KALAMAZOO ACADEMY FOR BEHAVIORAL & ACADEMIC SUCCESS

New Student School Enrollment Checklist

Student Name: _____

- Enrollment Application
- Enrollment Agreement
- Signed Emergency Medical Release Form
- Signed Medication Administration Form
- Signed Media Release Form
- 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
- Proof of physical examination within the last year on health (health appraisal form)
- 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 CA-60 record (i.e., IEPs) from previous school

Administrative Use:

Date Registration received: _____

Received By: _____

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: _____

KABAS School Schedule

The first day of the school year will be during the 2nd week of September. If there are any changes or delays, the KABAS Director will connect with you directly. The school will operate Monday-Friday 8AM-4PM. Classes will start at 9AM until 3:30PM. The schedule will be as follows:

- Drop off window: 8:30-9AM
- Pick up window: 3:30-4PM

The school will be in session all year, observing all federal holidays. The KABAS calendar will be located on our website (kalamazooschool.org) and will provide information about scheduled holidays, half days, and closures. For the school supply list, please see documents in the enrollment packet.

General Tuition and Fee for Our 2024-2025 Academic Year

Tuition: Last school year (23/24), we estimated the cost of our educational services was going to be $30,000 and asked for a tuition fee of 5% of household income for all students up to the full tuition amount, and accepted a minimum tuition payment of $1,500 per year. Now that we have completed our first full year, the KABAS Director and School Board have reviewed the operating budget. Based on the actual operating budget from 2023-2024, the true cost of tuition is $40,000 per year which is a little under 10% of our actual budget. As a result, I want to share that we are planning a tuition increase starting this Trimester.

For the 2024-2025 academic year, we are asking for full $40,000 tuition. However, as a part of our sliding scale plan, ***we will work with you and accept what you are able to pay toward the full tuition***. Given that we are sharing this information with you so late in the year, we will work with you and plan out a feasible timeline. For more details, please see the *Frequently Asked Questions (FAQ) on page 10.*

Your monthly payment should be made on the 25th of each month. We will accept check payments made out to KABAS, there are no fees for checks. Direct deposits will have a $3 fee for processing. We will not accept any cash payments. To set up your direct deposit, please email: finance@kalamazooschool.org.

If a student qualifies for Applied Behavior Analysis (ABA) services through their insurance provider, those sessions will be billed according to their authorization. Please note that insurance does NOT reimburse for any academic instruction. Those hours must be covered by tuition payment. We are committed to helping all families access our unique educational services; If a family is not able to afford the minimum tuition, we will work with them on an individual basis. Our Board and Executive Director will also work diligently to raise funds that may provide scholarship opportunities; and we invite parents

to participate in our fundraising efforts. You may contact the Executive Director to determine a plan that is best suitable for your family.

I will pay _____ each month for a total of _____ per year

Payment Plans

There are three payment options available for tuition: 1) full tuition payment due on the first day of attendance or 2) 12 monthly payments via check. All checks should be made out to the Kalamazoo Academy for Behavioral and Academic Success (KABAS). Please select an enrollment schedule and a payment plan:

_____ Annual: The full tuition will be paid in full before or October 30th, 2024.

_____ 12 monthly payments: Tuition is due by the 25th of each month.

_____ _____

Parent/Guardian Name and Signature Date

Emergency Medical Release Form
2024-2025 School Year

Student's name_____ DOB_____

(This form must accompany students 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)_____

_____ _____
Parent or Guardian Signature Date

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?_____ **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)

I give KABAS 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 (SELECT FROM LIST BELOW):

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

Motrin/Advil (ibuprofen) YES/NO___ Tums (calcium carbonate) YES/NO

Other (list it):
_____
_____

Medication Administration Form

2024-2025 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 <u>will not</u> be administered.

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

Signed: _____ Date:_____

Release Form

Throughout the school year, KABAS may take pictures and/or videos for the purpose of staff training, marketing, and advertising. KABAS may also have opportunities to talk about students' academic and behavioral improvements and outcomes at professional conferences or events. By signing this, you are giving KABAS permission to use copies of pictures and recordings for educational, promotional, and advertising purposes. You are also giving KABAS permission to talk about your child's educational improvements. Your child's personal information (e.g., name, age, and address) will not be disclosed. There will be no payment for any promotional materials developed during the school year. By signing this, you agree to release KABAS from liability for any claims in connection with videos or pictures taken. All copies of videos or photos taken will be provided to you before they are used.

I give KABAS permission to use academic and behavioral outcomes, pictures, and videos of my child for the following purposes (please note that your child will receive our best help, whether or not you give permission):

Please circle Yes or No for each option.

Yes	No	Public KABAS Facebook page and school website
Yes	No	Professional events/conferences
Yes	No	School newsletter
Yes	No	Staff trainings

Parent/Guardian Signature: _____ Date: _____