



Princeton Prep Academy, LLP
7917 Hwy 271 So
Fort Smith, AR 72908

Parent/Guardian Information

Registration Date: _____

Mother/Guardian First Name: _____ M.I. ____ Last Name: _____

Address: _____

Occupation: _____ Home Phone: () _____

Employed By: _____ Office Phone: () _____

Work Address: _____ Work Hours: _____ Cell Phone: () _____

Custodial Parent (If married, mark both parents) Mother's SS#: _____

Email: _____ Driver's License #: _____

Marital Status: Married Single Divorced Separated Widowed Other _____

Father/Guardian First Name: _____ M.I. ____ Last Name: _____

Address: _____

Occupation: _____ Home Phone: () _____

Employed By: _____ Office Phone: () _____

Work Address: _____ Work Hours: _____ Cell Phone: () _____

Custodial Parent (If married, mark both parents) Father's SS#: _____

Email: _____ Driver's License #: _____

Marital Status: Married Single Divorced Separated Widowed Other _____

Child Information

1st Child First Name: _____ M.I. ____ Last Name: _____

Name child prefers to be called: _____ Grade/Class: _____

Child's Address: _____

Gender: Male Female Date of Birth: _____ Child's S.S. #: _____

List any existing medical conditions, medication and/or special attention your child may require?

Allergies: _____

Pediatrician's Name: _____ Phone: () _____

Address: _____

Photographs: May we take and maintain a photo of your child for social media and advertising purposes? Yes
 No

Child Information - Continued

2nd Child First Name: _____ M.I. _____ Last Name: _____

Name child prefers to be called: _____ Grade/Class: _____

Child's Address: _____

Gender: Male Female Date of Birth: _____ Child's S.S. #: _____

List any existing medical conditions, medication and/or special attention your child may require?

Allergies: _____

Pediatrician's Name: _____ Phone: () _____

Address: _____

Photographs: May we take and maintain a photo of your child for social media and advertising purposes? Yes
 No

3rd Child First Name: _____ M.I. _____ Last Name: _____

Name child prefers to be called: _____ Grade/Class: _____

Child's Address: _____

Gender: Male Female Date of Birth: _____ Child's S.S. #: _____

List any existing medical conditions, medication and/or special attention your child may require?

Allergies: _____

Pediatrician's Name: _____ Phone: () _____

Address: _____

Photographs: May we take and maintain a photo of your child for social media and advertising purposes? Yes
 No

4th Child First Name: _____ M.I. _____ Last Name: _____

Name child prefers to be called: _____ Grade/Class: _____

Child's Address: _____

Gender: Male Female Date of Birth: _____ Child's S.S. #: _____

List any existing medical conditions, medication and/or special attention your child may require?

Allergies: _____

Pediatrician's Name: _____ Phone: () _____

Address: _____

Photographs: May we take and maintain a photo of your child for social media and advertising purposes? Yes
 No

Emergency Contacts & Authorized Pickup Persons:

1st Contact/Pick Up Name: _____ Phone: _____

Relationship to the Child: _____ [] Able to pick up all children in the family

[] Not able to pick up the following children: _____

2nd Contact/Pick Up Name: _____ Phone: _____

Relationship to the Child: _____ [] Able to pick up all children in the family

[] Not able to pick up the following children: _____

3rd Contact/Pick Up Name: _____ Phone: _____

Relationship to the Child: _____ [] Able to pick up all children in the family

[] Not able to pick up the following children: _____

4th Contact/Pick Up Name: _____ Phone: _____

Relationship to the Child: _____ [] Able to pick up all children in the family

[] Not able to pick up the following children: _____

Tuition / Payment Information:

Current Tuition Amount: _____ [] Weekly [] Bi-Weekly [] Monthly [] Other _____

Please outline below whom is responsible for payment of tuition and fees. Please fill out if parents are divorced and split tuition payment or if tuition payment is the responsibility of an adult other than the parents listed above.

Additional Comments & Information:

Is there is any other information that that would be helpful to our management and teaching staff?

Signature:

Parent's Signature: _____ Date: _____

Thank You!



GETTING TO KNOW YOU

Child's Name _____

We believe families play an important role in the learning process for children. We want to get to know your family in an effort to better teach your child.

Things your child likes _____

Things your child dislikes _____

What are your child's strengths (what do they do well): _____

What does your child need help doing? _____

What will make your child a success? _____

Things your family enjoys doing together _____

Special Holidays your family celebrates _____

Are there any Holidays your family does not observe? _____

What does your family value most (what's important)? _____

Is there anything you would like us to know about your child? _____

Is there anything else you would like us to know about your family? _____



Princeton Prep Academy, LLP
7917 Hwy 271 So
Fort Smith, AR 72908
479-434-434-2

SUNSCREEN PERMISSION

I give permission for Princeton Prep Academy staff to apply sunscreen to _____ as needed. I understand that I am responsible for providing sunscreen for my child.

Parent/Guardian Signature _____

Date _____

Financial Agreement

- I desire to enroll my child(ren) in Princeton Prep Academy, LLP (PPA) Early Learning Educational Programs.
- I understand that each Monday morning my child's weekly tuition is due in the amount of \$_____. I may pay my tuition weekly or bi-weekly in advance.
- I understand that PPA has the right to turn my delinquent account over for collection. I understand that if my account is referred to an attorney, third party for collection or taken to Small Claims Court, I will pay reasonable fees and collection expenses. I understand that at this point my child(ren) will be permanently discharged from PPA.
- I understand that for any returned check a \$25.00 fee will be charged to my account. I further understand that after the 2nd returned check, PPA will no longer accept my personal check. Payments may only be made by money order or cash.
- I understand that if my child is absent I will be held responsible for the entire week tuition in order to keep my child's place at PPA.
- **I understand that full tuition will still apply to any week in which PPA is closed for scheduled Holidays or in the event we have to close due to COVID 19.**
- **I understand that full tuition will still apply to any week in which PPA is closed for inclement weather days.**

I understand that I will still be charged full tuition for those weeks PPA remains open for care during the Christmas and Spring Breaks. If I should choose not to bring my child during the Christmas or Spring Breaks my account will still be charged the usual tuition rates.

- I understand that if I choose to withdraw my child from PPA I will have to give a two week notice. Otherwise, I will be charged for the two-week's tuition.
- I understand that if my child remains at PPA past the scheduled closing time, I will be charged \$10 for each 10-minute interval after 5:30 per family. This fee doubles after the third late pick up.
- I understand that if payment is not received by Tuesday at 5:30 PM a \$10 late fee will be added to my balance
- I have read and agree to the above terms and conditions set forth for my financial responsibility to Princeton Prep Academy, LLP

Signature of Person Responsible for Payment of Account

Date



Princeton Prep Academy, LLP
7917 Hwy 271 So
Fort Smith, AR 72908
479-434-2138

Parental Acknowledgement of Policies and Procedures

_____ I have received and read the **Princeton Prep Academy Parent/Student handbook**.

_____ I agree to **notify the center with any changes** in my contact information, authorized pick-ups, or emergency contacts ASAP.

_____ I understand the **policies and procedures** are subject to change to reflect the needs of the program, children and families served. The center will inform parents of changes taking place whenever possible.

_____ I have read and understand the **discipline policy** outlined in the Parent/Student Handbook. I hereby give permission for the center to use the methods set.

_____ I have received a **supply list** and understand that I must supply diapers, wipes and other personal items for the individual care of my child. I will be notified to bring replacement items when needed.

_____ I have received a copy of the **school calendar**. I understand that the center may close in the event of inclement weather or other emergencies. I will be notified by the center in the event of any changes of the schedule.

_____ I have been given information on **ARKid's First Health Insurance**.

Child's Name _____

Parent Signature _____ Date _____