

**FIA**  
**First Impressions Academy**  
**2015/2016 Admissions Form**

NOTE:

Registration forms will not be processed unless fees are paid at this time.

**Student's Information**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ Gender \_\_\_\_\_

Name of Previous/Present Nursery/Grade School \_\_\_\_\_

Home Language \_\_\_\_\_ Who is the child living with \_\_\_\_\_

**Mother's Information**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Residential address \_\_\_\_\_

City and Zip code

Telephone Numbers

(H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

Occupation \_\_\_\_\_ Email address \_\_\_\_\_

**Father's Information**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Residential address \_\_\_\_\_

City and zip code

Telephone Numbers

(H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

Occupation \_\_\_\_\_ Email address \_\_\_\_\_

**FIA**  
**First Impressions Academy**  
**Emergency Contact Information/Class Schedule/Allergies**

**Other adults who have permission to pick up/drop off & for emergencies**

1. Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Relationship to the child \_\_\_\_\_

2. Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Relationship to the child \_\_\_\_\_

**Allergies**

**Does your child have allergies? YES NO My child is allergic to \_\_\_\_\_**

**If my child comes in contact with this please,**

\_\_\_\_\_  
\_\_\_\_\_

**New Students**

Does your child have any known disabilities or special needs? \_\_\_\_\_

Does your child have or has ever been tested for an IEP? \_\_\_\_\_

If yes, we will need a copy of it before you complete registration

**Admissions use only**

**Class Schedule options**

**Preschool**

3 year old class            AM            PM            Full Day    Ext. Full Day

4 year old class            AM            PM            Full Day    Ext. Full Day

Days of the week            TH            MWF            M-F

**Resources**            M    T    W    TH    F    NONE

**Grade School**

Kindergarten            First            Second            Third            Fourth            Fifth

Morning Care            Full Day

**FIA**  
**First Impressions Academy**  
**Financial Form and Contract Agreement**

**Preschool**

I understand that the preschool year runs September through July; I understand that I must follow the withdrawal procedures as stated in the policies and procedures handbook \_\_\_\_\_

I understand that the registration fee is non refundable or transferable for any reason to include a military or work relocation \_\_\_\_\_

I understand that I must write a post dated check for September's tuition and that I have until July 15th 2015 to withdraw my child and have my check voided; after July 15th, 2015 my check is no longer refundable or transferable for any reason \_\_\_\_\_

I understand that I can not make changes to my child's schedule after July 15th, 2015; if I would like to make modifications I must give two weeks notice and wait until October \_\_\_\_\_

**Grade School**

I understand that the Academic year runs September through June; I understand that once my child starts school I am financially committed to paying the entire school year; I may withdraw with 30 days notice and an additional 500.00 early termination fee with military orders ONLY. Orders will be followed up on. \_\_\_\_\_

I understand that the placement fee and registration fee is non refundable or transferable for any reason to include a military or work relocation \_\_\_\_\_

I understand that tuition is due the first class of each month and that I am responsible for the full tuition each month for 10 months, or I must follow the 12 month policy. \_\_\_\_\_

**I received a copy of the policies and procedures** \_\_\_\_\_

**Registration Fee** \_\_\_\_\_ **Placement Fee** \_\_\_\_\_ **September's Tuition** \_\_\_\_\_

**Print Name** \_\_\_\_\_ **Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**\*\*\*Special payment option**