

LEADERS OF TOMORROW REGISTRATION FORMS

Child's Name: _____

Birth Date: _____

Home Address: _____

Phone#: _____

Parent's Name: _____

Cell/Work# _____

Parent's Name: _____

Cell/Work# _____

Person Responsible for Child: _____

ADDITIONAL PERSONS WHO MAY BE CALLED IN AN EMERGENCY & NAMES OF PERSONS AUTHORIZED TO TAKE CHILD FROM THE FACILITY

(CHILD WILL NOT BE ALLOWED TO LEAVE WITH ANY OTHER PERSON WITHOUT WRITTEN AUTHORIZATION FROM PARENT)

Name & Relationship: _____

Cell/Work# _____

Name & Relationship: _____

Cell/Work# _____

Name & Relationship: _____

Cell/Work# _____

Name & Relationship: _____

Cell/Work# _____

Name & Relationship: _____

Cell/Work# _____

Child's Attendance schedule (Please select exact schedule needed for care):

DAYS NEEDED	SCHEDULE NEEDED
<input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday	<input type="checkbox"/> SESSION 1 (June 2–July 3) <input type="checkbox"/> SESSION 2 (July 6–August 5) <input type="checkbox"/> FULL SESSION (June 2–August 5)

'25- '26 Grade Level (please check):

UTK <input type="checkbox"/>	K <input type="checkbox"/>	1st <input type="checkbox"/>	2nd <input type="checkbox"/>	3rd <input type="checkbox"/>	4th <input type="checkbox"/>	5th <input type="checkbox"/>
------------------------------	----------------------------	------------------------------	------------------------------	------------------------------	------------------------------	------------------------------

Consent for Medical Treatment & Health History

AS THE PARENT OR LEGALLY AUTHORIZED REPRESENTATIVE OF THE CHILD IDENTIFIED BELOW, I HEREBY CONSENT TO AND AUTHORIZE LEADERS OF TOMORROW TO SECURE ANY EMERGENCY MEDICAL OR DENTAL TREATMENT DEEMED NECESSARY, AS PRESCRIBED BY A DULY LICENSED PHYSICIAN (M.D.), OSTEOPATH (D.O.), OR DENTIST (D.D.S.), FOR THE CHILD NAMED HEREIN: _____ . I FURTHER ACKNOWLEDGE THAT SUCH TREATMENT MAY BE ADMINISTERED UNDER ANY CONDITIONS DEEMED NECESSARY TO PRESERVE THE LIFE, LIMB, OR OVERALL WELL-BEING OF THE CHILD.

Specify any serious/severe illness or accident:

Does the child have any special problems/ fears/ needs/ underlying health issues? (EXPLAIN)

Is the child presently under a doctor's care? _____

List any allergies staff should be aware of: _____

Please provide a list of any medications currently in use; _____

CONTACT INFORMATION

Home Address: _____

Email: _____ **Phone#** _____

Parent's Signature: _____ **Date:** _____

LEADERS OF TOMORROW ADMISSION AGREEMENT

1. **ENROLLMENT FORMS:** I agree to accurately complete and submit all required enrollment forms and supporting documentation to the Site Director.
2. **SIGN IN & OUT:** I acknowledge that daily check-in and check-out procedures will be conducted by L.O.T. staff, authorized pickup individuals, or parents.
3. **FAMILY FEES:** I acknowledge that tuition fees are payable in advance, regardless of attendance. For weekly payments, tuition must be submitted by the Friday preceding the week of services, and I understand that failure to do so will result in a suspension of services on the following Monday until my account is paid in full. For monthly payments, tuition must be submitted by the 3rd day of the month. Should a payment plan be submitted and approved by the Site Director, any suspension of care will be revoked. *Failure to adhere to these payment terms may result in termination from the program.*
4. **METHOD OF PAYMENT:** I acknowledge that Leaders of Tomorrow (L.O.T.) accepts payments via checks, money orders, cashier's checks, cash, and credit card transactions through PayPal. All checks and money orders must be made payable to L.O.T. or Leaders of Tomorrow. Additionally, a fee of \$25.00 will be applied for any returned checks.
5. **LATE PICK UP FEE:** I understand that according to L.O.T. policy, a parent will incur a late fee of \$1 per minute after a 5-minute grace period following 6:00PM.
6. **BEHAVIOR & SAFETY:** I acknowledge that if my child's behavior presents an immediate safety risk to other children, adults, staff, or the child themselves, I will be notified and agree to ensure that my child is picked up by a parent or authorized representative within 30 minutes. Additionally, I understand that the teaching staff and parents will collaborate to develop strategies to address the behavioral challenges. Should these corrective measures prove ineffective, or if the behavior continues to pose a threat to the child, peers, or staff, services may be suspended or terminated.
7. **SUSPENSION FROM SCHOOL:** In the event that my school-age child is suspended from public school, I acknowledge that I may not bring my child to L.O.T. for after-school care. I agree to promptly notify L.O.T. of my child's absence for the duration of the suspension.
8. **PROGRAM INFORMATION:** Leaders of Tomorrow is a Heritage Program.
9. **Optional Agreement:** By initialing below, I authorize the release of my child's photograph for company use, including internal bulletin boards, newsletters, slide shows, and other related purposes.

Initial here: _____

10. **PROGRAM POLICY MANUAL:** I acknowledge that I have read, comprehended, and agreed to the terms and provisions contained within the L.O.T. Parent Handbook. By signing below, I expressly consent to be bound by all rules, policies, and procedures set forth. I further understand that any breach of these terms may, at the sole discretion of L.O.T., result in the termination of my child's enrollment in the program.

Parent/ Guardian Signature

Date