

EXCELL ACADEMY
4 & 5 YR. OLD KINDERGARTEN READINESS PROGRAM
6510 Zane Ave. N., Suite 115
Brooklyn Park, MN 55429
Phone: 763-533-0500 Fax: 763-533-0508

ENROLLMENT FORM 2010-2011

Your child's age on September 1, 2010 _____

Male ____ Female ____

1/2 Day Program
Mon.-Fri.
8:30 a.m.-12:00 noon
\$150.00 monthly service fee

Date _____

Will your child need extended day service? ____no ____yes

Before school care service is available for 1/2 day students for the hours of 6:30a.m.-8:30a.m. (Note: There are additional fees for this service)

Child's Name _____
Last Name First Name Middle Name Nickname

Place of Birth _____ Date of Birth _____ Social Security Number: _____

Address _____ City _____ State _____ Zip _____

Home phone _____ Cell phone _____

Public school district in which you live: _____

Last school attended: _____ Address: _____

Ethnicity: ____ American Indian or Alaska Native ____ Asian or Pacific Islander ____ Hispanic
____ Black, not of Hispanic origin ____ White, not Hispanic ____ Other _____
Please specify

Language spoken at home: _____

Have you moved to this district for temporary seasonal agricultural or fishing work in the last 36 months? Yes ____ No ____

Citizenship status of student?

- A. American Citizen D. Immigrant G. Other _____
B. Refugee E. Student Visa
C. Status Pending Entrant F. Visitor Visa

My child will be transported to and from school by: _____

My child will need school bus transportation: (I understand that there is a \$125.00 transportation fee for 1/2 day students which must be paid by July 1, 2009. I understand that service is provided in the morning only for 1/2 day students. I must pick my child up by noon if attending 1/2 day.) Yes _____ (parent initials)

Parent 1 Name: _____ Parent 2 Name: _____

Occupation: _____ Occupation: _____

Employment: _____ Employment: _____

Work Phone: _____ Work Phone: _____

Parents are: ____ Same residence, ____ Separated, ____ Divorced, ____ Widow/Widower, ____ Married, ____ Single

If separated or divorced whom does this child live with: _____

Guardian's Name: _____

Name of person (s) authorized to take your child to and from school in the event of an emergency other than parents:

Name: _____ Phone: _____

Address: _____

Name: _____ Phone: _____

Address: _____

Is there anyone specific who should NOT pick up your child? No _____ Yes _____

If yes, please indicate whom? _____

Parents please note that in order to ensure the safety and protection of your child, Excell Academy staff will not allow your child to be dismissed with anyone who is not listed above. If parents choose to have someone who is not on the list pick their child up, the staff must receive a written note or phone call from the legal parent or guardian. In addition, Excell's staff may also request formal identification from anyone that is unknown to them.

BEHAVIOR: Students are expected to maintain good behavior at all times during the Kindergarten Readiness Program. If the behavior is not appropriate, students will be given two warnings along with a conference with parents. If after the warnings the behavior does not improve the child(ren) may be asked to leave the Program. Excell Academy will not tolerate inappropriate / misbehavior in the Kindergarten Readiness Program.

*This information must be filled out for all children.

NAME OF PHYSICIAN/HEALTH PROVIDER: _____

ADDRESS: _____ PHONE: _____

NAME OF DENTIST: _____

ADDRESS: _____ PHONE: _____

Has your child had any surgery? _____

Please explain: _____

Any past illnesses? _____

Please list any type of medication being given on a regular basis? _____

Type _____ Reason prescribed: _____

Are there any physical problems at this time? None _____

Respiratory: _____ Orthopedic: _____ Heart: _____

Visual: _____ Hearing: _____ Allergies: _____

Seizures: _____ Other: _____

GENERAL INFORMATION ABOUT YOU

_____ I am new to Excell Academy. How did you hear about us?

_____ Other Excell Academy parents. Who? _____

_____ Newspaper/Advertisement, which paper? _____

_____ Person(s) referring you _____

_____ School Sign

_____ Yellow Pages

_____ Other, please specify: _____

GENERAL INFORMATION ABOUT YOUR CHILD

HOME ENVIRONMENT

Names and ages of brothers and sisters:

Name: _____ Birth Date: _____ School Attending _____ Grade: _____

Name: _____ Birth Date: _____ School Attending _____ Grade: _____

Name: _____ Birth Date: _____ School Attending _____ Grade: _____

Name: _____ Birth Date: _____ School Attending _____ Grade: _____

Name and relationship of other adults living in the home: _____

Any other information about siblings or other adults living in the home that would be helpful:

Parent/Guardian Signature

Date

SOCIAL/EMOTIONAL DEVELOPMENT

Describe educational experiences, which your child has had.

Does your child have playmates? _____ If so, what ages/gender? _____
Briefly describe your child's social behavior (cautious, aggressive, friendly, shy, etc.)

Circle the word(s) that describe your child:

| | | | | |
|----------------|-----------------|---------------|-----------------|----------|
| Easily angered | Whining | Crying | Happy | Cheerful |
| Stubborn | Cooperative | Quiet | Independent | Active |
| Fights often | Gives in easily | Wants own way | Temper tantrums | |

Any frustrating/difficult behaviors?

What makes your child frustrated or upset? _____

Describe discipline used at home: _____

Is your child adopted? Yes _____ No _____ At what age? _____ Has the child been told? _____

Anything else we should know about the adoption? _____

Describe any fears your child may have and how you have dealt with them:

Your child's favorite play activities: _____

Describe any special interests of your child: _____

Motor activities your child enjoys: _____

Activities that your child is cautious about: _____

Child is _____ left-handed _____ right-handed _____ not sure

Do you consider your child _____ an under achiever _____ average _____ over active?

Other comments about your child's development: _____

Does either parent have any special talents or resources to offer our school or teachers? _____

SPECIAL NEEDS

Is your child on an IEP (Individual Education Plan)? _____

If yes, through which school district _____ Please send a copy of the IEP with this registration.

Please describe any special developmental needs your child has that we should be aware of:

Speech/language: _____

Motor Development: _____

Self-help Skills: _____

Attention Span: _____

Emotional Needs: _____

Social Development: _____

Behavioral Problems: _____

TOILET TRAINING

Bladder Trained? _____

Bowel Trained? _____

Child's words for Urinating: _____

Bowel Movement? _____

Any concerns in this area? _____

MISCELLANEOUS

Does your child take a regular nap? _____ If so, what time? _____

Anything unusual about your child's sleeping habits? _____

Describe your child's appetite: _____

Favorite foods: _____ Food dislikes: _____

Any unusual eating habits: _____

Food Allergies: _____

YOUR EXPECTATIONS

What do you want most out of your child's experience at Excell Academy?

Areas of development you want to see emphasized: _____

Any other information about your child you consider important for Excell Academy to know?

Would you like a school tour with the Administrator? _____

If yes, you will be contacted by phone to set up a date for your tour.

Kindergarten Readiness

FEES SCHEDULE

2010–2011

Please note that a \$25.00 non – refundable registration fee is due when you turn in your registration packet.

Summary of one time fees due:

\$25 Registration fee

\$20 Materials Fee

Summary of monthly/weekly fees due:

\$150 Per MONTH for ½ day students (additional fees apply for before school care)

\$110 Per WEEK for full day students (additional fees apply for before or after care)

- Breakfast and Lunch costs are not included in the regular monthly or weekly fees. Full pay breakfast cost is \$.75 and full pay lunch cost is \$2.20. If you would like to be considered for reduced priced or free meals you must complete a request form. Forms will be available in the front lobby area by August, 2010. Lunch is not available for ½ day students.

TRANSPORTATION: \$10.00 per week (Full Day)/\$20.00 Per month (Half Day). If transportation payments are not made bi-weekly (Full Day) and Monthly (Half Day), transportation will not be provided for the student. Please keep in mind that NO TRANSPORTATION is provided home for ½ day students.

Excell Academy
Audio/Video Release Form
2010-2011

Dear Parents:

Throughout the school year, the media may visit our school to cover special events. Excell Academy may also wish to use your child's photograph, voice or student work for promotional and educational reasons, such as in brochures and newsletters, on the web site or at community fairs. Because of state law, a school must obtain your permission before your child's photograph or voice can be used by the media or by our school.

Please sign and return the bottom part of this page stating whether Excell Academy and the media have permission to use your child's photograph, student work or voice for promotional and educational purposes. Thank you for your cooperation.

.....
Please fill out below and return form to the school office.

_____ ***I give permission for*** _____

Student's name

to be filmed/photographed/interviewed by the media during school events and for Excell Academy to use my child's photograph/work/voice for promotional and educational purposes.

Parent/Guardian signature

Date

_____ ***I do not give permission for*** _____

Student's name

to be filmed/photographed/interviewed by the media during school events and for Excell Academy to use my child's photograph/work/voice for promotional and educational purposes.

Parent/Guardian signature

Date