



The documents listed below **must be complete** in order to secure your scholar's spot at Spark Academy Preschool for the 2022-2023 school year.

This packet is also available on our website at www.scintillacharteracademy.com.

DOCUMENTS PROVIDED BY THE SCHOOL:

- Student Enrollment Form
- Considerations & Exceptions for Enrollment
- Notification of School Policies
- Registration Fee Paid - \$250 - Date paid: _____

DOCUMENTS PROVIDED BY THE PARENT/GUARDIAN:

- Immunization Certificate – Georgia Department of Human Resources Form 3231** or notarized affidavit signed by all parents/legal guardians that swears or affirms that immunization(s) required conflict with religious beliefs. A sample form is provided in this packet.
- Hearing-Vision-Dental-Nutrition Certificate – GA Form 3300.** A sample form is provided in this packet. ALL FOUR SECTIONS MUST BE COMPLETED BY A MEDICAL PROFESSIONAL.
- Copy of Birth Certificate**
- Copy of Driver's License of Enrolling Parent/Guardian**
- Copy of Scholar's Social Security Card**
- Proof of Residency.** Residency requirements are included in this packet.
- Proof of Custody/Guardianship/Foster/Adoption** if applicable.

Names of parents & scholars listed on enrollment must coincide with all supporting documentation or legal proof of name change must be provided.



Scholar Name: _____ Grade: _____ Date: _____

Considerations and Exceptions for Enrollment

1. Complete enrollment documentation, which can be found on the enclosed checklist, must be received by Spark Academy Pre-School before enrollment is considered complete. Additional records including medical/health, disciplinary, academic records, and special education or gifted records (if applicable) from the previous school(s) must be received by Spark Academy Pre-School before the child may start school. Scholars are subject to the board policies regarding admission and enrollment at the time their admission is considered complete.

2. I understand that Timely payment of registration fee (\$250) and monthly tuition is required. Failure to comply may result in the withdrawal of your child from the program. Tuition is \$485/month for August-May (ten monthly payments), \$250, and a \$100 supply fee in September & January.

3. Parent engagement is an important part of the educational approach at Spark Academy Pre-School. Spark Academy Pre-School encourages all families to attend Family Engagement Activities and commit to a minimum of 20 hours per school year to support your child's education at Spark Academy Pre-School through various volunteer opportunities.

4. Enrollment at Spark Academy Pre-School is contingent on disciplinary status determined by the child's previous school. If the behavior infraction resulting in one of the consequences below would result in expulsion according to Spark Academy Pre-School's Code of Conduct, Spark Academy Pre-School reserves the right to deny enrollment. Check any/all of the below that apply to your child:

- Child is currently suspended from another school or school system
- Child has been expelled from another school or school system
- Child has a discipline situation against him/her which restricts them from attending their zoned public school within the local school district

Parental Pledge

As the parent(s)/guardian(s) of _____, I have read carefully and understand the above considerations and exceptions for enrollment at Spark Academy Pre-School.

Declaration of Trust and Good Faith: I hereby declare that all of the above information is complete and accurate. I understand that failure to disclose important information or falsifying information on this application could result in the withdrawal of my child.

Parent/Guardian Signature: _____ Date: _____



Notification of School Policies for New Pre-K Scholars

New Scholar's Name: _____

Enrolling and attending Spark Academy Preschool is a choice for each child offered a spot for enrollment. Each family will receive a copy of our school handbook at the beginning of the school year with detailed descriptions of SAP's policies and procedures. As you submit an enrollment packet to secure your child's enrollment, we feel it is important to provide you with an overview of SAP's policies and procedures. Please review the policies procedures listed below, initial next to each policy/procedure, and sign at the bottom of this document stating that you have reviewed and agreed to comply with these policies and procedures upon your child's enrollment.

Parent/Family/Guardian Responsibilities

_____ **(Initial)**

Parents, families, and guardians of scholars are expected to participate in their child's education in the following ways:

- Communicate often and routinely with their child's teacher
- Participate in their child's development by attending scheduled conferences
- Stay informed about school policies and requirements of their child's academic program
- Ensure the child attends school regularly and is appropriately prepared
- Communicate concerns to school staff regarding specific problems or difficulties that may impede the child's learning or well-being
- Provide positive support to your scholar(s) as well as the school and its faculty and staff

Tuition Policy

_____ **(Initial)**

Timely payment of registration fee (\$250) and monthly tuition is required. Failure to comply may result in the withdrawal of your child from the program. Tuition is \$485/month for August-May (ten monthly payments), \$250, and a \$100 supply fee in September & January.

Uniform Policy

_____ **(Initial)**

SAP strives to encourage unity among our scholars, faculty, and staff. Implementing a uniform dress code at SAP allows us to work towards this effort. A school's atmosphere must be conducive to learning, and a scholar's appearance can positively or negatively impact a school's climate. SAP scholars must adhere to dress code requirements.

Transportation Policy

_____ **(Initial)**

SAP does not provide transportation to and from school.

Instructional Day

_____ **(Initial)**

The instructional day is from 8:05 am to 3:05 pm. If a scholar arrives after 8:05 am, the child must be escorted into the building and signed in by an adult at the main desk. All scholars must arrive at school on time and promptly pick up at the end of the school day. The regular school day ends at 3:05 pm/3:30 pm. Scholars are expected to be picked up on time, between 3:05 pm and 3:45 pm. We encourage parents to enroll their child in Ignite, SAP's after-school program if they cannot make the 3:45 pm deadline. If your child has not been picked up by 3:45 pm, you will be charged \$1 per minute to allow your child to participate in the after-school program until you arrive.

Behavior Expectations

_____ (Initial)

Our goal is to teach scholars the value and importance of following established rules and procedures to maintain a safe, orderly, and respectful environment both in our school and in the community. To that end, we will positively reinforce honorable conduct and good behavior as often as possible and balance this with appropriate misconduct consequences. We will continually provide encouragement and support to our scholars in self-management of behavior and control of actions. If a child repeatedly demonstrates behavior occurs that requires an administrative consequence according to SAP's Code of Conduct, the child may be dismissed from the preschool program.

Parent and Family Behavior Expectations

_____ (Initial)

Parents and families are expected to dress appropriately and use respect and courtesy. They will address all employees, other parents and families, and all scholars politely and professionally. Situations arising in reference to SAP policy/ teacher decisions/ administrative decisions should be discussed in a civil conference format. Raised voices, threats, interference with instruction, or school activities will warrant removal from the property by civil authorities. Severe and/or problematic behavior incidents will result in restrictions from the entire family's property and possible expulsion.

Family Volunteer Expectations

_____ (Initial)

Volunteers are a critical component to support SAP scholars and the mission of our school. We strongly encourage all families to volunteer in school-wide opportunities communicated throughout the year, or you may reach out to your scholar's teacher to offer to help in their classroom.

As the parent/guardian of _____ (Scholar's Name) I have reviewed and understand the following policies and information and agree to comply with the guidelines and requirements outlined in each.

Parent/Guardian's Name

Date

Date Entered: _____

Office Use Only

Spark Academy Preschool

PRE-K SCHOLAR ENROLLMENT 2022-2023

Full Legal Name: _____ Preferred Name: _____
Last First Middle

Grade Entering: _____ Gender: M F Date of Birth: _____ SS#: _____/_____/_____
Check One MM/DD/YY waiver available upon request

Is the child Hispanic? YES NO

Race: (Choose all that apply):	
<input type="checkbox"/>	American Indian/Alaskan Native
<input type="checkbox"/>	Asian
<input type="checkbox"/>	Black/African American
<input type="checkbox"/>	Hawaiian/Other Pacific Islander
<input type="checkbox"/>	White

Ethnicity: (Please select ONLY ONE):	
<input type="checkbox"/>	American Indian/Alaskan Native
<input type="checkbox"/>	Asian/Pacific Islander
<input type="checkbox"/>	Black not Hispanic
<input type="checkbox"/>	White not Hispanic
<input type="checkbox"/>	Multi-Racial
<input type="checkbox"/>	Hispanic

Birthplace: _____
City County State Foreign Country

Parent/Guardian Information

Full Legal Name of Parent/Guardian #1		Relationship to Scholar:		
Does the scholar live with this Parent/Guardian? <input type="checkbox"/> YES <input type="checkbox"/> NO		Is this Parent Deceased? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Residence Address		City	State	Zip Code
Mailing Address		City	State	Zip Code
Cell Phone #	Work Phone #	Preferred Phone #		
Email Address				
Place of Employment		Occupation	Work Phone #	
Can this parent/guardian have contact with this scholar? <input type="checkbox"/> YES <input type="checkbox"/> NO. If NO, we MUST have a copy of the Court Order				
Is this parent/guardian responsible for the scholar? <input type="checkbox"/> YES <input type="checkbox"/> NO				

Additional Parent/Guardian Information

Full Legal Name of Parent/Guardian #2		Relationship to Scholar:		
Does the scholar live with this Parent/Guardian? <input type="checkbox"/> YES <input type="checkbox"/> NO		Is this Parent Deceased?? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Residence Address		City	State	Zip Code
Mailing Address		City	State	Zip Code
Cell Phone #	Home Phone #	Preferred Phone #		
Email Address				
Place of Employment		Occupation	Work Phone #	
Can this parent/guardian have contact with this scholar? <input type="checkbox"/> YES <input type="checkbox"/> NO. If NO, we MUST have a copy of the Court Order				
Is this parent/guardian responsible for the scholar? <input type="checkbox"/> YES <input type="checkbox"/> NO				

Additional Contacts

Please list additional contacts below. These are contacts that may pick up your child(ren) from school and who may also be called in case of an emergency if the parents/guardians cannot be reached. You may list up to four.

Additional Contact 1	
Full Name	Relationship to Scholar
Telephone Number(s)	

Additional Contact 2	
Full Name	Relationship to Scholar
Telephone Number(s)	

Additional Contact 3	
Full Name	Relationship to Scholar
Telephone Number(s)	

Additional Contact 4	
Full Name	Relationship to Scholar
Telephone Number(s)	

RESTRICTED PICKUP	
You may list people who MAY NOT pick up your child(ren) in this area. Please understand that if a person listed is a legal parent or guardian, you must provide legal documentation (court order signed by a judge) that states the parent/guardian has no rights.	
Name	Relationship to Scholar

Please list all school-age children who LIVE IN THE HOME

Include your children, step-children, or any school age child whom you have custody/guardianship over in this home full time.

Child's Name	Birthdate	Grade	School	Relationship to Scholar

Please Continue to the Next Page

Additional Parent/Guardian Information

Please list the parents/guardians of the scholar below. Even in a divorce situation, we need both parents' information. If a parent does not have legal rights to a child, we must have a copy of the court order signed by a judge stating this fact. The following information should only be regarding parents or other legal guardians. You may list other contacts on the following pages of the enrollment application.

Are the parents currently (circle one): Married Never Married Living Separately Divorced

Who has legal custody of the scholar? (copy of court order or other legal documents are required. Power of Attorney or Notarized Statements are not accepted): _____

Who does the scholar live with? (check one)

<input type="checkbox"/>	Both Parents	<input type="checkbox"/>	Father	<input type="checkbox"/>	Mother	<input type="checkbox"/>	Grandparent(s)	<input type="checkbox"/>	Guardian(s)
Other: _____									

By signing below, you are certifying that the custody documentation you have provided is the latest documentation available in regard to the custody of this child (if applicable).

Parent/Guardian Signature _____ **Date** _____

Additional Scholar Information – PLEASE READ CAREFULLY AND FULLY COMPLETE

Which school system is the scholar zoned for (select one)?

<input type="checkbox"/>	Valdosta	<input type="checkbox"/>	Lowndes	<input type="checkbox"/>	Brooks
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Which school is the scholar zoned for? _____

Transportation

My scholar will be: _____ Car Rider _____ Day Care Rider

Daycare with authority to transport scholar: _____ Phone: _____

Which language does your child most frequently speak at home? _____

Which language do adults in your home most frequently use when speaking with your child? _____

Which language(s) does your child currently understand or speak? _____

If possible, would you prefer notice of school activities in a language other than English? YES NO

Please read and initial each of the following IF it is a correct statement.

____ I am authorized to enroll this scholar and understand that because I have enrolled the scholar, I am the only person who can withdraw the scholar unless a court order applies. This is in compliance with O.C.G.A. 20-2-780.

____ The address listed on this form is the physical location where the scholar and the primary custodial parent/guardian actually resides.

____ I have provided proof of residency as required. I acknowledge that if the proof of residency furnished is not correct, the scholar will be subject to dismissal.

____ In the event that I cannot be reached, I hereby give permission for a school representative to make whatever emergency arrangements are necessary. I will assume all financial responsibility for all charges to the above. I understand in the event of an extreme emergency; the closest doctor or medical facility will be utilized.

Signature of Person Registering the Scholar

Date

Sample Health Forms Required for Enrollment at Spark Academy Preschool

Rev. 07/2014

Georgia Department of Public Health

Form 3231

CERTIFICATE OF IMMUNIZATION

Child's Name (Last name first) _____ Birthdate _____ (Fill in X)

(Optional) Parent/Guardian Name (Last name first) _____

Date of Expiration _____ (Next required immunization or review of medical exemption due.)

Complete For K through 6th Grade
Child must be \leq 4 years and have met all requirements for school attendance

Complete For 7th Grade or higher
Fulfills requirements K through 6th grade AND must have Tdap and MCV4 documented

Unless specifically exempted by law, Georgia law (O.C.G.A. § 20-2-771) requires a certificate on file for each child in attendance in any school or child care facility in Georgia with penalties for failure to comply. Detailed instructions for this form and immunization requirements by age are spelled out in policy guides 3231INS and 3231REQ distributed by the Georgia Immunization Office.

VACCINE	DATE		DATE		DATE		DATE		DATE		Total Doses	Diagnosed	Serology *	History	Med. Exemption
	MM	DD	YY	MM	DD	YY	MM	DD	YY	MM					
Required Vaccines for School or Child Care Attendance															
DTP,DTaP, DT, Td															
Polio															
Hepatitis B															
Tdap															
MCV4															
HB															
(Under Age 9) PCV															
(Under Age 5) Measles															
Mumps															
Rubella Hepatitis A (Born on/after 1/1/06)															
Varicella															
Recommended Vaccines (For Information Only)															
Rotavirus															
HPV (3 doses)															
Influenza															
Td (booster)															

Notes: A licensed Georgia physician, Advanced Practice Registered Nurse, Physician Assistant or qualified employee of a local Board of Health or the State Immunization Office is responsible for the content of this certificate. All dates must include month, day and year. In cases of natural immunity or Medical Exemption, the 4 digit year of infection, test or exemption must be filled in the appropriate boxes. The certificate is NOT valid without name and birthdate of the child, date of expiration and a date of issue. A school or facility official is responsible for keeping a current valid certificate on file for each child in attendance. A certificate must be replaced within 30 days after expiration. When a child leaves or transfers to another facility, the Certificate of Immunization should be given to a parent/guardian or sent to the new facility.

Printed, Typed or Stamped Name, Address and Telephone # of Licensed Physician or Health Dept.

Certified by (Signature/Signature Stamp) _____ Date of Issue _____

SCHOLAR HEALTH RECORDS MUST BE ON GEORGIA FORMS. THE HEALTH DEPARTMENT, YOUR CHILD'S PEDIATRICIAN, AND THE BASE CLINIC (FOR MILITARY FAMILIES) CAN ASSIST YOU IN CONVERTING RECORDS TO THE GEORGIA FORMS.



Georgia Department of Public Health Form 3300

Certificate of Vision, Hearing, Dental, and Nutrition Screening

FILE THIS FORM WITH THE SCHOOL WHEN YOUR CHILD IS FIRST ENROLLED IN A GEORGIA PUBLIC SCHOOL. SCREENER CONTACT INFORMATION IS REQUIRED.

PLEASE SEE THE INSTRUCTIONS ON THE BACK OF THIS FORM

Parent/ Guardian Name: _____ first middle last

Parent/ Guardian Contact Information: _____
Daytime phone number: _____
Evening phone number: _____
Cell phone number: _____

Child's Name: _____ first middle last

Date of Birth: ____/____/____ Gender: Male Female

Child's Home Address: _____
street city state zip code county

VISION	HEARING	DENTAL	NUTRITION
<input type="checkbox"/> Unable to screen (explain why below) <input type="checkbox"/> Uses corrective lenses <input type="checkbox"/> Worn for testing <input type="checkbox"/> Passed (20/30 in each eye for age 6 and above, 20/40 in each eye for below age 6) <input type="checkbox"/> Needs further evaluation <input type="checkbox"/> Under professional care (explain below)	<input type="checkbox"/> Unable to screen (explain why below) <input type="checkbox"/> Uses hearing aid / assistive device <input type="checkbox"/> Passed at 500, 1000, 2000, and 4000 Hz with audiometer at 20 or 25 dB <input type="checkbox"/> Needs further evaluation <input type="checkbox"/> Under professional care (explain below)	<input type="checkbox"/> Unable to screen (explain why below) <input type="checkbox"/> Normal appearance <input type="checkbox"/> Needs further evaluation <input type="checkbox"/> Emergency procedure observed <input type="checkbox"/> Under professional care (explain below)	<input type="checkbox"/> Unable to screen (explain why below) Height: _____ Weight: _____ BMI: _____ BMI%: _____ <input type="checkbox"/> 5 th to 84 th percentile - Appropriate for age <input type="checkbox"/> \geq 85 th percentile - Needs further evaluation <input type="checkbox"/> Under professional care (explain below)
Screening completed by: <input type="checkbox"/> Physician <input type="checkbox"/> Local Health Department <input type="checkbox"/> Optometrist <input type="checkbox"/> "Prevent Blindness Georgia" employee <input type="checkbox"/> School Registered Nurse	Screening completed by: <input type="checkbox"/> Physician <input type="checkbox"/> Local Health Department <input type="checkbox"/> Audiologist <input type="checkbox"/> Speech-Language Pathologist <input type="checkbox"/> School Registered Nurse	Screening completed by: <input type="checkbox"/> Physician <input type="checkbox"/> Dentist <input type="checkbox"/> Local Health Department Registered Nurse <input type="checkbox"/> Registered Dental Hygienist <input type="checkbox"/> School Registered Nurse	Screening completed by: <input type="checkbox"/> Physician <input type="checkbox"/> Local Health Department <input type="checkbox"/> Registered Dietitian <input type="checkbox"/> School Registered Nurse
Screener's Signature _____ Date _____ I certify that this child has received the above screening. Contact Information: _____	Screener's Signature _____ Date _____ I certify that this child has received the above screening. Contact Information: _____	Screener's Signature _____ Date _____ I certify that this child has received the above screening. Contact Information: _____	Screener's Signature _____ Date _____ I certify that this child has received the above screening. Contact Information: _____

FOR SCHOOL SYSTEM ONLY			Follow up for further evaluation	Actions reported (if any)	Screener's Comments:
1 st attempt	2 nd attempt				
Vision					
Hearing					
Dental					
Nutrition					

Student support services initiated on: _____

***PLEASE READ CAREFULLY:**

ALL FOUR SECTIONS OF FORM 3300 MUST BE COMPLETED BY A MEDICAL PROFESSIONAL IN ORDER TO ENROLL YOUR SCHOLAR.

PLEASE NOTE THAT SOME DOCTORS WILL NOT COMPLETE THE DENTAL PORTION OF FORM 3300 AND THIS SECTION WILL NEED TO BE COMPLETED BY YOUR CHILD'S DENTIST.

WE CANNOT ACCEPT INCOMPLETE HEALTH FORMS.

Spark Academy Preschool

Proof of Residency Information

Proof of Residency in Lowndes County is required for enrollment at Spark Academy Preschool. The person with whom the child lives must attach proof of residency, dated within the last (30) days, and must show parent, guardian or legal name and street address. Please note that a P.O. Box is not acceptable as a residence address. Please carefully read the scenarios listed below and provide the documentation that applies to your child's living situation:

Possible Living Situation #1

If you own and live in the resident property, you will need to provide:

1. Photo Identification (Valid State Issued Identification);
2. A deed or Mortgage Statement in your name showing residence property address
3. A current Power Bill in your name for the current month showing the residence property address
4. Two additional supporting documents in your name showing the residence property address.

Possible Living Situation #2

If you rent and live in the rental property, you will need to provide:

1. Photo Identification (Valid State Issued Identification)
2. Copy of the lease/ rental agreement (or current HUD Certificate of Compliance/Annual Renew Notice)
3. And all registering children's name(s) must be included in the lease.
4. Two additional supporting documents in your name showing the residence property address.

Possible Living Situation #3

Families who are unable to provide a rental agreement or utility bill in a parent/guardian's name and/or are living with another Lowndes County/Valdosta City resident must complete the Affidavit of Residence information below. Signatures of both the parent/guardian and the homeowner/tenant must be included and this document must be notarized at the school.

1. Photo Identification (Valid State Issued Identification);
3. A current Power Bill in name of homeowner/tenant for the current month showing the residence property address.
4. Two additional supporting documents in the name of homeowner/tenant showing the residence property address.

AFFIDAVIT OF RESIDENCE (ONLY COMPLETE THE AREA BELOW IF YOUR LIVING SITUATION IS #3)

Under penalty prescribed by federal and state laws, which state it is unlawful to give false information to a government entity I certify that (Scholar's Name): _____ resides at

Address: _____

with _____ who is the custodial parent or legal guardian. I will notify Spark Academy Preschool of any change in primary residence. Penalties for falsification of this Residency Affidavit include withdrawal of the student and referral to law enforcement.

Printed Name

Signature

Date

Witness

Date

List of Acceptable Supporting Documents

- Current Georgia driver's license or Georgia identification card if the address on the identification is the same as the residential address
- Bank Statement, loan documents, credit card statement, monthly activity statement, voided check
- Home mortgage payment statement
- Health insurance, previously issued W-2 Form 1099, pay stub
- Lowndes Co. or Valdosta property tax statement with evidence thereupon of payment
- Voter registration documentation from Lowndes County

- A current motor vehicle registration (tag receipt)
- Cable bill, Telephone or Cell Phone bill, Gas bill
- Receipt to have utilities connected

Note: If legal custody of a child is split between two parents, in addition to the documents listed above, you must also attach a certified copy of the most recent court order identifying each parent's respective award of physical custody. You are responsible for immediately informing the school of any changes to the court order.