

GLA Academia "Escuela de la excelencia"

Pequeña academia de los ángeles del dios
GLA Iglesia de la juventud *** Building Youth Inc.
Avenida de 6247 Kenwood * Rosedale, MD 21237-2020
Teléfono: 410~866-0018 o 1091 Fax: 443~772-3517

Información del estudiante

Nombre: Primer) _____ DOB (pasado) del
_____ (: _____

Dirección: _____

_____ Calle _____ Ciudad
Estado _____ Cierre relámpago
El atender de la escuela: Grado del _____ : _____ de la edad _____

masculino Female _____
Número de Seguridad Social: _____ - _____ - _____ (El uso será negado sin SSN)
Vales: Y _____ N _____ Si sí, vale #: _____ Exp.Date: _____

Está esto un niño Foster: _____ del _____ No sí (si sí, nombre del trabajador y número): _____

¿ Visitarán a niño? Sí _____ ningún _____

Información del padre/ del guarda

Nombre de la madre: _____ Cell#: _____

Dirección: Trabajo # del _____ :

Nombre del padre: _____ Cell #: _____

Dirección: Trabajo # del _____ :

Información del contacto de la emergencia (persona de A **NO** mencionado arriba)

Nombre: Relación del _____ :

¿Puede tomar ? _____ N del _____ Y Teléfono #: _____

Nombre: Relación del _____ :

Puede tomar el _____ N del _____ Y Teléfono #: _____

Información médica del contacto de la emergencia

Médico del niño o fuente del cuidado médico:

_____ Teléfono #: _____

Para las EMERGENCIAS que requieren la atención médica inmediata, llevarán su niño al cuarto de emergencia más cercano del hospital. Usted firma en la última porción de este uso autoriza a persona responsable en GLA a hacer su niño transportar a ese hospital por el coche, la ambulancia, o el coche de la ayuda. Mi niño puede también ser dado el tratamiento de la emergencia por el personal apropiado de GLA.

Información del transporte (si fuera aplicable)

¿ Se necesita el transporte? los ___ Yes del ___ No - si es así dan por favor todos los detalles necesarios:

Sección médica (termine todas las preguntas)

¿Es el estudiante en general buena salud? No _____ Yes _____ si no, explica por favor:

Hace a este estudiante hacen que un IEP/IFSP

No _____ Yes _____ por favor una la copia si fuera aplicable

¿Este estudiante tiene asma? De No _____ sí

¿Está el estudiante en la medicación? De No _____ sí para qué:

¿Es el estudiante alérgico a alimentos? Ningún _____ de los _____ Yes qué:

¿ El estudiante tiene otras alergias? Ningún _____ Yes _____ qué:

Fecha del tétanos pasado o (DTP) tirada: _____

¿Está el estudiante en buena salud general? Yes _____ ningún _____ si NO, explica: Nombre del médico del _____ : Teléfono # del _____

¿Alistan al estudiante actualmente en una escuela de Maryland, público o privado? ¿Yes _____

No _____ Which? _____

¿Hay desafíos del comportamiento que debemos saber alrededor?

Honorarios adicionales:

\$1.00 per minute late pick up fee, Charge is per child and will be added to weekly balance due.

\$5.00 per day late payment fee. Charge is for unpaid balances after Monday and is due at next payment

\$35.00 return check charge for all checks returned.

\$75.00/\$100 non refundable [registration](#) fee for enrollment.

Transportation, Before/After School and Drop In Care. Fees are additional

Universal Field Trip Permission

I hereby request that my child be permitted to participate in field trips such as discovery walks, the library, parks or any other activities that would involve taking the child outside of the center for his/her benefit in attendance at this facility. I understand that my child will be traveling in vans, buses and cars owned and operated by God's Little Angels, Inc and Building Youth Inc., and/or any other contracted transportation companies. Your signature at the bottom of this [application](#) serves as your agreement.

Waiver Release Form

In exchange for participation in all daily activities such as; trip, walks, library visits, dance, step, swimming, karate, sports, games, running, walking, lining up, eating, playing, falling, hitting/biting with other children, water play, bowling, skating, go carting, transportation and ect. Organized by God's Little Angels, Inc/ Building Youth, Inc., I agree for myself, my family and all third Parties that:

- We will observe and agree to all posted rules and warnings and further agree to follow any oral instructions or [directions](#) given.

- We will accept that there are certain inherent risks associated with the aforementioned activities and we assume personal responsibility for [personal injury](#) and release GLA from injury, loss or damage.
- We will agree to defend GLA against all claims, causes of action damages, judgments, attorney's fees and other costs which may arise.
- We will agree to pay for all damages to the facilities that may result from our negligence.
And,
- We will agree that any/all legal actions that may arise shall be resolved under GLA guidelines.

Your signature at the bottom serves as your agreement.

Illness Procedures & Self Medication Policy

Any Illnesses such as; pink eye, stomach virus, hacking cough, colds with green and yellow mucous, fever, viruses, flu vomiting or any contagious disease the child will be isolated from the rest of the group. The parent will be contacted immediately. The child must be picked up within an hour after the emergency call is made. The child will need a doctor's note to return back to school unless an okay is given by a school administrator. **If your** child is on medication for a documented illness, your health practitioner must complete and validate a medication order form. Medication will not be administered without this form. Children on maintenance drugs

such as albuterol inhaler will be supervised while administering the drug. Your signature at the bottom serves as your agreement.

SUMMER CAMP STUDENTS:

Building Youth Inc/GLA will not administer any medication to students/campers. Parents are responsible for ensuring that their child (ren) is/are well versed on how to self-administer medication. In the event that the student/camper is unable to do so, parents/guardians must have an alternate available to come to our site to administer medication. **Your signature at the latter portion of this application notes that you understand clearly that God's Little Angels/ Building Youth Inc will not administer any medication to students/campers.** Payment Policy:

Payment Policy

No refunds will be issued. Overpayments will remain as a credit on your account. All Payments are due on Monday in advance. You must pay for the ENTIRE week, whether or not you use the service (transportation Included). Parents are responsible for full payment during the Christmas and Easter week vacation. A free week form must be completed and signed by a GLA finance person. A two week notice must be given if you withdraw your child (ren) from any of the GLA programs. Otherwise you will be responsible for two weeks of payment. If your vouchers expire and your children are still attending the programs you are responsible for the entire payment. (No exceptions) If you receive vouchers or cash assistance towards your tuition and have already made a payment a credit will be issued to your account. No cash refunds will be issued. GLA has the right to terminate services of any reason that causes any disruption that may affect the flow of business.

Co-payments must be paid each week in advance. Registration fees are non-refundable..

Persons signing contract are responsible for payment; I understand that this is a legally binding contract, and I have read it and understand it.

Parent/Guardian (Signature): _____

Date: _____

Social Security Number: _____ - _____ - _____