



Renaissance Academy

14401 Owen Tech Blvd., Austin, TX 78728 ■ www.racademy.org
(512) 252-2277 ■ E-mail : school@racademy.org ■



Application for Admission Pre-K (2025-2026)

Part I

Family Name (Last Name): _____

Parent's Email (Mother): _____

Parent's Email (Father): _____

Total Number of family members applying to Renaissance Academy:

Has any family member or this applicant applied to Renaissance Academy before? Yes No

| Student First Name | Date of Birth | Grade Applying For |
|--------------------|---------------|--------------------|
| | | |

Please ensure that all of the required forms listed below have been completed before returning this application to Renaissance Academy.

Applicant's Checklist

- Application for Admission
- Health Requirements Form (Pre-K & KG applicants only)
- Updated Immunization Record
- Birth Certificate
- Record Release Form
- Family Financial Agreement (1 per family)

Office Use Only

- Verified
- Verified
- Verified
- Verified
- Verified
- Verified

| <i>For Office Use Only (Form RA-1002, Rev. 01/27/2025)</i> | |
|--|--|
| Completed online application | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Date and Time of submission | Date: _____ Time: _____ |
| Application Checked By | _____ |
| Application Status | _____ |
| Date of Admission | _____ |
| Date of Withdrawal | _____ |

Application for Admission Pre-K (2025 – 2026)

| | | | |
|--|------------------------|---|----------------------------|
| Operation Name Renaissance Academy | | Director's Name Delphine Phelps | |
| Child's Full Name | | Child's Date of Birth | Child's Home Telephone No. |
| Child's Home Address | | | |
| Date of Admission | Date of Withdrawal | | |
| Parent's or Guardian's Name | | Address (if different from child's address) | |
| List telephone numbers below where parents/guardian may be reached while child will be in care: | | | |
| Mother's Telephone No. | Father's Telephone No. | Guardian's Telephone No. | Cell Phone No |
| Give the name, address and phone number of person to call in case of an emergency if parents / guardian cannot be reached: | | | Relationship |
| I hereby authorize the childcare operation to allow my child to leave the childcare operation ONLY with the following persons. Please list name & telephone number for each. Children will only be released to a parent or a person designated by the parent/guardian after verification of ID. | | | |

Parent Information

Father's Name: _____
Last First Middle

Address: _____
Number Street City State Zip Code

Telephone Numbers: (____) _____ (____) _____
Home Business
 (____) _____
Mobile

E-mail: _____

Occupation: _____

Employer: _____

Mother's Name: _____
Last First Middle

Address: _____
Number Street City State Zip Code

Telephone Numbers: (____) _____ (____) _____
Home Business
 (____) _____
Mobile

E-mail: _____

Occupation: _____

Employer: _____

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| | | | | | |
|---|------------------------------------|-----------------------------------|---|-----------------------------------|---|
| CHECK ALL THAT APPLY: | | | I hereby <input type="checkbox"/> give <input type="checkbox"/> do not give – consent for my child to be transported and supervised by the operation's employees: | | |
| 1. <input type="checkbox"/> TRANSPORTATION: | | | | | |
| Walk home | <input type="checkbox"/> | for emergency care | <input type="checkbox"/> | on field trips | <input type="checkbox"/> |
| | | | | | <input type="checkbox"/> to and from home <input type="checkbox"/> to and from school |
| 2. <input type="checkbox"/> FIELD TRIPS: | | | I hereby <input type="checkbox"/> give <input type="checkbox"/> do not give – my consent for my child to participate in Field Trips: | | |
| Parent's Comments: | | | | | |
| 3. <input type="checkbox"/> WATER ACTIVITIES: | | | I hereby <input type="checkbox"/> give <input type="checkbox"/> do not give – my consent for my child to participate in Water Activities: | | |
| | <input type="checkbox"/> | sprinkler play | <input type="checkbox"/> | splashing/wading pools | <input type="checkbox"/> |
| | | | | | <input type="checkbox"/> swimming pools <input type="checkbox"/> water table play |
| 4. <input type="checkbox"/> RECEIPT OF WRITTEN OPERATIONAL POLICIES: | | | I acknowledge receipt of the facility's operational policies including those for discipline and guidance. | | |
| 5. I UNDERSTAND THAT THE FOLLOWING MEALS WILL BE SERVED TO MY CHILD WHILE IN CARE: | | | | | |
| <input type="checkbox"/> None | <input type="checkbox"/> Breakfast | <input type="checkbox"/> AM Snack | <input type="checkbox"/> Lunch | <input type="checkbox"/> PM Snack | <input type="checkbox"/> Supper <input type="checkbox"/> Evening Snack |
| 6. MY CHILD IS NORMALLY IN CARE ON THE FOLLOWING DAYS AND TIMES: | | | | | |
| <input type="checkbox"/> Mondays | from: | | to: | | |
| <input type="checkbox"/> Tuesdays | from: | | to: | | |
| <input type="checkbox"/> Wednesdays | from: | | to: | | |
| <input type="checkbox"/> Thursdays | from: | | to: | | |
| <input type="checkbox"/> Fridays | from: | | to: | | |
| <input type="checkbox"/> Saturdays | from: | | to: | | |
| <input type="checkbox"/> Sundays | from: | | to: | | |

| | | |
|---|----------|-------|
| AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION: | | |
| In the event I cannot be reached to make arrangements for emergency medical care, I authorize the person in charge to take my child to: | | |
| Name of Physician: | Address: | Ph.#: |
| Name of Emergency Medical Care Facility: | Address: | Ph.#: |
| I give consent for the facility to secure any and all necessary emergency medical care for my child. | | |
| _____ Signature - Parent or Legal Guardian | | |

Signature – Parent or Legal Guardian

Date

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SCHOOL AGE CHILDREN:

My child attends the following school:

_____ Name of School and Address

_____ School Ph.#

CHECK ALL THAT APPLY:

His / her immunization record is on file at the school and all required immunizations and/or tuberculosis test are current. Vision and Hearing screening records are also on file.

My child has permission to: walk to or from school or home,
 ride a bus, and/or be released to the care of his/her sibling(s) under 18 years old.

Name of sibling(s): _____

IMMUNIZATION RECORD:

I have provided the childcare operation with a copy of my child's most current immunization record.

ADMISSION REQUIREMENT: If your child does not attend pre-kindergarten or school away from the child-care operation, one of the following must be presented when your child is admitted to the child-care operation or within one week of admission.

Please check only one option:

1. HEALTH-CARE PROFESSIONAL'S STATEMENT: I have examined the above-named child within the past year and find that he / she is able to take part in the day care program.

_____ Health Care Professional's Signature _____ Date

2. A signed and dated copy of a health care professional's statement is attached.

3. Medical diagnosis and treatment conflict with the tenets and practices of a recognized religious organization, which I adhere to or am a member of; I have attached a signed and dated affidavit stating this.

4. My child has been examined within the past year by a health care professional and is able to participate in the day care program. Within 12 months of admission, I will obtain a health care professional's signed statement and will submit it to the child-care operation.

Name and address of health care professional:

_____ Signature - Parent or Legal Guardian _____ Date

| | | | |
|-----------------|----------------|----------------|---|
| VISION | R 20/ _____ | L 20/ _____ | <input type="checkbox"/> PASS <input type="checkbox"/> FAIL |
| SIGNATURE _____ | | DATE _____ | |
| HEARING | 1000 Hz | 2000 Hz | 4000 Hz |
| R | | | |
| L | | | |
| SIGNATURE _____ | | | <input type="checkbox"/> PASS <input type="checkbox"/> FAIL |
| DATE _____ | | | |

Signature – Parent or Legal Guardian

Date

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| HEALTH REQUIREMENTS | | | | | | | | | | | |
|--|-----------------------------------|-------|-----------------------------------|-------|-------|--------|--------|----------------|-----------|---------|---------|
| Name of Child: | | | | | | | | Date of Birth: | | | |
| Age ► Vaccine ▼ | Birth | 1 mos | 2 mos | 4 mos | 6 mos | 12 mos | 15 mos | 18 mos | 19-23 Mos | 2-3 Yrs | 4-6 Yrs |
| Hepatitis B | | | | | | | | | | | |
| Rotavirus | | | | | | | | | | | |
| Diphtheria, Tetanus, Pertussis | | | | | | | | | | | |
| Haemophilus influenzae type b | | | | | | | | | | | |
| Pneumococcal | | | | | | | | | | | |
| Inactivated Poliovirus | | | | | | | | | | | |
| Influenza | | | | | | | | | | | |
| Measles, Mumps, Rubella | | | | | | | | | | | |
| Varicella | | | | | | | | | | | |
| Hepatitis A | | | | | | | | | | | |
| Meningococcal | | | | | | | | | | | |
| TB TEST (if required) | <input type="checkbox"/> Positive | | <input type="checkbox"/> Negative | | | | Date: | | | | |
| Signature or stamp of physician or public health personnel verifying immunization information above. _____ | | | | | | | | | | | |
| Signature | | | | | | Date | | | | | |
| Varicella (chickenpox) vaccine is not required if your child has had chickenpox disease. If your child has had chickenpox, please complete the statement: My child had varicella disease (chickenpox) on or about (date) _____ and does not need varicella vaccine. | | | | | | | | | | | |
| Parent's signature | | | | | | Date | | | | | |
| <input type="checkbox"/> I am excluding my child from the immunization requirements for reasons of conscience, including a religious belief. I have attached an official notarized affidavit form developed and issued by the Department of State Health Services. I understand this affidavit is valid for 2 years. | | | | | | | | | | | |
| For additional information regarding immunizations contact the Department of State Health Services at www.dshs.state.tx.us/immunize/public.shtm | | | | | | | | | | | |

Signature – Parent or Legal Guardian

Date

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Part II

Picture Authorization Form

As stated in the Renaissance Academy parent handbook, pictures of Renaissance Academy students will be taken throughout the year for inclusion in our yearbook as well as other school promotional activities.

I understand this policy and give permission for my child’s photos to be placed on school bulletin boards, the Renaissance Academy website, the school yearbook, on school posters or in other ways for class and school activities.

Name of the child: _____

Name of Parent: _____

Parent’s Signature: _____ Date: _____

I do NOT give permission for my child’s photos to be placed on school bulletin boards, the Renaissance Academy website, the school yearbook, or on school posters.

Name of the child: _____

Name of Parent: _____

Parent’s Signature: _____ Date: _____

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ACCEPTABLE USE AND INTERNET SAFETY POLICY

Renaissance Academy provides access to computers and to the Internet as a means of enhancing the education of our students. We have an acceptable use and internet safety policy to ensure that students use these resources in an acceptable manner. During the course of the school year, additional rules regarding Internet safety may be added. If this occurs, any new rule will become a part of this policy

TERMS OF THE ACCEPTABLE USE AND INTERNET SAFETY POLICY

- Students must make available for inspection by an administrator or teacher upon request any messages or files sent or received at any Internet location.
- Students must use appropriate language in all communications. The student should not use profanity and should avoid offensive speech. The student should not participate in “Cyber Bullying” such as personal attacks and/or threats on/against anyone using these resources.
- Students must not make use of material (files) or attempt to locate material (files) that are unacceptable in a school setting. The criteria for acceptability is demonstrated in the types of materials made available to students by administrators and teachers. School administrators and teachers reserve the right to define what is acceptable and appropriate.
- Students must not attempt to or threaten to attempt to discover passwords or to control access to the Internet or the computer network.
- Students must not knowingly introduce or allow the introduction of any computer virus to any computer.
- Students must not play games, including Internet-based games, except school-approved, teacher-supervised educational games, on school computers.
- Students must not use their computer to listen to any music or other audio material - whether from a CD or from an internet location - unless it serves an express educational purpose and the student obtains prior permission for the specific material they want to listen to.
- Students must not mistreat or distort the computer, system, mouse, keyboard, monitor or printer and must not change any of the computer settings. Students will be liable for the costs of any damages they cause to any computer.
- No food or drink is allowed in the computer room at any time.
- Students are not allowed to enter the computer lab without permission and there must be adult supervision at all times that students are present in the lab.

| | |
|---|--|
| I understand that should I fail to honor all the terms of this policy, my computer privileges may be removed and I may be subject to other disciplinary action. | By signing below, I give permission for the school to allow my child to have access to the internet. |
| Student Name (Print): | Parent/Guardian Name: |
| Student Signature: | Parent Guardian Signature: |
| Date: | Date: |

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Part III: Child Assessment Form

* If applicable.

| | | | |
|--|----------------------|-----------------|---------------|
| Child Name (last, first, middle) | Social Security No.* | Enrollment Date | Date of Birth |
| Street Address (if rural, attach directions) | City | County | Zip |
| Mailing Address (if different) -- Street or P.O. Box | City | County | Zip |
| Telephone No. (include A/C) | | | |

1. Health

| | | |
|---|-----|----|
| Does your child have any allergies? | Yes | No |
| If so, what allergies does your child have? | | |
| How should we respond if he/she has an allergic reaction? | | |
| Does your child have an existing illness? | Yes | No |
| Has your child had a previous serious illness or injury, or hospitalization during the past 12 months? | Yes | No |
| Is your child taking any medication? | Yes | No |
| If so, how is the medication administered, and will it need to be administered while he/she is in care? | | |
| Is the medication prescribed for continuous use? | Yes | No |
| Are there any side effects we should be alerted to? | Yes | No |

2. Toileting

| | | |
|---|-----|----|
| Does your child need assistance with toileting? | Yes | No |
| How can we best help? | | |
| What are your ideas about toilet training? | | |
| How can we best help? | | |

3. Behavior

| | | |
|---|-----|----|
| Does your child have any special fears? | Yes | No |
| Does your child communicate his/her needs? | Yes | No |
| Are there any special words that your child uses that might not be readily recognized? | | |
| How do you tell your child to stop a behavior that you don't approve of or that might be dangerous? | | |
| When your child gets upset, what helps him/her calm down? | | |
| What is a good way to distract your child when he/she is having a temper tantrum? | | |
| Are there any particular routines that are particularly helpful at naptime? | | |
| What position is most comfortable for your child when he/she is napping? | | |

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4. Eating Preferences:

| | | |
|--|-----|----|
| What are your child's favorite foods? | | |
| Does your child use utensils, eat with fingers, feed self? | | |
| Does your child choke easily while eating? | Yes | No |

5. Activities:

| |
|--|
| What activities do you like to do with your child? |
| What activities does your child like to do when playing with other children? |
| What does your child like to do when he is playing alone? |

6. Family History:

| |
|---|
| Tell me about your family (i.e. child's parents, siblings, grandparents, and other extended family) |
|---|

I verify that the above assessment was discussed with the parent(s) of

Signature of Director

I verify that the director appropriately relayed the information concerning my child's assessment.

Signature of Parent

Date Signed

Additional Comments:

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Part IV: Family Financial Agreement

Name: _____
Last First Middle

Address: _____
Number Street City State Zip Code

Telephone Numbers: (____) _____ (____) _____
Home Business
(____) _____
Mobile

E-mail: _____

Financial Terms and Conditions

TUITION COLLECTION AGENCY

Renaissance Academy has engaged an external company (Facts) to collect all tuition and other fees. Upon completion of the enrollment process, you will receive communication from Facts to complete the sign-up process. Any time, if you have any questions on your accounting statement, please call FACTs Tuition. This service is available 24 hours, 7 days of the week. They will do their best to address your concern within 3 business days. If your accounting concerns are not addressed within 3 days by Facts then you can email school at accounts@racademy.org. We highly recommend that you email the school as your last option after you have contacted FACTs Tuition.

TUITION POLICY

The tuition policy described here is to ensure that tuition and other fees are collected in a consistent and timely manner.

1. For your child’s enrollment/re-enrollment application to be accepted, all enrollment /re-enrollment, Registration, and Books fees must be submitted with the application. **Re-enrollment, Registration and book fees are non-refundable at any time.**
2. If your child is absence on the first day of school without prior written notice, their name will be removed from the roster and their seat will be given to a wait-listed student. The office should be notified as soon as possible if your child will be absent on the first day of school.
3. Tuition is due on the 5th of each month starting in August and ending in May of the current academic year, according to the fee schedule. To avoid incurring late fees, please make sure you make your payments to Facts by the 5th of every month. The best way to avoid any such situation is to sign up for the auto withdrawal option with FACTs Tuition.
4. The tuition will remain the same for months in which there are long holidays. During long holidays (Ramadan, Eid al-Adha, Winter Break) Renaissance Academy may offer a daycare program for an additional fee.
5. Renaissance Academy reserves the right to alter the calendar or school at any time throughout the year. Such alterations do not change the parental requirement to pay full tuition.
6. Tuition is due in full for each month regardless of the number of days your child attends school. If your child is sick and does not attend, the payment will not be reduced and no compensation will be made for hours or days missed.
7. Renaissance Academy reserves the right to impose appropriate penalties in those situations when tuition payments are delinquent. These may include, but are not limited to denial of re-

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enrollment, suspension of students, not allowing students to sit for exams, withholding of transcripts and records as prescribed by law.

8. Students are required to take care of the books and return them at the end of the year. Parents will be assessed additional fees if the books are not returned or if they are returned in less than satisfactory condition.
9. Multiple-child discounts apply to families and staff on **tuition ONLY**. There is no multi-child discount for other fees.

Important Note: There will be no multi-child discounts if all your children are enrolled in Pre-School. If you have a child in pre-school and the second child in elementary through high, the sibling discount will apply to the child enrolled in elementary through high school.

10. For tuition not received after the due date, parents will receive a courtesy phone call and/or an email from FACT's Tuition. If the account is still not paid and is 2months delinquent, the student will not be allowed to attend school the next month until the past due balance is paid in full.

11. **Non-Refundable Fees:**

Parents and guardians acknowledge and agree that the following fees are strictly non-refundable under any circumstances, including but not limited to voluntary withdrawal, or withdrawal for cause.

- Registration Fees
- Book Fees
- Tuition for the month of August

These fees cover administrative, academic, and logistical expenses incurred by the school in preparation for the student's enrollment.

If a student withdraws at any time after enrollment and acceptance by the school, no refunds will be issued for any fees paid, including the tuition for the first month.

12. **RA Banquet Fee:**

Parents and guardians acknowledge and agree to pay a one-time RA Banquet fee of \$100 per family. This fee will be charged in the month when the RA Banquet is held. It is a mandatory and non-refundable fee, regardless of attendance at the banquet.

13. Parents and/or Guardians withdrawing a child during the school year or during summer are required to provide a 30-day written notice. Example: If withdrawal notice is given on 5th of a month, then next month's fees will be processed.

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Note: Please make sure you sign the financial agreement at the end of this section.

FEE STRUCTURE

Enrollment Fees (Due at the time of Re-enrollment or New Registration):

The enrollment fee includes Registration fee and Book Fee. All these fees need to be paid upfront at the time of re-enrollment.

| | |
|---|---|
| Re-enrollment Fee | \$400.00 |
| New Enrollment Registration Fee | \$500 (Due with Registration Application) |
| Book Usage Fees: (differs based on grade level, due with Registration Application) | |
| For Pre-Kindergarten | \$200.00 |

Annual Tuition

| Category | 1st Child | 2nd Child | 3rd Child | 4th Child | Addl. |
|-----------------------------|-----------|-----------|-----------|-----------|----------|
| Pre-K (8.00a.m. ~ 3.30p.m.) | \$9,000 | \$9,000 | \$9,000 | \$9,000 | \$9,000 |
| Pre-K (8.00a.m. ~ 5.00p.m.) | \$10,000 | \$10,000 | \$10,000 | \$10,000 | \$10,000 |

Supplies and Administrative fee.

| | |
|------------|-----------|
| Other Fees | \$ 800.00 |
|------------|-----------|

Late Pick Up Fees

| | |
|---------------------|--|
| After 3:50 pm | \$15/ Child for the 1 st 15 minutes |
| After 4:00pm/6:00pm | \$20/ Per Child for every 15 minutes |

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STEP 1: COMPUTE ANNUAL TUITION & OTHER FEES FOR YOUR CHILD(REN)

Please complete this table to determine the annual tuition and other fees due for your child(ren).

| | Student Name | Grade | Tuition | Other Fees |
|---|--------------|-------|---------|------------|
| 1 | | | | |
| 2 | | | | |
| 3 | | | | |
| 4 | | | | |
| 5 | | | | |
| | Total | | | |

STEP 2: SELECT PAYMENT TYPE

Parents are responsible for full payment of tuition and other fees and have two options in completing their financial obligations to Renaissance Academy. Please check the appropriate check box in the table below to indicate your tuition and other fee payment preference.

A= 1 Annual payment

B= 10 equal payments (due on or before the 5th of every month)

STEP 3: ACCEPT AND SIGN THE FINANCIAL AGREEMENT

I understand my financial obligations and agree to make these payments.

I agree to enroll in Facts to make the tuition and other fee payments.

I have read all the policies listed under the **Financial Terms and Conditions** section of this document and in the parent handbook for Renaissance Academy and agree to abide by all terms of this agreement.

I agree that if tuition and other fee payments become delinquent on the fifth day of any month for which I have not yet made a payment, a late fee of will be assessed on my account by FACT's Tuition.

Parent Signature: _____ **Date:** _____

Parent Name: _____