



# Care Information

Child's Name
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Height	Weight	Hair color	Eye color
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Our goal is to provide your child excellent education and care. We have a few questions that will help us be better prepared to meet your child's individual needs. Please indicate if your child receives any of the following supports:

- Physical therapy  
  Speech therapy  
  Occupational therapy  
  Applied Behavior Analysis  
  Other:  
 Mobility device  
  Communication device  
  Feeding tube  
  Visual support  
  Auditory support

Would you like your child's therapists to deliver services at the center?  Yes  No

Is there anything else we need to know about your child to ensure he or she can be well supported by our staff?

MY CHILD'S MEDICAL CARE PROVIDER	
Medical Care Provider name	Practice / Clinic name
Provider address	Phone
Preferred hospital / clinic	
Dentist name	
Address	Phone
Health Insurance Provider and policy number	

MY CHILD'S ALLERGIES	
<input type="checkbox"/> Medications _____	Reaction _____
<input type="checkbox"/> Food _____	Reaction _____
<input type="checkbox"/> Respiratory _____	Reaction _____
<input type="checkbox"/> Bee sting _____	Reaction _____
<input type="checkbox"/> Other _____	Reaction _____
Are any of the allergies severe or life-threatening? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, please talk to the Principal about completing an allergy plan.)	

## MEDICAL ACKNOWLEDGEMENTS

- Medication** I will provide written permission for school staff to administer medication with written instructions from the child's healthcare provider or myself. I will complete and sign authorization forms. I will provide the medication in its original container (with the pharmacist's label for prescriptions).
- Immunizations** I will provide the center with updated immunization information.
- Illness** If center staff notifies me that my child is ill, I will pick up my child as soon as possible and no later than one (1) hour after being contacted. If my child contracts a contagious illness, I understand that my child may return only when he or she is well.
- Emergencies** In case of an emergency, I understand that center staff will attempt to contact me immediately. I also authorize center staff to:
  - Consult the physician or dentist named above.
  - Administer first aid and/or cardiopulmonary resuscitation.
  - Transport my child via ambulance to a local hospital or other urgent care facility.
  - Obtain any emergency medical, surgical or dental treatment deemed necessary by medical authorities.
  - Transport my child to a local emergency shelter in the event of an emergency evacuation of the center

## Financial Agreement (2018-2019)

### TUITION AND FEE INFORMATION

Please select one of the options below:

Annual Tuition of \$3325.00 paid by check on or before July 1

Monthly Tuition of \$350.00 paid by ACH

- **ACH payment** We require all monthly tuitions to be paid through ACH
- **Non-sufficient funds (NSF) Fee** Parents are responsible for any charges incurred by Universal Mercy due to bounced checks, returned ACH transfers or charge backs.
- **Registration Fee** A nonrefundable annual registration fee of \$100.00 is due at the time of enrollment and payable each year on or before August 1.
- **Additional Fees** Your child may have the opportunity to participate in special programs, summer programs, or field trips with an additional fee.

### FINANCIAL ACKNOWLEDGEMENTS

1. Payment Authorizations I authorize Universal Mercy to:

- Use my tuition and fee payment checks to initiate electronic debits to my checking account.
- Attempt to collect on returned checks up to two additional times.
- Electronically debit my account for the amount of any returned item and a returned item fee in the maximum amount allowed by state law.
- Initiate one-time ACH debits to my checking account for any amounts owed that become past due (upon written notice from the school.)

My payment authorizations will remain in effect until I give the center written notification to terminate the authorization.

2. Financial Obligations

As the parent/guardian signing this Enrollment Agreement all amounts due are ultimately my responsibility. Overdue accounts may be referred to a collection agency. I am responsible for all account balances, plus reasonable collection and attorney fees associated with the collection of the account.

Four weeks' written notice is required prior to the last day of attendance. If I do not give four weeks' written notice of withdrawal, I agree to pay full tuition and fees due for the final four weeks regardless of my child's attendance.

3. Universal Mercy Academy uses an Automatic Payment Deduction Payment Service for your convenience. It is a safe and secure way to make your payments. For the 2018-2019 school year we will process the deduction on the 3<sup>rd</sup> day of each month. Should the 3<sup>rd</sup> fall on and Saturday or Sunday, the deduction will take place on the following Monday. If you wish to stop the automatic deductions, you will need to submit your request in writing at least one week before the next deduction is to be made.

## Automatic Payment Form

I (we) hereby authorize Universal Mercy Academy (UMA) to initiate entries to my (our) checking/savings accounts at the financial institution listed below and, if necessary, initiate adjustments for any transactions credited/debited in error. This authority will remain in effect until UMA is notified by me (us) in writing to cancel it in such time as to afford UMA and the financial institution a reasonable opportunity to act on it.

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\_\_\_\_\_  
(Name of Financial Institution)

\_\_\_\_\_  
(Address of Financial Institution - Branch, City, State, & Zip)

\_\_\_\_\_  
(Signature) (Date)

\_\_\_\_\_  
(Name - PLEASE PRINT)

\_\_\_\_\_  
(Address - PLEASE PRINT)

Set Amount: \_\_\_\_\_

Financial Institution Routing Number: \_\_\_\_\_

Checking/Savings Account Number: \_\_\_\_\_

[Attach Voided Check Here]

## Schedule/Volunteer/Other Terms

### SCHOOL HOURS

Universal Mercy is open from \_\_\_\_\_ a.m. to \_\_\_\_\_ p.m.

The school will be open whenever possible on a regularly scheduled day, except in the case of severe weather or other emergency. Tuition is not reduced as a result of school closures.

### VOLUNTEER HOURS

We ask each family to contribute **at least 20 hours of service**; we hope you will consider this a minimum commitment and not a target. We have several exciting volunteer opportunities for you so that you can be involved in your child's education.

### ATTENDANCE POLICY

Tuition is due in full for each month regardless of the number of days your child attends school. If your child is sick and does not attend, the payment will not be reduced and no compensation will be made for hours and days missed. The tuition will remain the same for months in which there are long holidays. Universal Mercy Academy reserves the right to alter the calendar or school schedule at any time throughout the year. Such alterations do not change the parental requirement to pay the full tuition.

I have read, understand and accept all of the terms in this Agreement. I will promptly update any information provided for in this Agreement if any information changes. School management does not have the authority to change the terms of this Agreement (other than inserting information where required) either verbally or in writing. A child may be dis-enrolled by the center without prior notice if, in the sole opinion of the school, it is in the best interest of the child or the center. We reserve the right to alter policies and/or program at any time. The terms of this Agreement, including the tuition and fees, are subject to change in whole or in part by the center with 30 days' notice.

This Agreement will begin on \_\_\_\_\_ .

Primary Parent/Guardian Signature	Date	Principal Signature	Date