

Welcome Letter

Dear Families,

Welcome to Citrus Learning Academy! We are honored that you are considering our program for your child. Our mission is to inspire young minds with a desire for learning, to live with integrity and to make a difference in the lives of others. We believe in strong partnerships with families and open communication. This enrollment packet contains important forms and policies to ensure your child's successful start with us. We look forward to becoming part of your child's educational journey!

Thus, our motto becomes..." Where Learning Takes Flight"

Warmly, Gloria Klement

Principal & Owner

Citrus Learning Academy

Citrus Learning Academy Enrollment Application

Student Information:

Child's Full Name: _____ Child's Age: _____

Start Date: _____ Grade: Kindergarten First Grade

Home Address:

City: _____ State: _____ Zip: _____

Family Information:

Child Lives With: _____

Parent/Guardian #1

Name: _____

Address: _____

Primary Phone: _____ Email: _____

Employer: _____ Work Phone: _____

Parent/Guardian #2

Name: _____

Address: _____

Primary Phone: _____ Email: _____

Employer: _____ Work Phone: _____

Emergency Contact Information

Emergency Contact #1 Name: _____

Address: _____

Relationship: _____ Cell Phone: _____ Work Phone: _____

Emergency Contact #2 Name: _____

Address: _____

Relationship: _____ Cell Phone: _____ Work Phone: _____

Emergency Contact #3 Name: _____

Address: _____

Relationship: _____ Cell Phone: _____ Work Phone: _____

Emergency Contact #4 Name: _____

Address: _____

Relationship: _____ Cell Phone: _____ Work Phone: _____

Emergency Contact #5 Name: _____

Address: _____

Relationship: _____ Cell Phone: _____ Work Phone: _____

Photo ID required at pick-up.

Medical & Health Information

Physician Name: _____ Phone: _____

Address: _____

Helpful Information About Child:

Emergency Care Plan Instructions (if applicable):

Allergies (Food/Medication/Other):

Medical Conditions:

Is your child up to date on immunizations? Yes No

(Parents must provide the current Florida Immunization Form DH 680/ Exempt Form and Physical Form DH 3040 within 30 days after attendance.)

Tuition Agreement

Citrus Learning Academy tuition is \$10,000 annually or \$1,000 monthly for 10 months. Kindergarten thru 5th Grade.

You have the option to pay with the following:

Tuition & Fees:

Private Annually \$ _____

Private Monthly \$ _____

Step-Up Program \$ _____

Late Fee Policy: A late fee of \$40.00 will be applied after 3 days.

Application Fee \$100 (non-refundable)

Registration Fee \$150 (upon acceptance)

I understand tuition is due regardless of attendance.

Parent Signature: _____ Date: _____

Discipline Policy Acknowledgment

Citrus Learning Academy believes that discipline is for the purpose of correction and training, and not punishment. We do not practice the following methods as means of discipline: corporal punishment, belittlement, meaningless tasks, withholding restroom privileges, or withholding food.

We believe that the purpose of discipline is twofold:

- 1- To maintain a healthy environment for learning and growing.
2. As a means of building character in children.

Practical forms of our philosophy of discipline:

1. The child is taken aside, and the behavior is discussed. He or she is told that change must occur for the well-being of the group and for the child's own happiness.
2. If the unacceptable behavior continues, the following steps may be taken:
 - a) A classroom discussion on disruptive behavior, b) a short "refocus" will be utilized with adult supervision. c) the child's parents will be notified.
3. If bad behavior persists, the supervising adult will then meet with the director to determine further action. This may result in an interview by the director with the child and or the parents.
4. When the child's behavior continues to be dangerous or disruptive to the other students, teachers, or themselves. The Director may request that the parents have the child evaluated by a state-licensed pediatrician.
5. The discipline method of spanking, lunch or toileting or verbal abuse will not be used or withheld from your Child/Children.
6. Please read and sign the expulsion letter.

I acknowledge and agree with this policy.

Parent Signature: _____ Date: _____

Expulsion Policy

Name of Child: _____ Date: _____

Signature of Parent: _____ Print: _____

Unfortunately there are sometimes reasons we have to ask that a child be removed from our program either on a short term or permanent basis. We want you to know we will do everything possible to work with the family of the child(ren) in order to prevent this policy from being enforced.

WHEN A CHILD IS HAVING A PROBLEM IN THE CLASSROOM

Staff will try to redirect the child from negative behavior.

Staff will reassess classroom environment, appropriate actions and supervision.

Staff will always use positive methods and language while disciplining children.

Staff will praise appropriate behaviors.

Staff will consistently apply consequences for rules.

Child will be given verbal warnings.

Child will be given time to regain control.

Child's disruptive behavior will be documented and maintained in confidentiality.

Parent/guardians will be notified verbally.

Parent/guardians will be given written copies of the disruptive behaviors that might lead to expulsion.

The director, classroom staff, and parent/guardian will have a conference(s) to discuss how to promote positive behaviors.

SCHEDULE OF EXPULSION

If after the remedial actions above have not worked, the child's parent will be advised verbally and in writing about the child's or parent's behavior warranting an expulsion. An expulsion action is meant to be a period of time so that the parent may work on the child's behavior or to come to an agreement with the school. The parent will be informed regarding the length of the expulsion. The parent will be informed about the expected behavior changes required in order for the child or parent to return to the school.

PARENTAL ACTIONS FOR CHILD'S EXPULSION

Failure to pay/habitual lateness in payment.

Failure to complete required forms including the child's immunization records.

Verbal abuse to staff.

Parents threaten physical or intimidating actions toward any staff members.

Weapons, drugs, paraphernalia, smoking, vaping, drinking or intoxication of any kind are prohibited on the premises or in the facility.

CHILD'S ACTIONS FOR EXPULSION

Failure of child to adjust after a reasonable amount of time.

Uncontrollable tantrums/angry outbursts.

Ongoing physical abuse to staff or other children.

Florida Required Statements

This facility is licensed by the State of Florida

Parents may review inspection reports upon request.

Staff are trained in CPR and First Aid.

Child Abuse Hotline: 1-800-96-ABUSE Required Documents

Checklist (Office Use Only)

- Enrollment Application
- Expulsion Policy
- Emergency Contact Form
- DH 680 Immunization Form
- DH3040 Physical Form
- Tuition Agreement Signed
- Handbook Acknowledgment
- Copy of Birth Certificate
- Application Fee Paid
- Registration Fee Paid