2022-2023 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.

2022 - 2023
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: ______________________

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

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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: ______________________

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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: ______________________

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Parent/Guardian: ______________________

Signature Date

ELA Director: ______________________

Signature Date