New Student School Enrollment Checklist

2023-2024 School Year

Student Name: ___________________________________

- Enrollment Application
- Admission Evaluation
- Enrollment Agreement
- Enrollment Deposit
- ACH Recurring Payment Authorization Form *(only if choosing the ACH payment option)*
- Signed Emergency Medical Release Form
- Signed Medication Administration Form
- Signed Media Release Form
- Consent to Transport
- Copy of Birth Certificate
- Copy of social security card
- Copy of parent or guardian's driver's license
- Copy of parent or guardian's social security card
- Proof of immunizations on a Form 680
- **Proof of physical examination within the last year on health form 3040**
- Proof of guardianship if you are not the child's parents (Court Custody Documentation, Department of Children and Families Placement Letter, or Educational Guardianship)
- Student's prior school records request form
- Proof of withdrawal from the last school attended, such as a withdrawal form

Administrative Use:

Date Registration received: ________________

Received By: ___________________________________

Date Enrollment Deposit received: __________

Amount Received: _____________

Check #: _____________

Received by: ___________________________________

School Registration 2023-2024. Please fill out the form completely

Student's Full Name: ____

Address __________________________________ City: _____________ State: _____ Zip: ______

Date of Birth (MM/DD/YYYY): ____/____/_________ Grade: ____ Sex: _______

Social Security Number: ________________________

Race: (required by DOE, please check one)

Hispanic/Latin		Black or African American	
American Indian or Alaska Native		Native Hawaiian or other Pacific Islander	
Asian		White/Caucasian	

Parent Information

Parent/Guardian Name: _____________________________________ Relation to Student: _____________________ Home Address:__________________________ ______________________________________ ______________________________________ Daytime Phone: (___)____________________ Evening Phone: (___) ____________________ Cell Phone: (___) _______________________ Email: ________________________________	Parent/Guardian Name: _____________________________________ Relation to Student: _____________________ Home Address:__________________________ ______________________________________ ______________________________________ Daytime Phone: (___)____________________ Evening Phone: (___) ____________________ Cell Phone: (___) _______________________ Email: ________________________________
Emergency Contact #1: ______________________________________ Relation to the Student:_________________ Daytime Phone: (___)____________________ Evening Phone: (___) ____________________ Cell Phone: (___) _______________________	Emergency Contact #2: ______________________________________ Relation to the Student:_________________ Daytime Phone: (___)____________________ Evening Phone: (___) ____________________ Cell Phone: (___) _______________________

With whom does the student live? (Name) ____

In the event that the parents are not together, divorced, or become divorced, please provide and attach a copy of the legal documents regarding your child's educational decision making.

Please list the name(s) of individuals authorized to pick up your child:

Name _____________________ Relationship ___________________ Phone: ________________

Name _____________________ Relationship ___________________ Phone: ________________

Name _____________________ Relationship ___________________ Phone: ________________

General Tuition and Fee for 2023-2024

The tuition at KABAS is based on a sliding scale fee ranging from 1-5% of the entire household income. Tuition will be charged based on the amount of time a student spends receiving academic instruction vs. ABA therapy. For students who have medical Autism diagnosis and have insurance coverage for ABA, KABAS will seek insurance authorization and reimbursement first. If authorization is denied, the tuition fees will be required. For students who do not qualify for any ABA therapy sessions, the full tuition fees will be required. The table below indicates the breakdown of tuition fees based on time spent receiving academic instruction and time spent receiving ABA therapy. Please note, KABAS uses aba-based curriculum and teaching strategies for all students.

Time Working on Academics	Time working in 1:1 ABA therapy with no Academic instruction	Tuition fees ($)
100% Academics	No ABA therapy No formal diagnosis	5% household income
75% Academics	25% hrs of ABA	4% household income
50% Academics	50% Hrs of ABA	2.5% household income
25% Academics	75% Hrs of ABA	1% household income
0% Academics	100% ABA	ABA Centers Recommended

Enrollment Deposit/Equipment, Curriculum Material Fee	$ (Nonrefundable) Due at the time of registration .

Please select an enrollment schedule and a payment plan:

_____ Regular School Year _____Year Round School

_____ Annual: The tuition will be paid in full before September 1, 2023.

_____ 11 monthly payments: Tuition is due on the first day of each month starting September 1, 2023. There will be an administrative fee of $100.00/year per student, divided over the 11 months.

_____ 11 monthly payments through ACH debit: Tuition is debited between the 1st and 5th of the

month. The administrative fee is $30 per year per student.

I hereby register my child for the 2023-2024 school year. I understand that the enrollment deposit is due at the time of registration and is nonrefundable. I understand the tuition and fees and agree to be responsible for all tuition and fees not covered by any scholarship payments for the entire school year.
I have read the 2023-2024 Enrollment Agreement and the Registration Form and agree with the terms and conditions set forth.

______________________________ ______________________________
Parent Signature Date

______________________________ ______________________________
Parent Signature Date

Emergency Medical Release Form
2020-2021 School Year

Student's name______________________________________ DOB__________

(This form must accompany student to hospital in the event of emergency treatment.)

TO: WHOM IT MAY CONCERN:
I hereby grant permission for KABAS Academy staff to take whatever steps may be necessary to obtain emergency medical care for my child, if warranted. Depending on the nature and urgency of the situation these steps may include, but are not limited to, the following:

1. Attempt to contact a parent/guardian.
2. If a parent/guardian is not available, we will attempt to contact the local emergency contact listed on this form.
3. Call 911.
4. Any expenses incurred in seeking medical treatment will be the responsibility of the child's family.
5. The school will not be responsible for anything that may happen as a result of false medical or personal information given on this form.

Name of Parent(s) ____

Home Telephone Number _________________________

Mother's Work Number _________________________ Father's Work Number _____________________

Mother's employer/occupation ____________________ Father's employer/occupation ________________

Mother's Cell Number__________________________ Father's Cell Number_______________________

Name and phone number of a **local** Emergency Contact (if parents cannot be reached)
____

**In order for someone else to seek urgent care for your child, they will need to have copies of your insurance card and may be required to have a Power of Attorney.
Relationship to Student ___________________________ Telephone Number(s)______________________

****The following signature must be completed in the presence of a notary.**
I hereby give my consent to any emergency medical personnel for medical treatment for my child (named above) in the event of an emergency at which time I cannot be reached. I give consent to transport my child by ambulance, if the situation warrants. I acknowledge that all of the medical information given on this form is accurate and complete.

**____ __________________________________
Parent or Guardian Signature Date

State of Michigan, County of _________________________
On the ________day of _________, 20___, before me came ___________________________________, to me known to be the individual described in and who executed the same.

NOTARY PUBLIC_____________________

MY COMMISSION EXPIRES:____________

Physician and Dentist to contact in the event of an emergency:

Name	Phone	Address

Insurance Information:

Insurance Carrier	Policy #

Medical History Information:

List any Allergies: Medicines____ ____ __________ Foods____ ____ __________ Insect sting/bite____________________________________ ____ ___________ Seasonal/environmental______________________________ _ ____ _____	List any chronic or severe illnesses, injuries, surgeries, or hospitalizations: ____ _____ ____ ______ Please list any other pertinent health issues which may be a concern at school: ____ __ ____ ______
List all daily or routine medications other than vitamins: Does any medication need to be administered at school? No □ Yes □ What medicine?__________________ ______________________________________ (If yes, please complete the "Medication Administration Form" and bring a supply of the medication to the school office)	List any need for special attention because of health related issues: ____ ______ Does your child use vision or hearing aids? If yes, what device? ____ ______ ____ ______
Date of Last Physical exam: Date of Last Tetanus shot:	Has your child ever been diagnosed with asthma by a physician? No □ Yes □ **Does your child carry an inhaler at school? No □ Yes □ What medicine?_________________

<table>
<tr><td></td><td>**Does your child ever require nebulizer treatments at school? No □ Yes □
What medicine?____________
(If your child carries an inhaler or requires nebulizer treatments, please complete the “Medication Administration Form” and bring a supply of the medication to the school office)</td></tr>
<tr><td colspan="2">I give KABAS Academy staff permission to administer, at their discretion, the following oral medications or their generic equivalents to my child as needed during the school day, at a dose appropriate for his/her age & weight:

Tylenol (acetaminophen) __YES/NO__   Benadryl (diphenhydramine) YES/NO

Motrin/Advil (ibuprofen) YES/NO___   Tums (calcium carbonate) YES/NO</td></tr>
</table>

Medication Administration Form

2023-2024 School Year

For Medications Supplied by Parents

I ________________________, give permission for my child ____________________, to have his or her oral medication(s) administered to him or her during the school hours by a KABAS Academy school staff.

My child will need the following medication (s) and dosage (s) administered during the school hours:

Medication	Dosage	Time
1. _______________________	________________	_______________
2.________________________	________________	_______________
3.________________________	________________	_______________

Instructions for administering the medication(s):

____
____
____
____
____

Signed: ____ Date:___________

PHYSICIAN signature required for ALL PRESCRIPTION medications

Signed: ____ Date:__________

PARENT signature required for prescription and over-the-counter medications

Medication must be provided in its original container from the pharmacy with dosage amount, directions, and the name of the prescribing physician. Please note that if the above information is not provided the medication will not be administered.

☐ N/A: This form does not apply to my child.

Signed: ______________________________________ Date:__________

Media Release

2023-2024 School Year

Your child's pictures will be in the privately shared Shutterfly website and in the KABAS Yearbook. Only KABAS parents have access to the shared Shutterfly site.

I hereby give consent for photography and video taping of my child for the following usage:

Please circle Yes or No for each option.

Yes No Public KABAS Facebook page and school website
Yes No School newsletter
Yes No Staff trainings

Parent/Guardian Signature: ____________________ Date: ______________

Consent to Transport

I hereby give consent for my child, ___________________________, to be transported by KABAS Academy staff for field trip purposes, if I request such accommodation and the school approves my request.
I acknowledge that I will not hold KABAS or its employees liable should there be an accident.

Parent/Guardian Signature: ________________________ Date: __________