

# SEESAW LEARNING ACADEMY MASTER CARD

Date of Admission \_\_\_\_\_

(View Handbook Online- [www.seesawlearningacademy.com](http://www.seesawlearningacademy.com))

Child's Name: \_\_\_\_\_ Sex \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_

	MOTHER	FATHER
Name:		
Address:		
Employer		
Home Phone #		
Work Phone #		
Work Extension #		
Cell Phone #		
DL#		
DL State		
Email Address		

Person with whom the child lives: \_\_\_\_\_

Child's Doctor: \_\_\_\_\_ Doctor's Phone# \_\_\_\_\_

Child's Dentist: \_\_\_\_\_ Dentist Phone # \_\_\_\_\_

Preferred Hospital \_\_\_\_\_

**Individuals to contact in case of emergency:**

\_\_\_\_\_ Phone # \_\_\_\_\_

\_\_\_\_\_ Phone # \_\_\_\_\_

\_\_\_\_\_ Phone # \_\_\_\_\_

Does your child take any medications at present time? \_\_\_\_ Yes \_\_\_\_ No

If yes, what? \_\_\_\_\_

Does your child have any difficulties or disabilities which need our special help or attention?

\_\_\_\_ Hearing \_\_\_\_ Vision \_\_\_\_ Other

Describe \_\_\_\_\_

Known Food/ Other Allergies: \_\_\_\_ Yes \_\_\_\_ No \_\_\_\_\_

Chronic Illness (es): \_\_\_\_\_ Potty Trained \_\_\_\_ Yes \_\_\_\_ No

Does your child have a problem playing with other children: \_\_\_\_ Yes \_\_\_\_ No

<b>ELEMENTARY SCHOOL ATTENDING</b> _____	<b>OFFICE USE ONLY</b> <b>Door Code</b> _____
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**My child has my permission to be released to the following individuals: (Please notify the following that they may be asked to show proof of identity.) If we already have a list of your contacts below and you give us permission to use the same contacts, please indicate in the box by writing SAME CONTACTS.**

Name	Relationship	Phone #	Auth. Code

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

The last four digits of each person's social security number will determine the Authorization Codes. In the case of a duplicate number, we will assign a number based on data used on the application.

## Seesaw Learning Academy Authorizations

I agree to pay the tuition per week in advance. All fees are due on Friday (prior to the week of childcare). A late fee will be added if the account is paid late. (Late is considered by the end of business on Tuesday. Accounts will be charged \$15.00 per week/per child.) Children may not receive care beginning Wednesday if the weekly tuition is not paid. I understand tuition has increased (see below).

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

I understand I may receive reminder messages about payments through text.

My cell phone carrier is \_\_\_\_\_ **Parent Initial** \_\_\_\_\_ **Date:** \_\_\_\_\_

If you pick up your child after 6:00p.m., a late fee of \$5.00 **per** minute will be charged. Late fee **must** be paid prior to Child Care services the next day.

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

I understand that a two (2) week's notice is required should I withdraw my child from the center for any reason. I understand that the full tuition for each of the two week's notice is to be paid whether my child comes to the center or not. (This includes illness, vacation, or inclement weather).

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

In case of evacuation, Seesaw Learning Academy has my permission to transport my child.

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

I give Seesaw Learning Academy my permission to take pictures and display pictures on the Seesaw Learning website, Seesaw Learning social media platform, and for Caddo Smart Start Early Learning Initiatives.

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

I understand that Seesaw Learning Academy has 20 cameras throughout the Center for security and educational purposes.

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

I give permission for my child to be transported to/from (please circle school's name): AC Steere Elementary, Shreve Island Elementary, or the school listed below for the After-School Program.

**School:** \_\_\_\_\_

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

My child is 5 years old or older and has my permission to watch PG programming. (School Age Only)

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

I understand the Center staff is not allowed to give my child medication unless it is for a medical condition or illness requiring more than 2 doses. I understand it must be prescribed by a physician. Such emergencies or medical conditions include but not limited to, an allergic reaction requiring an Epi Pen. I will update the Emergency Medication Authorization Form at least every six months for an EPI Pen (Medication Form Included in Packet).

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

I understand that Seesaw Learning Academy will participate in the Child and Family Food Program once approved. Every person in attendance for care should have the Free/Reduced Price Meal

Application completed annually whether enrolled full time or part-time. This form is confidential information and will be given to the Owner to determine eligibility. The Center will adhere to a 3 to 4 week menu cycle with a variety of food items as well as whole grain usage daily.

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

I authorize Seesaw Learning Academy to care for my child during the time he/she is in the facility or participating in a facility sponsored field trip and to administer and/or obtain emergency medical treatment for my child.

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

**I have received and reviewed a written description of Seesaw Learning Academy Program and policies.**

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

### **NON-VEHICULAR EXCURSIONS**

My child, \_\_\_\_\_, has my permission to participate in the following off-site activities when the children are walking and accompanied by staff of the Center:

#### **Type of Activity:**

\_\_\_\_\_ (Infant/Toddler Large Stroller/Carrier on Seesaw Learning Parking Lot)- 6 wks to 1 year

\_\_\_\_\_ (Gaming Truck located on Seesaw Learning Parking Lot)- 3yrs to 12 years

\_\_\_\_\_ (Trunk or Treat on Seesaw Learning Parking Lot)- 1 yr to 12 years

\_\_\_\_\_

#### **Parent's Signature and Date**

### **Authorization for the Application of Topical Products**

**Child's Name:** \_\_\_\_\_

I give my permission for center staff to apply the following topical products to my child whether center provided or parent provided:

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Sunscreen
<input type="checkbox"/>	<input type="checkbox"/>	Insect Repellant
<input type="checkbox"/>	<input type="checkbox"/>	Diaper Rash Ointment
<input type="checkbox"/>	<input type="checkbox"/>	Teething Gel
<input type="checkbox"/>	<input type="checkbox"/>	Other _____

( Name)

The one time authorization will remain in effect until a new authorization is signed.

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

# SEESAW LEARNING TUITION AND FEES

**Please note\*\* Tuition prices will increase in August 2024.**

Fees I am responsible for:

- 1- Weekly tuition payable each Friday.
- 2- Late payment fee if not paid on time.
- 3- \$5.00 per minute late pick-up fee (6:00p.m.)
- 4- Enrollment Fee
- 5- Annual curriculum/supply fee payable in July (all ages)
- 6- Web-viewing Fee (if desired)

<b>Tuition</b>	<b>Current</b>	<b>Tuition Increase 8/2024</b>
Non-refundable enrollment fee	\$80.00	
Annual Supply/ Curriculum Fee	\$100.00	
After School Annual Van Deposit Fee	\$20.00 to reserve your spot	\$25.00 to reserve your spot
Graduation Fee	\$40.00	No change
<b>Weekly Tuition Due each Friday</b>		<b>Tuition Increase 8/2024</b>
Infants	\$155.00	\$170.00
One Year	\$155.00	\$165.00
Two Year	\$145.00	\$160.00
Three Year	\$140.00	\$160.00
Four Years	\$140.00	\$150.00
Afterschool	\$75.00	No change
Afterschool + daily rate	\$75.00 + \$15.00 per day	\$75.00 + \$20.00 per day
Summer Camp/ Holiday Care- All Week	\$130.00 + Field Trip Fee \$50	\$150 per wk (Field Trip Fee/ T shirt included in weekly price)
Summer Camp (Enrollment fee for returning student)		\$25.00
Drop -In Care (based on availability)	\$30.00	\$35.00 per day

I have read and understand this fee schedule. I have been given a parent handbook and/or understand I can access this information by logging on to [www.seesawlearningacademy.com](http://www.seesawlearningacademy.com).

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Signature

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Date

# **Seesaw Learning Academy**

**1200 S. Pointe Parkway**

**Shreveport, LA 71105**

**(318) 219-2267**

**(318) 219-2229 (Fax)**

I am aware that Seesaw Learning Academy utilizes recordings and/or taping of my child such as digital recordings, videotaping, and audio recordings while in the center for observation/security purposes. If a parent has questions about something that happened during the day, the video footage will be reviewed and discussed with the parent within 48 hours.

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Parent's Signature

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Date

**WE MUST HAVE ALL  
CURRENT SHOT  
RECORDS BEFORE  
YOUR CHILD WILL BE  
ABLE TO ATTEND THE  
CENTER**

**WE MUST HAVE A  
COPY OF YOUR  
DRIVER'S LICENSE**