

Full Circle School

Registration/ Enrollment Information

Date: _____

Student's Legal Name: _____ Home Phone: _____

Preferred Name: _____ Grade Level: _____

Mailing Address: _____

City: _____ State: _____ ZIP: _____

Physical Street Address: _____

Date of Birth: _____ Gender: _____ Current Age: _____

Place of Birth: _____ State: _____ Birth Certificate? Yes or No

Identify the ethnicity and race of the individual by answering **BOTH** questions.

Part 1.

Is the individual Hispanic or Latino? (Choose only one)

- No**, not Hispanic or Latino
- Yes**, Hispanic or Latino
(A person of Mexican, Puerto Rican, Cuban, South or Central American, or other Spanish culture or origin, regardless of race.)

Part 2.

What is the individual's race? (Choose one or more races below)

- American Indian or Alaska Native** (A person having origins in any of the original peoples of North and South America, including Central America, and who maintains tribal affiliation or community attachment.)
- Asian** (A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, Vietnam and Laos.)
- Black or African American** (A person having origins in any of the black racial groups of Africa.)
- Native Hawaiian or Other Pacific Islander** (A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands,)
- White** (A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.)

Primary Language Spoken in Home: _____

Number of Brothers: _____ Ages: _____ Number of Sisters: _____ Ages: _____

Father: _____ Place of Employment: _____

Mailing Address, City, State, Zip (if different than student): _____

Home Phone: _____ Day Phone: _____ Has Custody? Y N

Parent/Guardian E-Mail Address: _____

Mother: _____ Place of Employment: _____

Mailing Address, City, State, Zip (if different than student): _____

Home Phone: _____ Day Phone: _____ Has Custody? Y N

Parent/Guardian E-Mail Address: _____

Person Having Legal Custody of child(if different from above):

Name: _____ Place of Employment: _____
Home Phone: _____ Day Phone: _____ Relationship: _____

Please list three (3) adult contacts, in order of desired contact, to be called if parent/guardian cannot be reached:

Adult (1): _____ Relationship: _____ Day Phone: _____

Adult (2): _____ Relationship: _____ Day Phone: _____

Adult (3): _____ Relationship: _____ Day Phone: _____

The following adults have permission to pick up my child from school:

Legal Alert

Is anyone legally barred from contacting this student? Yes or No

Court Documentation & physical description must be provided to the school office.

Whom? _____

Relationship to student: _____

Permission to use photos: I give FCS permission to use pictures and videos of my child for promotional and advertising purposes. These may appear in local or national media.

Parent signature: _____

What would you like your family / child to gain by participating in Full Circle School this year?

Previous Academic Experience: please list the names and dates of previous schools attended.

What have been your student's educational successes and challenges?

Does your student have any formally identified special needs? (IEP, 504plan, ESL) If yes please provide a copy to the school prior to the enrollment interview. List special needs identification here:

Please describe all physical and psychological conditions for us to be aware of when working with your student.

In what ways are you interested in participating in Full Circle School?

Circle all that apply:

Classroom Helper

Fund Raising

Field Trip Driver

Board Member

Substitute Teacher

After-School Program

Enrichment Instructor

Barter System

Other:

I would like to join the parent support group and you may share my personal contact information with Full Circle Partners in Education. Sign here _____

Please select the attendance model in which you would like to enroll your child:

For tuition fees please see our website or handout in the registration packet.

Full Day

Full Time – 5 days
4 days per week
3 days per week

Half Day AM only

5 days per weeks
4 days per week
3 days per week

Afterschool Program

Are you interested in an afterschool program? Yes or No

Hours are from end of school day until 5:00 pm.

Please select the payment schedule and method you wish to use.

Payment Schedule

Annual full payment
By Semester

Payment Methods

Personal Check or Cash – no extra fee
Credit Card – 2.99% (on-line only)
Debit – .99% (on-line only)

Please read and sign the agreement statement below.

By signing this form I/we agree to abide by the policies and procedures set forth in the Full Circle School policies and payment schedule. If I choose to not send my child(ren) to Full Circle School I will inform the Director in writing no later than 5 business days before a semester is scheduled to begin to avoid being held responsible for tuition and fees. It is recommended that families purchase tuition insurance.

Today's Date: _____ **Parent/Guardian Signature:** _____

Parent/Guardian Signature: _____

AGREEMENTS

1. The child day center agrees to notify the parent(s)/guardian(s) whenever the child becomes ill and the parent(s)/guardian(s) will arrange to have the child picked up as soon as possible if so requested by the center.
2. The parent(s)/guardian(s) authorize the child day center to obtain immediate medical care if any emergency occurs when the parent(s)/guardian(s) cannot be located immediately. **
3. The parent(s)/guardians agree to inform the center within 24 hours or the next business day after his child or any member of the immediate household has developed a reportable communicable disease, as defined by the State Board of Health, except for life threatening diseases which must be reported immediately.

SIGNATURES

Parent(s) or Guardian(s)

Date

Administrator of Center

Date

Full Circle School and Full Circle Education Center does not discriminate against employees, students, or applicants based on age, race, disability, gender, gender identity, gender expression, national origin, religion, political affiliation, or any other basis protected by law.

Date Child Entered Care: _____ Date Left Care: _____

** If there is an objection to seeking emergency medical care, a statement should be obtained from the parent(s) or guardian(s) that states the objection and the reason for the objection.

**OFFICE USE ONLY
IDENTITY
VERIFICATION**

If proof of identity is required and a copy is not kept, please fill out the following.

Place of Birth	Birth Date	Birth Certificate Number	Date Issued
Other Form of Proof		Date Documentation Viewed	Person Viewing Documentation

Date of Notification of Local Law-Enforcement Agency (when required proof of identity is not provided):

_____ *Date*

Proof of the child's identity and age may include a certified copy of the child's birth certificate, birth registration card, notification of birth (hospital, physician or midwife record), passport, copy of the placement agreement or other proof of the child's identity from a child placing agency (foster care and adoption agencies), record from a public school in Virginia, certification by a principal or his designee of a public school in the U. S. that a certified copy of the child's birth record was previously presented or copy of the entrustment agreement conferring temporary legal custody of a child to an independent foster parent. Viewing the child's proof of identity is not necessary when the child attends a public school in Virginia *and* the center assumes responsibility for the child directly from the school (i.e., after school program) or the center transfers responsibility of the child directly to the school (i.e., before school program). While programs are not required to keep the proof of the child's identity, documentation of viewing this information must be maintained for each child.

Parent Updated Form:

Date: _____ Initial: _____

Date: _____ Initial: _____

Date: _____ Initial: _____

For FCS USE:

Date received: _____

Payment method: _____

Registration paid: _____ *Technology fee aid* _____

Teacher meeting: _____ *Added to email list:* _____