



ZAMZAM KNOWLEDGE ACADEMY

347 S. Keech Street, Daytona Beach FL 32114

(386) 238-9325

zamzamacademyfl.weebly.com

ENROLLMENT FORM SCHOOL AGED 2022-2023

Registration fee: \$125 per child

Grade Level: Kindergarten 1st 2nd 3rd 4th 5th

Date of Enrollment (Start Date): _____

Student Information:

Child's Name: _____
Last Middle First

Child's place of birth _____ Child's Date of Birth _____

Race: _____ Ethnicity: Is the child Hispanic or Latino? _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Billing Address (if different from home): _____

Name of Person(s) having custody of child: _____

Email Address(es): _____

Contact Information:

Mom's name _____ Occupation/Employer: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Dad's name _____ Occupation/Employer: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Emergency Contacts:

If for some reason the parents or legal guardians cannot be contacted, the following people will be contacted and are authorized to pick up the child from the facility in case of illness or emergency

Emergency Contact Person _____

Contact's phone _____

Emergency Contact Person _____

Contact's phone _____

Emergency Contact Person _____

Contact's phone _____

Your Child's Health

CHILD'S HEALTH RECORD: (A copy of your child's immunizations and current physical, *from the state of Florida*, will be needed)

General state of health:

Doctor's name _____

Doctor's phone number _____

Dentists' name _____

Dentists' phone number _____

Are your child's immunizations up to date? _____ (Please attach a copy of Florida immunizations. This should include the signature of nurse or doctor who administered medications.)

Does your child have any known allergies? If so, please list below

Does your child have any special medical or dietary needs?

Does your child have any medical conditions or any areas of concern which we should be made aware of?

Does your child have any speech, hearing or visual problems?

Would there be any restrictions to play or activities?

About Your Child

Name and Address of Previous School: _____

Are there any food restrictions? _____

What language(s) are spoken at home?

Are there any other comments or information you would like us to know about? Any specific concern?

Photo Release:

Throughout the school year, there may be times ZamZam staff, the media, or other organizations, with the approval of the center director, may take photographs of parents/students, audio/videotape students, or interview students for school related stories in a way that would individually identify a specific student. Those photographs and/or videotaped images or interviews may appear in center publications in video productions, on the website, on social networking sites such as Facebook or Twitter, in the news media, or in other organizations' school related stories, articles, publications, brochures, etc. To authorize your child's photograph and/or videotaped image or interview to be used for these purposes, please complete this form and return it to your child's school.

I hereby grant unto the ZamZam Knowledge Academy permission to use my/my child's, photograph and/or videotaped image or interview for the purposes mentioned above. I understand and agree that ZamZam may use these photos and/or videotaped images or interviews in subsequent school years unless I revoke this authorization by notifying the school director in writing. I further grant unto the ZamZam Knowledge Academy permission to permit myself/ my child to be photographed, audio/videotaped, or interviewed by the news media or other organizations for school related stories, articles, publications, brochures, etc .

Parent Signature

Date

Registration Contract: Please read and initial each of the statements below.

I understand that the registration fee of \$125 per child is due on or before May 15th. After that the registration fee will increase to \$250 per child. Scholarships (Step up, AAA, or Family Empowerment) will not cover the registration fees.

I understand all fees are non-refundable and must be paid before a spot can be reserved. _____

I understand that first tuition payment is due before the first day of school. _____

I understand that even with a full Step Up or Family Empowerment Scholarship I am responsible for up to \$300 (yearly) difference between scholarship amount and ZKA'S published fees. _____

I understand that tuition is due regardless of the number of days my child attends and is due on or before the first school day of the month. (Tuition is based on 10 equal monthly payments regardless of the number of actual days in each month)

I understand that a late fee of \$10 will be applied for monthly tuition unpaid by the first week of each month. A service charge of \$35 will apply to a bounced check and all future payments must be made in cash or money order. _____

I understand that ZKA's Late Pickup charge is \$1 per minute per child after 3:15 pm. This must be paid at the time of pickup but no later than the start of the next school day. _____

To withdraw my child/children, I must provide a written notice 30 days in advance. I will be responsible for all charges during those 30 days even if my child/children do not attend. _____

If I am more than 30 days behind, in payments, it will be deemed a breach of contract and will result in termination of my child/children's enrollment. _____

I understand that tardies and absences have negative effect on my child's education. If my child has 21 or more absences (3 tardies/early dismissals equal 1 absence) he/she can be held back for insufficient progress. _____

I understand that student records will not be released until all family financial obligations are paid. _____

Florida Department of Education requires a current Florida Health Physical (dated no more than 60 days from the beginning of the school term) and Florida Immunization record (Form 680 or 681) before enrollment. I agree to submit these documents before enrollment. Failure to do so will result in student being unable to attend until all records are received. _____

I understand that at times there may be children attending who are not up to date with vaccinations. _____

I have reviewed the online handbook and agree to abide by the rules and conditions stated within. _____

Your signature below indicates that you have received/reviewed the above items and that the information on this enrollment form is complete and accurate. I hereby grant permission for the staff of this facility to have access to my child's records.

Parent/Guardian Signature

Date

ZamZam Knowledge Academy

Enrollment Form