreement form (attached)
7. A signed Policy Receipt Handbook/release form (attached)



The following agreement is made between:
Refresher For Kids Developmental Centre
#8 Alexander St. Nassau, Bahamas and

Parent's Name: _____

For the provision of child care for:
Child's Name: _____

Terms of the Agreement are as follows:

Term Fees Due Dates:

- **Thursday, August 26th, 2021**
- **Friday, November 26th, 2021**
- **Monday, February 27th, 2022**

Days & hours of Care:

Monday to Friday 7:30am to 3:00pm

FEES: Fees for Care **\$ 830.00 per term**
+ \$92 (1/3 June fee payment 2021)

TUITION

All fees paid to the school are non-refundable. Credit will not be given for sick days, vacation days, withdrawal, supply fees, and book fees. There will be a five (5) day grace period given for all fees, after which, a late fee of \$25 dollars (\$25.00) will be applied to your bill and your child **WILL NOT** be allowed in school unless all outstanding fees are paid. Parents may choose to make a financial agreement at the school if they are not able to pay the fees according to the term fee schedule.

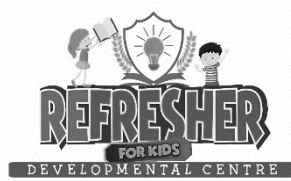
Financial arrangements MUST be requested at the time of registration. There is a \$50 fee for persons wishing to go on the payment plan.

The school agrees to inform parents, in writing, of increases in fees, changes in policy, unscheduled Centre closings that are not already on the school calendar.

PAYMENT POLICY

All payments must be made at the bank with the child's name attached and receipt of payment must be dropped off at the school's OFFICE in advance according to the Tuition Payment Schedule. REFRESHER FOR KIDS DOES NOT ACCEPT CHEQUES. We reserve the right to deny admittance to any child whose tuition is not paid by the due date. Please call the office to make other arrangements if this is not possible. Parents are responsible for all fees charged on their child/children's account. Parents paying by the term or payment plan are responsible for fees/ tuition charged on their child/children's account whether or not the child/children is in attendance at school. This includes sick or vacation days, holidays, school breaks and withdrawal from the school program or cases of national emergencies.

This physical examination must be completed by your child's doctor or a medical clinic upon registration. Please have ALL sections completed and submitted with the application.



Date: _____
Medical Examination

IMMUNIZATION RECORD MUST BE ATTACHED

Child's Name: _____ Age: _____ Sex: Male [] Female []
Date of Birth: _____ Telephone: _____
Mother's Name: _____ Father's Name: _____

This section must be completed by a physician:

PHYSICAL EXAMINATION: Height _____ Weight _____

Please describe the child's physical condition / health history: _____

Does the child have any allergies (food, insects, etc.)? _____

Does the child use any medications to control Asthma or an Asthmatic cough or wheezing?

Does the child have any behavioral / developmental conditions, learning delays or sickness?

Do you consider this child fit to take part in activities at a child care center? _____

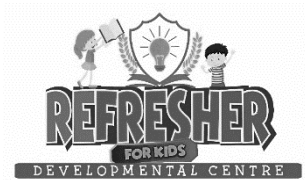
Signature of Physician _____ Date: _____

Print Physician's Name: _____ Phone: _____

Address: _____

Doctor's Stamp:





Refresher for Kids Developmental Centre Consent Form

Dear Parents/ Guardian,

The Early Childhood Education Act requires that all child care centres put into practice specific guidelines concerning the care of children. One specific guideline requires parents to sign consent forms giving schools permission to:

1. Take students on field trips.
2. Take students to a physician/hospital to receive emergency care if needed.

Please find below consent forms that must be signed. These forms will be kept in the student's file.

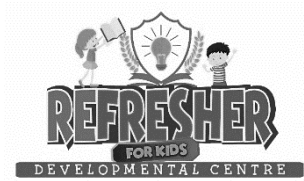
**PLEASE READ CAREFULLY AND SIGN BOTH SECTIONS BEFORE RETURNING THIS
CONSENT FORM TO THE SCHOOL.**

1. Refresher for Kids Developmental Centre has my permission to take my child on field trips for the duration of his/her attendance at Refresher for Kids. I understand that I will be notified two (2) weeks prior to the field trip and I reserve the right to decline my child's attendance.

Child's Name _____ Parent's Signature _____

2. Refresher for Kids has my permission to take my child to a physician/hospital to receive emergency treatment during his/her attendance at Refresher for Kids. I understand that the school will contact me as to the location of the emergency treatment so that I can meet my child there. (Parents are notified to collect children from school in the event of minor accidents or illness if medical attention is deemed necessary by the school.)

Child's Name _____ Parent's Signature _____



RECEIPT OF HANDBOOK

I have read and received a copy of Refresher For Kids Developmental Centre Handbook which includes the policies and procedures of the centre.

Name of Child

Signature of Parent/Guardian

Date

Signature of Teacher

Date

.....
I give permission for Refresher For Kids to use my child's photograph in the school publications, websites, etc. for the purpose of promotion. Photos only will be used. No names will be used.

_____ Yes _____ No _____

Signature of Parent/Guardian

Date