

# Warrior Academy Program

Registration Information  
2024-2025 School Year

The Warrior Academy is a before and after school program for **potty trained** four-year olds enrolled in the four-year-old preschool through **fourth grade** students. Our purpose is to provide a place where students will become enriched. It is our belief that the combination of supervised projects and guided activities will help to instill confidence, independence, and respect for themselves and others.

**Registration:** The parents must complete the registration forms included in this packet and return them to the Alta Elementary School Office at 1009 Main Street, Alta, IA 51002 OR complete the ONLINE registration form. The link can be found on the school website under the “schools” tab, then navigate to the “Alta Elementary” page, and then on the side menu click “Warrior’s Academy Before and After School Program.”

**Eligibility:** Children that are **potty trained** and are enrolled in 4-year-old preschool through **fourth grade** may be registered for enrollment in the program at any time.

**Hours of Operation:** 7:00 am - 7:45 am and 3:30 pm - 5:30 pm, Monday- Friday following the SCHOOL CALENDAR. **It is important to note that the program will NOT BE HELD if school is closed for inclement weather, if there is a LATE START, or if school is DISMISSED EARLY due to inclement weather.**

**Location:** The Warrior Academy program will be held in the Alta Elementary Lunchroom. For before school students, please enter the school through the NORTH PARKING LOT DOOR. Please drop your child(ren) off in front of the preschool and walk up to the lunchroom door. For after school student pick-up please use the FRONT elementary doors.

## **Enrollment:**

1. Please complete the registration forms before the child's first day of attendance.
2. Children will be allowed to attend the program only after all forms have been completed, returned, and payment has been submitted.

**The Warrior’s Academy program will begin for the 2024-’25 school year on Tuesday, September 3, 2024.**

**\*\* Indicates that an answer is REQUIRED \*\***

Questions?

Email Warrior Academy Coordinator Kirk Langner @ [warriorsacademy@alta-aurelia.k12.ia.us](mailto:warriorsacademy@alta-aurelia.k12.ia.us)

# **Warrior's Academy**

## **Before and After School Program FEES**

The following fees are non-negotiable rates.

Statements will be sent out electronically EVERY WEEK. A paper statement may also be requested. Invoices will be sent out every MONDAY and DUE every WEDNESDAY for the previous week's attendance if there is NOT money in the account. A LATE FEE of \$7.50 per school week will be assessed on any past due balances of more than fourteen (14) days unless other arrangements are made with and stated by the program coordinator.

You will only pay for the days that your child(ren) attends the program.

### **Before School program:**

(7:00 am - 7:45 am)

\$5.75 a day per child

\$8.00 a day per family (limit 3 children – additional children will be charged \$3.50/day)

### **After School program:**

(3:30 pm - 5:30 pm)

\$10.75 a day per child

\$18.50 a day for two children (immediate family only)

\$7.00 a day for each additional child (immediate family only)

### **Early Out Days:**

(12:30 dismissal)

\$22.00 a day PER child

**\* Make checks payable to “The Warrior’s Academy.” \***

**NOTE: The Warrior Academy will once again be using the Procure app to track attendance, send out billing, log disciplinary actions, and communicate with parents/guardians!**

**\*\* Indicates that an answer is REQUIRED \*\***

Questions?

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# The Warrior's Academy Parental Agreement

1. I understand that by completing this packet in its entirety, I am officially enrolling my child into the Warrior Academy.

**My Child will attend** (check all that apply):

**Before School (7:00 am - 7:45 am)**

\_\_\_\_\_ Monday \_\_\_\_\_ Tuesday \_\_\_\_\_ Wednesday \_\_\_\_\_ Thursday \_\_\_\_\_ Friday

**After School (3:30 pm - 5:30 pm)**

\_\_\_\_\_ Monday \_\_\_\_\_ Tuesday \_\_\_\_\_ Wednesday \_\_\_\_\_ Thursday \_\_\_\_\_ Friday

2. I understand that the Program is **open** on school days following the school calendar. The program is **closed** during school vacations and when school is cancelled or dismissed early due to inclement weather. I also understand that there will be **NO** before school program on late start days.

3. I understand that I am responsible for paying **ANY/ALL** fees which are outlined on the attached on the "FEES" sheet. **Bills for the previous week are sent out on Monday, and due by Wednesday.**

4. I will update my child's information on the Procure app if **ANY** changes occur.

5. The Program staff will assume full responsibility, from the time my child arrives at the program until my child leaves the program, during the operating hours of the Warrior Academy, according to the Warrior Academy Policies, and the written instructions for departure, which are included later in this packet.

6. If a medical emergency arises, the program staff will make every attempt to contact me. If I cannot be reached, the staff will attempt to contact my child's doctor and/or my emergency contacts. If the emergency requires immediate hospital attention, as deemed necessary by the Program Staff, an ambulance or other emergency vehicle will be called, and MAY take my child to the hospital if medically necessary. I understand that the Warrior's Academy assumes **NO FINANCIAL RESPONSIBILITY** in the event that your child needs to be transported to the hospital.

**I agree to follow the stated policies and procedures of the Warrior's Academy program and give my child permission to participate fully in this program.**

**\*Parent/Guardian Signature:** \_\_\_\_\_

**\*Parent/Guardian Name:** \_\_\_\_\_

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

**\*\* Indicates that an answer is REQUIRED \*\***

Questions?

Email Warrior Academy Coordinator Kirk Langner @ [warriorsacademy@alta-aurelia.k12.ia.us](mailto:warriorsacademy@alta-aurelia.k12.ia.us)

# Child Enrollment Form

\*Child's Name: \_\_\_\_\_ \*Date of Birth: \_\_\_\_\_

\* Gender: Male / Female \*Address: \_\_\_\_\_

\*City: \_\_\_\_\_ \*Zip: \_\_\_\_\_ \*Grade: \_\_\_\_\_

By what name does your child prefer to be called? \_\_\_\_\_

**Child's Grade & Teacher:** \_\_\_\_\_

**\*Medical Information – Complete as needed:**

Allergies (food, medication, insects):

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**Chronic/recurrent illness(es)/disorder(s):**

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**\*Does your child take medication for the above illness(es)/disorder(s)?** Yes No

If yes, please state the name and dosage:

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**\*Will the medication need to be given during the program hours?** Yes No

If yes, when will it need to be given?

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**\*\* Indicates that an answer is REQUIRED \*\***

Questions?

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**What should we do if your child has a NON-EMERGENT problem related to his/her medical condition during program hours?**

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**Name of sibling(s) enrolled in the program – if applicable:**

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**\*Does your child have any eating problems or food dislikes? Yes No**

If yes, please explain:

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**\*Please give any further information which you believe will be helpful to staff in understanding and caring for your child?**

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**\*Are you interested in receiving Tuition Assistance information for the Warrior's Academy? Yes No**

**Intentionally left blank – please continue registration on next form!**

**\*\* Indicates that an answer is REQUIRED \*\***

Questions?

Email Warrior Academy Coordinator Kirk Langner @ [warriorsacademy@alta-aurelia.k12.ia.us](mailto:warriorsacademy@alta-aurelia.k12.ia.us)

## **Parent/Guardian Identification:**

**\*Name:** \_\_\_\_\_ **\*Primary Phone #:** \_\_\_\_\_

**Secondary Phone #:** \_\_\_\_\_ **\*Email:** \_\_\_\_\_

**\*Relationship to Child:** \_\_\_\_\_

**\*Address** (if different from above): \_\_\_\_\_

**\*City:** \_\_\_\_\_ **\*Zip:** \_\_\_\_\_

**\*Employer:** \_\_\_\_\_ **\*Work Phone:** \_\_\_\_\_

**\*Work Hours:** \_\_\_\_\_ Mon.; \_\_\_\_\_ Tues.; \_\_\_\_\_ Wed.; \_\_\_\_\_ Thurs.; \_\_\_\_\_ Fri.

**\*Contact at work first?** Yes No **Days:** \_\_ Mon.; \_\_ Tues.; \_\_ Wed.; \_\_ Thurs.; \_\_ Fri.

**\*Child resides with above adult?** Yes No

**Please explain any other custodial/living arrangements if applicable:**

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### **\*Custodial Parent's Status:**

Single \_\_\_\_\_ Married \_\_\_\_\_ Divorced \_\_\_\_\_ Separated \_\_\_\_\_ Widowed \_\_\_\_\_

**Is there a problem of separation or custody which the Program staff should be aware of?** Yes No

If yes, please explain:

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**If different from name of parent/guardian listed on section 1, complete the following:**

**\*Name:** \_\_\_\_\_ **\*Primary Phone #:** \_\_\_\_\_

**Secondary Phone #:** \_\_\_\_\_ **\*Email:** \_\_\_\_\_

**\*Relationship to Child:** \_\_\_\_\_

**\*Address** (if different from above): \_\_\_\_\_

**\*\* Indicates that an answer is REQUIRED \*\***

Questions?

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\*City: \_\_\_\_\_ \*Zip: \_\_\_\_\_

\*Employer: \_\_\_\_\_ \*Work Phone: \_\_\_\_\_

\*Work Hours: \_\_\_\_\_ Mon.; \_\_\_\_\_ Tues.; \_\_\_\_\_ Wed.; \_\_\_\_\_ Thurs.; \_\_\_\_\_ Fri.

\*Contact at work first? Yes No Days: \_\_ Mon.; \_\_ Tues.; \_\_ Wed.; \_\_ Thurs.; \_\_ Fri.

Other responsible person, such as a child care provider, if applicable:

Name: \_\_\_\_\_ Primary Phone #: \_\_\_\_\_

Secondary Phone #: \_\_\_\_\_ \*Email: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

### **Fee Payment:**

\*Name of the person(s) responsible for payment of fees:

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### **Emergency Contacts:**

Local persons who may be available and notified in case of emergency or illness when the primary contacts are not available

#### **Emergency Contact #1:**

\*Name: \_\_\_\_\_ \*Primary Phone #: \_\_\_\_\_

Secondary Phone #: \_\_\_\_\_ \*Email: \_\_\_\_\_

\*Relationship to Child: \_\_\_\_\_

#### **Emergency Contact #2:**

\*Name: \_\_\_\_\_ \*Primary Phone #: \_\_\_\_\_

Secondary Phone #: \_\_\_\_\_ \*Email: \_\_\_\_\_

\*Relationship to Child: \_\_\_\_\_

**\*\* Indicates that an answer is REQUIRED \*\***

Questions?

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## **Release of Child:**

**\*May child leave the Program with the person(s) listed above:**

\_\_\_\_\_ Yes, he/she may depart with any of the persons listed.

\_\_\_\_\_ No, he/she may not leave with the following persons (include persons not listed):

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**\*Please list any other person(s) authorized to pick up your child:**

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**I hereby grant and authorize the Warriors Academy the right to take, edit, copy, publish, distribute and make use of any and all pictures or video taken of my child(ren) to be used in and/or for legally promotional materials and digital communications. This authorization shall continue indefinitely, unless I otherwise revoke said authorization in writing. I understand and agree that these materials shall become the property of and will not be returned. YES NO**

**\*\* NOTE - Please include a current picture of your child, the child's parents, and any other persons that are authorized to pick your child up with this application, so that we can have them on record to ensure that your student remains safe in the care of the Warrior Academy! If you do NOT attach pictures to this application – PLEASE UPLOAD pictures on to the student's Procure Account. \*\***

**\*\* Indicates that an answer is REQUIRED \*\***

Questions?

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