

Early Education & Elementary

Parent/Guardian Information

Registration Date: _____

Mother/Guardian First Name: _____ M.I. _____ Last Name: _____

Address: _____

Occupation: _____ Home Phone: () _____

Employed By: _____ Office Phone: () _____

Work Address: _____ Work Hours: _____ Cell Phone: () _____

Custodial Parent (If married, mark both parents) _____

Email: _____ Driver's License #: _____

Marital Status: Married Single Divorced Separated Widowed Other _____

Father/Guardian First Name: _____ M.I. _____ Last Name: _____

Address: _____

Occupation: _____ Home Phone: () _____

Employed By: _____ Office Phone: () _____

Work Address: _____ Work Hours: _____ Cell Phone: () _____

Custodial Parent (If married, mark both parents) _____

Email: _____ Driver's License #: _____

Marital Status: Married Single Divorced Separated Widowed Other _____

Child Information (Unfortunately, each child must fill out a separate form)

First Name: _____ M.I. _____ Last Name: _____

Name child prefers to be called: _____

Child's Address: _____

Gender: Male Female Date of Birth: _____

Photographs: May we take and maintain a photo of your child for media purposes? Yes No

CHILD'S PREFERRED SOURCES OF MEDICAL CARE

Physician's name:

Address: _____ Telephone: _____

Dentist's name:

Address: _____ Telephone: _____

Hospital name:

Address: _____ Telephone: _____

Emergency Contacts & Authorized Pickup Persons:

1st Contact/Pick Up Name _____ Phone: _____

Relationship to the Child: _____

Able to pick up all children in the family

Not able to pick up the following children: _____

2nd Contact/Pick Up Name _____ Phone: _____

Relationship to the Child: _____

Able to pick up all children in the family

Not able to pick up the following children: _____

3rd Contact/Pick Up Name: _____ Phone: _____

Relationship to the Child: _____

Able to pick up all children in the family

Not able to pick up the following children: _____

Family Questionnaire (for 3-10 yr. olds)

Thank you for taking the time to share some information about your child. This questionnaire will help your child's teacher become acquainted with students at the start of the school year. We look forward to partnering with you.

- In the past year, has your child participated in any of the following? (please check all that apply)

In-home childcare Commercial childcare

Name of childcare: _____ How long and how often attended: _____

Stay at home Preschool Commercial Preschool

Name of Preschool: _____ How long and how often attended: _____

Public Elementary School Private Elementary School

Name of School: _____ How long and how often attended: _____

- Ask for a transfer of records form

- Are there other children living in your home? If yes, what are their names and ages?

- At what age did your child start crawling? _____ Walking? _____ Talking? _____

- Has your child naturally lost any baby teeth yet? If yes, how many, and at what ages? _____

- In what ways does your child let you know he/she/they has some kind of illness or body ache? (i.e. rubs belly, or becomes very quiet and hides in a corner, etc.)

- Eating habits:

- How often per day does your child eat, and at what times?

- What, if any, kind of sugary snacks does your child eat regularly? How often?

- What are your child's favorite foods?

- What foods in particular does your child NOT like?

Family Questionnaire (for 3-10 yr. olds)

- Physical Agility: _____ can ride a bike with confidence _____ can ski
 _____ can hike ½ mile or longer _____ can climb a tree/monkey bars
 _____ can use a scooter _____ can swim without assistance

Other comments, strengths, 'weaknesses':

- Do you read to your child? _____ How often? _____
- Does your child read daily? _____ For how long? _____
- How often does your child watch TV/videos/ or use an ipad/smartphone? Additionally, to what sort of programs is your child exposed?
- What sort of discipline do you use at home? (for both behaviors you encourage and do not encourage)
- What are some things that bring your child joy?
- What are some activities your child enjoys?
- How does your child respond when he/she is emotionally upset?
- Is there anything else you would like us to know about your child?

MEDICAL

Ambulance Service preference:

Telephone: _____

(Parents are responsible for all emergency transportation charges)

CHILD'S HEALTH INSURANCE:

Insurance Plan: _____

ID # _____ Subscriber's Name (on insurance card):

SPECIAL CONDITIONS, DISABILITIES, ALLERGIES, OR MEDICAL EMERGENCY INFORMATION (List all communicable diseases your child has ever had, blood type, fears, habits, ANYTHING you can think of that me be helpful in an emergency. Wah'-shā Academy cannot be responsible for any information withheld.

- **Please attach your immunization form, or exemption from immunization with this application.**

Consent for Medical and/or Emergency Treatment**

I, _____, hereby voluntarily consent to the rendering of medical care, including diagnostic procedures, surgical and medical treatment and blood transfusions, by medical doctors, hospitals or their authorized designees, as may in their professional judgement be necessary to provide for the medical, surgical or emergency care of my child, _____.

(relationship)

(hereafter "dependent") – Full Name

I further give my consent to

Regina Splees Tafoya, Director at WAH'-SHĀ ACADEMY

(hereafter "caregiver") – Full Name

who will be caring for my dependent for the period _____ through _____, to arrange for emergency medical and/or dental care and treatment necessary to preserve the health of my dependent. In the event that my dependent is injured or ill while under the care of the caregiver, I hereby give permission to the caregiver to provide first aid for said dependent and to take the appropriate measures, including contacting the Emergency Medical Service (EMS) system and arranging for transportation to the nearest emergency medical facility.

In making medical decisions on my behalf for the benefit of my dependent, I direct that the caregiver attempt to contact me. However, if medical care becomes essential, I give permission to the Staff and caregivers at Wah'-shā Academy to make such decisions regarding such treatment as deemed appropriate by the medical doctor, hospital or their authorized designee. In furtherance of any treatment decisions to be made by the caregiver on my behalf for the benefit of my dependent, I authorize the caregiver to request, obtain, review and inspect any and all information bearing upon my dependent's health and relevant to any such decisions to be made respecting such treatment.

I acknowledge that no guarantees have been made to me as to the effect of such examinations or treatment on the condition of my dependent and that I am responsible for all reasonable charges in connection with the care and treatment rendered to my dependent during this period.

Signature of Legal Guardian

Witness

Name

DATE

Address

Parental Waiver / Assumption of Risk, Release of Liability, Identification and Consent Form

I, the undersigned, as the parent or legal guardian of _____
Do hereby give my full consent and approval for my child to participate in activities performed in the Wah'-shā Academy, 273 Gillespey Ave., Crested Butte, CO 81224

I understand that there are certain risks of damages and injuries inherent in the participation of my child when engaging in play and other activities typical of a school setting, and I hereby accept these risks on behalf of my child.

I hereby certify that my child is fully capable of participating in activities as outlined in the Family Guide, and any other project that the teacher may give permission to, and that my child is healthy and has no physical or mental disabilities or infirmities that would restrict his/her full participation in such activities.

I understand that it is my child's responsibility to abide by the rules and regulations imposed on the children by the teacher and/or any teacher aides / substitutes for the safe conduct of activities during program hours.

I understand that my child will be engaging in walks outside the perimeter of 273 Gillespey Ave., Crested Butte, CO 81224 and other large movement activities outside the perimeter of Wah'-shā Academy's school building and gated area but within the fenced boundaries of 273 Gillespey Ave., Crested Butte, CO 81224

I hereby, for myself, my spouse, the guardians of, and on behalf of my child, agree to save and hold harmless, defend and fully indemnify the Wah'-shā Academy, Regina Splees Tafoya, building owner Tim Szergot, including their tenants, heirs, assigns, agents, employees, borrowed servants, insurers, from any and all claims for personal injury or property damage arising from my child's attendance at Wah'-shā Academy.

I hereby release Wah'-shā Academy, Regina Splees Tafoya, the owner of 273 Gillespey Ave., any other tenants at 273 Gillespey Ave., Crested Butte South POA and its entire staff from any and all liability for any injuries that my child may sustain as a result of any activities that take place on the property of Wah'-shā Academy, 273 Gillespey Ave., Crested Butte, CO 81224, and any off-site field trips during designated school hours for the term:

FROM _____ TO _____

I understand and confirm that by signing this WAIVER AND RELEASE I have given up considerable future legal rights. I have signed this Agreement freely, voluntarily, under no duress. My signature is proof of my intention to execute a complete and unconditional WAIVER AND RELEASE of all liability to the full extent of the law. I am 18 year of age or older, and mentally competent to enter into this waiver.

Signed this _____ day of _____

SIGNATURE OF PARENT OF GUARDIAN

of _____
(Name of child)

(WITNESS)

Financial Agreement August 2021 – July 2022

The following is an Enrollment Contract, hereafter referred to as Contract, and is being entered into by

(full name) _____ and (full name) _____,

as parent(s)/guardians(s) of _____ (“Student”) and Wah`-Shā Academy.

This contract is a legal document and sets forth the terms of the student’s enrollment at Wah`-Shā Academy. Please read it carefully and thoroughly. If you have any questions, please call us, or your lawyer for clarification. This Contract, when properly executed, is binding on its signatories. The original copy of the Contract, signed and dated, along with a check for the amount due shown below, must be received by Wah`-Shā Academy on or before July 15, 2021 . After that date, Wah`-Shā Academy cannot guarantee the student’s placement.

ENROLLMENT

I/We, the undersigned, parent(s)/guardian(s) of the student, acknowledge that this Contract is being offered with the understanding that if there is any subsequent data discovered by Wah`-Shā Academy personnel which would have precluded Wah`-Shā Academy from enrolling the student, he/she may be asked to leave the school. I/we acknowledge and understand the importance of the student’s full engagement with the classes and activities of Wah`-Shā Academy during the entirety of the contract period. I/we agree to honor Wah`-Shā Academy’s daily, weekly, monthly and yearly schedule, (as enumerated in the family guidebook and Wah`-Shā Academy’s calendar) unless specific agreements have been made for students involved in specific activities outside of school. Students and parents are expected to conduct themselves in an open, honest and respectful manner, both within the school and at outside school functions.

TUITION AND ENROLLMENT FEE

Wah`-Shā Academy Base Tuition	\$ 11,400	
Scholarship	\$ _____	
Promotional Discount	\$ _____	Notes:
Sibling Discount	\$ _____	

Tuition Due	\$ _____	

Non-Refundable Deposit	\$ 500	DUE: July 15, 2021

Total Remaining Tuition	\$ _____	

PAYMENT PLAN

_____	FULL Remaining Tuition Due August 15, 2021	
_____	TWO Payments (1.4%):	August 15, 2021 \$ _____
		December 20, 2021 \$ _____
_____	THREE Payments (2%):	August 15, 2021 \$ _____
		December 20, 2021 \$ _____
		February 15, 2021 \$ _____
_____	TEN Payments (2.3%) : \$ _____	
	August 15, 2021	January 15, 2022 September 15, 2021
	February 15, 2022	October 15, 2021 March 15, 2022
	November 15, 2021	April 15, 2022 December 15, 2021 May 15, 2022

REMAINING FEES DUE July 15, 2021

Registration Fee	\$ 375	(Kindergarten optional)
First Semester Supply Fee	\$ 50	(Kindergarten exempt)

FINANCIAL RESPONSIBILITY

I/We further understand that I/we are liable for any and all additional costs or charges incurred by the student while he/she is Wah`-Shā Academy including, but not limited to those related to, optional extracurricular activities, field trips, materials damage, and potential transportation to and from Wah`-Shā Academy.

PUBLICITY RELEASE

_____ I/We on behalf of the student, hereby grant permission to Wah`-Shā Academy to include the name, portrait and picture of the student in the text and/or photographs of any newspaper/magazine article, brochure, advertisement, booklet, publication, slide, audio/video production, photo display, website, or other promotional piece for the purpose of promoting Wah`-Shā Academy. I/We waive the right to inspect the text and/or photos prior to publication.

_____ I/We do NOT grant permission to Wah`-Shā Academy to include the name, portrait and picture of the student in the text and/or photographs of any newspaper/magazine article, brochure, advertisement, booklet, publication, slide, audio/video production, photo display, website, or other promotional piece for the purpose of promoting Wah`-Shā Academy.

CONDUCT, SUSPENSION AND DISMISSAL

I/We acknowledge that Wah`-Shā Academy in its sole discretion, shall determine if the conduct of the student or the student's parent(s)/guardian(s) warrants the student's dismissal from Wah`-Shā Academy. I/We further acknowledge that Wah`-Shā Academy has the right to suspend or dismiss the student as a result of his/her behavior or level of academic achievement, or if, in the opinion of Wah`-Shā Academy administration, the interests of the student or Wah`-Shā Academy would be best served by such action. I/We understand that such a case would be decided after mediation and conflict resolution efforts with the family and Wah`-Shā Academy staff, and would be in consideration of safety and security for other students and/or staff.

I/We agree that I/we and the student will respect Wah`-Shā Academy's practices and agreements, as may be amended from time to time. I/We and the student further agree not to engage in any conduct or activities which may be disruptive or detrimental to the administrative, educational or extracurricular environment of Wah`-Shā Academy.

DISCLOSURE POLICY

I/We hereby acknowledge that Wah`-Shā Academy has a FULL DISCLOSURE POLICY requiring the parent(s)/guardian(s) of the student to divulge to the school any information concerning the student that may impact the school’s ability to carry out its mission, including, but not limited to, information about any learning disorders, behavioral issues, medical issues etc. I/We further acknowledge that if such information is not divulged to the school and it becomes necessary to separate the student from the school, the separation will be considered a dismissal and the school will not be liable for not having provided service to the student. This Contract constitutes the entire agreement between Wah`-Shā Academy and the undersigned and may not be modified except in a written instrument signed by an authorized representative of Wah`-Shā Academy and the undersigned. Should a court of competent jurisdiction strike any of the provisions of this Contract, the remaining provisions shall remain in full force and effect. This Contract shall become binding upon execution by the parent(s)/guardian(s) and upon acceptance by Wah`-Shā Academy, and shall be interpreted in accordance with the laws of the State of Colorado. This Contract incorporates by reference all the provisions set forth in all Guidebooks of Wah`-Shā Academy, Parental Waiver, Field Trip Permission form, and the consent and agreement for medical emergency waiver currently in effect or as amended. I/WE, THE UNDERSIGNED, HEREBY ACKNOWLEDGE THAT I/WE HAVE READ AND UNDERSTAND THE FOREGOING CONTRACT, AND AGREE TO ITS TERMS AND CONDITIONS AS AFORESAID.

COPIES OF: birth certificate, SS card, Immunization form, any transcripts and any custodial agreements must be attached.

As parent/guardian, I consent to have my child receive first aid by facility staff and, if necessary, be transported to receive emergency care. I will be responsible for all charges not covered by insurance. I consent for the emergency contact person listed above to **ACT ON MY BEHALF** until I am available. I agree to review and update this information whenever a change occurs and at least every 6 months.

Parent/Guardian Signature: _____ PRINT: _____

Date: _____

Parent/Guardian Signature: _____ PRINT: _____

Date: _____

Wah`-shā Academy, Director, Regina S. Tafoya _____

Date: _____



Wah'-shā Academy
CRESTED BUTTE · COLORADO

Wah`-Shā Academy Field Trip and Excursions Permission Form

(PLEASE PRINT) Students Name _____

Male ____ Female ____

LAST FIRST MIDDLE Names of Parent(s)/Guardian

Telephone (Work): _____ (Cell): _____ (Home): _____ (Other): _____

CONSENT AND RELEASE:

I hereby consent on behalf of the student named above to participate in school sponsored trips, in addition to daily excursions to the park or other nearby hiking trips. In winter we engage in ice skating at the CB South ice skating rink.

Any subsequent field trips will be communicated to parents prior to the date of the field trips, and parents have the option to 'opt out' on a case-by-case basis. In this case, no child-care can be offered.

I understand that transportation may or may not be provided by Wah' -Sha Academy. In the event transportation is not provided by Wah' -Sha Academy, transportation will be the student(s) and parents/guardians responsibility. If any emergency medical procedure or treatments are required by the student during the trip, I consent to the trip's supervisor taking, arranging for, or consenting to the procedures or treatment in his or her discretion, as agreed in the medical consent form during registration. I further release and waive and further agree to indemnify and hold harmless and reimburse Wah' -Sha Academy, its members, agents, employees, and representatives thereof, as well as the trip supervisor from and against any claim which I, any other person, firm, corporation, or entity may have or claim to have, known or unknown, directly or indirectly, from any losses, damages or injuries arising out of, during, or in connection with the student's participation in the activity, any trip associated with the activity, or the rendering or emergency medical procedures or treatment, if any.

Signature of Parent(s) or Guardian(s)

Date



Wah'-shā Academy
CRESTED BUTTE · COLORADO

Wah`-Shā Academy Field Trip and Excursions Permission Form

The Colorado Department of Human Services has issued regulations for the use of sunscreen and shade requirements at child care centers. The regulations state that a doctor's prescription is not required for children's use of sunscreen. Children over the age of four are allowed to apply sunscreen themselves, though permission from a parent is required for staff to apply sunscreen on children. Also, access to shaded areas, sheltered areas, or inside building areas must be provided at all times to guard children against the hazards of excessive sun and heat.

In the event that my child has forgotten their sunscreen, I give Wah`-Shā Academy my permission to offer and/or apply sunscreen to my child.

Child's Name: _____

Parent or Guardian's Name: _____

Signature: _____

Date: _____