



700 Peninsula Avenue,  
Burlingame, CA 94010  
650-666-7726  
www.geniuslearning.org

**PRESCHOOL APPLICATION FORM: South San Francisco**

Student's Name: \_\_\_\_\_  
Last First Middle Nickname Date of Birth

\_\_\_\_\_  
Street Address City State & Zip Code

Expect Enrollment Date: \_\_\_\_\_

Program Choice:

<input type="checkbox"/> 5-Half Day Program 8:00-12:00	Preschool After School Program <input type="checkbox"/> Full Time afterschool to 6:00 pm
<input type="checkbox"/> 5-Full Day Program 8:00-6:00	

Mother's Name: \_\_\_\_\_  
Last First Middle Work Phone

\_\_\_\_\_  
Email Cell Phone

\_\_\_\_\_  
Street Address City State & Zip Code

Father's Name: \_\_\_\_\_  
Last First Middle Work Phone

\_\_\_\_\_  
Email Cell Phone

\_\_\_\_\_  
Street Address City State & Zip Code

**Student Allergy Information:** Does your child have any allergies: \_\_\_\_\_

Other information you would like us to be aware of: \_\_\_\_\_

\_\_\_\_\_

**Local Emergency Contacts**

Name	Address	Phone	Relationship

Physician Name \_\_\_\_\_ Phone \_\_\_\_\_

My child may not be releases to the following person (s):

\_\_\_\_\_

**Photo Release (Please check)**

I agree to allow Genius Learning to take my child’s photo and post it on our website.

I do not agree to allow Genius Learning to take my child’s photo and post it on the website.

**Field Trip Permission**

I hereby grant permission for my child, enrolled in Genius Learning, to travel on scheduled field trips and participate in all activities that are planned for my child’s class while attending school. State law requires that we have written authorization from a child’s legal guardian to seek medical help in the event of a medical emergency. Our policy, in the event of a medical emergency is to contact you first. If we cannot contact you we will try to contact others you may designate. In the event we are unable to contact you or your designated representative, or if medical emergency warrants immediate response, we will act on your behalf and in the best interest of the child.

I waive, release, and agree to hold harmless the organizers, board, sponsors, supervisors or participants from any claim arising out of injury to my dependant.

To the best of my knowledge, all information is factually correct and honestly presented. I also understand that I am responsible for updating all information.

\_\_\_\_\_  
Parent or guardian signature

\_\_\_\_\_  
Date

**A copy of the applicant’s birth certificate, previous school records, and current immunization form must be submitted in order to complete the application process.**

*Nondiscrimination Policy: Genius Learning accepts and admits qualified students without regard to race, religion, gender, disability, ethnic or national origin. TLS does not discriminate in the administration of its educational policies, admission policy, or other school-administered programs.*



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## ENROLLMENT CONTRACT

We pride ourselves on small class sizes and have limited spaces available. Therefore, reserving space for one student may prevent another's acceptance. We make commitments to employ teachers and purchase curriculum and equipment for the highest quality and integrity. In order to ensure a stable, well-managed school for your child, we have adopted the following enrollment contract. A parent's decision to send their child to Genius Learning is for the entire school year, and the family is responsible for tuition within the guidelines of this policy.

### *Contract Terms:*

1. Non-refundable application fee: (new students only) \$100, due with application
2. There is a 10% discount for the second sibling.
3. Tuition is not prorated, adjusted or reimbursed for absences, holidays, or vacations.
4. There is a month drop notice.
5. A late charge of \$25 will be assessed if a monthly installment is not made by the tenth of each month. If the tenth falls on a holiday or weekend, payment will be due the next business day.
6. When a bill is delinquent more than thirty days, the caregiver must make arrangements with school administration concerning bill payment. Should a student bill exceed sixty days past due, the student will be dismissed from Genius Learning.
7. Upon acceptance, I agree to abide by all of the guidelines set forth in the student/family handbook in order to support my child's education. Special attention will be paid to drop-off and pick-up times and open communication with teachers and director.

By affixing your name and signature below you agree that you have read and fully understood this Enrollment Contract and will abide by all the terms of this Contract.

\_\_\_\_\_  
Parent's Name (please print):

\_\_\_\_\_  
Student Name (please print):

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

\_\_\_\_\_  
Date

### ***Rights for Licensing Agency***

*The State of California General Licensing Requirements, Section 101195 states: • The Department of licensing agency shall have the authority to interview children or staff, and to inspect and audit child or facility records without prior consent. • The licensee shall make provisions for private interviews with any child, or any staff member, and for the examination of records relation to the operation of the facility. • The Department or licensing agency shall have the authority to observe the physical condition of the child, including conditions which could indicate abuse, neglect or inappropriate placement, and to have a licensed medical professional examine the child.*