



2020-2021 ENROLLMENT APPLICATION

Please submit this completed enrollment packet, along with a \$100 registration fee, either by mail or in person. Checks should be made payable to The Early Learning Academy.

Mailing address: P.O. Box 14669, Savannah, GA 31416

Physical address: 11500 Middleground Road, Savannah, GA 31419

If you have questions, please call (912)228-8147 or email eladirector@matthewreardon.org

Ages Served and Tuition Fees

- *Ages:* Toddlers: 13-24 months; Early Preschool: 24-36 months; Preschool: 36 months – 48 months; Pre-K4: 48 months – 60 months
- *Times:* Academic Program 8:30 a.m. to 2:30 p.m.,
Extended care (7:30 a.m. – 6:00 p.m.) year-round. All children not enrolled in our Extended Care Program should arrive between 8:15 a.m. and 8:30 a.m. and depart between 2:30 p.m. and 2:45 p.m.
- *Academic Tuition:* Paid monthly and due on the 1st of each month **
 - *Toilet Trained:* \$135 per week (paid monthly)
 - *Diapered:* \$145 per week (paid monthly)
 - Extended Care Hours: Additional \$40 per week per child
 - *Annual Supply Fee:* \$225 one time fee due upon enrollment or \$250 split payments (\$125 due upon enrollment; \$125 due February 1st)

** There is no reduction in fees because of student absences or holidays.
20-day notice of withdrawal is required.

***Children with autism may pay additional fees for early intervention therapies, which may be insurance reimbursable.



2020 - 2021 ENROLLMENT FORM

Entrance Date _____ **Withdrawal Date** _____

Name _____ Sex ___ Age ___ Date of birth _____

Home Address (Street) _____

City _____ State _____ Zip _____

Preferred Phone Number _____ Preferred email: _____

Father's Name _____ Home Phone Number _____

Father's Home Address (if different from child's) Street _____

City _____ State _____ Zip _____

Father's Place of Employment _____ Work Phone _____

Employer's Street Address _____ City _____ State _____ Zip _____

Mother's Name _____ Home Phone Number _____

Mother's Home Address (if different from child's) Street _____

City _____ State _____ Zip _____

Mother's Place of Employment _____ Work Phone # _____

Employer's Street Address _____ City _____ State _____ Zip _____

Father's email: _____ Mother's email: _____

Child's Living Arrangements: (check one) Both Parents Mother Father Other

Child's Legal Guardian(s): (check one) Both Parents Mother Father Other

The child may be released to the person(s) signing this agreement and to the following:

*Name _____ Address _____

(Street-City-State-Zip)

Telephone Number _____ Relationship to child _____

Relationship to Parent(s) or Guardian _____

Other identifying information (if any) _____

*Name _____ Address _____

(Street-City-State-Zip)

Telephone Number _____ Relationship to child _____

Relationship to Parent(s) or Guardian _____

Other identifying information (if any) _____

Persons to contact in the case of emergency when parent or guardian cannot be reached:

Name _____ Telephone Number _____

Name _____ Telephone Number _____

Name _____ Telephone Number _____

Name of School child currently attends, if any: _____

Child's doctor or clinic name _____

Doctor/clinic phone # _____

My child has the following special needs: _____

The following special accommodation(s) may be required to most effectively meet my child's needs while at the center: _____

My child is currently on medication(s) prescribed for long-term continuous use and/or has the following pre-existing illness, allergies, or health concerns: _____

EMERGENCY MEDICAL AUTHORIZATION

Should (child's name) _____ Date of birth _____

suffer an injury or illness while in the care of the Early Learning Academy (ELA) and ELA is unable to contact me (us) immediately, it shall be authorized to secure such medical attention and care for the child as may be necessary. I (We) shall assume responsibility for payment for services.

KNOWN ALLERGIES: _____

Parent/Guardian: _____

Signature

Date

ELA Director: _____

Signature

Date