



## Dare to Dream Preschool Program

Welcome to our family!

Thank you for choosing Dynasty Dance Academy for your child's preschool needs. We are excited to work with your family. My teaching team provides a safe, fun, and loving place that will prepare your child for a lifetime of education. The enclosed information will answer a lot of questions you may have.

Shadae Randolph  
Owner and Director

# ENROLLMENT FORM – PRESCHOOL

All information must be provided before acceptance.

## Student Information

Student's Name:	DOB:
Address:	Phone:
City, State, Zip:	

## Parent / Guardian Information

Mother's Name	Father's Name:
Authorized to pick-up? ___Y___N DL #:	Authorized to pick-up? ___Y___N DL #:
Home Phone:	Home Phone:
Work Phone:	Work Phone:
Cell Phone:	Cell Phone:
E-mail:	E-mail:

Child lives with: ___Father___Mother___Both Parents___Other(step/relative/etc)_____
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## Emergency Medical Information

Child's Insurance Company:	Policy Number:
In the event that I cannot be reached to make arrangements for emergency medical attention, I authorize the facility staff in charge to take my child to:	
Name of Physician:	Phone #:
Complete Address:	
Name of Hospital:	Phone #:
Complete Address:	
Student Allergy Information:	
My child has the following special needs (regarding health, academic, social, emotional, etc...) _____ _____	
I give consent for this facility to secure any/all necessary emergency medical care for my child:	
Signature of Parent/Legal Guardian: _____	

### Permission to Release

The primary person picking up my child (include DL#) _____ Relationship to child: _____
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Please list all persons who are authorized to pick up your child. Your child will only be allowed to leave with the persons named. They will be required to show proof of identification. In the event of an emergency the following persons may also be contacted: **(you MUST LIST two other people and numbers to contact in an emergency.)**  
 To add or drop persons from the list, written notice is required.

Name / Relationship	Driver's License #	Phone Number(s)

### Alternate Emergency Contact Person(s)

Name:	Phone No:
Name:	Phone No:
Name:	Phone No:
Name:	Phone No:

I have completed all registration information to the best of my ability. In addition, I have read the registration and preschool policy information. I agree to abide by the Dynasty Dance Academy preschool policy and procedures. I will notify the staff in writing of any changes made to the information on all forms.

\_\_\_\_\_

Parent Signature

\_\_\_\_\_

Date

Dynasty Dance Academy does not discriminate against applicants on the basis of race, color, national origin, sex, age, religion or disability status. Due to staffing and budgetary restrictions, certain restrictions apply for enrollment and each child's application will be reviewed individually for acceptance.

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For office use only:

Date packet was reviewed with parent: \_\_\_\_\_ Staff initials: \_\_\_\_\_ Child start date: \_\_\_\_\_

# Preschool Medical History

Name of child \_\_\_\_\_ Birthdate \_\_\_\_\_

Name of parent/guardian \_\_\_\_\_

Address of parent/guardian \_\_\_\_\_

Is child allergic to anything? No \_\_\_\_\_ Yes \_\_\_\_\_

If yes, explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Is child currently under a doctor's care? No \_\_\_\_\_ Yes \_\_\_\_\_

If yes, for what reason? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Is child on any continuous medication? No \_\_\_\_\_ Yes \_\_\_\_\_

If yes, what medication? \_\_\_\_\_

Has your child had any previous hospitalizations or operations? No \_\_\_\_\_ Yes \_\_\_\_\_

If yes, when and for what? \_\_\_\_\_

\_\_\_\_\_

Any history of significant previous diseases or recurrent illness? No \_\_\_\_\_ Yes \_\_\_\_\_

Diabetes: No \_\_\_\_\_ Yes \_\_\_\_\_ Convulsions: No \_\_\_\_\_ Yes \_\_\_\_\_

Heart trouble: No \_\_\_\_\_ Yes \_\_\_\_\_

Other condition, what/when? \_\_\_\_\_

\_\_\_\_\_

Does your child have any physical disabilities: No \_\_\_\_\_ Yes \_\_\_\_\_

If yes, please describe: \_\_\_\_\_

\_\_\_\_\_

**Signature of Parent/Guardian** \_\_\_\_\_ **Date:** \_\_\_\_\_

Child's Name: \_\_\_\_\_

**IMMUNIZATION RECORD:** A copy of your child's shot record is required by law to be submitted prior to your child starting preschool.

Please check only one option:

I have provided Dynasty Dance Academy with a copy of my child's most current immunization record.

I have not provided a copy of my immunization records.

Medical diagnosis and treatment conflict with the tenets and practices of a recognized religious organization, which I adhere to or am a member of; I have attached a signed and dated affidavit stating this.

\_\_\_\_\_  
Signature – Parent or Legal Guardian

\_\_\_\_\_  
Date

**ADMISSION REQUIREMENT:**

**Please check only one option:**

1.  HEALTH-CARE PROFESSIONAL'S STATEMENT: I have examined the above-named child, including his/her vision and hearing, within the past year and find that he/she is able to take part in the day care program.

\_\_\_\_\_  
Health Care Professional's Signature

\_\_\_\_\_  
Date

2.  A signed and dated copy of a health care professional's statement is attached.

3.  Medical diagnosis and treatment conflict with the tenets and practices of a recognized religious organization, which I adhere to or am a member of; I have attached a signed and dated affidavit stating this.

4.  My child has been examined within the past year by a health care professional and is able to participate in the day care program. Within 12 months of admission, I will obtain a health care professional's signed statement and will submit it to Dynasty Dance Academy. This statement will include verification that my child's vision and hearing has been checked.

Name and address of health care professional:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature – Parent or Legal Guardian

\_\_\_\_\_  
Date

## Preschool Policies, Procedures and Information

**TUITION:** \_\_\_\_\_(initial)

Payments are drafted from your account on the 1<sup>st</sup> of every month. There will be a \$5.00 late fee added for late payments. Holidays have been considered in the price. Tuition is not altered due to illnesses or absences.

**SUPPLY FEE:** \_\_\_\_\_(initial)

This fee helps cover materials used for curriculum, activities and special projects. The annual supply fee is \$100.00. Fee is split into two payments of \$50.00 due in September and \$50.00 due in January.

**ARRIVAL:** \_\_\_\_\_(initial)

School begins at 9:00 am; you may begin dropping off at 8:45 am. The new school year can be an adjustment for both parent and child. Limiting your stay eliminates added stress to your child and others. Our staff will comfort your child and call if he/she continues to be upset. Arriving on time is very important and can only be beneficial to your child's learning experience.

**DEPARTURE:** \_\_\_\_\_(initial)

School ends at 2:00 pm. Prompt pick up is necessary. Please understand that our staff has other responsibilities. If for any reason you will be picking up late, please text your teacher directly. Please notify us if someone other than you will be picking up your child; identification will be checked.

**HEALTH:** \_\_\_\_\_(initial)

For the health and safety of all children, it is important you understand the following:

\* **Please keep your child at home if ill and/or contagious.**

\* **Children MUST be free from these symptoms for 24 hours before returning to school:**

- \* **Fever 100 degrees or higher**
- \* **Vomiting or diarrhea**
- \* **Any childhood diseases (chicken pox, etc.)**
- \* **Discolored mucus (as opposed to clear runny noses due to allergies)**
- \* **Sore throat**
- \* **Excessive cough**
- \* **Unexplained rash**
- \* **Skin infection**
- \* **Pink eye**

If we observe your child having any of these symptoms, we will contact you immediately to pick up your child. Sickness can spread quickly, and although it may seem to be minor for your child, it may be serious for another child. When your child has been diagnosed with an illness, please notify us so we can take proper measures to ensure everyone's health and safety.

**LUNCH:** \_\_\_\_\_(initial)

Parents are responsible for the nutritional needs of their child. When preparing your child's lunch, try to remember the four basic food groups. Three to four items is sufficient; if too much food is sent the child will not be able to finish in the allotted time. We are preparing your child for independent eating, and students in our local school districts are only allowed 30 minutes for lunch. We will provide utensils if needed. Please **DO NOT** bring milk.

Here are a few ideas:

1. Half a sandwich, chips and fruit / vegetable.
2. Half a sandwich, cheese stick, fruit / vegetable.
3. Whole sandwich and yogurt

**DRESS CODE:** \_\_\_\_\_ (initial)

Your child will be actively learning and participating in movement classes. Bring your dance shoes everyday .

**Children will be active in the and should wear appropriate attire.**

**BIRTHDAYS:** \_\_\_\_\_ (initial)

If you wish to make your child's birthday special at school, we celebrate birthdays once a month, on the last school day of the month. If there are multiple birthdays in a month, we celebrate all of them at once. You may be asked to bring any of the following: mini cupcakes, drinks, lunch item, fruit or vegetable, goody bags, etc.

**PARENT CONCERNS:** \_\_\_\_\_ (initial)

If ever a concern should arise, please do not hesitate to share it with us. We strive to give the best possible learning environment and encourage your input.

**WITHDRAWALS:** \_\_\_\_\_ (initial)

Should it become necessary to withdraw your child, you must give a 30-day written notice prior to your last day. Please notify us in writing by emailing us at [ddatxinfo@gmail.com](mailto:ddatxinfo@gmail.com). There are no refunds for tuition or supply fees for early withdrawal.

## **Helpful Hints for the First Days of School**

Make sure your child is well rested and nourished. This will give your child the stamina to concentrate during the school day.

Be positive when saying goodbye to your child. Let your child know you will be back for them, give them a hug and a kiss, and let them know you are leaving.

Keep your voice worry free. If your child gets upset, calmly explain they will be fine after you leave. Once you've said goodbye, don't linger. Lingering communicates hesitancy and your child will pick up on that.

Remember your child picks up emotional cues from non-verbal signals; be sure your expressions don't contradict your reassuring words.

Be assured your child will have a good day even if they seem a little reluctant at first. Preschool is an exciting place to be!

The beginning of the year is a time for your child to get acquainted with their surroundings, classmates and teacher. It is a big adjustment for children to work in a large group environment. Adjustment periods will differ with each child, but it does often take several classes to adjust. If you have any questions or concerns, feel free to discuss them with our teachers.

