



INDEPENDENCE ACADEMY

Admission Application 2020-2021 School Year

Student's Name: _____

Preferred Name or Nickname: _____ Male Female (optional)

DOB: _____ Height/Weight: _____

Place of Birth/Citizenship: _____

Race: (optional): African-American Hispanic Middle Eastern Asian/Pacific
Islander Caucasian Multi-racial Native American Other

Program Requested

Desired Start Date: ☐ Flower Rooms (ages 2-3) June 22, 2020-June 11, 2021

_____ ☐ Tree Rooms (ages 3-6) August 24, 2020-June 11, 2021

☐ Inde Nature School (ages 3-6) August 31, 2020-May 31, 2021

Classroom:

☐ Flower Room (5-day M-F 8:30am-3pm)

☐ Inde Nature School (5-day M-F 9am-1pm)

☐ Flower Room (3-day M-W 8:30am-12pm)

☐ Inde Nature School (3-day M-W 9am-1pm)

☐ Flower Room (2-day TH-F 8:30am-12pm)

☐ Inde Nature School (2-day TH-F 9am-1pm)

☐ Tree Room Preferred Classroom: Oak Magnolia Maple Kindergarten

After Care:

☐ Extended Exploration (5-day 3pm-6pm)

☐ Extended Exploration (3-day 3pm-6pm)

☐ Extended Exploration (5-day 7am-8:30am and 3pm-6pm)

☐ Extended Exploration (3-day 7am-8:30am and 3pm-6pm)

Early Care:

☐ Extended Exploration (5-day 7am-8:30am)

☐ Extended Exploration (3-day 7am-8:30am)

A non-refundable \$75 registration fee is due upon submission of this form to secure student enrollment or enter the waiting pool.

Administrative Use Only

___ Reg. Fee Rec'd ___ Added to Roster ___ Confirmation sent

www.IndependenceAcademyNC.com | 919.343.3004

After School Specials for 2020-2021

Art (3:05 - 4pm)

- ☐ Monday
- ☐ Wednesday

Art Class explores different mediums and techniques. The students are given a brief lesson on a topic, such as the color wheel (complimentary colors etc.), and their project puts these skills into action.

Dance (3:15 – 3:55pm)

Wednesday

Jazz/Ballet Dance is a program provided by Carolina Performing Arts Studio. It teaches basic ballet and dance skills. Further descriptions and registration can be found on their website.

Music (3:05 – 3:35pm)

- ☐ Tuesday
- ☐ Thursday

Music teaches the beginnings of reading music and using basic instruments. It also introduces fundamental concepts like beat and tempo.

Spanish (3:05 – 4pm)

- ☐ Tuesday
- ☐ Friday

Spanish Immersion is provided by our partnership with Hola Friends USA. It is a fun and interactive class of games, songs and arts and crafts.

Sports & Agility (3:05 – 4pm)

- ☐ Wednesday
- ☐ Thursday

Sports and Agility includes learning basic sports skills, playing active games and agility courses.

Yoga (3:05 – 3:35pm)

- ☐ Monday
- ☐ Thursday

Yoga is a fun class that includes basic yoga poses and some games incorporating yoga poses.

Our Programs

Flower Rooms (ages 2-3)

June 22, 2020-June 11, 2021

Classrooms:

- Lilly Room
- Daisy Room

5-Day (M-F 8:30am-3pm)

3-Day (M-W 8:30am-12pm)

2-Day (TH-F 8:30am – 12pm)

Our teachers support a child's natural development by encouraging independence in a natural and gentle way as toddlers begin to form their character, self esteem, social skills, and learning processes.

Our rooms hold shelves with carefully chosen activities that will provoke exploration of children's ideas and concepts. Shelves are rich with materials to encourage language development, art, fine motor, and imaginative play. Materials will change as the children's questions and inquiries lead to new discoveries.

The attached playground features beautiful materials and structures for natural exploration.

Inde Nature School (ages 3-6)

August 31, 2020-May 31, 2021

5-Day (M-F 9am-1pm)

3-Day (M-W 9am-1pm)

2-Day (TH-F 9am – 1pm)

Children should be prepared for the outdoors when they arrive, bug spray and sunscreen already applied. They will need weather appropriate clothing, changes of clothes, and accessories:

- Rain boots
- Rain jacket
- Snow pants
- Gloves
- Hat
- Hiking shoes

This program is run entirely outdoors. There will be a basic shelter structure for escaping harsher weather conditions and storage of supplies.

All students must be full potty trained.

Tree Rooms (ages 3-6)

August 24, 2020-June 11, 2021

Classrooms:

- Oak Room
- Magnolia Room
- Maple Room

5-Day Program (M-F 8:30am-3pm)

Our classrooms embody mixed age groups to support social emotional development and peer interactions. The shelves feature a wide variety of beautiful, hands-on, and thought-provoking learning materials to encourage children to explore new ideas and concepts.

Sounds and symbols are introduced to help lay the groundwork for reading and writing; numbers are introduced using concrete materials. Project subjects are inspired by the children's curiosity and teacher observations.

The robust playground features beautiful materials and structures for natural exploration and open-ended play.

Once your child hits their "kindergarten year", every seed that has been planted comes to fruition, and academic understanding begins to blossom. The child leaves the program with a strong set of academic skills, but far more importantly, with the attitude that learning is fun, exciting, and boundless.

Our mixed age group is immersed in nature and invited to explore, create, and discover within their natural surroundings. New treasures can be found each day and evolve with the changing of the seasons.

As discoveries are made, questions will emerge, and these questions will guide the curriculum. Following the children's interests and inquiries will support a growing love of learning.

Children will have the opportunity to build and grow their classroom by moving logs and rocks around and by tending the garden.

Building a deep connection with nature at a young age will help cultivate a lasting respect for the outdoors.

Our 4 Guiding Principles

Montessori and Reggio Inspired Curriculum:



From both:

- Natural Materials
- Child led
- Viewing the child as capable

Montessori:

Continue with the self-correcting, hands-on academic materials from Montessori

Reggio:

Incorporate the open-ended, natural materials and provocations from Reggio to inspire creative thinking

Nature Immersion:



Creating play spaces that keep children immersed in nature. Our playgrounds evolve and change with the seasons. They also change as children move objects and decorate the space.

Children are invited to make discoveries and find treasures within the beauty of nature.

Building a deep connection with nature at a young age will help cultivate a lasting respect for the outdoors.

Social/ Emotional Growth:

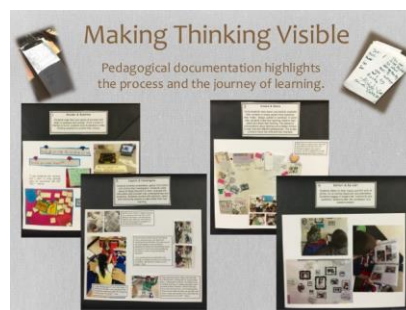
Using Conscious Discipline



Social and emotional growth is at the core of being able to work with in a classroom and successfully navigate the world.

Our children will learn about emotions and practice strategies for handling their emotions while they are calm so that they will have a foundation of tools to use when an emotion arises. Children will also learn how to recognize their emotions and communicate their needs.

Child Progress Portfolios and Documentation:



Documentation is a way to see what a child is learning and how they are progressing without using worksheets and testing. In the portfolios and on the documentation panels, connections will be made between the child's activities and the learning objectives they are meeting.

Parent/Guardian Information

Parent's Name: _____ Parent's Name: _____
Home Phone: _____ Home Phone: _____
Cell Phone: _____ Cell Phone: _____
Business Phone: _____ Business Phone: _____
Home Address: _____ Home Address: _____
City & State: _____ ZIP: _____ City & State: _____ ZIP: _____
Email: _____ Email: _____
Parent's Occupation: _____ Parent's Occupation: _____
Employer: _____ Employer: _____
Areas of interest: _____ Areas of interest: _____

Correspondence preference? (i.e. Mr. and Mrs. John Smith, Mr. Smith, Ms. Jane Smith)

Stepparent's Name: _____ Stepparent's Name: _____
Employer: _____ Employer: _____
Preferred Phone: _____ Preferred Phone: _____
Include in school correspondence? Y N Include in school correspondence? Y N

Check as applicable:

Lives w/ Both Parents	Lives w/ Mother	Lives w/ Father
Lives w/ Mothers	Lives w/ Fathers	Lives w/Grandparent(s)
Lives w/ Guardian(s)	Parents Divorced	Parents Separated
Mother Deceased	Father Deceased	Mother Remarried
Father Remarried	Other: _____	

Sibling Information

Sibling:

Age/Grade:

Current School:

_____	_____	_____
_____	_____	_____
_____	_____	_____

Education/Child Care History

Please list any previous schools or child care facilities the student has attended in the last 3 years:

School/Child Care Center: _____

Dates Attended: _____ City _____ State: _____

School/Child Care Center: _____

Dates Attended: _____ City _____ State: _____

School/Child Care Center: _____

Dates Attended: _____ City _____ State: _____

What are your child's special hobbies or interests? Does he/she have a favorite academic subject?

Describe your child's strengths, style of learning, challenges and temperament:

Does your child have any characteristics in which special accommodations need to be made? (Food allergies, dietary needs, behavioral concerns, health limitations, etc.) Y N

Has your child either repeated or “skipped” a grade level? Y N If Yes, please explain:

Has your child ever been suspended or required to withdraw from any school or child care facility for academic or disciplinary reasons? Y N If Yes, please explain:

Names of relatives currently attending Independence Academy:

Name: _____ Classroom: _____

Name: _____ Classroom: _____

Please tell us about your goals for your student at Independence Academy. What are your hopes and expectations?

Medical

Does your child have a serious or chronic illness, allergy, or other medical condition? Y N
If Yes, please explain and list any medications, symptoms and/or rescue medications required.

Does the student have any physical limitations that might interfere with his/her ability to do school work or participate in physical activities? Y N If Yes, please explain:

Does the student have any diagnosed learning difference, attention deficit hyperactivity disorder (ADHD), autism spectrum disorder (ASD) or sensory processing disorder (SPD)? Y N
If Yes, please explain:

Is your child currently receiving medication for ADHD or any other medical condition?

Y N If Yes, please indicate medication and condition for which it is prescribed:

Name of Child's Doctor: _____

Address: _____ Phone: _____

Hospital Preference: _____ Phone: _____

Insurance Carrier: _____ Policy #: _____

I agree that Independence Academy may authorize the physician of its choice to provide emergency care in the event that neither I nor the Applicant's Doctor listed above can be contacted immediately.

Signature of Parent

Date

Fees and Discounts

A non-refundable Application/Registration Fee is required with submission of this application.

Application Fee (due with application for new applicants): \$75

Registration Fee (for current students): \$75

Resource Fee (once admitted): \$195

Independence Academy offers the following tuition discounts to families that are eligible. You may select **one** of the following:

5% Military/Military Retiree/First Responders Discount
ID verification required prior to receiving discount.

5% Sibling Discount
Two or more children currently enrolled.

5% Volunteer/Substitute Discount: Five hours of volunteer substituting in the school per month. Volunteer hours are tracked by time card. Your discount will apply on the 1st of the month following your completed service. Please inquire in the office for more information (background check and other documents required).

I verify that the information presented in this Admission Application for Independence Academy is true and correct to the best of my knowledge. I acknowledge that my \$75 application/registration fee is a non-refundable administrative fee to process this application.

Signature of Parent

Date

*Independence Academy does not discriminate on the basis of
race, color, religion, gender, national origin, or disability.*

To be completed by the administration

Date of Enrollment ____/____/____

Independence Academy agrees to provide transportation to an appropriate medical resource in the event of an emergency. In an emergency situation, other children in the facility will be supervised by a responsible adult. Independence Academy will not administer any drug or any medication without specific instructions from the Applicant's parent, physician, guardian, or full-time custodian. Provisions will be made for adequate and appropriate rest and outdoor play.

Authorized Signatory for Independence Academy

Date

Contact Information

In the event that the student's parents or guardian cannot be reached, the following individuals may be contacted (**2 contacts minimum**):

Name: _____ Phone: _____

Relationship to Student: _____

Name: _____ Phone: _____

Relationship to Student: _____

In the event that the student's parents or guardian are not available, provide names of persons to whom the applicant may be released (**2 contacts minimum**):

Name: _____ Phone: _____

Relationship to Student: _____

Name: _____ Phone: _____

Relationship to Student: _____

Name: _____ Phone: _____

Relationship to Student: _____

Please tell us how you learned about Independence Academy:

Google

Facebook

Yelp

Road Sign

Friend: _____

Other: _____

What key words were entered in your search? _____

Have you visited our Website? Y N

Have you visited our Facebook page? Y N

**All policies can be found in our Student and Parent Handbook at
IndependenceAcademyNC.com**

PLEASE INITIAL EACH POLICY AFTER REVIEW.

_____ I have read the Student and Parent Handbook and agree to abide by its policies and procedures without exception.

_____ I have read Independence Academy's Discipline and Behavior Management Policy and agree to abide by its policies and procedures without exception.

_____ I have read the Summary of the North Carolina Child Care Law and Rules.

_____ I have read a copy of Independence Academy's Shaken Baby Syndrome/Abusive Head Trauma Policy.

_____ I have read and understand Independence Academy's No Smoking Policy.

I, _____ of _____ have read and understand
(Parent/Guardian Name) (Name of Child)
all of the above policies. I also understand that if I need to refer to any of these policies, I may refer to IndependenceAcademyNC.com or obtain a hard copy from the office.

PARENT/GUARDIAN SIGNATURE

DATE

"Outside the Fence" Authorization

I, _____ of _____
(Parent/Guardian Name) (Name of Child)

give my permission to Independence Academy to:

allow my child to play outside the fenced area; or

NOT allow my child to play outside the fenced area,

if IMA has planned activities outside the fenced playground area.

IA Photograph Waiver form

Student Name: _____

Independence Academy students, personal information about students (such as birth dates, email addresses, schedules, home addresses and phone numbers) will not be published on any Independence Academy web page under and circumstance.

Student names, photos of students, audio or video recordings of students and student work may be published only on official Independence Academy web pages or Independence Academy approved web services (Facebook, Instagram) with parent permission required below.

Please note that **permission is NOT required** for group photos in which the students are not individually identified.

Disclaimer

I am aware that still photos and video of my child may be taken on the premises of the Independence Academy campus or during any off-site campus sanctioned extra-curricular activity (field trips, events, etc.).

I am aware that still photos and video may be posted to a website/and/or be used in a variety of other printed pieces (brochures, newsletters, flyers, print ads, etc.). The pictures/video will be used for the purpose of illustrating, advertising, and promoting the activities associated with Independence Academy.

Photos and/ or video posted to the Independence Academy's websites are considered the property of Independence Academy and may not be sold or reused without the express consent of the school Director and/or owner.

Parents who have special concerns or requirements regarding photography or videotaping of their children agree to contact Independence Academy's Director in advance of the planned activities to resolve any issues regarding the use of their child's image.

I have read the disclaimer and agree to allow
my child to be photographed.

I have read the disclaimer and do not agree to
allow my child to be photographed.

Parent/Guardian

Signature: _____

Date: _____



Nutrition Opt Out Form

Child Care Rules .0901(c) and .1706(b) state:

When children bring their own food for meals and snacks to the program, if the food does not meet the nutritional requirements specified in Paragraph (a) of this Rule, the operator must provide the additional food necessary to meet those requirements unless the child's parent or guardian opts out of the supplemental food provided by the operator as set forth in G.S. 110-91(2) h.1. A statement acknowledging the parental decision to opt out of the supplemental food provided by the operator signed by the child's parent or guardian shall be on file at the facility. Opting out means that the operator will not provide any food or drink so long as the child's parent or guardian provides all meals, snacks, and drinks scheduled to be served at the program's designated times. If the child's parent or guardian has opted out but does not provide all food and drink for the child, the program shall provide supplemental food and drink as if the child's parent or guardian had not opted out of the supplemental food program.

I _____ plan to provide all meals, snacks and

(Parent/Guardian Print Name)

drinks for my child and do not want his/her meals, snacks or drinks supplemented to meet the Meal Patterns for Children in Child Care Programs from the United States Department of Agriculture (USDA), which are based on the recommended nutrient intake judged by the National Research Council to be adequate for maintaining good nutrition.

Since I opted out, if I do not provide all the meals, snacks or drinks for my child, I understand that the program will provide supplemental food and drink.

Parent/Guardian Signature

Date

Children's Medical Report

Name of Child _____ Birthdate _____

Name of Parent or Guardian _____

Address of Parent of Guardian _____

A. Medical History (May be completed by parent)

1. Is child allergic to anything? No___ Yes___ If yes, what? _____

2. Is child currently under a doctor's care? No___ Yes___ If yes, for what reason? _____

3. Is the child on any continuous medication? No___ Yes___ If yes, what? _____

4. Any previous hospitalizations or operations? No___ Yes___ If yes, when and for what? _____

5. Any history of significant previous diseases or recurrent illness? No___ Yes___ ; diabetes No___ Yes___ ;
convulsions No___ Yes___ ; heart trouble No___ Yes___ ; asthma No___ Yes___ .
If others, what/when? _____

6. Does the child have any physical disabilities: No___ Yes___ If yes, please describe: _____

Any mental disabilities? No___ Yes___ If yes, please describe: _____

Signature of Parent or Guardian _____ Date _____

B. Physical Examination: This examination must be completed and signed by a licensed physician, his authorized agent currently approved by the N. C. Board of Medical Examiners (or a comparable board from bordering states), a certified nurse practitioner, or a public health nurse meeting DHHS standards for EPSDT program.
Height _____ % Weight _____ %

Head _____ Eyes _____ Ears _____ Nose _____ Teeth _____ Throat _____

Neck _____ Heart _____ Chest _____ Abd/GU _____ Ext _____

Neurological System _____ Skin _____ Vision _____ Hearing _____

Results of Tuberculin Test, if given: Type _____ date _____ Normal ___ Abnormal ___ followup _____

Developmental Evaluation: delayed _____ age appropriate _____

If delay, note significance and special care needed; _____

Should activities be limited? No___ Yes___ If yes, explain: _____

Any other recommendations: _____

Date of Examination _____

Signature of authorized examiner/title _____ Phone # _____

Immunization History

Name: _____ **Date of Birth:** _____

Enter the date an immunization was received in the space below or attach a copy of the immunization record. G.S. 130A-155(b) requires all child care facilities to have this information on file.

Enter date of each dose - Month/Day/Year

VACCINE	#1	#2	#3	#4	#5
*DTP / DT (circle which)					
*Polio					
**Hib					
*Hepatitis B					
*MMR (combined doses)					
***Chicken Pox					
OTHER					
OTHER					

*Required by state law.

**Required by state law, however the requirement for the booster dose, #4, is temporarily suspended.

***Required by State law for children born on or after 4/1/01.

Records Updated by:	Date Updated: