



27332 Vista Del Lago ♦ Mission Viejo, CA 92692

### Admission Requirements

The following is a checklist of requirements that we will need to have to before we can admit your child into our program:

- Interview with the parent or guardian and prospective student.  
It is important to determine whether or not we may be able to meet your needs and that of your child's before you enroll.
- Tour our facility.  
This is a great time to ask any questions about our programs, facility, or curriculum.
- Immunization record.  
The yellow immunization card should show all the required shots that have been administered in accordance with the California State immunization requirements.
- Physician's Report (due within 30 days of enrollment).  
A TB test is not required, but if the doctor administers a TB test, the results must be read and recorded on the Physician's report.
- \$100.00 registration fee  
This is a one-time fee and must be paid at the time of enrollment.
- Completed application.  
Please fill out the application in its entirety.

Thank you for choosing Lakeside Academy. We look forward to having you as part of our school. If you have any questions, please contact us at (949) 297-8988 or check out our website at [www.lakesideacademy.com](http://www.lakesideacademy.com)

# Lakeside Academy

27732 Vista del Lago Mission Viejo, CA 92692

Lic.# 304370806

## Child Care Application for Admission

Child's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_  
Parent's Names: \_\_\_\_\_ / \_\_\_\_\_  
Home/Cell Phone: \_\_\_\_\_ / \_\_\_\_\_  
Residential Address: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Email Addresses: \_\_\_\_\_ / \_\_\_\_\_  
Registration Fee: \$100.00 \_\_\_\_\_ Enrollment Date: \_\_\_\_\_

A registration fee must accompany this application. The registration fee is non-refundable once your child has been enrolled by the school.

Tuition:	Full Days (Hours) _____	Half Days (Hours) _____
	Week Days _____	Week Days _____
	Weekly Rate _____	Weekly Rate _____

### **Please read, initial and sign the following:**

I understand that tuition is to be paid on or before the first day of each week. Payment not received by the end of the second day will be assessed a \$5.00 late fee. If tuition is not paid by the end of the week, the child will not be allowed to return until payment has been made or payment arrangements have been made with the director. Tuition allowance will not be granted for sickness or vacation until the beginning of the 2nd consecutive week. At that time, tuition will be billed at 50% of the regular rate until the child returns. \_\_\_\_\_

Full legal signature is required when signing your child in and out daily. \_\_\_\_\_

All payments returned for any reason will be assessed a \$25.00 fee. \_\_\_\_\_

I understand there will be an overtime fee of \$5.00 for children not picked up by 12:15pm (half-day) or 6:00pm (full day) and an additional \$1.00 per minute thereafter. \_\_\_\_\_

If a child is being withdrawn from school for any reason or dropping days, we require a two week notice. Unused credit on the account will be refunded. \_\_\_\_\_

I agree to abide by all the policies and procedures as printed in the Parent Handbook, which I acknowledge that I have received and understand. \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## **Social Services Right to Interview Children**

It is our duty to inform you that should our licensing agency, Department of Social Services Community Care Licensing Division, find it necessary to protect your child, they have the right to interview your child or our staff and audit our records on our premises without prior consent.

\_\_\_\_\_  
Parent Signature

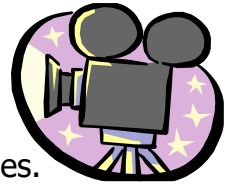
\_\_\_\_\_  
Date

## **Photo/Media Release**

Occasionally we take pictures of our students during class parties or special activities to display in the classrooms for parents and students. We would also like to request your permission to use these pictures for promotional purposes such as yearbooks, photo presentations, for our website, or to send to the newspaper.

\_\_\_\_ Yes, I give permission for Lakeside Academy to use my child's photo for promotional purposes

\_\_\_\_ No, I do not want my child's photo to be used for promotional purposes.



\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

## **Termination of Child Care Contract**

Lakeside Academy may terminate a child care contract at any time for any reason, but shall terminate enrollment for such causes as:

1. Failure to pay tuition and/or late fees. The first offense is grounds for termination.
2. Repeatedly late picking up or dropping off child.
3. Inappropriate verbal or physical confrontation with staff or clientele. The first offense is grounds for dismissal.
4. Child is repeatedly disruptive, destructive, and/or aggressive to staff, students, or school property.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

# Tuition Auto Pay (TAP)

## Recurring Tuition Payment Authorization Form

You authorize regularly scheduled tuition and other charges to your checking/savings account or credit/debit card. You will be charged the amount in the family ledger for each tuition billing period. You agree that no prior-notification will be provided. You can access your account statement online at any time via the Oncare Parent Portal.

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### Please complete the information below:

I \_\_\_\_\_ authorize Lakeside Academy to charge my bank account  
(full name)

or credit/debit card indicated below on the first day of each week for payment of my child's tuition.

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Child(ren) Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

### Checking/ Savings Account

Checking	Savings
Name on Acct	_____
Bank Name	_____
Account Number	_____
Bank Routing #	_____
Bank City/State	_____



### Credit Card (2 % fee)

Visa	MasterCard
Discover	
Cardholder Name	_____
Account Number	_____
Exp. Date	_____
CVV (3 digit number on back of card)	_____

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify Lakeside Academy in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. For ACH debits to my checking/savings account, I understand that because these are electronic transactions, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates. In the case of an ACH Transaction being rejected for Non Sufficient Funds (NSF) I understand that Lakeside Academy may at its discretion attempt to process the charge again within 30 days, and agree to an additional \$25.00 charge for each attempt returned NSF which will be initiated as a separate transaction from the authorized recurring payment. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I certify that I am an authorized user of this credit card/bank account and will not dispute these scheduled transactions with my bank or credit card company; so long as the transactions correspond to the terms indicated in this authorization form.

