



# ENROLLMENT PACKET

4881 CHEROKEE DR.  
CASTLE ROCK, COLORADO 80109  
(303) 688-0777  
(303) 688-0854 (FAX)

ALL FORMS INSIDE THIS PACKET MUST BE TURNED IN PRIOR  
TO YOUR CHILD'S FIRST DAY OF SCHOOL. INCLUDING  
IMMUNIZATION RECORDS AND REGISTRATION FEES.



Enrollment Date \_\_\_\_\_

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

**Student Information**

Student's Name \_\_\_\_\_ Nickname \_\_\_\_\_

D.O.B. \_\_\_\_\_ Sex \_\_\_\_\_

Mailing Address \_\_\_\_\_

City, State & Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Other Phone \_\_\_\_\_

Mother \_\_\_\_\_ Father \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Employer \_\_\_\_\_ Employer \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

Work Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Are you a member of The Rock? \_\_\_\_\_ Are you a member of The Rock? \_\_\_\_\_

Email \_\_\_\_\_ Email \_\_\_\_\_



**Authorization and Consent**

I/We state that we are the legal parent/guardian of the minor child listed below.  
Please initial.

\_\_\_\_\_ **Authorization for Medical Treatment of a Minor** - I authorize for emergency purposes only, The Rock Academy Preschool to consent to any necessary examination, medical diagnosis, surgery or treatment, and/or hospital care to be rendered to the minor child listed below, under the general or special supervision and on the advice of any physician licensed to practice in the state of Colorado.

\_\_\_\_\_ **Liability Release for Services Provided Outside of The Rock Academy Preschool**  
I release and hold harmless The Rock Academy Preschool, its governing body, and its employees from any liability or accident that may occur should I retain the services of any The Rock Academy employee for services outside the school. I also agree not to solicit The Rock Academy employees away from the school for alternate employment opportunities.

\_\_\_\_\_ **Photo Release** - As parent or guardian of child named below. I hereby give The Rock Academy Preschool and its legal representatives and assigns, irrevocable and unrestricted permission to use and publish photographs of my child, or in which my child may be included, for editorial trade, advertising and any other purpose and in any manner and medium related to the marketing of The Rock Academy ; and to alter the same without restriction. I hereby release photographer and his legal representatives and assigns from all claims and liability to said photographs.

\_\_\_\_\_ **Authorized Pick Up** - Children will be released only to a parent or person named by the parent. Parents or persons named by the parent must make sure that a staff member is aware of the child's arrival and departure. Parents must sign the child in and out by name and time of arrival or departure daily. Parents can not share access codes and other security measures with unauthorized people.

\_\_\_\_\_ **Receipt of The Rock Academy Parent Handbook** - I have read and understand The Rock Academy Preschool Parent Handbook that was given to upon enrollment.

\_\_\_\_\_ **Agreement to Pay Tuition** - I have read and signed a tuition agreement form that specifies the tuition amount and the frequency of payments to The Rock Academy for services rendered.

\_\_\_\_\_ **Application of Sunscreen** - I give The Rock Academy staff permission to apply sunscreen to my child as needed.

\_\_\_\_\_ **Television Viewing** - My child has permission to watch taped educational TV programs and videos as The Rock Academy staff deem appropriate.

Name of Child: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_



# Tuition Agreement

Program	Registration Fee	Monthly Tuition
<b>Preschool (3's &amp; 4's)</b> Monday/Thursday or Wednesday/Friday AM or PM	\$50	\$195 10 months
<b>Prekindergarten</b> (4 years old by Oct 1st) Monday/Wednesday/Friday AM or PM	\$50	\$260 10 months
<b>Kindergarten</b> (5years old by Oct 1st) Monday-Friday AM only	\$200	\$295 12 months
<b>First grade</b> Monday-Friday 8:00 am to 3:30 pm	\$400	\$375 12 months

## Parent Obligation and Payment Terms

### Payments

All tuition is paid through **FACTS** our tuition management program. All students must be enrolled in this program prior to their first day of school. You may enroll in FACTS by going online. Go to our school website [academy.therock.org](http://academy.therock.org) and click on the FACTS payment plan icon located at the bottom of the home page.

### Late Pick Up Fees

A fee of \$1 is charged for each minute a child is picked up after the scheduled pick up time. Payment is due immediately. See the parent handbook for more information.

### Holiday Schedule

The Academy will be closed on the following holidays. The regular tuition is still due.

- Labor Day
- Fall Break
- Thanksgiving
- Christmas Break
- MLK Day
- Presidents' Day

To provide a safe and stable learning environment for your child, The Rock Academy must maintain a stable working environment for the teaching staff. We are able to do this when tuition payments are made on a regular basis. Your tuition is due regardless of illness or other absence. The parent understands that he/she assumes all responsibility for collection agency, legal or court fees associated with the collection of this account, if that becomes necessary. Parents electing to withdraw their child must provide two weeks written notice to the office.

**Child:** \_\_\_\_\_

**Tuition:** \_\_\_\_\_

**Parents' Signatures:** \_\_\_\_\_  
\_\_\_\_\_

**Date:** \_\_\_\_\_





## Medical Form

\_\_\_\_\_

Last Name, First Name

**Physicals must be dated within the last year and signed by a physician. Physical forms and immunization forms are available from the office. If your child is on any medication please ask the office for an administration of medication form.**

Doctor's Name: _____	Practice Name: _____
Address: _____ _____	Phone: _____
Dentist Name: _____	Practice Name: _____
Address: _____ _____	Phone: _____
Please list any allergies, chronic medical problems, medications or other medical concerns: _____ _____ _____	

If my child needs emergency medical attention, my child should be taken to the following hospital:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

I hereby give permission to The Rock Academy Preschool to call an emergency team, doctor or other medical personnel or organization or surgical care for my child or to have my child taken to the hospital should the need arise. If time permits, I understand that an effort will be made to locate the parent/guardian before any action is taken. If the parent/guardian can be contacted, any expense incurred by the school will be accepted by the parent/guardian.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# Parent Questionnaire

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\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First

## Child's Information

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

D.O.B. \_\_\_/\_\_\_/\_\_\_

Name Child is Called \_\_\_\_\_

Male or Female (circle one)

## Please Fill Out the Following Information

List all persons living in the household

Name	Relationship to Child	Age
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please describe any previous group experience your child has had \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

## Developmental History

Languages spoken at home? \_\_\_\_\_

Any difficulties speaking? \_\_\_\_\_ If yes, explain \_\_\_\_\_

If any, please explain any difficulties in physical development \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_



# Parent Questionnaire

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Last Name    First Name

## Eating Habits

Favorite foods \_\_\_\_\_

Foods disliked \_\_\_\_\_

List any foods child can not eat (Must have a Doctors note) \_\_\_\_\_

\_\_\_\_\_

Does child use a sippie cup or open cup? (Circle One)

## Social and Emotional Behavior/Experience

Does your child have temper tantrums? \_\_\_\_\_ Explain \_\_\_\_\_

\_\_\_\_\_

Does your child pick up toys after playing? \_\_\_\_\_

With what age group does your child usually play? \_\_\_\_\_ Favorite toy? \_\_\_\_\_

What upsets your child? \_\_\_\_\_

What makes your child happy? \_\_\_\_\_

How does your child demonstrate anger? \_\_\_\_\_

\_\_\_\_\_

How do you discipline at home? \_\_\_\_\_

How would you describe your child's disposition? \_\_\_\_\_

\_\_\_\_\_

Any other information that might be helpful to your child's teacher? \_\_\_\_\_

\_\_\_\_\_