



GENESIS PREPARATORY ACADEMY
Home of the GREYHOUNDS

ENROLLMENT APPLICATION

Important Note:

Please fill out this form in its entirety. Incomplete applications will not be considered for enrollment.

If a question or section does not apply, do not leave the space blank; instead, write "None" or "N/A".

STUDENT INFORMATION

Student's Name: _____ Enrollment Date: _____

Address: _____

Gender: _____ Female _____ Male Birth date: _____ Age _____

PARENT/ GUARDIAN INFORMATION

Child Lives with: Both Parents _____ Mother _____ Father _____ Other _____

Parent 1 Name _____ Relationship to Student _____

Does the parent/guardian speak English? Yes No Some English

Phone: (Home) _____ (Cell) _____

Are you able to receive text messages? Yes _____ No _____

E-mail address (please print clearly): _____

Where can you be reached while your child is at GENESIS? _____

Parent 2 Name _____ Relationship to Student _____

Does the parent/guardian speak English? Yes No Some English

Phone: (Home) _____ (Cell) _____

Are you able to receive text messages? Yes _____ No _____

E-mail address (please print clearly): _____

Where can you be reached while your child is at GENESIS? _____

EMERGENCY CONTACT

Provide phone number of at least 2 people, other than the parents/guardians listed above, who can be contacted in case of an emergency:

Name _____ Phone # _____ Relationship _____

Name _____ Phone # _____ Relationship _____

Please list all other family members in household

Name	Age	School	Relationship to Student

Pick-Up / Dismissal Authorization

* **Important Note:** Anyone who is not listed will not be able to pick up your child unless advance written notice is given by you. Staff will not be able to accept phone calls for authorization.

Please list the names of individuals authorized to pick up your child.

NAME	RELATIONSHIP TO STUDENT

MEDICAL INFORMATION

MEDICAL CONDITIONS			
1.	2.	3.	
ALLERGIES TO MEDICATIONS OR FOOD			
MEDICATION/FOOD ALLERGIES		REACTION	
CURRENT MEDICATION REGIMEN			
MEDICATION	DOSAGE	FREQUENCY	CONDITION / SPECIAL NOTES

ADDITIONAL INFORMATION

Has the student ever been withdrawn, dismissed, expelled, or suspended from an academic institution or program?

Yes No If yes, please explain. _____

Does the applicant receive enrichment or remediation support at the current school? Yes No

If yes, please explain. _____

Has your student struggled or been diagnosed with a chronic or long-term medical condition? Yes No

If so, please explain. _____

Does your child have any religious, holidays, practices, restrictions, or limitations for which we need to know?

What are your child's greatest interests or hobbies?

What are your child's greatest **strengths** (Please include any academic, physical, behavioral, and social strengths.)?

What are your child's greatest **challenges**? (Please include any academic, physical, behavioral, and social challenges.)

Please explain any specific learning disabilities, behavioral disorders, medications, etc. that may affect your child's performance?

Please share any additional information that you feel would be helpful for our program staff to know in order to best meet the needs of your child.

Name of student _____

Parent/Guardian Release Form

Please read each section carefully. Your signature must be given for **General Release of Liability** for your child to enroll.

GENERAL RELEASE OF LIABILITY

In consideration of my child being allowed participation privileges in any GENESIS Consulting Group LLC, I hereby assume full responsibility for any risk of bodily injury, death, and/or property damage while using the premises or any facilities or equipment hereon. I further agree to hold harmless GENESIS Consulting Group LLC, their partners, directors, officers, employees, agents, and volunteers from any and all claims that may result from any action for damages, including but not limited, to such claims that may result from injury or death, accident or otherwise, during or arising in any way from said activity. I acknowledge that this General Release of Liability of GENESIS Consulting Group, and its partners is binding on me and not my heirs, personal representatives, successors, and assigns.

***I have fully read, understood, and accept the terms and conditions of general release of liability.**

Parent/Guardian name (Print) _____
Date

EMERGENCY MEDICAL TREATMENT

I authorize GENESIS Learning Services via staff to arrange for transportation for emergency medical treatment in case of accident or acute illness of volunteer/participant. In the event it is not possible to receive instruction for the participant’s care, consent is given to any licensed physician for treatment. I allow the physician to administer medication and to perform necessary treatment for the preservation of the participant’s health and well-being. I understand that any cost incurred for treatment of sudden illness or accident shall be paid by me. This authorization and consent for treatment is given to the program staff and GENESIS Consulting Group LLC. in conjunction with any authorized event.

*** I have fully read, understood, and accepted the terms and conditions for emergency medical treatment.**

Parent/Guardian name (PRINT) _____
Parent/Guardian (SIGNATURE) _____
Date

I DO NOT authorize GENESIS Learning Services staff release for emergency medical treatment.

Parent/Guardian Name (PRINT) _____
Parent Guardian (SIGNATURE) _____
Date

MEDIA RELEASE

I hereby consent to publish in print or electronically the likeness/image, speech in any audio tape, video tape, film or photograph made by any GENESIS Learning Services and its partners of my child. I expressly release all claims against GENESIS Learning Services and its licensees, assignees, affiliates and successors from any privacy, defamation, or other claims have arising out of broadcast, exhibition, publication, or promotion of this program, including any compensation claim related to the use of the materials.

*** I have fully read, understood, and accepted the terms and conditions for Media Release.**

Parent/Guardian name (PRINT) _____
Parent/Guardian (SIGNATURE) _____
Date

I DO NOT agree to the Media Release.

Parent/Guardian Name (PRINT) _____
Parent Guardian (SIGNATURE) _____
Date

Behavior Management Policy 2022-2023

Child's Name: _____

The staff of GENESIS's Afterschool Enrichment Program request that you take time to discuss this information with your child prior to his/her enrollment in the program. It is important that both you and your child understand and agree to this policy. Disrespect to any staff will *NOT* be tolerated. Any student who repeatedly disobeys the rules will be referred to the Program Director and may be at risk of being removed from the program.

The behavior rules of GENESIS'S are as follow:

- Follow all directions given by staff.
- Treat others as you would like to be treated. Be polite.
- Respect others (peers, staff, and volunteers) and the property of others.
- Everyone must help set up and clean up.
- Always get permission from staff before leaving an area.
- Disorderly conduct to include obscene language, teasing, bullying, threatening or
- Fighting will *not* be tolerated under *any* circumstances!
- No talking while the staff is talking.
- Personal music players and cell phones are *NOT* permitted to be used during program hours.

Discipline procedures will be handled through the following procedures:

1. First Offense: A conference between staff member and child will be held to determine the problem and seek solutions. The staff will complete a behavior report explaining the disruptive behavior and the action that was taken to try to stop the inappropriate behavior.

2. Second Offense: A behavior report will be completed by the staff member, and the staff will also call the parent/guardian. The behavior of the child will be discussed and the parent/guardian will be asked to participate in resolving the problem. This behavior report will be given to the parent to read, sign, and return.

3. Third Offense: Staff will determine if child needs to be withdrawn from the program.

After the conference, staff will determine whether or not the child's behavior will result in exclusion from the Program. If a child is excluded s/he might not be considered for re-enrollment.

I have read and agree to this policy. I will discuss it with my child. Please sign the behavior management plan policy.

Parent's Name _____ Signature _____ Date _____

Child's Name _____ Signature _____ Date _____

**WAIVER OF LIABILITY
HOLD HARMLESS AGREEMENT
FOR TRANSPORTATION OF STUDENTS**

Transporting student to and from GENESIS Learning Services related activities by van/bus by a GENESIS staff.

Please read this form carefully and be aware in signing this waiver for your child(ren) to be transported by van/bus by an GENESIS staff members and any activities associated therewith you will be waiving your rights to all claims for injuries you and/or your child(ren) might sustain arising out of being transported by van/bus by an GENESIS staff member and you will be required to indemnify, hold harmless and defend GENESIS for any claims arising out of your child(ren) being transported by van/bus by an GENESIS staff members.

In consideration of my child(ren) being allowed to be transported by van/bus by a GENESIS staff member, as the Parent or legal guardian of a participant under 18 years of age, I recognize and acknowledge that there are certain risks of physical injury associated with being transported by van/bus by a GENESIS staff member. I agree to assume the full risk of injuries that may be sustained by any minor child(ren) of mine, as a result of being transported by van/bus by a GENESIS Learning Services staff member and all activities connected or associated therewith. I agree to waive and relinquish all claims on behalf of my child(ren) that the child(ren) may have against GENESIS Learning Services as a result of the child(ren) being transported by van/bus by GENESIS Learning Services staff member.

I do hereby fully release and discharge GENESIS Learning Services and its staff and partners from any and all claims from injuries, damage or loss which I, or any child(ren) may have or which may occur to my child(ren) on account of his/her being transported by van/bus by a GENESIS Learning Services staff member. I further agree to indemnify and hold harmless and defend GENESIS and its staff and partners from any and all claims sustained by me or my child(ren), and arising out of, connected with, or in any way associated with being transported by van/bus by a GENESIS Learning Services staff.

I have read and fully understand the above Waiver and Release of all claims.

Name(s) of Child(ren)

Printed Name of Parent/Legal Guardian

Signature of Parent/Legal Guardian Date

MEMORANDUM OF UNDERSTANDING

GENESIS program staff and the parents of the students participating in the program offered by GENESIS Learning Services agree that this Memorandum of Understanding outlines how the parents, the GENESIS staff, and the students will share the responsibility for improved student academic achievement and the means by which the program and parents will build and develop a partnership that will help the participants to be successful during the school year.

GENESIS Responsibilities

The GENESIS program staff will:

1. Provide increased program quality and instruction in a supportive and effective learning environment.
2. Hold parent-staff conferences to develop and measure goals as it relates to the individual child's achievement.
3. Provide parents reports on their child's progress and performance. This will be done through progress reports given by the online school.
4. The staff welcomes and encourages your feedback, suggestions, and concerns. We can be made available for private conferences with parents Monday – Friday by appointment only.
5. Provide parents opportunities to observe activities, as well as participate in various workshops to be offered through our program.
6. Provide information to parents of participating students in an understandable and uniform format, and, to the extent practicable, in a language that parents can understand.

Parent Responsibilities

We, as parents, will support our children's learning and social development in the following ways:

1. Ensuring that my child attends the program every day until the program day ends.
2. Supporting the program events and activities.
3. Participating, as appropriate, in decisions relating to my children's education.
4. Promoting positive use of my child's extracurricular time.
5. Communicating with the program staff by promptly reading all notices either received by my child or by mail and responding as appropriate.
6. Serving, to the extent possible, on policy advisory groups, such as being a parent representative on the, which is made up of parents who meet monthly to offer programs to engage parents in activities to support their students.

Student Responsibilities

I, the student, will share the responsibility to improve my academic achievement and social development. Specifically, I will:

1. Complete school assignments and ask for help when I need it.
2. I will attend the program every day.
3. Demonstrate respect and cooperation with all program staff, volunteers, and other students at all times.
4. Actively participate in all activities.
5. Give to my parents or the guardian all notices and information received by me from the program staff every day.

Program Staff (Print)

Program Staff (Signature)

Date

Parent / Guardian (Print)

Parent/Guardian (Signature)

Date

Student (Print)

Student (Signature)

Date

PARENT AGREEMENT

Please read the following statement and sign below that you understand and agree with Genesis Preparatory Academy's conditions of admission.

- I understand that if my child illegally possesses or uses alcoholic beverages, drugs, or tobacco products at or away from school, he or she may be dismissed from school or subjected to other disciplinary measures at the discretion of the administration. Any illegal activity at the school will be reported to the local authorities.
- I have carefully examined and endorsed Genesis Preparatory Academy mission and model and commit to partnering with the school in the total education of my child. I pledge my loyalty to the aims and ideals of Genesis Preparatory Academy and will bring any criticisms directly to the faculty and/or administration so that those in authority may properly consider them.
- If, for any reason, my child does not meet the academic requirements or cooperate with the disciplinary standards in accordance with the Student Handbook, I will cooperate with the administration as it handles these situations and will avoid discussion with those not involved, so as to avert a spirit of dissension and division at either my child's or the school's expense. Genesis Preparatory Academy reserves the right to dismiss, suspend, or otherwise discipline any student who does not adhere to the standards stated in the Student Handbook.
- I understand that my child will go on outings and excursions authorized by the school and will participate in school activities, including extra-curricular activities, both at and away from school.
- I understand that Genesis Preparatory Academy accepts students and teachers from all backgrounds. Teachers and students are free to discuss their private beliefs without expecting other students to adopt or practice them. We are expected to always be respectful and tolerant of others at all times.
- Genesis Preparatory Academy recognizes the deep commitment a family makes when investing in their child's / children's education and ultimately their future. We take your investment seriously and work diligently to balance affordability with our dedication to educating the whole child: mind, body, and spirit. Our goal is to provide your child or children with an education that will pay dividends for a lifetime. Please note that Genesis Preparatory Academy will expect the agreed upon payment until the commitment has been paid in full unless the board agrees to release the family from their obligation. By signing below, I acknowledge my willing compliance with the foregoing and understand that this form will remain on file and in effect for as long as my student(s) is/are enrolled at Genesis.

I have read and fully understand the above parent agreement.

Name(s) of Child(ren)

Printed Name of Parent/Legal Guardian

Signature of Parent/Legal Guardian Date

Teacher Recommendation Form



Applicant's Full Name _____

The above-named student is being considered for admission into Genesis. School Administration will use this confidential form to help determine if he/she meets the school's high standards of character. Please complete the survey to the best of your ability. If you have questions or need to submit the teacher recommendation form, please email Mrs. Jones at (jessica@genesisconsultinggroupllc.com). Please place this form in the envelope provided by the student, seal the envelope, sign along the seal, and return to the student.

Attitude

Responsibility

Attendance

Social Skills

Respectfulness

Initiative

Ability to Keep Commitments/Meet Deadlines

Punctuality

Leadership

Potential

Focus on Results

Maturity

Please include any additional information about this applicant, which you believe would be useful in considering his/her admission into Genesis Preparatory Academy.

Overall Impression of Applicant: Circle one.

Highly Recommend

Recommend

Recommend with Reservation

Do Not Recommend

Person Completing Form _____ Relationship to Student _____

Signature _____ Date _____