



# **REACH ACADEMY**

**2020-2021**

**Admission Packet**

**Preschool**

**Elementary and Middle School**

**Extended Day Care & Summer Session**

Dear Parent/Guardian:

Thank you for your interest in our school! Reach Academy is a both a private school with a 12 month educational day care and a Kindergarten through 8<sup>th</sup> grade. We are dedicated to serving the needs of all students.

## ***Our Philosophy***

- Each child is an individual with unique learning needs and extraordinary potential. **We are vitally interested in the development of the whole child.**
- Our school helps students maximize their potential so they can interact successfully, productively, and happily with society.
- Our school makes learning valuable, challenging, and stimulating.
- Students, parents, and faculty operate with mutual trust, respect, and courtesy, and recognize that everyone has a worthwhile contribution to make to the life and success of the school and its academic programs.
- Reach's curriculum surpasses standards established by both educational or general communities. Our curriculum incorporates student's interests, needs, and sense of "self."
- We celebrate the differences that make each of our children unique. We believe such diversity enriches our lives and strengthens our larger community.

**WE ARE WORKING FOR...**

**A BRIGHTER TOMORROW FOR TODAY'S CHILD**

# **2020-2021 School Tuition Schedule** **10 Month**

## **Preschool (3 to 5 years old)**

<b>Annual</b>	<b>Monthly</b>
5 full days \$5000	\$500
3 full days \$4,500	\$450
5 half days \$4,000	\$400
3 half days \$3,800	\$380

2 1/2 year olds: Contact for pricing information

## **Kindergarten through Eighth Grade**

\$5,700                      \$570

## **Extended Day Program**

Extended Day Program (7:30AM-6:00PM)  
per-session

\*Prices do not include field trips, lunch, or any additional student services\*

# **Pre-School Educational Center** **12 Month Tuition Only**

## **Preschool (3 to 5 years old)**

<b>Annual</b>	<b>Monthly</b>
5 full days \$6,000	\$500
3 full days \$5,400	\$450
5 half days \$4800	\$400
3 half days \$4,560	\$380

## INFORMATION TO PARENTS

**WE** encourage parents to discuss any questions or concerns about the policies and program of the school. If you suspect our school is in violation of standards, you may report them to the Department of Education.

**WE** have a policy concerning the release of students to parents or people authorized by parents to be responsible for the student. Please make sure that if anybody other than you is to pick up your child, all pertinent information is on file.

**WE** have a policy about dispensing medicine and the management of communicable diseases. Please talk to the School Nurse about these policies.

**WE** offer parents of enrolled students ample opportunities to participate in and observe the activities of the school. Parents wishing to participate in any activity of the school should discuss their interest with the school director.

**WE** inform parents in advance of every field trip, or special event away from the school. Please make sure to sign the permission slip allowing your child to participate in the outing.

**Reach Academy** students wear uniforms from Kindergarten to 8<sup>th</sup> grade. Uniforms represent school pride, so please ensure your child wears clothing that is clean and free of stains or wrinkles.

**Please complete and return this portion to school.**

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

Name of Parent \_\_\_\_\_

I have read and received a copy of the Information to Parents.

Signature \_\_\_\_\_ Date \_\_\_\_\_

# REGISTRATION FORM

School Year: \_\_\_\_\_ Start Date: \_\_\_\_\_

Student's Name: \_\_\_\_\_  
(Last) (First) (M.I.)

Nickname: \_\_\_\_\_ Age: \_\_\_\_\_ D.O.B. \_\_\_\_\_ Sex: \_\_\_\_\_

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

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

Mother's Name: \_\_\_\_\_ Work Phone \_\_\_\_\_

Mobile phone: \_\_\_\_\_ Email address \_\_\_\_\_

Soc. Sec.#: \_\_\_\_\_ Occupation: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Mobile phone: \_\_\_\_\_ Email address \_\_\_\_\_

Soc. Sec.#: \_\_\_\_\_ Occupation: \_\_\_\_\_

Number of siblings: \_\_\_\_\_

## Please check program desired:

Preschool [ ]

5 full Days [ ] 5 half Days [ ]

3 full Days [ ] 3 half Days [ ]

Elementary school [ ]

K [ ] 1<sup>st</sup> [ ] 2<sup>nd</sup> [ ] 3<sup>rd</sup> [ ] 4<sup>th</sup> [ ]

5<sup>th</sup> [ ] 6<sup>th</sup> [ ] 7<sup>th</sup> [ ] 8<sup>th</sup> [ ]

Extended Day [ ]

Morning Hours: 7:30AM - 8:25AM [ ]

Afternoon Hours: 3:15PM - 6:00PM [ ]

Summer Session [ ]

Reach Academy has grown to include educational programs in response to specifically expressed needs of parents and the community, including preschool through eighth grade, and extended care hours covering 7:30AM to 6:00PM.

**SCHOOL HOURS: 8:30-3:15**

2020-2021  
**EMERGENCY CONTACT FORM**  
( Please Print)

**1. Student Name:** \_\_\_\_\_ **Age:** \_\_\_\_\_

DOB: \_\_\_\_\_ Male [ ] Female [ ]

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**2. Mother/Guardian Name:** \_\_\_\_\_

Phone: Home: \_\_\_\_\_ Cell: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name of Employer: \_\_\_\_\_

Work number: \_\_\_\_\_ Work hours: \_\_\_\_\_

**3. Father/Guardian:** \_\_\_\_\_

Phone: Home : \_\_\_\_\_ Cell: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name of Employer: \_\_\_\_\_

Work number: \_\_\_\_\_ Work hours: \_\_\_\_\_

2020-2021  
**EMERGENCY CONTACT FORM**  
( Please Print)

**Please provide the name of two persons willing to arrange for transportation and care of your child if you cannot be reached.**

**Emergency Contact 1:** \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone: Work: \_\_\_\_\_ Cell: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Emergency Contact 2:** \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone: Work: \_\_\_\_\_ Cell: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Emergency Release:**

I, \_\_\_\_\_, authorize TLC DBA

Reach Academy to provide appropriate emergency hospital treatment in the event of sickness or accident when a parent or guardian cannot be present.

---

**PARENT/GUARDIAN SIGNATURE**

NAME OF HEALTH INSURANCE PROVIDER \_\_\_\_\_

# Authorization for Automatic Credit/Debit Card

**To take advantage of the convenience of automated payment, please complete the following information and sign as indicated.**

This authorization form is for \_\_\_\_\_ student tuition.

I authorize **Reach Academy** to automatically debit the monthly tuition for \_\_\_\_\_ from my credit or debit card as detailed below. As of this date, the total amount to be charged monthly is \$\_\_\_\_\_. I understand that I will be notified in writing, as set forth in the Student Registration Packet, if there are any changes to the amount owed for additional student services, then the amount debited will reflect the effective rate. This authorization will remain in effect until terminated in writing and/or the end of the term.

We reserve the right, with advance notification, to terminate your participation in this payment option. If an automatic debit is refused for any reason, including over-credit-limit charges, closed or unauthorized account, insufficient funds, or incorrect expiration dates, we will not be able to process payment. In this event, late charges as set forth in the Student Registration Packet will be charged, and you will be required to provide an alternate payment.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

## Credit or Debit

Card Type: \_\_\_ Master Card \_\_\_ Visa \_\_\_ Amex \_\_\_ Discover

\_\_\_\_\_  
Name as it appears on the card

\_\_\_\_\_  
Billing Address for Card City

\_\_\_\_\_  
ST

\_\_\_\_\_  
Billing Zip

\_\_\_\_\_  
Card Number

\_\_\_\_\_  
Exp. Date

\_\_\_\_\_  
CVV#

## Cancellation By Parent/Guardian

Effective \_\_\_\_\_ (date), please cancel my automated debit for tuition and/or student services. I understand that I am still obligated to pay any outstanding amounts due, and am subject to the terms set forth in the Student Registration Packet for default if payment is not made.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date



## Payment Schedule

**Tuition payments are due** on or before the first day of each month of the school term.

*Please read and sign below:*

I \_\_\_\_\_, agree to pay Reach Academy the required tuition. I understand that one month's prior written notice is required to withdraw my child from this program, or I will pay one month's additional tuition upon my child's withdrawal. I understand that tuition is due on or before the 1<sup>st</sup> day of each month. I understand that tuition paid more than 15 days after the due date will be subject to a \$25.00 late payment fee, and that tuition paid more than 30 days after the due date is subject to a \$50.00 late payment fee. I understand that tuition is considered delinquent when in arrears by 60 days or more, and that upon notice and at the discretion of the Director, my child(ren) may not be allowed to continue attending Reach Academy until either all past due amounts are fully paid, or partial payment is made along with an approved payment plan for the remaining balance of past due amounts. I understand that if I anticipate financial difficulty in making the timely payment of tuition, I should contact Reach Academy so that a meeting may be scheduled to address the issue and explore a resolution satisfactory to all parties. Upon withdrawal or termination of my child(ren)'s enrollment, tuition will be prorated to the last school day of the current month.

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_