



5000 Ridgedale Parkway  
Richmond, VA 23234  
Tel: (804) 275-5683; Fax: (804) 275-6429  
www.thenobleacademy.com

---

### **IMPORTANT REMINDERS FOR THE 2019-2020 ENROLLMENT PERIOD:**

#### **Hours of Operation**

- ❖ We are open Monday – Friday from 6:30 a.m. to 6:00 p.m.
- ❖ We are closed on the following holidays throughout the year: New Year’s Day, Martin Luther King Jr. Day, President’s Day, Good Friday, Memorial Day, Independence Day, Labor Day, Veteran’s Day, Thanksgiving, the Friday after Thanksgiving, Christmas Eve, and Christmas Day.

#### **Late/Sick Child**

- ❖ **ALL STUDENTS MUST BE AT OUR CENTER BY 10:00 A.M. WE CAN NOT ACCEPT CHILDREN AFTER THIS TIME UNLESS WE ARE AWARE OF YOUR SITUATION. (Please call by 9:30 a.m.)**
- ❖ **We are not allowed to keep sick children at our Center.**
  - If your child has a temperature of **99.6 (oral) or higher**; or under arm temperature (auxiliary) of 98.6 or higher, they are not allowed to attend. Child may return when they have been without fever (afebrile) for 24 hours.
  - Diarrhea – If your child experiences two or more loose stools in one hour, regardless of amount, they will need to be picked up by a parent or guardian. Child may return when diarrhea has ceased for 24 hours.

#### **Medications**

- ❖ We currently do not give medication at our Center. No medication is to be left in child’s bag or belongings.

#### **Outside Food/Food Allergies**

- ❖ All food from your home must be labeled with your child’s name and date. **We don’t allow peanuts or peanut products at our facility.**
- ❖ If your child has a food allergy, you must fill out a form from the Center with their doctor’s signature stating your child’s allergic reaction and the protocol we must take in case of an allergic reaction. We will also need written permission from you to post your child’s allergic reaction in our Center, so teachers will be aware when serving food.

**Registration/Enrollment**

- ❖ A Registration/Enrollment Fee of \$100.00 (non-refundable) shall be paid at the time of initial application and at annual enrollment each August.
- ❖ The Academy reserves the right to deny, cancel, or suspend a child’s enrollment at any time and at the sole discretion of the Center when it deems this action to be in the best interest of the child or the Center. In such an event, any unused Tuition will be refunded.

**Discounts & Tuition (See Tuition Rates in Parent Handbook)**

- ❖ 10% Sibling Discount (Discount applied to oldest Child’s Tuition)
- ❖ 10% Teacher’s Discount (Valid proof required)
- ❖ 10% Military Discount (Valid proof required)
- ❖ 15% Combination Discount – Teacher/Military/Sibling (Discount applied to oldest Child’s Tuition)
- ❖ Tuition is due on Mondays and will be considered late if paid after Wednesday of each week.
- ❖ Tuition is not prorated and is owed and due in full on a weekly basis.
- ❖ Tuition is not refunded for Vacations, Unused Days, Holidays, Inclement Weather Closings, and/or an “Act of God” that results in a change in hours of operation.
- ❖ Payment Methods Accepted:
  - Pay by Pro-Care’s “**Tuition Express**” (*Preferred method*)
  - Pay by Check
  - Pay by Money Order
  - Cash Accepted (*Exact Amount Only*)

**Fees**

- ❖ Payments are processed **automatically** through “**Tuition Express**” through your checking or credit card account. (Paperwork for Tuition Express is available upon request.)
- ❖ \$25 – Late Payment Fee is assessed to all payments received after Wednesday. (*All late payment fees must be paid prior to or up to submitting future Tuition Payment.*)
- ❖ \$35 – Returned Check Fee - Payable at time of restitution (*After 1<sup>st</sup> occurrence, checks can no longer be used. You may pay via Tuition Express, cash, or Money Order.*)
- ❖ Late Pick-up Fee-\$5.00 for every five (5) minutes beginning at 6:05 p.m. and after 6:15 p.m., \$2 per minute until picked up.
- ❖ \$8.00 After 1<sup>st</sup> warning: if we do not get a phone call that your child does not need to be picked up from school. (School Age Children)

**Student Withdrawal**

- ❖ When withdrawing your child, you must give us a written two-week notice. If a two-week notice is not given you will be liable for the next week’s tuition.

**SIGNATURE**

By signing this form, I \_\_\_\_\_ (Parent Name) agree to abide by the policies of The Noble Academy, Inc. and agree to pay any applicable fees as stated herein.

\_\_\_\_\_  
Signature of the Parent or Guardian

\_\_\_\_\_  
Name (Printed)

\_\_\_\_\_  
Date

A copy of the Parent Handbook can be emailed upon request



*REGISTRATION for Enrollment*

Name of the child			Nickname	Sex	Date of Birth
Last	Middle	First			
Full Address:				Telephone #:	
Chronic Physical Problems/Pertinent Developmental Information/ Special Accommodations Needed:					
If Child Attends This Center and Another School/ Program, Give Name of School/Program:					Grade
Previous Child Day Care Programs and Schools Attended:					

**PARENT(S)/GUARDIAN(S)**

Father:	Place Employed and Address:	Business Phone:
Home Address:	E-Mail Address:	Home Phone:      Cell Phone:
Mother:	Place Employed and Address:	Business Phone:
Home Address:	E-Mail Address:	Home Phone:      Cell Phone:
Person(s) or Agency Having Legal Custody of Child:		
Parents.		
Home Address:	Home Phone:	
Business Address:	Business Phone:	

### EMERGENCY INFORMATION

Allergies or Intolerance to Food, Medication, etc., and Action to Take in an Emergency:	
Child's Physician:	Address/Telephone #:

### TWO EMERGENCY CONTACTS IF PARENT(S) CAN NOT BE REACHED

1. Name: _____ Address: _____ Telephone #: _____	2. Name: _____ Address: _____ Telephone #: _____
-----------------------------------------------------------------	-----------------------------------------------------------------

### PERSON(S) AUTHORIZED TO PICK UP CHILD

Name: _____ Relationship to child: _____	Name: _____ Relationship to child: _____
Name: _____ Relationship to child: _____	Name: _____ Relationship to child: _____

Person(s) Not Authorized to Pick Up Child\* \_\_\_\_\_

\*Appropriate paperwork such as custody papers shall be attached if a parent is not allowed to pick up the child. Note: Section 22.1-4.3 of Code of Virginia states that unless a court order has been issued to the contrary, the noncustodial parent of a student enrolled in a public school or day care Center must be included, upon the request of such noncustodial parent, as an emergency contact for events occurring during school or day care activities.



5000 Ridgedale Parkway  
Richmond, VA 23234  
Tel: (804) 275-5683; Fax: (804) 275-6429  
www.thenobleacademy.com

---

### Enrollment Agreement/Contract

This Enrollment Agreement, effective the \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_ is between The Noble Academy, Inc. (“School”) a privately-owned child care Center, located at 5000 Ridgedale Parkway and \_\_\_\_\_ (Parent)

1. The Noble Academy, Inc.’s non-refundable registration fee of \$100 shall be paid annually in August or at the time of initial application.
2. Weekly tuition, per our current fees schedule, is due on or before the 1<sup>st</sup> work day of each week. A **\$25.00** late fee shall be charged for any weekly tuition payments received after the third day of each week. If weekly tuition fees (including any applicable late fees) are not received at the Center five work days after the due date, the child will not be readmitted to the program. If payment is not made when due, interest shall accrue at **1.5%** per month (**18% per year**) and the parent is responsible for all costs and fees associated with the collection process including but not limited to billing costs, collection costs, attorney’s fees, which are deemed reasonable as **33 1/3%** of the amount owed, and court costs as may be required to collect the amount owed.
3. A second child in the same family shall receive a **10% discount** on the lower of the two tuitions.
4. Weekly tuition fees are non-refundable regardless of holidays, illness, vacation, inclement weather days or “Acts of God”. The Academy will make reasonable efforts to in inclement weather; however, the Academy may choose to close at the School’s discretion. Parents should call the school voice mail regarding closings or watch WRIC Channel 8.
5. This Academy is closed on the following days:
  - Labor Day                      ● Thanksgiving Day                      ● Christmas Eve
  - Christmas Day                      ● New Year’s Day                      ● Martin Luther King, Jr. Day (observed)
  - Memorial Day                      ● Independence Day                      ● President’s Day
  - Veteran’s Day                      ● Good Friday

6. The Noble Academy will open at **6:30 a.m.** and close **6:00 p.m.** A late pick-up fee of **\$5.00** for every five (5) minutes beginning at **6:05 p.m.** and after **6:15 p.m.**, and an additional **\$2 per minute** until picked up. Fees for late pick-up are payable immediately: unless there had been an agreement between the Executive Director and the parent. Otherwise, if the fee is not paid for late pick up the child will not be re-admitted into the program. Consistent lateness will be cause for the child's dismissal from the Academy. A fee of **\$30.00** will be charged for checks returned by the Academy's bank.
7. At the time of enrollment, the child shall be scheduled for specific days and times. Additional days may be added for an additional fee; however, the Academy's executive director must be contacted at least 2 hours in advance of any added day. Additional days are offered based on enrollment and may not always be available. The director must approve any other schedule changes in advance.
8. A non-refundable deposit of one week's tuition is required for applications received 30 to 60 days prior to the child's enrollment. If deposits are not paid, a place for the child cannot be guaranteed. Deposits are applied to weekly tuition fees. **The Center requires a two-week written notice of withdrawal. If two weeks' notice of withdrawal is not provided, the standard tuition fee shall be charged for that period.**
9. The Academy reserves the right to deny, cancel or suspend a child's enrollment at any time the Center, in its sole discretion, deems such action to be in the best interest of the child or the Center. In such event, any unused tuition will be refunded.
10. Children may not attend the Center while ill, children who become ill at the Academy must be picked up immediately (refer to health policy guidelines). If the child will be absent, the absence should be reported to the Academy by 9:30 a.m.
11. If Parents engage employees of the Academy from time to time for outside child care services, (Outside Engagements), Parents agree that Outside Engagements are not related to The Noble Academy, Inc. or its owners. With respect to Outside Engagements, Parents release and discharge the Academy, its owners, their present or former officers, employees, shareholders, affiliates, heirs, successors and signs, in their individual or corporate capacities (the "Owners' Release"), from all claims, demands, liabilities, actions or cause of action whatsoever, whether known or unknown, which parents have, may have, or claim to have, at any time in the future against the Owners' Release based in whole or in part on, or arising out of, or related to, any Outside Engagements.

I understand the terms of this agreement and agree to be bound by them. I have received and executed copy of this agreement and a copy of the parents' handbook, which includes the health policy referenced in paragraph 10.

**SIGNATURES**

\_\_\_\_\_  
Signature of the Parent or Guardian

\_\_\_\_\_  
Name (Printed)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Executive Director

\_\_\_\_\_  
Name (Printed)

\_\_\_\_\_  
Date



5000 Ridgedale Parkway  
Richmond, VA 23234  
Tel: (804) 275-5683; Fax: (804) 275-6429  
www.thenobleacademy.com

---

### AGREEMENTS

The Noble Academy, Inc. agrees to notify the parent(s)/guardian(s) whenever their child becomes ill and the parent(s)/guardian(s) will arrange to have the child picked up as soon as possible if so requested by the Center.

The parent(s)/guardian(s) authorize The Noble Academy, Inc. to obtain immediate medical care if any emergency occurs when parent(s)/guardian(s) cannot be located immediately. \*\*

The parent(s)/guardian(s) agree to inform the Center within 24 hours or the next business day after his/her child or any member of the immediate household has developed communicable disease \*\*\*, as defined by the State Board of Health, except for life threatening diseases which must be reported immediately.

### SIGNATURES

\_\_\_\_\_  
Signature of the Parent or Guardian

\_\_\_\_\_  
Name (Printed)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of the Executive Director

\_\_\_\_\_  
Name (Printed)

\_\_\_\_\_  
Date

---

### OFFICIAL USE ONLY IDENTIFY VERIFICATION

Attached

Notification of Local Law-Enforcement Agency (when required proof of identity is not provided):

\_\_\_\_\_  
Date

63.2-1809 of the Code of Virginia states that the proof of identity, if reproduced or retained by the child day program shall be destroyed upon conclusion of requisite period of retention. The procedures for the disposal, physical on or other disposition of proof of identity containing social security numbers shall include all reasonable steps such documents by (i) shredding, (ii) erasing, (iii) otherwise modifying the social security numbers in those records them unreadable or indecipherable by any means. 252/11(06/05)

\*\*If the parent(s)/guardian(s) do not answer on the first call attempt, the Noble Academy reserves the right to call 911, depending on the severity of the situation.

\*\*\*Definition - Communicable Disease: An infectious disease transmissible (as from person to person) by direct contact with an affected individual or the individual's discharges or by indirect means.





5000 Ridgedale Parkway  
Richmond, VA 23234  
Tel: (804) 275-5683; Fax: (804) 275-6429  
www.thenobleacademy.com

---

The Virginia Department of Social Services requires that childcare centers document any schools or childcare centers previously or currently attended.

Date: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Previous Childcare Centers or Preschools attended:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Current Elementary School attending (if applicable):

School: \_\_\_\_\_

Grade: \_\_\_\_\_

---

**Office Use Only  
Identity Verification**

Place of Birth: \_\_\_\_\_

Birth Date: \_\_\_\_\_

Birth Certificate Number: \_\_\_\_\_

Date Issued: \_\_\_\_\_

Other Form of Proof: \_\_\_\_\_

Proof of child's identity may include a certified copy of the child's birth certificate, birth registration card, notification of birth passport, etc. Viewing a child's proof of identity is not necessary when the child attends a public school in Virginia and the Center assumes direct responsibility for the child directly from the school. While programs are not required to keep proof of the child's identity, documentation of viewing this information must be maintained for each child.



5000 Ridgedale Parkway  
Richmond, VA 23234  
Tel: (804) 275-5683; Fax: (804) 275-6429  
www.thenobleacademy.com

---

### **Password Form**

It is part of our security policy to have a password that is given to anyone whom you designate as an authorized pick-up for your child. Your child will be released to this authorized person only if the following conditions have been met:

1. The Director must be notified in writing, either at the time of enrollment, or in advance of the pick-up, that you are authorizing someone other than yourself to pick-up your child. If you telephone the day care to authorize a pick-up, be prepared to receive a return phone call to verify the information.
2. At the time of notification, you will need to give us the authorized individual's full name and his/her approximate time of arrival, so we can then notify staff.
3. The authorized individual must show two forms of identification (preferably one photo ID) and tell the supervising teacher the password you have designated below.
4. The authorized individual will be responsible for signing your child out of the building.

The password is an added measure of security for your family and will be kept with your child's emergency information.

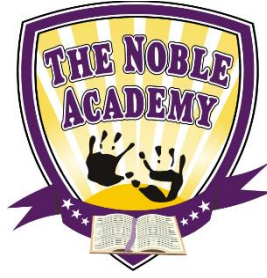
Child's Name: \_\_\_\_\_

Password: \_\_\_\_\_

Teacher: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_

Date: \_\_\_\_\_



5000 Ridgedale Parkway  
Richmond, VA 23234  
Tel: (804) 275-5683; Fax: (804) 275-6429  
[www.thenobleacademy.com](http://www.thenobleacademy.com)

---

### **Policy and Photo Release**

My signature below grants The Noble Academy the right to film, photograph, record, tape, reproduce and distribute my child's image, voice, etc. and use such for the purposes of publicity, advertising promotions, or for any other reasonable purpose in relation to The Noble Academy.

My signature below also confirms my understanding of the agreement, school policies, my tuition obligation, my responsibility for the payment of fees, and confirms that I have received and read a copy of the parent handbook.

### **SIGNATURE**

\_\_\_\_\_  
Signature of the Parent or Guardian

\_\_\_\_\_  
Name (Printed)

\_\_\_\_\_  
Date



5000 Ridgedale Parkway  
Richmond, VA 23234  
Tel: (804) 275-5683; Fax: (804) 275-6429  
www.thenobleacademy.com

---

### **Medical and Transportation Waiver**

The undersigned authorize The Noble Academy, Inc. and consent to any emergency diagnostic procedure or medical care for my child, Child's name \_\_\_\_\_ which is rendered under supervision of licensed physician on staff of \_\_\_\_\_ Hospital. Regardless of where the care is provided, the undersigned also authorize representatives of The Noble Academy, Inc., to transport my child to receive care. This authorization is given in advance of any specific need for treatment to provide authority to The Noble Academy, Inc., to consent to any emergency care recommended by the physician.

The undersigned irrevocably release any claims, demands, actions or cause of action against The Noble Academy, Inc., respective representatives, and employees, which arise from or relate to the transportation of my child and any medical care provided.

This authorization and waiver shall remain effective until I request changes in writing or withdraw my child from The Noble Academy, Inc.

### **SIGNATURE**

\_\_\_\_\_  
Signature of the Parent or Guardian

\_\_\_\_\_  
Name (Printed)

\_\_\_\_\_  
Date



5000 Ridgedale Parkway  
Richmond, VA 23234  
Tel: (804) 275-5683; Fax: (804) 275-6429  
www.thenobleacademy.com

---

### **Allergic Food Reaction**

If your child has an allergic reaction to a certain food, you must fill out an “Action Plan for Allergic Reactions” form with us. This form must be filled out by your child’s physician. Children who require an Epinephrine parent’s must fill out a “Food Allergy & Anaphylaxis Care Plan” form. This form must be filled out by your child’s physician. Your signature below gives us permission to post in our classroom that your child has an allergic reaction to a certain food. By posting in our classroom, it alerts our teachers that your child cannot consume certain foods due to an allergy.

### **SIGNATURE**

\_\_\_\_\_  
Signature of the Parent or Guardian

\_\_\_\_\_  
Name (Printed)

\_\_\_\_\_  
Date



5000 Ridgedale Parkway  
Richmond, VA 23234  
Tel: (804) 275-5683; Fax: (804) 275-6429  
www.thenobleacademy.com

---

**DSS Contract**  
*(ONLY TO BE SIGNED BY DSS CLIENTS)*

We are happy to collaborate with Department of Social Services (DSS) to provide your child(ren) with exceptional child care services. It is imperative that we all work as a team and maintain open lines of communication.

If you have problems with your card or lose your card, please let us know and call the Parent Help Line at 877-918-2322. Keep a copy of your card number in a secure location as you will need it to receive assistance from the Help Line. Take a picture of your card with your phone.

If you have a **co-payment**, you must make these payments each **month no later than the fifteenth of the month**. Afterwards, a late fee will be added to the following week's fees. Failure to pay the amount due or to make the appropriate arrangement for payment, will result in the Center contacting DSS and they will close your case.

It is **VERY IMPORTANT** to Swipe your card daily. Remember, your swiping is the only means for The Noble Academy, Inc. to get paid for the services rendered to you and your children. If you receive **DENIED** when you swipe, please **STOP**, and get help from the office personnel. If you run out of absences, you are responsible for paying for the days not put into the system. If we must perform a manual billing for your child(ren) you will be charged **\$10.00** for each billing.

It is **YOUR** responsibility to **KEEP CONTROL OF YOUR CARD ALWAYS – DON'T LOSE IT.**

**SIGNATURE**

\_\_\_\_\_  
Signature of the Parent or Guardian

\_\_\_\_\_  
Name (Printed)

\_\_\_\_\_  
Date

***DON'T SIGN THIS IF YOU DO NOT HAVE A CONTRACT WITH DSS***



5000 Ridgedale Parkway  
Richmond, VA 23234  
Tel: (804) 275-5683; Fax: (804) 275-6429  
www.thenobleacademy.com

## Child and Adult Care Food Program

### Instructions

All Centers participating in the Child and Adult Care Food Program (CACFP) must annually provide the information media serving the area with a public release. Centers are not required to pay for its publication, but they are required to make the public release available to the public information media. Do not send your public release to the public information media until after receiving notification approval from the office.

\*\*\*\*\*

### CACFP Non-pricing Child and Adult Day Care Centers

The Noble Academy, Inc. announces the sponsorship of the **Child and Adult Care Food Program (CACFP)**. The same meals will be available at no separate charge to all participants at each CACFP facility without regard to race, color, sex, national origin, age, disability, or sexual orientation. To file a complaint, complete the USDA Program Discrimination Complaint Form, AD-3027 found online at [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), or at any USDA office or write a letter addresses to USDA and provide in the letter all the information requested in the form.

To request a copy of the compliant form, call (866) 632-9992. Submit you completed form or letter to USDA by:

Mail: U.S. Department of Agriculture  
Office of the Assistant Secretary for Civil Rights  
1400 Independence Avenue, SW  
Washington D.C. 20250-9410  
Fax: (202) 690-7442  
Email: [program.intake@usda.gov](mailto:program.intake@usda.gov).

*Meals will be provided at, The noble Academy Inc.  
For further information, please contact: William D. Noble Jr / (804) 275-5683  
You may also contact the VA. CACFP at VDH Division of Nutrition for more information by calling 1-877-618-7282 or emailing CACFP@vdh.virginia.gov*