

## **Registration Checklist:**

- Complete/sign forms within the registration packet
  - Registration/Application Form
  - Tuition Agreement
  - Immunization Exemption Form
  - Enrollment Engagement Form
  - Corrective Action/Discipline Form
  - Medical Form (Physical)
  - Eye Exam
  - Dental Exam
- Registration Fee for enrollment \$150.00 (non-refundable)
- First month's tuition, Monthly meal and activity Fee

## **What to bring on your child's first day:**

- ✓ Book Bag
- ✓ School supplies (see next page)
- ✓ Community supplies (see next page)
- ✓ A **Vegan** lunch
- ✓ Uniform (black FHA polo, khaki bottoms, shoes of choice)

## **What to expect:**

- Children will learn about themselves.
- Children will receive an assessment in mathematics, reading/vocabulary, and science.
- Children will receive a syllabus for every class along with a schedule of classes.
- Children will eat healthy and learn the importance of a vegan diet.

## School Supply List:

- **Mali Group (1<sup>st</sup> & 2<sup>nd</sup>)**
  - ✓ (8) plastic folders w/ 3 clasps on the inside
  - ✓ (1) ream of loose leaf primary writing paper
  - ✓ (1) box of pencils, NO mechanical pencils
  
- **Panther Group (3<sup>rd</sup> & 4<sup>th</sup>) & Akan Group (5<sup>th</sup> & 6<sup>th</sup>)**
  - ✓ (3) 1 Subject spiral notebooks
  - ✓ (8) plastic folders w/ 3 clasps on the inside
  - ✓ (1) ream of loose leaf, 8 1/2 x 11, notebook paper
  - ✓ (1) box of pencils
  - ✓ (1) highlighter
  - ✓ (1) pocket dictionary
  
- **Community Supplies**
  - ✓ Tissue/Kleenex
  - ✓ Hand sanitizer
  - ✓ Disinfectant spray

\*Note: Community supplies need to be given to the Admin in the school office.



**Child Information**

**Return this completed application and non-refundable \$100.00 application fee for enrollment.**

Applicant's Full Name: \_\_\_\_\_

Parent's Full Name: \_\_\_\_\_ Relationship \_\_\_\_\_

Parent's Full Name: \_\_\_\_\_ Relationship \_\_\_\_\_

Home Address: \_\_\_\_\_

Gender: \_\_\_ M \_\_\_ F

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Languages Spoken at home: \_\_\_\_\_

Present Age: \_\_\_\_\_ DOB: \_\_\_\_\_

Are there any nicknames you would prefer we not use with your child?

\_\_\_\_\_

Does your child have any health problems or allergies?

\_\_\_\_\_

Has your child been immunized? If so, please attach most recent immunization forms or letter requesting waive.

\_\_\_\_\_

**Parent Information**

1. First Parent's Name: \_\_\_\_\_

What does your child call this parent? \_\_\_\_\_

Home Address (if different): \_\_\_\_\_

# Freedom Home Academy International – Campus Registration Form 2023



Academic Innovation, Raised Strong

Gender: \_\_\_ M \_\_\_ F

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Name & Address of Employer: \_\_\_\_\_

Occupation/Position: \_\_\_\_\_

Business Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

2. Second Parent's Name: \_\_\_\_\_

What does your child call this parent?

\_\_\_\_\_

Home Address (if different): \_\_\_\_\_

\_\_\_\_\_ Gender: \_\_\_ M \_\_\_ F

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Name & Address of Employer:

\_\_\_\_\_

Occupation/Position: \_\_\_\_\_

Business Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

## **Health Insurance Information:**

Is your child under any medical insurance plan? \_\_\_\_\_

What is the medical carrier name? \_\_\_\_\_

Type of Plan \_\_\_ PPO \_\_\_ HMO \_\_\_ POS \_\_\_ Other

Who is the primary subscriber (Name) of the plan? \_\_\_\_\_

In the event of a medical emergency, I give Freedom Home Academy and the agents that represent the institution the right to take my child to the nearest hospital or urgent care facility to service medical issues that are deemed urgent.

I authorize Freedom Home Academy and agents of to administer medication to my child/children under the following instructions.

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

# Freedom Home Academy International – Campus Registration Form 2023



Academic Innovation, Raised Strong

Parent Print Name: \_\_\_\_\_ Parent Signature: \_\_\_\_\_

Parent Print Name: \_\_\_\_\_ Parent Signature: \_\_\_\_\_

## **Emergency Contact Information:**

In the event of an emergency, I authorize the following adults to be contacted if I can't be reached.

Full Name: \_\_\_\_\_ Contact #: \_\_\_\_\_

Full Name: \_\_\_\_\_ Contact #: \_\_\_\_\_

Full Name: \_\_\_\_\_ Contact #: \_\_\_\_\_

## **Authorized Pick Up/Drop Off:**

The following adults are authorized to pick or drop off my child at the Academy.

Full Name: \_\_\_\_\_ Contact #: \_\_\_\_\_

Full Name: \_\_\_\_\_ Contact #: \_\_\_\_\_

Full Name: \_\_\_\_\_ Contact #: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please list all schools/day care situations prior to this application.

What is the reason for switching schools? Please attach other sheets if necessary.

## **Tuition Agreement**

I, (name of parents) \_\_\_\_\_, parents of  
(name of child/children) \_\_\_\_\_, agree to  
pay FREEDOM HOME ACADEMY International, LLC the following tuition and fees beginning  
\_\_\_\_\_. This contract is for 1 school year after signing. If your child, due to an  
emergency, does not continue at Freedom Home Academy, LLC, we require a 1-month notice. Without this  
notice, the 1-month tuition is due. There are no refunds.

- \_\_\_\_ 1 year; Package 1 - Tuition - \$7200 per student
- \_\_\_\_ \$600 monthly

# Freedom Home Academy International – Campus Registration Form 2023

Freedom Home Academy International



Academic Innovation, Raised Strong

- \_\_\_\_ Registration Fee - \$150 per student
- \_\_\_\_ \$125 monthly meal plan
- \_\_\_\_ \$150 after-school sport activity
- \_\_\_\_ \$150 Fundraising Fee

Freedom Home Academy Staff: \_\_\_\_\_

Parent Printed Name: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Printed Name: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

All terms are binding unless otherwise expressed and agreed to in writing.



## Corrective Action/Discipline Form

I agree and understand that if my child, \_\_\_\_\_ has been deemed disruptive or violating Freedom Home Academy’s code of conduct, the institution has the right to enforce any of the below corrective action(s), in addition to the notification of the parent(s) of the incident with enforced corrective action. I also understand that if I waive to any of the below discipline tactics, I must document in writing a waiver, return the waiver to Freedom Home Academy’s administration and assume responsibility of removing my child from the premises immediately in the time of incident. This document is honored for the legal custodial parent/guardian. I understand that Freedom Home Academy uses discretion and sound judgement and within reason before administering any of the below discipline tactics. None of the below discipline measures are enforced in excess. Freedom Home Academy, as a private institution, reserves the right to terminate enrollment at any point as documented in the Code of Conduct.

### **Corrective Action:**

Push-ups (no longer than 5 minutes)

Push-up stance (no longer than 5 minutes)

Wall squats

Jumping jacks

Sit ups

Isolated corner

Scolding

Ruler tap on the hand

Student Name: \_\_\_\_\_

Parent Printed Name: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_