

Student Information

New Returning

Student's Name: _____ Age: _____ Birth Date: _____ Sex: M/F

Address: _____ City: _____ Zip: _____

Home Phone: _____ School: _____ Grade as of 2018-2019: _____

Physical/Health problems we should be aware of: _____

Custody Comments: _____

Person to notify in case of emergency (other than parent): _____ Phone: _____

Referred By: _____ Preferred Text Notification Number: Primary Cell Secondary Cell

Primary Parent/Legal Guardian Information

Same as Sibling: _____

Name _____ Social Security #: _____ Relationship to student _____
(OR DL State/Number)

Home Phone _____ Cell Phone _____ Email _____

*Required for Paperless Billing- Please write legibly.

Address _____ City _____ State _____ Zip _____
(If Different from Child)

Occupation _____ Employer Name _____ Work Phone _____

Secondary Parent/Legal Guardian Information

Name _____ Social Security #: _____ Relationship to student _____
(OR DL State/Number)

Home Phone _____ Cell Phone _____ Email _____

Address _____ City _____ State _____ Zip _____
(If Different from Child)

Occupation _____ Employer Name _____ Work Phone _____

Please read and **initial** each policy.

- _____ I hereby register my child in The Winner School. I understand that all registration fees are non-refundable.
- _____ I agree that payment for each month will be paid by the Automated Payment System, Visa/MasterCard/Discover or by Cash/Check **on or before the first day of the month**. I agree to pay \$25 per month late service charge for any payment made after the 10th of the month. I therefore understand that The Winner School can terminate my enrollment without notice if my account balance is unpaid.
- _____ I understand that The Winner School **does NOT mail monthly statements**. Statements/receipts can be requested at the front desk.
- _____ I understand that that The Winner School uses a third party texting notification system to notify parents of important info and I can choose to opt out of that at any time, but may not receive these reminders as a result.
- _____ I agree to pay a \$20.00 fee for any returned check and a \$30.00 fee for any APS returned by the bank.
- _____ I understand that any changes in schedule, classes, APS or payments must be handled **in writing** with the front desk by the **twenty-fifth** of the month prior. I understand there is a \$15.00 service charge for any changes made after the twenty-fifth.
- _____ I understand that I must notify The Winner School of my child's withdrawal from the school by the **twenty-fifth** of the month prior to withdrawal **in writing**.
- _____ I understand I am responsible for all unpaid balances on costumes and/or supplies ordered.
- _____ Should collection become necessary, I hereby expressly agree to pay all costs of collection including an additional collection of 35% whether or not the account is turned to an outside collection agency. I further agree to pay all court costs and attorney's fees should legal action become necessary.
- _____ I understand that members of The Winner School staff will sign my child in and out of dayschool class to participate in the extra curricular classes in which I have enrolled my child and I give my permission for The Winner School staff to do so.
- _____ **Release:** I hereby release The Winner School and all staff and officials from all claims of damages or injury suffered by the above registered student in connection with or by their association with The Winner School. This includes my heirs who may not act in my behalf.
- _____ I have been offered a Parent Handbook and understand that both legal guardians are required to read the information.
- _____ **I have read and understand the terms of the above contract, and agree to abide fully by its terms. I have also read and understand the Payment Policy and program information attached to this contract.**

Persons Responsible for Payments:

Parent/Legal Guardian Signature _____ Date _____

Parent/Legal Guardian Signature _____ Date _____

AUTHORIZED PICK UP LIST/ EMERGENCY CONTACT LIST

Not Applicable Same as Sibling: _____

Name/Relation: _____ Address: _____ Phone: _____

Name/Relation: _____ Address: _____ Phone: _____

Name/Relation: _____ Address: _____ Phone: _____

Name/Relation: _____ Address: _____ Phone: _____

OUT OF STATE EMERGENCY CONTACT

Comments: _____

Name _____ Relation _____

Phone _____ Address _____

Not Applicable

I understand that the above person(s) will be allowed to pick up my child at anytime. I also understand that I must approve anyone who is NOT on the pickup list prior to pick up. This is authorized through the Front Desk in writing. Anyone that is unknown to your child's teacher will be asked for picture identification. Please make sure that those picking up your child are aware of this policy.

Parent/Legal Guardian Signature _____ Date _____

FALL BUSING STUDENTS ONLY - BUS TRANSPORT RELEASE FORM

NOT APPLICABLE

_____ I give my permission for my child to be taken to and from The Winner School and _____ Elementary School for the school year. I understand that my child is in the bus driver's care only in traveling to and from school (approximately 30 minutes before and after school). I will not hold The Winner School or any of their personnel responsible for any accident or injury incurred during any traveling time to and from school. I understand that the form of transportation will be by The Winner School bus and private vehicles when needed.

_____ I agree to give at least a 2 hour notice of any changes in my child's pick-up schedule. I agree to pay a \$5 fine for failing to notify The Winner School of these changes.

_____ I will talk with my child and explain the rules of The Winner School for traveling.

_____ I understand that my child's privilege of being taken to and from school can be denied if the rules are not obeyed.

_____ **I understand that a Bus Orientation is MANDATORY for all students, new or returning.**

2018-19 Grade: Kinder - 1st - 2nd - 3rd - 4th - 5th - 6th (please circle)

Check Boxes Needed: Before School Busing After School Busing School Holidays

Parent/Guardian Signature: _____ **Date:** _____

Parent/Guardian Signature: _____ **Date:** _____

****FOR OFFICE USE ONLY****

Registration Fee: _____ **Receipt #:** _____ **Staff:** _____ **Start Date:** _____ **Parent Initials:** _____

Preschool Class: _____ **Teacher:** _____ **Days:** _____ **AM / PM**
I have signed my child up for the following program(s).

Fall Dayschool/Busing Schedule: _____

Dance/Karate Class: _____ **Day/Time:** _____ **Other:** _____

Notes/Other: _____

Summer Camp:	Fulltime Camp/Care OR Camp Only	Extra Classes: _____
Days Attending:	Mon - Tues - Wed - Thurs - Fri - All	_____
Other:	_____	T-Shirt Size: _____