



Forms Needed:

- Contact Information
- Waiver/DHHS/Parent Handbook
- Transportation/Photo Release
- Financial Contract
- ACH Form/Credit
- Child Medical/Immunization
- Parent Questionnaire

Child's Name: _____ Date of Birth: _____ Pin #: _____

Enrollment Date: _____ Date Care Ceased: _____

Drop-off time (Before School Only): _____ Pick-up time: _____

School: _____ Grade: _____ Age: _____

Facility Hours: 7:00am to 6:00pm → Pick-up time will need to be determined unless discussed further with director.

Parent or Guardian's Home Address and Employment Address:

Father (or Guardian): Email: _____ Primary **YES NO**

Name: _____ Employer: _____

Address: _____ Address: _____

City: _____ Zip Code: _____ City: _____ Zip Code: _____

Cell Phone: _____ Employer Phone: _____

Mother (or Guardian): Email: _____ Primary **YES NO**

Name: _____ Employer: _____

Address: _____ Address: _____

City: _____ Zip Code: _____ City: _____ Zip Code: _____

Cell Phone: _____ Employer Phone: _____

Person(s) to Whom the Child(ren) may be Released by the Caregiver: (If no one, please write 'none')

Emergency Contact YES NO

Emergency Contact YES NO

Name: _____ Name: _____

Relationship: _____ Relationship: _____

City: _____ Phone: _____ City: _____ Phone: _____

FUNdamental Athletics Academy Financial Agreement 2022-2023:

It is understood that the full school year has been reserved for your child. Financial obligation extends from August-May.

Tuition payments will be automatically withdrawn from your checking or savings account on the 5th of each month. Tuition is calculated based on the number of school days over the course of the school year (August-May). There are a different amount of school days each month so averaged over the school year it comes to 20.4 days per month. The first monthly payment will be withdrawn on **August 5th of 2022.**

No deductions are made for illnesses or absences, if special circumstances arise please consult the director, Ann Erickson, at ann@faalincoln.com.

In the case of divorce, the parent who signs the contract is responsible for all payments if in dispute.

A \$25 fee will be charged and automatically withdrawn on all returned ACH payments and checks.

***if a different payment option is needed please contact the director with questions and for approval.**

***fees for late pick up will automatically be withdrawn from account on the next month's payment** (refer to parent handbook for rates).

*All termination of services requires a 30-day written notice. Tuition will be paid in full for those 30 days. Should the parent/guardian elect to discontinue care within those 30 days the party is still responsible for the entire month tuition payment.

Please check if you need a monthly statement_____

Tuition Rate:	Per Day	Monthly
___ Before and After Care Athletes	\$29.50	\$601.80
___ Sibling Discount	\$27.50	\$561.00
___ After Care Only Athletes	\$28.50	\$581.40
___ Sibling Discount	\$26.50	\$540.60

(Print Child's Name)

(Print Parent Name)

(Parent Signature)

(Date)



Transportation/Photograph Permission Form

Name of Child: _____ Age: _____

School Attending: _____ Grade: _____

Permission to take off site:

I give my permission for **Fundamental Athletics Academy** to take my child(ren) off the child-care premises.

YES NO

Permission to transport to/from site:

I give my permission for **Fundamental Athletics Academy** to transport my child(ren).

YES NO

There will be times here at **FUNDamental Athletics Academy** where we will use photographs of the children engaged in activities to highlight some fun moments that happen here. If you would like or not like your child included in this material, please indicate so on this release form so we can make sure that this does not happen.

Allowed to be Photographed: YES NO

Signature of Parent and/or Guardian

Date

Swimming- Woods, YMCA
Pioneers Park
Humane Society
Sunken Gardens
UNL Stadium Tour/ Soccer Games
Wesleyan Campus
Bowling- Parkway Lanes/Sun Valley Lanes
Mahoney State Park
Parks and Recreation- Trails/Parks

Children's Museum
Golf (Adventure Golf)
Tiger Rock (Martial Arts Facility)
Tennis- Woods
Water Park- Star City Shores
Defy Gravity
Climbing Wall- UNL
Morrill Hall
NE Capitol

Salt Dogs Stadium
Sheldon Art Museum
Arbor Farms
Skate Zone
NE High School Hall of Fame
Wilderness Hills- Golf
Holmes Lake
Lincoln City Libraries
Lincoln Public Schools



If there is a change to medical history, please fill out new Medical Information, if not initial here: _____

Child's Medical Information

Child Name: _____

Child Birthdate: _____

Current health status or any health problems caregiver should know: _____

List any allergies and/or intolerance to food, insect bites, or stings, or other factors that may result in a medical reaction. Please give clear instructions in the event of an exposure of the factor:

If medication is needed due to specific health concern, please list detailed instructions in the event that medication will need to be given: _____

If child takes medication, please list medication and dose: _____

If child has an allergy that requires an Epi Pen on hand, please include a written and signed letter giving permission to FAA staff to use Epi Pen in case of emergency.

Special Concerns: (Glasses, Hearing Aid, Crutches) _____

Any activities child(ren) should NOT engage in: _____

I certify that the above information is correct to the best of my knowledge.

Signature of Parent/Guardian

Date



FAA Parent Questionnaire

Child's Name: _____ Parent Name: _____

Here at FAA during the school year we want every child in our care to have FUN! We want them to make new friends and make some great memories while they are with us. Please fill out this questionnaire to help us to learn more about your child. We know they have been with us before but all children change as they age and grow we want to make sure we are able to move right along with them.

Please answer a few questions to help us get to know your child better.

After school at Fundamental Athletics Academy we concentrate to get homework started and completed before the athletes go out to start their activities. As a parent, you know the best way your child learns and does their homework, please let us know how you want us to handle homework with your child (start/finish homework at FAA/do homework at home/struggles with homework/etc.): _____

How does your child do in large group activities? (organized games/sports): _____

Can you describe your child's personality and what they enjoy doing when they are not in school; what do they do during their free time: _____

If you have more information you would like the coaches at Fundamental Athletics Academy to know please explain in more detail here: _____

If there is a behavior issue or question you would like to discuss further with Fundamental Staff please email Ann@faalincoln.com and Sarah@faalincoln.com or **FAA # (402)-975-8237**

Parent Signature

Date