



**ZamZam Knowledge Academy**  
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## **Enrollment Form School Aged 2024-2025**

**Early Registration Fee Before May 31, 2024:** \$200 per child

**Registration Fee After May 31st 2024:** \$350 per child

Grade Level: Next school year      Kindergarten      1st      2nd      3rd      4th      5th

Date of Enrollment (Start Date): \_\_\_\_\_

### **Student Information:**

Child's Name:

\_\_\_\_\_

Last

\_\_\_\_\_

Middle

\_\_\_\_\_

First

Child's place of birth \_\_\_\_\_ Child's Date of Birth \_\_\_\_\_

Race: \_\_\_\_\_ Ethnicity: Is the child Hispanic or Latino? \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code \_\_\_\_\_

Billing Address (if different from home): \_\_\_\_\_

Name of Person(s) having custody of child: \_\_\_\_\_

### **Contact Information:**

Mother's Name \_\_\_\_\_ Occupation/Employer: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Father's name \_\_\_\_\_ Occupation/Employer: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Emergency Contacts:**

If for some reason the parents or legal guardians cannot be contacted, the following people will be contacted and are authorized to pick up the child from the facility in case of illness or emergency

Emergency Contact Person \_\_\_\_\_

Contact's phone \_\_\_\_\_

Emergency Contact Person \_\_\_\_\_

Contact's phone \_\_\_\_\_

Emergency Contact Person \_\_\_\_\_

Contact's phone \_\_\_\_\_

**Your Child's Health:**

CHILD'S HEALTH RECORD: (A copy of your child's immunizations and current physical, from the state of Florida, will be needed)

General state of health:

\_\_\_\_\_  
\_\_\_\_\_

Physician's name \_\_\_\_\_

Physicians phone number \_\_\_\_\_

Dentists' name \_\_\_\_\_

Dentists' phone number \_\_\_\_\_

Are your child's immunizations up to date? \_\_\_\_\_ (Please attach a copy of Florida immunizations. This should include the signature of the nurse or doctor who administered medications.)

Does your child have any known allergies? If so, please list below

\_\_\_\_\_  
\_\_\_\_\_

Does your child have any special medical or dietary needs?

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Does your child have any medical conditions or any areas of concern which we should be made aware of?

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Does your child have any speech, hearing or visual problems?

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Would there be any restrictions on play or activities?

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**About Your Child:**

Name and Address of Previous School:

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Are there any food restrictions? \_\_\_\_\_

What language(s) are spoken at home?

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Are there any other comments or information you would like us to know about? Any specific concern? \_\_\_\_\_

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**Photo Release:**

Throughout the school year, there may be times ZamZam staff, the media, or other organizations, with the approval of the center director, may take photographs of parents/students, audio/videotape students, or interview students for school related stories in a way that would individually identify a specific student. Those photographs and/or videotaped images or interviews may appear in center publications in video productions, on the website, on social networking sites such as Facebook or Twitter, in the news media, or in other organizations' school related stories, articles, publications, brochures, etc. To authorize your child's photograph and/or videotaped image or interview to be used for these purposes, please complete this form and return it to your child's school.

I hereby grant unto the ZamZam Knowledge Academy permission to use my/my child's, photograph and/or videotaped image or interview for the purposes mentioned above. I understand and agree that

ZamZam may use these photos and/or videotaped images or interviews in subsequent school years unless I revoke this authorization by notifying the school director in writing. I further grant unto the ZamZam Knowledge Academy permission to permit myself/ my child to be photographed, audio/videotaped, or interviewed by the news media or other organizations for school related stories, articles, publications, brochures, etc .

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

Registration Contract: Please read and initial each of the statements below.

I understand that the registration fee of \$200 per child is due on or before March 31st. After that the registration fee will increase to \$350 per child. Scholarships (Step up, AAA, or Family Empowerment) will not cover the registration fees. \_\_\_\_\_

I understand all fees are non-refundable and must be paid before a spot can be reserved. \_\_\_\_\_

I understand that the first tuition payment is due before the first day of school. \_\_\_\_\_

I understand that even with a full Step Up or Family Empowerment Scholarship I am responsible for up to \$500 (yearly) difference between scholarship amount and ZKA'S published fees. \_\_\_\_\_

I understand that tuition is due regardless of the number of days my child attends and is due on or before the first school day of the month. (Tuition is based on 10 equal monthly payments regardless of the number of actual days in each month) \_\_\_\_\_

I understand that a late fee of \$10 will be applied for monthly tuition unpaid by the first week of each month. A service charge of \$35 will apply to a bounced check and all future payments must be made in cash or money order. \_\_\_\_\_

I understand that ZKA's Late Pickup charge is \$/\$35 per child after 3:15/12:10 pm but before 5:30pm. After 5:30 late pickup, charge is \$5/minute. This must be paid at the time of pickup but no later than the start of the next school day. \_\_\_\_\_

To withdraw my child/children, I must provide a written notice 30 days in advance. I will be responsible for all charges during those 30 days even if my child/children do not attend. \_\_\_\_\_

If I am more than 30 days behind in payments, it will be deemed a breach of contract and will result in termination of my child/children's enrollment. \_\_\_\_\_

I understand that student records will not be released until all family financial obligations are paid.  
\_\_\_\_\_

Florida Department of Education requires a current Florida Health Physical (dated no more than 60 days from the beginning of the school term) and Florida Immunization record (Form 680 or 681) before enrollment. I agree to submit these documents before enrollment. Failure to do so will result in the student being unable to attend until all records are received. \_\_\_\_\_

I understand that 3 tardies or 3 early pickups will equal 1 absence. \_\_\_\_\_

I understand that if my child has more than 18 absences in a school year they may be held back (have to repeat the grade) \_\_\_\_\_

I understand that at times there may be children/Staff who are not up to date with vaccinations.  
\_\_\_\_\_

I have reviewed the online handbook and agree to abide by the rules and conditions stated within.  
\_\_\_\_\_

Your signature below indicates that you have received/reviewed the above items and that the information on this enrollment form is complete and accurate. I hereby grant permission for the staff of this facility to have access to my child's records.

\_\_\_\_\_

Parent/Guardian Signature

\_\_\_\_\_

Date