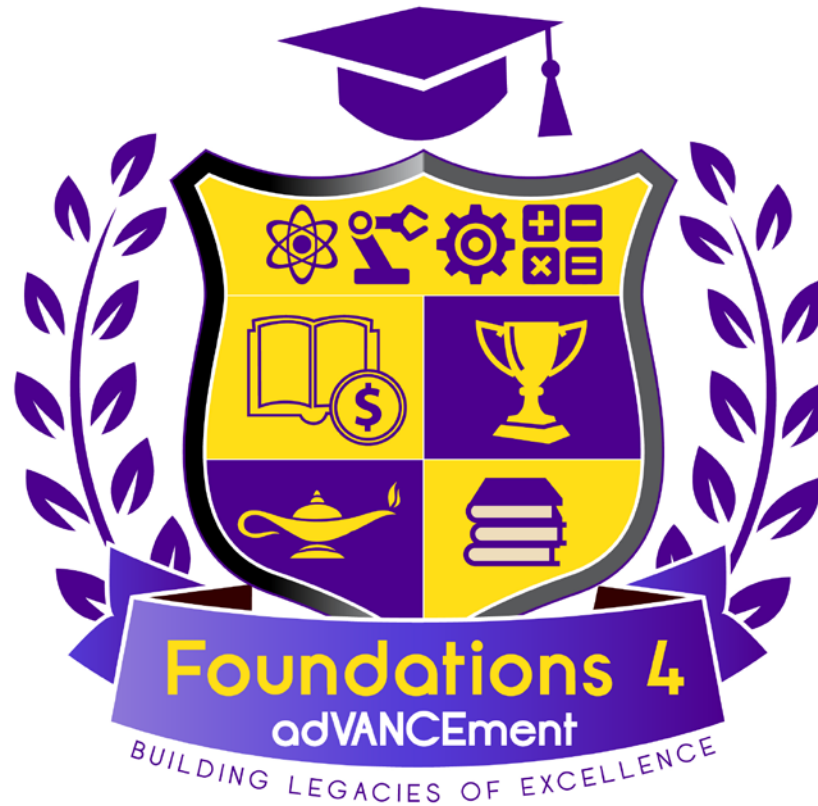


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Compassion House Ministries Inc. does not discriminate on the basis of race, religion, national origin, gender or age in our enrollment progress

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All students are required to be in attendance 5 days out of the week.

All payments must be made a month in advance and paid on the 10th of each month beginning July 10th through July 10th of the following year.

All payments made after 5:00 p.m. on the 10th of the month will carry a \$100 late fee. An additional \$50 late fee will be accessed to any past due account on the 14th of the month. Students will be excused from school on the 15th of the month.

Action for children will establish payment schedule, however the parent’s co-pay is due on the 10th as stated above.

If a check is submitted for payment and returned for *any* reason, you will be charged a **\$35** returned check fee, late fee and **you will also be required to cover tuition that may be outstanding immediately.**

All fees paid are **non-refundable and non-transferable**. Receipt of these fees confirms your decision to enroll your child and ensures a place in the school roster. Since our program and licensing requirements require us to engage staff based on the number of students enrolled for the year, refunds or discounts are not given for holidays, teacher planning days, or absenteeism for any reason.

Tuition is based on a fixed amount for the whole school year. A parent does not pay a monthly payment or a weekly payment for services that the school provides that month or week. This is an agreement to pay tuition for the duration of the school year. We offer several financing plans as a matter of courtesy.

Date

Signature of Parent (or Responsible Party)

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Full Year Commitment

Parents are responsible for the full year's tuition even if students are withdrawn prior to the end of the year. Exceptions can be made if withdrawal is by mutual agreement.

Date

Signature of Parent (or Responsible Party)

Withdrawal

If a student is to be withdrawn, a parent must submit a written and signed withdrawal letter one month in advance. All original copies of documents and forms from the Student File will be returned to the parent within one day. The school will make copies that shall remain in the student's permanent record. Student records are withheld if a student's account is not current. School records will be available two days after the request is received.

Date

Signature of Parent (or Responsible Party)

PAYMENT

I hereby assume responsibility to pay the costs (yearly Tuition) for the educational services received from Foundations 4 adVANCEment and its staff for my child(ren). I understand that Action for Children or any other agency does not set the academy's tuition rate, and that all rates are set by the head of school and its administrative staff. I understand that rates are subject to change.

Date

Signature of Parent (or Responsible Party)

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-----Office use only-----

Number of students in household: _____

Financial Aid assistance: Yes No

Type of assistance _____

Number of monthly payments: 1 2 9 11

Please circle all that apply: Before care aftercare transportation

Family’s yearly tuition: _____

Total with financing: _____

Amount of assistance monthly: _____

Monthly tuition Payments: _____

I fully understand that I am ultimately responsible for any and all charges associated with my child’s account and that if I fail to pay any amount due, I will also be responsible for all collection fees, court costs, attorney fees and any other charges incurred in the collection of any balance due. I further understand that a fee of, as much as 35%, will be added to my total account balance in accordance with this academy’s contract with its collection agency.

Date

Signature of Parent (or Responsible Party)

I hereby agree and understand the above conditions regarding all payments made to F4A. I further understand that by signing this agreement that I am held responsible to adhere to these regulations henceforth.

Sign

Sign

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Late Fee Agreement

I, _____ understand that my child(ren) must be picked up by 3:00 p.m. I understand that there is a \$20 late fee beginning at 3:15 p.m. for the first 15 minutes and \$1.00 every minute thereafter, according to the school clock. This fee must be paid prior to student returning back to school the following day.

I understand that if I am consistently late picking up my child(ren), my child(ren) could be dismissed from the school. I understand it is my responsibility to contact my emergency pick up person to avoid receiving a late pick up fee. I also understand that the late fee must be paid prior to my child returning to school the following day. Further, I understand that if I am late and fail to notify the school by 3:30 p.m. the local Police Department will be contacted.

Student Background Information Consent

Dear Parents/Guardian:

We are requesting the following information to assist us in designing a service plan to meet your family’s needs. Please complete a separate form for each child that you are seeking to enroll. Information obtained will remain confidential.

I/We give permission for F4A to contact my child’s former school and to obtain information regarding:

- My child’s academic records
- My child’s behavior records
- Special education records (if applicable)
- Our payment history

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Student _____ D.O.B. _____ Grade _____

Name of school _____ School Address _____

Parent’s Signature: _____ Date: _____

Authorized Pick-up

All children attending F4A scheduled pick-up time is 3:00 p.m. In the event that you are unable to pick-up your child as the Parent/Guardian or Authorized Individual, please adhere to the following procedures;

- Call F4A prior to 3:00 p.m.
- Fax over a statement to give authorization for your child to be picked-up
- Make sure authorized persons have a valid state identification with the same name and picture.

If someone else is picking up the child, a release form must be filled out and placed in the child’s record.

If any of these procedures are not followed, your child will not be released and you will be charged any applicable fee for late pick-up. There is a \$20 late fee beginning at 3:15 p.m. for the first 15 minutes and an additional \$1 for each additional minute thereafter, according to the school clock.

Please keep in mind that F4A is a school not a daycare center

Please note: *No child will be released to any individual including a parent or guardian if he/she appears to be under the influence of any drugs or alcohol. F4A will continue to provide services to the child without penalty and an emergency contact will be called.*

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Release/Pick-Up Authorization

The following individuals are authorized to pick-up my child: (No more than 3)

Name _____ Relationship _____ # _____

Name _____ Relationship _____ # _____

Name _____ Relationship _____ # _____

Parent/Guardian Contact Information

Father’s Name _____ Best Contact # _____

Mother’s Name _____ Best Contact # _____

Father’s Address (1) _____

Mother’s Address (2) _____

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Fundraiser and Parent Volunteer/Involvement Agreement Form

I, _____, understand that I must fully participate in all three fundraisers throughout the year for my child(ren). By fully participating I understand that there is a minimum requirement of at least \$150 per fundraiser (for families with more than one student an additional \$25 should be added per student). If for some reason I am unable to participate in any given fundraiser I understand that I will be charged a \$200 fundraising fee per fundraiser (an additional \$25 will be added for additional students in family). I fully understand and accept this agreement.

I, _____, understand that I or an adult family member must be present monthly at all the mandatory parent meetings. I realize that I will receive one hour per meeting that will go towards my 22 volunteer hours which are a requirement for my child(ren) enrollment in Foundations 4 adVANCEment. I understand that these meetings are designed to keep me fully aware of upcoming events, activities, and programs and also used as a means to voice any and all of my concerns.

Parents Signature

Print Parent's Name

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GENERAL PERMISSION STATEMENTS

STUDENT NAME _____

I GRANT PERMISSIOM FOR MY CHILD TO LEAVE F4A WITH HIS/HER CLASS ACCOMPANIED BY HIS/ HER TEACHER OR SCHOOL DESIGNEE. MY CHILD MAY TAKE WALKS AROUND THE COMMUNITY TO LOCAL PLACES OF INSTREST OR FOR OUTDOOR EXERCISE AND NATURE STUDIES.

PARENT SIGNATURE

DATE

I GRANT PERMISSION FOR MY CHILD’S NAME, PICTURE, AND VOICE TO BE USED IN PUBLIC RELATIONS ARTICLES, SOCIAL MEDIA, AND TO BE VIDEOTAPED DURING ACTIVITIES IN THE SCHOOL’S MEDIA CENTER OR SPECIAL SCHOOL SPONSORED ASSEMBLY PROGRAMS AND ACTIVITES.

PARENT SIGNATURE

DATE

I GRANT PERMISSION FOR MY CHILD TO ATTEND FIELD TRIPS SPONSORES BY F4A. I UNDERSTAND THAT FEES AND OTHER REQUIREMENTS WILL VARY ON A TRIP-BY TRIP BASIS AND THAT I WILL BE RESPONSIBLE FOR PAYMENT OF FEES TO ATTEND TRIPS.

PARENT SIGNATURE

DATE

I GRANT PERMISSION FOR F4A TO SEEK EMERGENCY SERVICES FOR MY CHILD AS NEEDE FROM LOCAL PUBLIC EMERGECNY SERVICES, I GIVE PERMISSION TO F4A TO TRANSPORT MY CHILD TO THE NEAREST HOSPITAL BY AMBULANCE. I UNDERSTAND THAT PAYMENT FOR SUCH SERVICES WILL BE MY RESPONSIBILITY.

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PARENT SIGNATURE _____

DATE _____

Photograph & Video Release Form

I hereby grant permission to the rights of my image, likeness and sound of my voice as recorded on audio or video tape without payment or any other consideration. I understand that my image may be edited, copied, exhibited, published or distributed and waive the right to inspect or approve the finished product wherein my likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of my image or recording. I also understand that this material may be used in diverse educational settings within an unrestricted geographic area.

Photographic, audio or video recordings may be used for the following purposes:

- conference presentations
- educational presentations or courses
- informational presentations
- on-line educational courses
- educational videos
- Social media/website

By signing this release I understand this permission signifies that photographic or video recordings of me may be electronically displayed via the Internet or in the public educational setting.

I will be consulted about the use of the photographs or video recording for any purpose other than those listed above.

There is no time limit on the validity of this release nor is there any geographic limitation on where these materials may be distributed.

This release applies to photographic, audio or video recordings collected as part of the sessions listed on this document only.

By signing this form I acknowledge that I have completely read and fully understand the above release and agree to be bound thereby. I hereby release any and all claims against any person or organization utilizing this material for educational purposes.

Student's Full Name _____ Street Address/P.O. Box _____
City _____ Prov/Postal Code/Zip Code _____
Phone _____ Email Address _____

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Parent Signature _____ Date _____

Notice of Policies, Rates, Programs, and Procedures

I have read the Foundations 4 adVANCEment Parent Handbook. I understand the policies, rates, programs, and procedures in place at the Academy. I have asked questions to clarify any information contained in this handbook before enrolling my child at the Academy.

Child's Name: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

I have reviewed and received a copy of the discipline policy for Foundations 4 adVANCEment in this handbook.
Initial _____

I have reviewed and received a copy of the Illinois Child Care Law in this handbook.
Initial _____

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PARENT AGREEMENT

Thank you for choosing F4A to provide the academic, emotional and physical care of your child. The following agreement outlines the terms and condition between F4A and the parent. Please keep a copy for your records and return a signed copy to the office.

I understand that as a parent I have a yearly tuition for my child and that I will have to participate in fundraisers throughout the school year. Tuition is due one month in advance on the 10th of every month. A late fee of \$100 will be assessed for tuition received after 5:00 p.m. on the 10th and 14th if applicable. I also understand that if my child’s tuition is more than 5 days late my contract with the school can be terminated and the remaining balance of our yearly tuition will be due within 5 days.

I understand that all payments are to be made in the form of check, money order, cashier’s check, credit card, or cash. Any check that has to be deposited twice will be charged fee of \$25 and all checks returned for NSF will be charged a \$35 fee.

I understand that the educational school day begins at 8:00 a.m. I also understand that I must arrive between 7:45 a.m. – 7:55 a.m. (NO EXCEPTIONS) if I do not arrive by 8:15 a.m., I will be charged a \$10 late fee. I also understand that if I arrive after 8:30 am I must keep my child at home and my child will be considered absent from school on that day. In the event of a scheduled doctor’s appointment, I understand that I must provide the school with an appropriate dated doctor’s note.

I understand that my child’s attendance is very important in order for him/her to be successful. If my child is absent without cause, I understand that he/she will be given an unexcused absence and it will be placed in their permanent records (identified on their quarterly report cards)

I understand that by enrolling my child into F4A I am agreeing to a full year commitment and will be responsible for my child’s full year’s tuition even if my child is withdrawn prior to the end of the school year. Exceptions can be made only if withdrawal is by mutual agreement between F4A and parent(s) and a written notice is given to the principal one month before discontinuing service with F4A.

I understand that my child is to be in full uniform at school at all times unless notified by the Principal. I understand any student who is out of uniform will receive a verbal warning the first time and will be charged \$10 per incident thereafter.

PARENT SIGNATURE

DATE

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I understand that F4A is a child wellness center and if my child exhibits any of the following symptoms:

- Fever (101 f. or higher) – child need a to be fever free for 24 hours
- Diarrhea- child must be symptom free for 24 hours
- Vomiting- child must be symptom free for 24 hours
- Rash – check with doctor , ensure it’s not ringworm
- Discharge form eyes or ears
- Hacking or continuous cough.
- Communicable diseases- chicken pox, measles, mumps, conjunctivitis (pink eye), influenza etc.

My child may return with a doctor’s note when the incubation and contagious period has passed and my child is well enough to resume normal childcare activities.

I understand that if my child develops any of the above symptoms while in F4A care, I understand that I will be required to pick up my child within a two hour period.

I understand that if my child consistently exhibits inappropriate behavior or extreme behavior that endangers other students, staff, or him/herself, my child may be required to spend up to 2 days out of school, and may not return unless a conference had been set with my child’s teacher, Director and Myself.

Sincerely,
F4A

Signature: _____ Date: _____

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To: PARENTS
FROM: FOUNDATIONS 4 ADVANCEMENT
RE: ADMINISTRATION OF PRESCRIPTION DRUGS AT SCHOOL
(Illinois State Code Section 10.22.23 and 10.22.24)

The following procedures have been adopted by F4A on the position of administering medication to our students.

1. Parent must have Doctor’s Medication Authorization Form signed before medication can be given.
2. Parent must sign permission slip authoring the school to dispense medication.
3. Medication must be brought to the school in a container appropriately labeled by the pharmacy and / or physician.

No medication will be given to a student without the forms on file at our school.

No non-prescription medication will be given to a student without the doctor’s authorization.

This policy will be strictly adhered to.

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Internet Acceptable Use Policy

To enhance educational learning by providing vast, diverse and unique resources, Internet access is available to all F4A students, faculty, and staff.

Because the use of the Internet is a privilege, not a right, all Internet access, materials, email, etc. are available for staff and/or system administrator’s review at any time. To enable wise use of this form of communication, the following Acceptable Use Policy has been established.

1. Opportunities/Privileges
 - a. Students will have access to all authorized hardware and software to facilitate learning and enhance communication.
 - b. Students will have access to information from outside resources including monitors access to Internet via the direct supervision of electronic filtering.
 - c. Students will have Internet access also monitored directly by staff as website visits can be retrieved for each login.

2. Responsibilities- Students are responsible for...
 - a. Using the technology in the school to facilitate learning and for purposes consistent with F4A philosophy and mission statement.
 - b. Adhering to the guidelines and standards established by the school for use of equipment, program, labs and networks.
 - c. Obtaining permission for bringing in their own school related documents and files for use on F4A equipment.
 - d. Maintaining the privacy of passwords.
 - e. Upholding integrity when using electronic mail systems if they access such accounts from F4A computers.
 - f. Using Internet and other telecommunication services only for direct school learning experiences.
 - g. Adhering to all copyright guidelines.

3. Disciplinary Actions
 - a. Violation may result in:
 - I. Suspension (quarter-year/s) from use of the equipment and/or the systems.
 - II. Restricted access.
 - III. Financial restitution and/or
 - IV. Other appropriate disciplinary measures.

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STUDENT: I have read and understand and agree to comply with the terms and conditions set forth by this policy.

Student Signature: _____ Date: _____

PARENT OR GUARDIAN

Please read and mark an X on one of the choices below.

As parent/guardian, I have read and discussed the Acceptable Use Policy with my child. I understand that this access is designed for educational purposes and appropriate discipline may result if my child does not comply with the Acceptable Use Policy. F4A has taken precautions to eliminate access to controversial material. However, I also recognize it is impossible for F4A to restrict access to all controversial materials, and therefore, I will not hold F4A responsible for materials acquired on the network. I hereby give permission to allow Internet access to my child.

As parent/guardian, after reading the Acceptable Use Policy, I DO NOT grant permission for my child to access the Internet at school.

Parent/Guardian Signature: _____ Date: _____

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