State of Florida
Department of Children and Families
CHILD CARE APPLICATION FOR ENROLLMENT

LEADERSHIP ACADEMY
"Preparing Tomorrow's Leaders"

Student Information: Date of Birth: Sex: Date of Enrollment:

Full Name: Last First Middle Nickname

Child's Physical Address:

Primary Hours of Care: From To

Days of the Week in Care: ☐ M ☐ T ☐ W ☐ Th ☐ F ☐ Sa ☐ Su

Family Information: Child Lives With:

Mother's Name:		Father's Name:	
Address:		Address:	
Home Phone:		Home Phone:	
Employer:		Employer:	
Address:		Address:	
Work Phone:	/Cell:	Work Phone:	/Cell:

Custody: Mother ☐ Father ☐ Both ☐ Other ☐

Medical Information:

I hereby grant permission for the staff of this facility to contact the following medical personnel to obtain emergency medical care if warranted.

Doctor:		Address:		Phone:	
Doctor:		Address:		Phone:	
Dentist:		Address:		Phone:	

Hospital Preference:

Please list allergies, special medical or dietary needs, or other areas of concern:

Emergency Care Plan instructions (if applicable):

Emergency Contacts:

Child will be released only to the custodial parent or legal guardian and the persons listed below. The following people will also be contacted and are authorized to remove the child from the facility in case of illness, accident or emergency, if for some reason, the custodial parent or legal guardian cannot be reached:

Name	Address	Work#	Home#

SCHOOL REGISTRATION FORM

MAI Leadership Academy K-12, Inc.
EMAIL: info@maileadershipacademy.com
PHONE: 1-855-624-5323
WEB: www.maileadershipacademy.com

STUDENT INFORMATION

DATE OF ENROLLMENT:

LAST NAME: FIRST NAME: M.I.

GENDER: M ☐ F ☐ GRADE: RACE/ETHNICITY:

ADDRESS:

CITY: ZIP CODE:

HOME PHONE: DATE OF BIRTH: _____

PRIMARY FAMILY CONTACT

LAST NAME: FIRST NAME:

GENDER: M ☐ F ☐ WORK PHONE: CELL PHONE:

ADDRESS:

CITY: ZIP CODE:

EMAIL:

SECONDARY CONTACT/ALTERNATE

LAST NAME: FIRST NAME:

GENDER: M ☐ F ☐ WORK PHONE: CELL PHONE:

ADDRESS:

CITY: ZIP CODE:

EMAIL:

MEDICAL INFORMATION

PHYSICIAN'S NAME:

BUSINESS NAME: CONTACT PHONE:

ADDRESS:

CITY: ZIP CODE:

PLEASE LIST ANY ALLERGIES, SPECIAL MEDICAL OR DIETARY NEEDS, OR OTHER HELPFUL, HEALTH-RELATED INFORMATION ABOUT YOUR CHILD.

EMERGENCY PICK UP OR ALTERNATE PICK UP

This is a person over the age of 16 who is authorized to pickup your child and can be contacted by MAI Leadership Academy K-12, Inc. staff when the parent/guardian cannot be reached.

RELATIONSHIP: FULL NAME:

PHONE:

SIGNATURE: DATE:

LEADERSHIP ACADEMY

"Preparing Tomorrow's Leaders"

Parent Contract

This Contract is between MAI Leadership Academy, Inc. and the parent(s) or legal guardian(s) (referred to as "Parent," which term includes the singular or plural, as applicable) of _____ [insert scholar name] (hereinafter "Student"). All persons signing this Contract are jointly liable for the expectations set forth herein. Parent's signature and/or initials on this Contract is evidence of agreement.

I, _____ (Print Name), agree to the following expectations outlined in the contract below in order for my child to remain enrolled at MAI Leadership Academy, Inc:

- I/We will read with my child daily for 20-30 mins. daily and sign the Reading log provided by the school. _____ (initials)
- My child will attend school daily and will be NOT be absent for three (3) or more consecutive days throughout the school year. _____ (initials)
- I will be responsible for paying for (covering the cost) any technology devices (computers, laptops, calculators, television, etc.) and/or school property that my child damages at the school. _____ (initials)
- My child will complete their own homework assignments, projects, etc. in their own handwriting while assisting them at home. _____ (initials)
- My child will be prepared daily with the necessary school supplies required to complete work in class and be successful. _____ (initials)
- I will volunteer at the school with school activities for a minimum of 4-5 hours for the remainder of the school year, as assistance is requested. _____ (initials)

Parent/Guardian Signature: _____

Date: _____

LEADERSHIP ACADEMY

"Preparing Tomorrow's Leaders"

PHOTOGRAPHY/VIDEOGRAPHY CONSENT

I UNDERSTAND THAT PHOTOGRAPHY/VIDEOS OF THE CHILDREN AT MAI LEADERSHIP ACADEMY, IINC. MAY BE NEEDED FOR SOCIAL MEDIA, NEWSPAPERS, MAGAZINES, BROCHURES, AND/OR EDUCATIONAL TRAININGS. I UNDERSTAND THAT THE PHOTOS ARE TO BE USED WITHOUT COMPENSATION. I GIVE CONSENT FOR MY CHILD(REN) PHOTOS TO BE USED BY MAI LEADERSHIP ACADEMY, INC.

Parent/Guardian (PRINT) _____

Parent/Guardian Signature _____

LEADERSHIP ACADEMY

"Preparing Tomorrow's Leaders"

PHOTOGRAPHY/VIDEOGRAPHY CONSENT

I UNDERSTAND THAT PHOTOGRAPHY/VIDEOS OF THE CHILDREN AT MAI LEADERSHIP ACADEMY, IINC. MAY BE NEEDED FOR SOCIAL MEDIA, NEWSPAPERS, MAGAZINES, BROCHURES, AND/OR EDUCATIONAL TRAININGS. I UNDERSTAND THAT THE PHOTOS ARE TO BE USED WITHOUT COMPENSATION. I GIVE CONSENT FOR MY CHILD(REN) PHOTOS TO BE USED BY MAI LEADERSHIP ACADEMY, INC.

Parent/Guardian (PRINT) _____

Parent/Guardian Signature _____

School Fundraiser Permission Form

DATE: _____

TO: Parent/Guardian

FROM): MAI Leadership. Academy, Inc.

Our school is sponsoring a fundraiser for the purpose listed below. Please read the guidelines carefully, sign and return to the advisor.

Type of Fundraiser:

_____ Sale of candy with profits to support school activities (e.g. Spanish, Martial Arts, etc.

_____ Sale of _____ with profits to go towards _____

Fundraiser Start Date: _____ End Date: _____

Certain guidelines are necessary, and we ask that you read this carefully and review it with your child(ren) before the sale begins.

- It is recommended that you and your carelessly carefully counts all merchandise that is released to them prior to signing for the product.
- Money collected should be turned in exactly as collected. Please do not deposit to a personal account and write a check for the total.
- Merchandise should never be left in unattended areas or in hot or warm temperatures.
- Full credit will be given to the student for all products sold.
- NO damaged or broken products will be accepted.
- Either the product checked out to your child, or the appropriate amount of money must be returned by the end of the sale.
- Your child(ren) will have total responsibility for any product that is being sold. If it is lost or stolen, he/she must pay for that amount. If the debt is not paid, it will be put on his/her student record as a fine.

Parent/Guardian Signature: _____

Date: _____

Student Signature: _____

Date: _____

CHILD CARE FOOD PROGRAM FREE AND REDUCED-PRICE MEAL APPLICATION - COMBO

Child's Name: _____ Center Name & Address: _____

Primary Hours of Care: From _____ To: _____ Days of the Week in Care: ☐ M ☐ T ☐ W ☐ TH ☐ F ☐ S ☐ S

Meals Typically Served While in Care: ☐ BR ☐ MS ☐ LU ☐ AS ☐ SU ☐ ES ☐ None

Please read the instructions and accompanying Parent Letter before completing this form. If you need assistance completing this form, call: (_____

STEP 1: Complete the following table for all INFANTS and CHILDREN through age 18 that reside in the household, even if not related. (include child listed at top of form)

Child's Name (Last Name, First Name)	Date of Birth	Attends this center?	Foster Child?	Migrant?	Homeless/Runaway?
		Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐
		Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐
		Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐
		Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐

STEP 2: Do any household members (children or adults) receive Food Assistance Program (FAP/SNAP) or Temporary Assistance for Needy Families (TANF) benefits?

If NO, go to STEP 3. If YES, enter one of the following case numbers, then go to STEP 5.

FAP/SNAP Case Number: _____ or TANF Case Number: _____

STEP 3: Children's Income Information (see reverse side for what types of income to report) (skip this step if you listed a case # in STEP 2)

Children's Income – sometimes children earn or receive income. Enter the total income received by all children listed in STEP 1, then check how often the income is received.

Children's Income – Total: $ _____ How often received? (check only one): ☐ Weekly ☐ Bi-Weekly ☐ Twice a Month ☐ Monthly ☐ Annually

STEP 4: Household income and adult household member information (see reverse side for what types of income to report) (skip this step if you listed a case # in STEP 2)

Adult Household Members and Income – list all adult household members (age 19 and up) even if they do not receive income. For each adult, list the total gross income (before taxes & deductions) from each source in whole dollars only (no cents) and how often it is received (i.e., weekly, bi-weekly, twice a month, monthly, or annually). For an adult that does not receive income from any source, write "none" or "0." If you enter "none" or "0" or leave any income fields blank, you are certifying that there is no income to report.

Adult Household Member's Name (Last Name, First Name)	Earnings from Work ($ Amount / How often?)	Public Assistance/Child Support/Alimony ($ Amount / How often?)	Pensions/Retirement/All Other Income ($ Amount / How often?)
	$ _____ ☐ Weekly ☐ Biweekly ☐ Monthly ☐ Twice a Month ☐ Annually	$ _____ ☐ Weekly ☐ Biweekly ☐ Monthly ☐ Twice a Month ☐ Annually	$ _____ ☐ Weekly ☐ Biweekly ☐ Monthly ☐ Twice a Month ☐ Annually
	$ _____ ☐ Weekly ☐ Biweekly ☐ Monthly ☐ Twice a Month ☐ Annually	$ _____ ☐ Weekly ☐ Biweekly ☐ Monthly ☐ Twice a Month ☐ Annually	$ _____ ☐ Weekly ☐ Biweekly ☐ Monthly ☐ Twice a Month ☐ Annually

Total Household Members (Add STEP 1 & 4): _____ Last four digits of SSN of adult household member: _____ If no SSN, write "none."

STEP 5: Contact information and adult signature

By signing below, I am certifying (promising) that all information on this application is true and that all income is reported. I understand that this information is being given in connection with the receipt of federal funds and that institution officials may verify (check) the information. I am aware that if I purposely give false information, I may be prosecuted under applicable state and federal laws.

Home address (if available): _____ Daytime phone #: (_____

Signature of adult household member: _____ Printed name: _____ Date signed: _____

OPTIONAL: Child's ethnic and racial identities – responding is optional and does not affect eligibility for free or reduced-price meals. Ethnicity (check one): ☐ Hispanic or Latino ☐ Not Hispanic or Latino

Race (check one or more): ☐ American Indian or Alaskan Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or Other Pacific Islander ☐ White

FOR CONTRACTOR USE ONLY

Categorical Eligibility: ☐ FAP/SNAP or TANF Household ☐ Foster Child Total Household Size: _____ Total Household Income: $ _____

Eligibility Determination: ☐ Free ☐ Reduced-Price ☐ Non-needy How Often Income is Received (Frequency): ☐ Weekly ☐ Biweekly ☐ Twice a Month ☐ Monthly ☐ Annually

NOTE: If different income frequencies are listed, convert all income to an annual amount. Annual Income Conversion: Weekly x 52, Biweekly x 26, Twice a Month x 24, Monthly x 12

Reason for Non-needy Status: ☐ Income too High ☐ Incomplete Application ☐ Other Reason: _____

Determining Official's Signature: _____ Date: _____ Second Party Check Signature: _____

Date: _____