

SEESAW LEARNING ACADEMY MASTER CARD

Date of Admission _____

(View Handbook Online- www.seesawlearningacademy.com)

Child's Name: _____ Sex _____ DOB ____/____/____

	MOTHER	FATHER
Name:		
Address:		
Employer		
Home Phone #		
Work Phone #		
Work Extension #		
Cell Phone #		
DL#		
DL State		
Email Address		

Person with whom the child lives: _____

Child's Doctor: _____ Doctor's Phone# _____

Child's Dentist: _____ Dentist Phone # _____

Preferred Hospital _____

Individuals to contact in case of emergency:

_____ Phone # _____

_____ Phone # _____

_____ Phone # _____

Does your child take any medications at present time? ____ Yes ____ No

If yes, what? _____

Does your child have any difficulties or disabilities which need our special help or attention?

____ Hearing ____ Vision ____ Other

Describe _____

Known Food/ Other Allergies: ____ Yes ____ No _____

Chronic Illness (es): _____ Potty Trained ____ Yes ____ No

Does your child have a problem playing with other children: ____ Yes ____ No

ELEMENTARY SCHOOL ATTENDING _____	OFFICE USE ONLY Door Code _____
----------------------------------------------	--------------------------------------------------

My child has my permission to be released to the following individuals: (Please notify the following that they may be asked to show proof of identity.) If we already have a list of your contacts below and you give us permission to use the same contacts, please indicate in the box by writing SAME CONTACTS.

Name	Relationship	Phone #	Auth. Code

Parent Signature:_____ Date:_____

The last four digits of each person's social security number will determine the Authorization Codes. In the case of a duplicate number, we will assign a number based on data used on the application.

Seesaw Learning Academy Authorizations

I agree to pay the tuition per week in advance. All fees are due on Friday (prior to the week of childcare). A late fee will be added if the account is paid late. (Late is considered by the end of business on Tuesday. Accounts will be charged \$15.00 per week/per child.) Children may not receive care beginning Wednesday if the weekly tuition is not paid. I understand tuition has increased (see below).

Parent Signature: _____ **Date:** _____

Please check: I would/ would not like web-viewing access. I understand I will be given 10 (5 minute sessions) per day to access my child's classroom only. I also understand this fee is \$20.00 per month for **ALL** families (including CCAP and B-3 families). Lastly, I understand that my PB&JTV account will be terminated if I attempt to take a snapshot or video of the live stream.

_____ Yes _____ **Parent Initial** _____ No _____ **Parent Initial** Date: _____

If you pick up your child after 6:00p.m., a late fee of \$5.00 **per** minute will be charged. Late fee **must** be paid prior to Child Care services the next day.

Parent Signature: _____ **Date:** _____

I understand that a two (2) week's notice is required should I withdraw my child from the center for any reason. I understand that the full tuition for each of the two week's notice is to be paid whether my child comes to the center or not. (This includes illness, vacation, or inclement weather).

Parent Signature: _____ **Date:** _____

In case of evacuation, Seesaw Learning Academy has my permission to transport my child.

Parent Signature: _____ **Date:** _____

I give Seesaw Learning Academy my permission to take pictures and display pictures on the Seesaw Learning website, Seesaw Learning social media platform, and for Caddo Smart Start Early Learning Initiatives.

Parent Signature: _____ **Date:** _____

I understand that Seesaw Learning Academy has 20 cameras throughout the Center for security and educational purposes. I also understand that internet viewing is provided for parents who pay an additional fee.

Parent Signature: _____ **Date:** _____

I give permission for my child to be transported to/from (please circle school's name): AC Steere Elementary, Shreve Island Elementary, or the school listed below for the After-School Program.

School: _____

Parent Signature: _____ **Date:** _____

My child is 5 years old or older and has my permission to watch PG programming. (School Age Only)

Parent Signature: _____ **Date:** _____

I understand the Center staff is not allowed to give my child medication unless it is for a medical condition or illness requiring more than 2 doses. I understand it must be prescribed by a physician. Such emergencies or medical conditions include but not limited to, an allergic reaction requiring an

Epi Pen. I will update the Emergency Medication Authorization Form at least every six months for an EPI Pen (Medication Form Included in Packet).

Parent Signature: _____ **Date:** _____

I understand that Seesaw Learning Academy will participate in the Child and Family Food Program once approved. Every person in attendance for care should have the Free/Reduced Price Meal Application completed annually whether enrolled full time or part-time. This form is confidential information and will be given to the Owner to determine eligibility. The Center will adhere to a 3 to 4 week menu cycle with a variety of food items as well as whole grain usage daily.

Parent Signature: _____ **Date:** _____

I authorize Seesaw Learning Academy to care for my child during the time he/she is in the facility or participating in a facility sponsored field trip and to administer and/or obtain emergency medical treatment for my child.

Parent Signature _____ Date: _____

I have received and reviewed a written description of Seesaw Learning Academy Program and policies.

Parent Signature: _____ Date: _____

NON-VEHICULAR EXCURSIONS

My child, _____, has my permission to participate in the following off-site activities when the children are walking and accompanied by staff of the Center:

Type of Activity:

_____ (Infant/Toddler Large Stroller/Carrier on Seesaw Learning Parking Lot)- 6 wks to 1 year

_____ (Gaming Truck located on Seesaw Learning Parking Lot)- 3yrs to 12 years

_____ (Trunk or Treat on Seesaw Learning Parking Lot)- 1 yr to 12 years

Parent's Signature and Date

Authorization for the Application of Topical Products

Child's Name: _____

I give my permission for center staff to apply the following topical products to my child whether center provided or parent provided:

Yes	No	
()	()	Sunscreen
()	()	Insect Repellant
()	()	Diaper Rash Ointment
()	()	Teething Gel
()	()	Other _____

(Name)

The one time authorization will remain in effect until a new authorization is signed.

Parent Signature: _____ **Date:** _____

SEESAW LEARNING TUITION AND FEES

Please note Tuition prices will increase in August 2024.**

Fees I am responsible for:

- 1- Weekly tuition payable each Friday.
- 2- Late payment fee if not paid on time.
- 3- \$5.00 per minute late pick-up fee (6:00p.m.)
- 4- Enrollment Fee
- 5- Annual curriculum/supply fee payable in July (all ages)
- 6- Web-viewing Fee (if desired)

Tuition	Current	Tuition Increase 8/2024
Non-refundable enrollment fee	\$80.00	
Annual Supply/ Curriculum Fee	\$100.00	
Web-Viewing	\$20.00 per month (50min. limit per day)	CCAP and B-3 children must pay for this service if desired.
Before/After School Annual Van Deposit Fee	\$20.00 to reserve your spot	\$25.00 to reserve your spot
Graduation Fee	\$40.00	No change
Field Trip Summer Camp Fee		\$50 Yearly
Weekly Tuition Due each Friday		Tuition Increase 8/2024
Infants	\$155.00	\$170.00
One Year	\$155.00	\$165.00
Two Year	\$145.00	\$160.00
Three Year	\$140.00	\$160.00
Four Years	\$140.00	\$150.00
Afterschool	\$75.00	No change
Afterschool + daily rate	\$75.00 + \$15.00 per day	\$75.00 + \$20.00 per day
Summer Camp/ Holiday Care- All Week	\$130.00 + Field Trip Fee \$50	\$150 per wk (Field Trip Fee/ T shirt included in weekly price)
Summer Camp (Enrollment fee for returning student)		\$25.00
Drop -In Care (based on availability)	\$30.00	\$35.00 per day

I have read and understand this fee schedule. I have been given a parent handbook and/or understand I can access this information by logging on to www.seesawlearningacademy.com.

Signature

Date

Seesaw Learning Academy

1200 S. Pointe Parkway

Shreveport, LA 71105

(318) 219-2267

(318) 219-2229 (Fax)

I am aware that Seesaw Learning Academy utilizes recordings and/or taping of my child such as digital recordings, videotaping, and audio recordings while in the center for observation/security purposes. I understand that parents are given an access code to tune in each day using multiple platforms to stream activities and learning during the day. I understand I will only have access to my child's classroom and that this service is only available if a monthly fee is paid. Parents who determine they want this service must commit to one year of web-viewing. Changes will not be made to account until the next school year. If while viewing the live feed, a parent witnesses something that concerns them, he or she should write down the day and time of the event and bring it to the attention of the Director. The Center Director will review the findings and report back to the parents within 48 hours of findings.

In addition, if a parent chooses not to purchase this service, he or she will **not** be allowed to view cameras within the Center. The Center Director will view the camera and report all findings to the parent within 48 hours.

Parent's Signature

Date

**WE MUST HAVE ALL
CURRENT SHOT
RECORDS BEFORE
YOUR CHILD WILL BE
ABLE TO ATTEND THE
CENTER**

**WE MUST HAVE A
COPY OF YOUR
DRIVER'S LICENSE**

