

# Butterflies Academy

## Enrollment Application/Admission Agreement

Educational Non-Profit 501(c)(3) Public Benefit Corporation  
Tax ID# 47-4666290  
All donations are fully tax-deductible

**Child's Full Name:** \_\_\_\_\_ Boy  Girl

Date of Birth: \_\_\_\_\_ Admission Date: \_\_\_\_\_

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

School Last Attended: \_\_\_\_\_ Is your child fully potty trained? Yes  No

Does your child have any special needs? If yes, please explain.

Is your child allergic to anything? If yes, please explain.

### Parents Information:

Father  Stepfather  Parent  Legal Guardian

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

Email Address: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employed by: \_\_\_\_\_

Mother  Stepmother  Parent  Legal Guardian

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

Email Address: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employed by: \_\_\_\_\_

### Marital Status: (Check One)

Married  Living Together  Separated  Divorced  Other

### Brothers and Sisters:

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

1. My child will attend Butterflies Academy on a:

- \_\_\_\_\_ **Full Time** Basis (Monday to Friday 8:30 AM – 05:30 PM)

- \_\_\_\_\_ **Part Time** Basis

- ❖ Full-Day (8:30 AM – 05:30 PM): Mon      Tue      Wed      Thurs      Fri

- ❖ Part-Day (8:30 AM – 12:00 PM): Mon      Tue      Wed      Thurs      Fri

- ❖ Part-Day (8:30 AM – 12:00 PM): Monday to Friday

2. I agree to inform the center at least 24 hours in advance with the date and time that my child will attend the program as a drop-in student. Your child will be in the program as a drop in student after you receive the approval from director or teacher.

3. My child will attend Butterflies Academy on the days and hours marked above. If there are any changes in my child’s schedule, I agree to notify the preschool staff as soon as possible.

4. I agree to drop off my child at school no later than 9:30 AM. The child will be considered absent if he/she is not inside the classroom by 9:30 AM unless there is an exceptional situation.

5. I agree to pay the monthly rate of \$\_\_\_\_\_ for my child. I understand that tuition is due on the 1<sup>st</sup> of the month and is considered late after the 1<sup>st</sup> of the month. A late fee of \$25.00 will be assessed after the 5<sup>th</sup> of the month. I also understand that a \$200 non-refundable registration fee is due at the time of enrollment and a \$150 annual activities/supplies fee due yearly. I understand that there will be a \$45.00 charge assessed for any returned checks.

6. I agree to pay a late fee of \$1 per minute for early drop-off and late pick-up, starting at 12:00 for **part-day enrollment**. Late fees will be added to the following month invoice. I agree to pay below late pick up charges **for full-day enrollment**. Late pick-up fees for full-day enrollment start at 5:36 pm. Meaning your child must be sign out, out the door by 5:35 pm based on the official sign out time records. **After 5:35 pm, parents/guardians must write the child’s full name, write the time and sign “the late pick-up book”. All the late fees will be added to the next month’s invoice.**

- Late pick-up from 5:36- 5:45 pm will be charged \$2.00 per minute, per child
- Late pick-up from 5:45- 6:00 pm will be charged \$4.00 per minute, per child
- Late pick-up from 6:01- 6:15 pm will be charged \$6.00 per minute, per child
- Late pick-up from 6:15- 6:30 pm will be charged \$10.00 per minute, per child

7. I agree to pay \$\_\_\_\_\_ deposit that will be applied to last month’s tuition. I agree to give a

30-day written notice upon withdrawing my child from Butterflies Academy, and I understand that if I do so without giving 30-day notice part/all of my deposit will be used to pay the remaining tuition balance for that month and if any additional payment is needed, I am responsible in paying the rest of the balance.

8. I agree to give Butterflies Academy permission to transport my child to needed medical facilities in the event of an emergency. I will not hold Butterflies Academy or transporting party responsible for any accident or injury that may occur.
9. I agree not to send my child who is not fully potty-trained to school without diapers or pull ups, otherwise, there will be a \$30 cleaning fee per potty accident. Fully potty-trained means that the child knows when he or she must use the bathroom and will not require any assistance in the bathroom.
10. I agree to send a non-spill water bottle filled with water, snack bag and lunch box for “full-day students” to school. The lunch must be in thermos if it requires to be served warm.
11. I agree to send my child to school with proper self-dressing shoes and outfit. No costume is allowed at school unless communicated in advance for designated events such as Halloween.
12. I agree to keep all phone numbers, addresses, and emergency contacts up to date. I understand that being able to contact me is of utmost importance. I give Butterflies Academy permission to consent to any medical care deemed necessary by a licensed physician or dentist in an emergency. I also understand that I will be notified if such situations occur and will be required to meet staff and child at designated place immediately. After such care is given and I (the parent) are unable to be present my child may be released back into the custody of the Butterflies Academy representative.
13. I agree to complete and submit all the admission forms prior to the 1st day of my child’s attendance. Physician's report can be submitted within 30 days from the first day of school attendance.
14. I acknowledge that I have received a copy of Butterflies Parent Handbook. I understand that it contains important information on policies and procedures. I realize the handbook is not intended to cover every situation which may arise but is simply a general guide to refer to. I understand that it is my responsibility to familiarize myself with the materials and that I agree to follow the provisions and other policies/rules of the center. I further understand and acknowledge that the center may change, add, or delete any policies or provisions in the handbook as it sees fit in its sole judgement and discretion. I acknowledge and understand that this Parent Handbook supersedes and replaces all prior handbooks or materials previously distributed.
15. Enrollment is limited and expenses for Butterflies Academy continues regardless of attendance; no deductions, credits, or refunds can be made for absences, vacations, or holidays. If a long absence is anticipated, please contact Butterflies Academy.
16. Termination of Services/Modification of Services

- Butterflies Academy: If it is determined that a child, or the parents of a child, is unable to successfully adjust to the school program, a 30-day notification of termination of services will be rendered.
  - Parent: 30-day written notice is required upon termination of services. A refund of advance paid tuition will be given if a 30-day written notice of termination is provided.
  - Parent: 30-day written notice is required upon any changes in your child schedule, otherwise the tuition will not be adjusted.
  - Parent: Modification on admission agreement will be notified 30 days in advance.
17. The Butterflies Academy is operated on a nondiscriminatory basis. Each child is respected as an individual without regard to race, color, religion, national origin, ethnicity, or ancestry. Special needs children will be admitted on an individual basis.
18. According to state licensing regulations sections 101195(b) and (c), the Department of Social Services has the authority to conduct private interviews with children and staff, to inspect and audit child or facility records without prior consent, to observe the physical condition of the children, and to have a medical professional examine the children if needed.
19. I agree to abide by all policies in place by Butterflies Academy. I understand that changes may occur without notice.

20. **Notice of nondiscriminatory policy as to children**

Butterflies Academy Preschool admits children of any age, race, color, national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to children at the school. It does not discriminate based on race, color, national and ethnic origin in administration of its educational policies, admissions policies, scholarship and loan programs, and athletic and other school-administered programs.

## Health Protocols and Guidelines

I agree the following terms:

- Parents are required to drop off their children at the classroom door and are not permitted to enter the classroom
- A strict sick policy is enforced among students that will not allow anyone with below symptoms at school until they are symptom-free for 72 hours. **A doctor's clearance is required upon return and it must be presented to Butterflies prior to returning to school.**
  - Fever or chills
  - Cough
  - Shortness of breath or difficulty breathing
  - Fatigue
  - Muscle or body aches
  - Headache
  - New loss of taste or smell
  - Sore throat
  - Congestion or runny nose
  - Nausea or vomiting
  - Diarrhea
- It's required to pick up the child immediately, if he/she experiences any of the above symptoms at school.

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Parent/Legal Guardian Name

Signature

Date

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\*Other

Signature

Date

\*Person(s) responsible for payment of the account different than the parents/Legal Guardian.

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