

Freedom Home Academy INTL - Atlanta

freedomhomeacademy2@gmail.com

www.fhaintl-atlanta.org

FREEDOM HOME ACADEMY
International



"The Will & The Skill, Raised Strong."

Registration/Enrollment Checklist

Schedule appointment for a tour - Tour Date: _____

Complete the tour

Complete/Sign forms within the Registration Packet

- Registration/Application Form
- Tuition Agreement
- Medical Form
- Immunization Exemption Form
- Enrollment Engagement Form
- Corrective Action/Discipline Form

Arrive at FHA Intl - Atlanta on your start date with completed registration packet, registration application fee of \$50 and your first tuition payment.

What to bring on your child's first day:

8 plastic folders (paper folders tend to tear easily)

pencils

3 notebooks

1 pack of loose leaf paper

What to expect:

Children will learn about themselves

Children will receive an assessment in Mathematics and Reading/Vocabulary Science

Children will receive a syllabus for every class along with a schedule of classes.

Children will eat healthy and learn the importance of a vegetarian diet.

Registration Form

Return this completed application and non-refundable \$100.00 Application Fee for enrollment.

Applicant's Full Name: _____

Parent's Full Name: _____ Relationship _____

Parent's Full Name: _____ Relationship _____

Home Address: _____

Gender: ___ M ___ F

Home Phone: _____ Work Phone: _____ Cell Phone:

Languages Spoken at home: _____

Present Age: _____ DOB: _____

Are there any nicknames you would prefer we not use with your child?

Does your child have any health problems or allergies?

Has your child been immunized? If so please attach most recent immunization forms or letter requesting waiver.

Parent's Status: ___ Married ___ Domestic Partners ___ Separated ___ Divorced ___ Single ___
Widowed

First Parent's Name: _____

First Middle Last

What does your child call this parent?

Home Address (if different): _____

Gender: ___ M ___ F

Home Phone: _____ Cell Phone: _____

Return this completed application and non-refundable \$100.00 Application Fee for enrollment.

Name & Address of Employer:

Occupation/Position: _____

Business Phone: _____ Fax: _____

E-Mail: _____

Second Parent's Name: _____

First Middle Last

What does your child call this parent?

Home Address (if different): _____

_____ Gender: ___ M ___ F

Home Phone: _____ Cell Phone: _____

Name & Address of Employer:

Occupation/Position: _____

Business Phone: _____ Fax: _____

E-Mail: _____

Health Insurance Information:

Is your child under any medical insurance plan? _____

What is the medical carrier name? _____

Type of Plan ___ PPO ___ HMO ___ POS ___ Other

Who is the primary subscriber (Name) of the plan? _____

Emergency Contact Information:

In the event of a medical emergency, I give Freedom Home Academy-Detroit and the agents that represent the institution the right to take my child to the nearest hospital or urgent care facility to service medical issues that are deemed urgent.

Parent Print Name Parent Signature

Parent Print Name Parent Signature

In the event of an emergency, I authorize the following adults to be contacted if I can't be reached.

Full Name Contact Phone

Full Name Contact Phone

Full Name Contact Phone

The following adults are authorized to pick or drop off my child at the Academy:

Full Name Contact Phone

Full Name Contact Phone

Full Name Contact Phone

X _____
Parent Signature

Please list all schools/day care situations prior to this application.

What is the reason for switching schools? Please attach other sheets if necessary.

I authorize Freedom Home Academy - Atlanta and agents of to administer medication to my child / children under the following instructions.

Child's Name _____

X _____

Parent Signature

Date

X _____

Parent Signature

Date

Freedom Home Academy - Atlanta

freedomhomeacademy2@gmail.com

www.fhaintl-atlanta.org

FREEDOM HOME ACADEMY, LLC

TUITION AGREEMENT

I, (name of parents) _____,
parents of

(Name of child/children) _____, agree to pay
FREEDOM HOME ACADEMY, LLC the following annual fees for the school year
beginning January 1 through December 31, 2015.

____ Tuition - \$5,400 per student

____ Registration Fee - \$100 per family

____ Fundraising Obligation - \$150 per family (Due in April)

Fees for start dates after January 1 are pro-rated on a monthly basis.

Based on the start date (list date _____), I am responsible for the following pro
rated fees.

____ Your pro-rated tuition fee due for the 2017 school year is: _____

____ Your pro-rated registration fee due for the 2017 school year is: _____

I elect the following TUITION payment schedule (please check one):

____ I. Annually \$5,400 due Jan 1

____ II. Semi Annually \$2,700 due Jan 1; Jul 1

____ III. Quarterly \$1,350 due Jan 1; Apr 1; Jul 1; Oct 1

____ IV. Monthly \$450 due 1st of each month

I elect the following REGISTRATION FEE payment schedule (please check one):

____ \$100 to be paid at time of registration

____ Two \$50 payments to be paid over a two-month period

(must be paid in full no later than Feb 28)

I elect the following FUNDRAISING payment schedule (please check one):

____ \$150 payment at time of registration

____ \$150 payment (must be paid in full no later than Apr 30)

I have been advised and agree to the following:

_____ If I elect for my child not to attend school for any reason during the contractual agreement, I am responsible for payment on the regularly scheduled date.

_____ Tuition is expected to be paid in full on the first day of the agreed month. If the first day is a Saturday or Sunday, tuition is due the first Monday.

_____ A \$10 per day late fee will be assessed to my account if tuition payment is made after the 5th day of the month. Daily charges will be assessed until full payment is received. If my tuition balance (including any late fees) is not paid in full by December 31, 2017, my child is not eligible to re-enroll/register for the 2018 school year.

_____ The annual fundraising obligation is \$150 per family. Each family will receive ten (10) tickets valued at \$15 each for entry to Freedom Home Academy-Detroit Annual Student Academic Expo.

Date: _____

Freedom Home Academy Staff: _____

(Signature)

Parent: _____

(Signature)

All terms are binding unless otherwise expressed and agreed to in writing.



Georgia Department of Public Health Form 3300

PLEASE SEE THE INSTRUCTIONS
ON THE BACK OF THIS FORM

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

Parent/ Guardian Name: _____
first middle last

Child's Name: _____
first middle last

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

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

Child's Home Address:

street city state zip code county

VISION
<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)
<p>.....</p> 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
<p>_____</p> Screener's Signature Date <i>I certify that this child has received the above screening.</i> Contact Information:

HEARING
<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)
<p>.....</p> 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
<p>_____</p> Screener's Signature Date <i>I certify that this child has received the above screening.</i> Contact Information:

DENTAL
<input type="checkbox"/> Unable to screen (explain why below) <input type="checkbox"/> Normal appearance <input type="checkbox"/> Needs further evaluation <input type="checkbox"/> Emergency problem observed <input type="checkbox"/> Under professional care (explain below)
<p>.....</p> 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
<p>_____</p> Screener's Signature Date <i>I certify that this child has received the above screening.</i> Contact Information:

NUTRITION
<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"/> < 5 th percentile - Needs further evaluation <input type="checkbox"/> ≥ 85 th percentile - Needs further evaluation <input type="checkbox"/> Under professional care (explain below)
<p>.....</p> Screening completed by: <input type="checkbox"/> Physician <input type="checkbox"/> Local Health Department <input type="checkbox"/> Registered Dietician <input type="checkbox"/> School Registered Nurse
<p>_____</p> Screener's Signature Date <i>I certify that this child has received the above screening.</i> Contact Information:

FOR SCHOOL SYSTEM ONLY			
	Follow up for further evaluation		
	1 st attempt	2 nd attempt	Actions reported (if any)
Vision			
Hearing			
Dental			
Nutrition			
Student support services initiated on: _____			

Screener's Comments:

Georgia Department of Public Health Form 3300

Certificate of Vision, Hearing, Dental, and Nutrition Screening

Who is required to file this Form 3300? The parent or guardian of a child who is being admitted for the first time to a public school in Georgia must file a completed Form 3300 with the school when the child is enrolled.

What is the purpose of Form 3300? Form 3300 is intended to make sure that every child in Georgia is screened for possible problems with their vision, hearing, teeth and nutrition. The earlier these problems are detected, the earlier parents can seek professional help for the child.

What screenings are required? Four different screenings are required: vision, hearing, dental, and nutrition. All four screenings must be conducted and reported on the form before it can be filed with the school.

Who can conduct the screenings? Your child's doctor is authorized to conduct all four screenings, as is your local health department. In addition, the vision screening can be conducted by a Georgia licensed optometrist, an employee of Prevent Blindness Georgia trained to conduct vision screening, or a school registered nurse; the hearing screening can be conducted by a Georgia licensed speech-language pathologist or audiologist, or a school registered nurse; the dental screening can be conducted by a Georgia licensed dentist, dental hygienist, or a school registered nurse; and the nutrition screening can be conducted by a Georgia licensed dietician or a school registered nurse. It is not necessary that the same person conduct all four screenings.

What does "BMI" and "BMI%" mean? "BMI" means "body mass index." BMI is a way to describe how much a child weighs in relation to height. "BMI percentile" is a way to compare the child's body mass index to the body mass index of a healthy child. If the child's BMI is less than 5% or more than 84% of what is appropriate for his or her age and height, then the child should be taken to a doctor or dietician for a more detailed evaluation. For more information, visit the Centers for Disease Control and Prevention website on child and teen BMI at:

http://www.cdc.gov/healthyweight/assessing/bmi/childrens_bmi/about_childrens_bmi.html

What should a parent do if the "needs further evaluation" box is checked? "Needs further evaluation" means that the child may have a problem. If the "needs further evaluation" box is checked, then the parent should take the child to a professional for a more detailed evaluation. Your doctor or local health department may be able to help, or recommend someone who can help.

What if a Form 3300 was previously filed for the child at another school? It is only necessary to file the Form 3300 once. If the Form 3300 is filed at the child's first school, and the child later transfers to another school, then the original school is required to forward the Form 3300 to the new school.

511-2-2-.07

Religious Objections to Required Immunizations

- (1) Except as provided in subsection (2) below, a child shall be exempt from the required immunizations if the parent or legal guardian has filed with the school or childcare facility a completed affidavit on DPH Form 2208.
- (2) When the Department or a County Board of Health determines that an epidemic or the threat of an epidemic exists, the Department or Board shall immediately notify the governing authorities of all schools and childcare facilities within the affected area. Under those circumstances, the Department or Board may require immunization for those who object on the grounds of religious beliefs, and may prohibit attendance at schools or childcare facilities within the area by unimmunized children.
- (3) Persons who wish to register a religious objection to the vaccination of their child shall do so using the following DPH Form 2208:

AFFIDAVIT OF RELIGIOUS OBJECTION TO IMMUNIZATION

[Name of parent or legal guardian] personally appeared before the undersigned notary public and swore or affirmed as follows:

1. I am the parent or legal guardian of [name of minor child].
2. I understand that the Georgia Department of Public Health requires children to obtain the following vaccinations before being admitted to a childcare facility or school: diphtheria; haemophilus influenzae type B (not required on or after the fifth birthday); hepatitis A; hepatitis B; measles; meningitis; mumps; pertussis (whooping cough); pneumococcal (not required on or after the fifth birthday); poliomyelitis; rubella (German measles); tetanus; and varicella (chickenpox).
3. I understand that the Georgia Department of Public Health has determined that these vaccinations are necessary to prevent the spread of dangerous diseases among the children and people of this State; that the required vaccinations are safe; that a child who does not receive these vaccinations is at risk of contracting those diseases; and that a child who does not receive those vaccinations is at risk of spreading those diseases to me, to other children in the childcare facility or school, and to other persons.
4. I sincerely affirm that vaccination is contrary to my religious beliefs, and that my objections to vaccination are not based solely on grounds of personal philosophy or inconvenience.
5. I understand that, notwithstanding my religious objections, my child may be excluded from childcare facilities or schools during an epidemic or threatened epidemic of any disease preventable by a vaccination required by the Georgia Department of Public Health, and that my child may be required to receive a vaccination in the event that such a disease is in epidemic stages.

This ____ day of _____, _____.

Parent or Legal Guardian

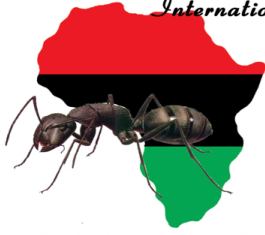
Sworn and subscribed before me this ____ day
of _____, _____.

Notary Public

My commission expires _____.

Authority: O.C.G.A. Secs. 31-2A-6, 20-2-771, 31-12-3, 49-5-12. **History:** Original Rule entitled “Epidemics” adopted. F. Sep. 20, 2013; eff. Oct. 10, 2013. **Repealed:** New Rule entitled “Religious Objections to Required Immunizations” adopted. F. Apr. 15, 2014; eff. May 5, 2014. **Amended:** F. May 27, 2015; eff. June 16, 2015.

FREEDOM HOME ACADEMY
International



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ENGAGEMENT ENROLLMENT AGREEMENT

Freedom Home Academy International, LLC

FHA - Atlanta

freedomhomeacademy2@gmail.com

www.fhaintl-atlanta.org

Parent (Client) Name(s)

{Student Name}

{Insert address of Client}

{Date}

ENGAGEMENT AGREEMENT

Exhibit A:

As promised, we have set out below a description of the services that Freedom Home Academy International, LLC will provide to you along with a fee assessment with the terms and conditions of this agreement. Freedom Home Academy International, LLC will provide the following services: Freedom Home Academy International, LLC is a learning institution in which cultivates and adheres to the mental development and stimuli of children. By understanding through research there is direct need for the mental, emotional, and social development of children in relation to their prospective age, pace, and learning style. We believe educational development is not simply limited to the learning institution, but in direct correlation, the child's home/parent(s) and or guardian(s), which encompassing the principle that learning is a life long process by which Freedom Home Academy International, LLC provides the essential tools which parents translate, to their desired outcome through individual learning and conditioning techniques. Freedom Home Academy International, LLC, a limited liability corporation, agrees to provide: 1) tutoring, 2) educational consultation, 3) and curriculum innovation 4) educational services prescribed as: Reading & Comprehension, Advanced Mathematics, Creative Writing, Vocabulary Lessons, SAT Training, Spanish, French, Kiswahili, Anatomy, Social Science, History, Culture & Class, Geography, Physics, Astronomy, Computer Science, Tai Chi, Meditation, Jujitsu (additional fee), Private Piano (additional fee), After School tutoring (additional fee), Free time in Gym, 5) Vegan Breakfast, Vegan Lunch.

Term: This Agreement shall become effective when consideration & acceptance is approved by signature of both _____ and Freedom Home Academy International, LLC, and shall continue in full force and effect until performance and payment shall be completed by a minimum of six months to both the Client and provider, respectively, or until either party terminates this Agreement in accordance with the provisions set forth below.

_____ Initials

Enrollment Agreement: This is a contract between the Parent(s) and our institution, Freedom Home Academy International, LLC, requires that parents enroll children for at least six consecutive calendar months at our institution without gaps in the timeline specified, which includes but not limited to, full tuition, one hundred days of student attendance, parent

participation in a minimum of three parent/teacher student progress conferences, parent participation in a minimum of three school activities, and adherence to all Code of Conduct and School guidelines as referenced in the enrollment packet. Since Freedom Home Academy's academic school year consists of fifty-two weeks, any termination of enrollment after the initial six months by parent must be conducted by notifying Freedom Home Academy International, LLC 60 days in advance with the appropriate documentation, being proof of the given event. If termination occurs prior to six months, Freedom Home Academy, LLC holds the right to seek full reimbursement of all tuition fees and penalties.

Postponement/Termination: The purveyor may suspend and or terminate this agreement at any time that they, Freedom Home Academy International, LLC, and or its representatives so deem fit. In contrast the client may only postpone said agreement if the child falls ill and or relocation occurs. In such an event proof must be provided within a reasonable amount of time to the purveyor. By which the client is still responsible for any balance and all equitable fees.

Termination for Cause: Will only be considered after the initial six month commitment is fulfilled and with 60 days prior written notice. All arguable documentation is required to either be hand delivered to the program director or by certified mail to the facilities address. All clients then reserve the right there after to dissolve the contract only after the notice is given & consideration is accepted by the purveyor. All past and present payments must be received and paid for in full. If reasonable discretion is not provided as described and the client so chooses to terminate the mutual Agreement all monetary liability then transfers to the parent and or guardians such as: all indemnities arising from and against all liabilities, losses, costs, damages (including consequential damages), fines, suits, administrative proceedings, judgments, and expenses (including attorneys' and consultants' fees) (collectively referred to as "costs") which may be asserted, claimed or recovered against or imposed upon any collection site legal fees incurred during the recovery efforts. The late fee(s) on past due balances will continue to incur until balance is paid in full or settled at a rate of five percent weekly.

Termination Without Cause: Neither party may terminate this Agreement without legal or stated just cause noted within this contract.

_____ Initials

Liability: Freedom Home Academy International, LLC is not responsible for the acts of any subcontracted third party entities, adjuncts, or staffs' neglect and or action(s) that may arise during the life of this contract and considered as a direct liability to the institution. Or any acts that may either portray the institution and all its members in an ill manner. A gag order is automatically agreed to by the client in such a case until said time of resolution through this, agreed upon, pre-approved arbitration or there after, legal judgment. Any and all defamation conducted by the client pertaining to the learning institution and or its members including students either written or express verbally by the client after the acceptance of this contract is agreed to otherwise be an infraction of this contract an shall be a direct violation to which holds any and all parties involved to monetary recovery through legal action from the purveyor, specifically Freedom Home Academy International, LLC. Freedom Home Academy International, LLC is not responsible for any personal loss of items due to negligence of the client(s), though a minor, guardian(s) have provisional legal rights to the contents within the personal possessions of the individual child and should be aware of all physical contents within

the student possession, and any and all loss is subsequently the sole responsibility of the parent and or the guardian.

Compensation: Freedom Home academy is expected to be paid in full at the first Monday of every month unless agreed to in writing, otherwise at a rate of \$450, four hundred and fifty dollars and zero cents is due upon completion of monthly services. This does not include any services that require additional fees, e.g. piano, jujitsu, basketball camp, etc. Also there is a, \$10.00 per day, early drop off, considered before 7:30 AM. In addition there is a \$1, one dollar per minute surcharge for children left after 6:30 PM, all terms are binding unless otherwise expressed and agreed to in writing.

Payment: Invoices may be issued after the actual performance of Services and are payable one (1) day after receipt, payment are always consider late if not paid on by the first Monday of every month. All outstanding balances remaining unpaid thirty (30) days after the due date shall be subject to interest at the rate of five percent (5%) per week starting from the due date and continuing until it is paid in full.

Acceptance: All parties involved are agreeing to enter this contract and are of both sound body and mind & comprehend to the best of their knowledge all the terms and conditions thereby expressed in this agreement.

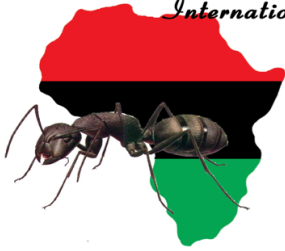
Parent Signature

Parent Signature

Student Name

Freedom Home Academy International, LLC

Date



"The Will & The Skill, Raised Strong."

Freedom Home Academy International

FHA - Atlanta

freedomhomeacademy2@gmail.com

www.fhaintl-atlanta.org

Corrective Action/Discipline Form

I agree and understand that if my child, _____ has been deemed disruptive or violating Freedom Home Academy's code of conduct, the institution has the right to enforce any of the below corrective action(s), in addition to the notification of the parent(s) of the incident with enforced corrective action. I also understand that if I waive to any of the below discipline tactics, I must document in writing a waiver, return the waiver to Freedom Home Academy's administration and assume responsibility of removing my child from the premises immediately in the time of incident. This document is honored for the legal custodial parent/guardian. I understand that Freedom Home Academy uses discretion and sound judgement and within reason before administering any of the below discipline tactics. None of the below discipline measures are enforced in excess. Freedom Home Academy, as a private institution, reserves the right to terminate enrollment at any point as documented in the Code of Conduct.

Corrective Action:

- Push ups (no longer than 5 minutes)
- Push up stance (no longer than 5 minutes)
- Squat position
- Jumping jacks
- Sit ups
- Isolated corner
- Scolding
- Ruler tap on the hand

Student Name

Parent

Date



FHA Parent Committee

Mission

To create a community of support that brings home and school together to accomplish common goals. To enhance our children's Afrikan culture as they grow to become global leaders. The FHA Parent Committee encourages the widest possible parent support and involvement in school issues and activities. **All parents of FHA are required to be members of the FHA Parent Committee. To be an active member, parents are asked to volunteer time and/or pay dues.**

Family Community Service Hour Initiative

The FHA Parent Committee is committed to ensuring a well-supported, well-functioning learning environment for our children. We understand that a good school requires parent involvement and support.

Effective January 2015, each FHA family is asked to contribute at least (2) community service hours per quarter. Community service hours are opportunities for families to share time, skills or finances in support of school needs.

Families choosing not to perform community service hours will be asked to pay a fee of \$30 per quarter, submitted to the FHA Parent Committee. The \$30 fee will be collected at the end of each quarter (end of March, June, September, December) and will be used to purchase items on Teacher Wish Lists, FHA community outings & other school needs.

Community service participation will be tracked by the Parent Community Service Chair. It's important to note that this fee is in no way related to, nor should interfere with your school tuition payment or the Annual Academy fee. Families that can contribute both parent dues and community service hours are encouraged to do so.

*** Please indicate that you understand that participation on the FHAPC is required, and that you agree to commit to participating on the FHAPC.**

Parent Signature

Date

Parent Signature

Date

**Freedom Home Academy Parent Committee
Parent Questionnaire**

Date: _____

Parent Name (1): _____

Cell number: _____

E-mail address: _____

Occupation: _____

Employer: _____

Parent Name (2): _____

Cell number : _____

E-mail address: _____

Occupation: _____

Employer: _____

Mailing Address: _____

Do you own a business? _____

Product/Service Provided: _____

Name of Business: _____

Children

Name	Name	Name
Age	Age	Age
DOB	DOB	DOB

Why were you interested in enrolling your child into Freedom Home Academy?

What are your hobbies/interests?

Why do you feel parent involvement on the FHAPC is important to you child's academic development?

How many hours a month are you willing to donate to fulfill various needs of FHA and the FHAPC?
