



Dear Parents,

Thank you for choosing Umaña Academy for your child's Christian fine art education. We anticipate a wonderful year and look forward to getting to know each student!

This registration packet represents all of the information needed before an entrance decision can be made. Please read and complete each sheet and return all required documents. Please note that your registration cannot move forward until *all forms* in this packet are received along with your non-refundable matriculation fee. Priority placement will be determined based on the date Umaña receives all the following materials.

1. Admissions Agreement, *pages 1-7*
2. Additional Documents
 - a. Identification and Emergency Information – LIC 700
 - b. Consent for Medical Treatment – LIC 627
 - c. Child's Preadmission Health History, Parent's Report – LIC 702
 - d. Physician's Report – Child Care Center – LIC 701
 - e. Personal Rights – LIC 613A – *please return bottom portion only*
 - f. Notification of Parents Rights – LIC 995 - *please return bottom portion only*
 - g. Birth Certificate

New students only: Once the completed registration packet has been received your child's place on the waiting list will be tentatively held. We will then contact you to begin scheduling your parent interview. Once these have been completed you will receive an e-mail notification of your acceptance into the program. New student assessments will be scheduled over the summer months.

We sincerely appreciate the opportunity to serve your family. If you have any questions about the registration process or to schedule your assessment and/or parent interviews, please call 949.429.8800 or e-mail stephanie@UmanaAcademy.com.

Mrs. Russell

Early Childhood Principal



Admissions Agreement

STUDENT INFORMATION

Last Name: _____ First Name: _____ Middle Name: _____ (Male/Female)

Date of Birth: _____ Age (on 9/30/12): _____

Status: ___ Returning Student: ___ New Student:

PROGRAM INFORMATION: Please check the program(s) for which you are applying. Designate your preferred choice by writing 1st choice or 2nd choice on the line.

REGISTRATION PROCESS: We will do our best to make a place for your child in the program (day/time) you prefer. If there is no space, we would then reserve your child's space in your 2nd choice.

	<p>Tiny Tot Morning Program: (Please designate preferences with 1st choice or 2nd choice)</p> <p style="text-align: center;"> <input type="checkbox"/> 2 day T,Th <input type="checkbox"/> 3 day M,W,F <input type="checkbox"/> 4 day M,W,Th,F <input type="checkbox"/> 4 day M,Tu, W, F <input type="checkbox"/> 5 day M-F </p>
	<p>Tiny Tot Afternoon Program: (Please designate with 1st choice or 2nd choice)</p> <p style="text-align: center;"><input type="checkbox"/> 3 day M,W,F</p>

	<p>Extended Day Options: billed in 9 installments September-June. <i>Morning Club and Lunch bunch drop in rates are \$12/day.</i></p> <p>Morning Club: <input type="checkbox"/> 2 day \$50 <input type="checkbox"/> 3 day \$70 <input type="checkbox"/> 5 day \$100</p> <p>Lunch Bunch: <input type="checkbox"/> 2 day \$60 <input type="checkbox"/> 3 day \$90 <input type="checkbox"/> 5 day \$120</p>
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OTHER INFORMATION: Where did you first hear about our program and/or whom may we thank for the referral? _____



Admissions Agreement

Page Two

PARENT/GUARDIAN INFORMATION

Father's/Guardian: _____ Mother's/Guardian: _____

Cellular: _____ Cellular: _____

Home: _____ Home: _____

Work: _____ Work: _____

Email: _____ E-mail: _____

Address: _____ Address: _____

Occupation _____ Occupation: _____

Employer: _____ Employer: _____

Lives with student: ___ yes ___ no Lives with student: ___ yes ___ no

Parent's Marital Status: ___ Married ___ Separated ___ Divorced ___ Widowed

OTHER INFORMATION

Name of Church: _____

How often do you attend: ___ regularly ___ sometimes ___ rarely

Are you a member? ___ yes ___ no for how long: _____

Why do you desire to enroll your child in our program? _____

Please rate the following in order of importance __ Fine Art emphasis __ High academic standards __ Spiritual development __ Flexible Schedule __ other: _____

SCHOOL HISTORY

Programs last attended: _____

Reason for leaving: _____

Has your child been dismissed from any program? If yes, please explain. _____

PLEASE RATE IN ORDER OF IMPORTANCE: low to high

___ High Academic Standards

___ Individualized Attention/Small Class Sizes

___ Spiritual Development

___ Fine Art Emphasis

___ Other: _____



Christian Principles

At Umaña Academy we strive to give your children a biblical foundation that will set them on a solid path for the rest of their lives. We hope to reinforce the principles they receive in the home. Children are encouraged to use the golden rule and through real life situations are taught to practice what they have learned. In addition to creating a nurturing environment, our teachers are committed and dedicated Christians. It is our privileged to be able to watch your child grow in their personal relationship with Christ.

Bible Based Curriculum: Bible classes teach children about important lessons in the Bible. They are then encouraged to share what they have learned and apply it to their daily lives. These fundamental principles are reinforced throughout the day. The Bible stories and the weekly memory verses will begin to sow the seed in their hearts to love God's Word.

Worship, Songs and Praise: Children will have an appreciation for entering His gates with thanksgiving in their hearts and into His courts with praise. We feel it is never too early to begin to be moved by a heart of thankfulness to the Lord and to begin to be touched by His presence.

Chapel: Each week children will be able to participate in chapel. There will be prayer, worship and a devotional followed by times of sharing. Parents will be invited to chapel award ceremonies and special chapels throughout the course of the year. Children will also have the opportunity to present their gifts/offerings to the Lord by preparing special music or instrumental solos, all designed to bring glory to God through their talents.

Strong Godly teachers/mentors: Each one of our instructors and staff has a personal relationship with Christ and strong biblical foundation. They love the Lord and love your children.

Statement of Beliefs

We believe...

The Bible is the inspired and only infallible and authoritative written Word of God.

There is only one God, eternally existent in three persons: God the Father, God the Son, and God the Holy Spirit.

In the deity of our Lord Jesus Christ, in His virgin birth, in His sinless life, in His miracles, in His vicarious and atoning death, in His bodily resurrection, in His ascension to the right hand of the Father.

In the Blessed Hope, the rapture of the church and the second coming of Jesus Christ.

The only means of being cleansed from sin is through repentance and faith in the precious blood of Christ.

The redemptive work of Christ on the cross provides healing for the human body in answer to believing prayer.

The baptism of the Holy Spirit is given to believers who ask for it according to Acts 2:4.

Parent/Guardian Signature: _____ **Date:** _____



Admissions Agreement: Umana Academy's Preschool Program offers academic and fine art instruction in a morning and afternoon program. Additional services are optional. (Morning club, lunch bunch and extended day)

BILLING Information:

_____ **initial** **PAYMENTS:** Tuition statements are sent via email in 10 equal installments, August-May. Parents have the choice to pay online using a credit card (Credit Card transactions will incur a 3% transaction fee) or by check. Should the child withdraw for any reason, the matriculation fee, book and tuition fees are non-refundable)

_____ **initial** **Optional AUTOPAY – Credit Card Option:** Please bill my credit card on the 1st of each month.

Credit Card Type: *Visa* *MasterCard* *Discover*

Credit Card Number: _____

Expiration Date: _____ CCV Code: ____ (3 digit-code on back of card)

Name on Card _____

Address of record on card: _____

Signature: _____

_____ **initial** **INVOICES:** The Academy issues tuition statements via email. Please enable your computer or spam filter to accept these statements. Please contact the billing department directly at 248.1011 or Umana@cox.net.

_____ **initial** **REFUNDS:** If my child misses a day(s) as a result of sickness, vacation or major holiday, I understand that no refunds will be given.

_____ **initial** **DISCONTINUATION OF PROGRAM:** I understand that I am committing to the entire 2012-2013 year. Any and all fees associated with yearly enrollment will be due upon withdrawal from the program regardless of the portion still remaining. The remaining balance due will be charged to my credit card in one lump sum. ***Every family at the Academy must have a credit card on file for these purposes.***



Admissions Agreement

_____ **initial** TUITION: I have seen the fee schedule *below* and agree to any and all charges associated with enrollment in the Tiny Tot Program. Annual tuition will remain as reflected for the full school year.

Tuition Schedule: Annually and Monthly (in 10 installments)

	Annual Tuition 1 yearly installment	10 Monthly Installments
Tiny Tot 2day	\$2,800.00 yearly tuition (5% discount if paid on/before June 1 st)	\$280.00 am
Tiny Tot 3day am or pm	\$4,200.00 am or \$3,800.00 pm – yearly tuition (5% discount if paid on/before June 1 st)	\$420.00 am or \$380.00 pm

Matriculation Fees: <i>non-refundable</i>		
New Students	\$370.00 due with application	
Returning Students	Before February 10, 2012	After February 10, 2012
	Installments: \$100/due with application \$150/due June 1 st	Installments: \$220/due with application \$150/due June 1 st

Additional Fees: *any fees associated with enrollment are non-refundable.*

Book Fee: Tiny Tot	\$120 (2day) \$140 (3day) \$160 (4day) \$180 (5day) – due June 1 st
Uniforms	Purchased through contracted school uniform company.
Late Fee	\$50 late charge for payments received after the 3 rd of the month.
Field Trip Fees	Field trips are scheduled throughout the course of the year. These are additional and the entrance fee will be billed to your account.
PTA Fee	\$30.00 – due June 1 st
School Pictures	Packages begin at \$35
Emergency Kit	\$15.00 new families only
AM Club Hours: 8:00-9:00 am	\$50/month – 2day program \$70/month – 3day program \$100/month – 5day program
Lunch Bunch Hours: 12:00-1:00 pm	\$60/month – 2day program \$90/month – 3day program \$120/month – 5day program



Admissions Agreement

SCHOOL Policies:

_____ **initial** LATE Policy: We encourage all children to arrive on time.

_____ **initial** CODE OF CONDUCT: I agree my child will abide by the code of conduct instituted by the academy and treat others with respect. (If any child has extreme difficulty following directions, respecting authority and/or deliberately harming property/others, we will make every effort to work through the problems with parents through phone calls and/or meetings. If these steps do not influence the child and the behavior continues they will be dismissed from the program.)

_____ **initial** LOST/STOLEN ITEMS: The Umaña Academy is not responsible for loss of personal items and/or uniform articles of clothing. In addition, parents will be responsible for purchasing the new article of clothing in a timely manner. We highly recommend that parents monogram student's names outside of student's jackets. Please do not bring valuable personal items to the Academy.

_____ **initial** EMAIL: Over the course of the year the Academy sends many email notices regarding field trips, picture day, special chapels and other important events. Please enable your computer to receive these notices.

_____ **initial** SICKNESS POLICY: The Academy is a wellness program and does not administer any medication to children. I agree to not bring my child to class if they have had a fever within a 48 hour period or have green mucus in their nose and/or eyes. If any warnings signs of a contagious nature are apparent (red bumps or pink eyes etc.) I agree to pick my child up immediately. In order to return to class I must provide the office with a doctor's clearance.

_____ **initial** CHANGE OF ADDRESS: It is my responsibility to notify the Academy with any changes to my contact information.

_____ **initial** RIGHTS OF LICENSING AGENCY: I am aware that the Department of Social Services has the authority to inspect, audit and copy child or child care center records upon demand during normal business hours, and has the authority to observe the physical condition of my child.

WAIVERS:

_____ **initial** LIABILITY WAIVER AND RELEASE: I understand that even under supervised conditions there is the possibility of serious injury in any activity. I hereby waive and release Umaña Academy from any and all liability for any injury, death or loss incurred at any of the locations where the Academy schedules lessons and/or activities.

_____ **initial** PHOTO RELEASE: There is the possibility that pictures taken on campus or during field trips might be used for promotional purposes or class newsletters. Please initial to give consent.

Parent/Guardian Signature: _____ **Parent/Guardian Signature:** _____

Date: _____



Volunteering Questionnaire -

I would like to be involved in my child's class room _rarely _ sometimes _ often

I am interested in participating in the following ways

- Reading to my child's class
helping to coordinate a class party
hosting a field trip to my workplace
bringing in my instrument to play to the class
sharing about my particular culture or country
sharing a particular talent/skill
speaking on special topic children would enjoy
participating during chapel through song, instruments, sign language and/or puppets

Please note that checking the following areas does not commit you in any way. This survey gives us more information to provide you with opportunities to become more involved if you so choose.



Request for Cumulative Records
The following student(s) are now enrolled at Umaña Academy.

In accordance with the Family Educational Rights Privacy Act of 1974 and California State Law, I hereby authorize the release to the school named below of all educational or developmental information regarding the following student(s).

Table with 3 columns: Name of Child, DOB, Grade. Contains three empty rows for data entry.

Please send records to:
Umaña Academy of Fine Arts
1901 Corporate Drive - Ladera Ranch, California 92694
(949) 429-8800 phone

Parent/Guardian Authorization: _____ Date: _____

Director Signature: _____ Date: _____

Name & Address of Previous School(s): Name: _____

Address: _____