



The Life Academy 2021-22
Student Application

Student Information

Name:

Date of Birth:

Street Address:

City, State, Zip:

Primary Parent/Guardian/Caretaker Information

Name:

Work #:

Cell #:

Email Address:

Relationship to Student:



Emergency Contact Information

If same individual as above, please check this box

Name:

Work #:

Cell #:

Email Address:

Relationship to Student:

Medical Information

Name of Health Insurance Provider:

Primary Physician:

Physician Address:

Physician Phone:

Hospital Preference:



Please list any medical problems, including any required maintenance of medication (i.e. Diabetic, Asthma, Seizures):

Is your son/daughter presently being treated for an injury or sickness, or taking any form of medication for any reason? If yes, please explain.

Is your son/daughter allergic to any type of food, medication, or material? If yes, please explain.

Does your son/daughter have any food restrictions and/or a special diet? If yes, please explain.

Medical Release: *I understand that I will be notified in the case of a medical emergency involving my son/daughter. In the event that I cannot be reached, I authorize the providing of any/all necessary medical services in the event my son/daughter is injured or becomes ill. Furthermore, I understand that Life Transition Skills, Inc. (LTS) and affiliates will not be responsible for any medical expenses incurred, but that such expenses will be my responsibility as a parent/guardian.*

Please initial below to indicate that you understand and accept responsibility.



Transportation Release: *I understand that my son/daughter will be transported to and from various activities via a school bus with a certified driver. In the event of an accident or injury, I agree not to hold LTS financially liable. I agree to only pursue financial damages from the insurance coverages/limits available from the driver's bus insurance. I agree not to hold LTS and/or any of its staff personally liable for financial damages incurred from injuries in the event of an accident while my son/daughter is being transported to and from The Life Academy activities.*

Please initial below to indicate that you understand and accept responsibility.

Photo Release: *I give permission for my son/daughter to be photographed and/or videotaped during The Life Academy. I understand the photographs will be used to keep a visual journal of activities. These photos may also be used for promotional purposes including printed materials, social media posts, and images on our website. I understand that although my son/daughter's photograph may be used for advertising, his or her identity will not be disclosed. I do not expect to be compensated and understand that all photos are the property of LTS.*

Please initial below to indicate that you understand.

Code of Conduct Agreement: *All students are expected to show respect to the staff, other participants, and the equipment. LTS reserves the right to discuss any situation that may arise, and pending the severity of the circumstances, may also dismiss students for all/part of The Life Academy.*

Please initial below to indicate that you understand.



Dates of the Program: I understand that The Life Academy is in session from Monday, August 9, 2021 through Friday, May 27, 2022. For holidays and breaks, LTS and The Life Academy will closely follow the Alachua County Public Schools calendar. Any closures will be communicated to parents/guardians/caretakers ahead of time. You will **not** be charged for holidays during which LTS is officially closed.

Please initial below to indicate that you understand.

Flex Days: Each student will receive **five (5) Flex Days (FDs)** which can be used during The Life Academy's 2021-22 school year. I understand that these Flex Days can be used when my student is sick, out of town, or otherwise unable to attend the program. When using FDs, I understand that I **will not** be charged for days missed (e.g. if my student misses two days one week, and we decide to use FDs, we will be billed the daily rate x three days, rather than being responsible for remitting the full tuition). Once I run out of FDs, I understand that I will be responsible for remitting full weekly tuition, regardless of my student's attendance (see: Payment/Attendance Policy).

I understand that these Flex Days do not roll over from year to year, and that my student has from August 9th, 2021 to May 27, 2022 to use them. I agree to give the Executive Director as much notice as possible when planning to use FDs.

Please initial below to indicate that you understand and accept responsibility.

Payment/Attendance Policy: Invoices for that week's services will be sent to parents/guardians/caretakers every Friday. I agree to remit tuition payment(s) to LTS the following Monday via check (made out to Life Transitions Skills, Inc. or LTS) for the prior week's services. If payment is coming through CDC+, I agree to bring in the physical check as soon as it is available.

I agree to remit full tuition payment **regardless of my student's attendance**, unless I am using a Flex Day(s). If my student is covered by CDC+, I agree to bill CDC+ for the number of days attended and pay the difference out of pocket.

Please initial below to indicate that you understand and accept responsibility.



Late Pick-Up Fee: We ask that your student is picked up each day by no later than 3:15 pm. A late pick-up fee will be assessed if your student is picked up past this time. The fee will be \$1.00 per minute for the first 15 minutes (\$15.00 maximum), then \$5.00 every 10 minutes thereafter. We absolutely understand that emergencies happen and are willing to work with you when such instances occur. Please communicate with us immediately if you are unable to pick up your student by the aforementioned time.

Please initial below to indicate that you understand and accept responsibility.

Inclement Weather Cancellation Policy: Safety is our number one priority with regards to working with your son/daughter. In the unlikely event that our local weather advisory indicates that weather conditions are currently or will become dangerous to the extent that schools are advised to be closed, The Life Academy may also follow-suit in cancelling our program for one or more days. The Executive Director will make all final decisions regarding the cancellation of one or more days. In the event that days are cancelled due to poor weather conditions, full weekly tuition must still be remitted, unless using a Flex Day.

Please initial below to indicate that you understand and accept responsibility.

I agree to all terms outlined in this document and permit my son/daughter to participate. Please sign your name and put today's date on the line below to indicate that you accept and agree.

Thank you very much - we look forward to working with your son/daughter this year! If you have any further questions, concerns, or comments, please feel free to contact Lauren, our Executive Director, at LTsexecutivedirector@gmail.com or by phone at (727) 656-3688.