

Parent / Guardian Questionnaire

Super Kids Jr. Academy is an educational pre-school and life preparatory school dedicated to nurturing and challenging the whole person – body, mind, and social.

1. S.K.J.A. expects you as Parent/Guardian to be involved in your child's education. Are you in agreement with this? YES NO

Please Explain Your Answer if No:

2. Exercise is a part of our philosophy. We believe that exercise—whether individual or team oriented—help to develop a child physically and teach self-discipline, teamwork, and sportsmanship. How do you feel about your child participating in some type of healthy activity each day?

YES NO

Please Explain Your Answer if No:

3. Any Medical Concerns with the Child? YES NO

Please Explain Your Answer if Concerns:

4. Our school requires participation from parents and from time to time with direct feedback including closed door discussions about your child. Are you in agreement \ ok with this? YES NO

Please Explain Your Answer if No:

5. Super Kids Jr. Academy is dedicated to providing the highest level of educational care available for infant, toddler and pre-school children. We handle discipline on a case by case basis and reserve the right to suspend or expel students who struggle with inappropriate behavior or harm others. Would you be willing to support this policy while your child(ren) attends Super Kids Jr. Academy?

YES NO

Please Detail \ Explain:

6. Are there any additional thoughts \ concerns or worries that we should be aware of?

Please Detail \ Explain:

7. How did you hear about **Super Kids Jr. Academy**?

Friend

Family

Radio

TV

Bis-manonline

Internet

Other _____.



Super Kids Jr. Academy

Tammy Anderson, Center Director

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Center Information –Success, Registration Policy

Keys to Super Kids Jr Academy Success (Our Mission)

- When kids leave Super Kids and go to elementary school we want them to be prepared for what will be coming at them;
- We want Bismarck \ Mandan teachers to recognize these smart, well mannered and well prepared kids have come from Super Kids Jr. Academy
- Reduce barriers for parents with technology and parental education options
- Prepare children with a quality curriculum during their early primary learning age
- Provide care and early education for children from birth to 6 years of age
- Provide before\after school care and summer programs for children 6 years old up to age 12
- Supplement and complement parental care and parent values
- Ensure parental input in the delivery of child care mission
- Nurture an appreciation and respect of human diversity
- Promote excellence and education in the field of child care
- Advance the field of child care in the community of Burleigh and Morton County
- Provide unique distinctive “**add-in**” services for parents

Registration:

- Registration is on a first-come first served basis.
- Re-enrolling students, their siblings, and alumni are given priority registration.
- If a room \ class is full, you will be notified and placed on a waiting list.
- We are unable to guarantee spots unless a privileged spot fee is paid.

Cancellation Policy:

All cancellations must be made in writing at least one month (30 days) in advance in order to cancel remaining payment obligations. The participant will be responsible for payment during this 30 day cancellation period

Other:

- Comply with and support all Super Kids Jr. Academy policies and procedures
- Be financially responsible, keep my account current and pay late fees if needed
- Program fees are due monthly and are due one month in advance.
- Program fees are based on Full Time scheduled calendar.
- Tuition is based on the age of the child not class placement. I agree to the payment obligations stated on this form.
- That I will expect to pay in advance for care each month \ week on a regular basis
- Pick up my child no later than 6:00 p.m. and pay late fees when I do not
- Sign my child IN and OUT everyday
- Dropping off Early or Pick up Late Fee will be charged at a rate of \$1 per minute

Applicant Questions: Baby \ Toddler \ Student

Current Care is provided by: _____ none home

Other Child Care \ Daycare Attended _____ none home

Your Biggest concern with Previous Care \ Daycare _____

Please share any other pertinent information with us: _____

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Siblings

_____	_____	_____	_____
Name	Age	School \ Care Provider	Grade
_____	_____	_____	_____
Name	Age	School \ Care Provider	Grade

Medical

Family Physician or Medical Center _____ Phone # _____

Please describe any illnesses, diseases, or physical disabilities which either have or may affect your Child's general health, schoolwork or participation in Exercise: No Concerns) _____

If the student has received or is receiving counseling due to a serious personal problem or event, please share this information with us so we can better understand and respond to your child's needs.
 No Concerns

Financial (All customer information, authorizations and card numbers are kept fully confidential)

Both 1 and 2 are mandatory for enrollment

1) VISA MasterCard Discover Checking Account

Credit Card or Auto-Draw Checking Account _____

Expiration Date ____/____/____ Back of Card 3 digit code _____ or Routing Number _____

Printed Full Name of Cardholder _____

2) VISA MasterCard Discover Checking Account

Back-Up Credit Card or Auto-Draw Checking Account _____

Expiration Date ____/____/____ Back of Card 3 digit code _____ or Routing Number _____

Printed Full Name of Cardholder _____

Billing Address of Credit Cardholder (Address same as above Mother, Father or Guardian Applicant)

Cardholder Signature _____ Date _____

Please automatically charge Credit Card or Checking Account on equal monthly installments (All customer information, authorizations and card numbers are kept fully confidential)

I have read and understand: Program fees are due monthly and are due one month in advance. I understand that I expect to pay in advance for care each month \ week on a regular basis. Tuition fees are based on Full Time scheduled attendance. Tuition may be based on age, child special needs or class placement and is determined by Center Director. I agree to the payment obligations stated on this form.

Signature of a Parent / Guardian _____ Date _____

Super Kids Jr. Academy, a division of Super Kids of America Inc does not discriminate on the basis of race, color, national or ethnic origin in the administration of its admission, educational, financial aid, athletic, or school administered policies. Waiting list options are available on a first available basis and **privileged** action is available with a waiting list guarantee option for a minimum monthly fee – please ask Center Director for **privileged waiting list options**

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