



## **Enrollment Application**

Enclosed are the enrollment forms for school year: \_\_\_\_\_

### **Please be sure to fill out the entire application.**

- Enrollment & Permission Form
- Financial Agreement
- Consent Packet
- Provide Current Physical and Immunization Record

### **Campus Requested**

- Leesburg (  )
- Sumterville (  )

Forms should be returned to the school office no later than \_\_\_\_\_. Acceptance of children on the waiting list will begin \_\_\_\_\_. Siblings of presently enrolled students will be given priority on the waiting list.

If you need more information about any aspect of the school or need to make special arrangements for tuition payment, please contact the office immediately. We are looking forward to having your children learn with us.

Sincerely,

Better Life Academy



## **Enrollment Application**

STUDENT'S NAME \_\_\_\_\_ CURRENT GRADE \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ AGE \_\_\_\_\_ SEX: MALE \_\_\_\_\_ FEMALE \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ HOME PHONE \_\_\_\_\_

### **MOTHER'S INFORMATION**

MOTHER'S FULL NAME \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ HOME PHONE \_\_\_\_\_

CELL PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

OCCUPATION \_\_\_\_\_ EMPLOYER \_\_\_\_\_

WORK ADDRESS \_\_\_\_\_ WORK PHONE \_\_\_\_\_

### **FATHER'S INFORMATION**

FATHER'S FULL NAME \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ HOME PHONE \_\_\_\_\_

CELL PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

OCCUPATION \_\_\_\_\_ EMPLOYER \_\_\_\_\_

WORK ADDRESS \_\_\_\_\_ WORK PHONE \_\_\_\_\_

NAMES, AGES OF SIBLINGS:

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## Enrollment Application

All correspondence about this student will be sent to the custodial parents or the student's address. If you prefer that another address be used or wish for a non-custodial parent to receive correspondence, please call the office.

*Student's mother and father are:*

- |  |                                   |
|--|-----------------------------------|
| <input type="checkbox"/> Married and Living Together | <input type="checkbox"/> Divorced |
| <input type="checkbox"/> Separated                   | <input type="checkbox"/> Other    |

*If divorced, who has custody?*

- |                                 |                                      |
|---------------------------------|--------------------------------------|
| <input type="checkbox"/> Joint  | <input type="checkbox"/> Grandparent |
| <input type="checkbox"/> Mother | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Father |                                      |

If you are divorced, you must provide the school with a copy of the custodial section of your divorce agreement.

Are there any family legal issues (e.g., divorce, child custody, orders of protection)? Please explain

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Is there anyone who is NOT allowed to pick up this child?

- Yes  
 No

If yes, who? \_\_\_\_\_

Do you have restraining orders filed with the courts on the person/s listed above?

- Yes  
 No

If yes, who? \_\_\_\_\_



## **Enrollment Application**

### ***Emergency Contact and Pick-Up Other than Parents***

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

FULL NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_  
HOME ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ HOME PHONE \_\_\_\_\_  
CELL PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_

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

FULL NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_  
HOME ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ HOME PHONE \_\_\_\_\_  
CELL PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_

#### **Emergency Contact #3 Information:**

FULL NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_  
HOME ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ HOME PHONE \_\_\_\_\_  
CELL PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_

#### **Emergency Contact #4 Information:**

FULL NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_  
HOME ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ HOME PHONE \_\_\_\_\_  
CELL PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_



## **Enrollment Application**

### ***Financial Agreement***

RESPONSIBLE PARTY FULL NAME \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ HOME PHONE \_\_\_\_\_

CELL PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

OCCUPATION \_\_\_\_\_ EMPLOYER \_\_\_\_\_

WORK ADDRESS \_\_\_\_\_ WORK PHONE \_\_\_\_\_

RESPONSIBLE PARTY SSN (REQUIRED) \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

I will be paying tuition on:

Monthly basis

Weekly basis

Yearly basis

Other installments  \_\_\_\_\_

Does your child have a scholarship?

Yes

No

If so, which scholarship \_\_\_\_\_

If your child has a scholarship, please sign below agreeing to endorse scholarship to Better Life Academy for the duration of your child's enrollment.

Signature \_\_\_\_\_

Date \_\_\_\_\_



**Enrollment Application**

***ABA Therapy***

Does your child have health insurance?

Yes

No

If so, which insurance \_\_\_\_\_

Policy Holder \_\_\_\_\_

Member ID \_\_\_\_\_

Group ID \_\_\_\_\_

If your child receives ABA therapy, please sign below allowing Better Life Behavioral Services to bill insurance for therapy provided in the school setting.

*Better Life Behavioral Services provides ABA therapy when medically necessary.*

Signature \_\_\_\_\_

Date \_\_\_\_\_



## **Enrollment Application**

Does your child receive treatment from any other specialists or doctors? (e.g., PT, OT, SLP, neurologist, etc.) Please list specialist names.

Doctor's Name: \_\_\_\_\_

Specialty: \_\_\_\_\_

Contact Info: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_

Specialty: \_\_\_\_\_

Contact Info: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_

Specialty: \_\_\_\_\_

Contact Info: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_

Specialty: \_\_\_\_\_

Contact Info: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_

Specialty: \_\_\_\_\_

Contact Info: \_\_\_\_\_



## **Enrollment Application**

In your opinion, on a scale of 1 to 10, 10 being most significant, how significantly do the problems interfere with the student's learning? \_\_\_\_\_

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In your opinion, on a scale of 1 to 10, 10 being most significant, how significantly do the problems interfere with the student's social relationships? \_\_\_\_\_

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In your opinion, on a scale of 1 to 10, 10 being most significant, how significantly do the problems interfere with the student's family relationships? \_\_\_\_\_

Does your child use a communication device? YES\_\_ NO\_\_ TYPE\_\_\_\_\_

List any other areas that are affected:

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## **Enrollment Application**

Please list the 3 most important goals for your child:

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What are your child's strengths?

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Please list your child's favorite items, activities, and foods (please include at least 3 favorite foods).

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What are your current community or family supports?

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Does your child take any medications? Please list

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**CONSENT FOR PHOTO/VIDEO**

Dear Parent/Guardian,

During the current school year, your child’s image/photograph or work may be included in a classroom or school project and could be used in one of the following ways:

- Used for training purposes including parent/guardians, caregivers, and employees of Better Life Behavioral Services of Central Florida, LLC or Better Life Academy.
- Used for data collection, including assessing reliability and integrity of procedures used.
- Used for presentation(s) at professional conferences and as a part of research presentation(s).
- Used as a sample project/activity on CDs created by Better Life Behavioral Services or Better Life Academy for use in education workshops and student classrooms.
- Posted on Better Life Behavioral Services of Central Florida, LLC or Better Life Academy website and/or Facebook, Instagram or social media page.
- Videotaped to appear in a school related program to be used by local television, school/county project or community project.
- Used in a printed publication such as a newspaper or magazine.

While your child’s name may accompany the photo, no last name or address will be included with your child’s picture if/when it is published.

Please sign the release form below. Your permission will grant us approval to publicize without prior notification and remains in effect until revoked.

\_\_\_\_\_ I/We DO give permission for \_\_\_\_\_’s photo/video or work to be used as described above.

\_\_\_\_\_ I/We DO NOT give permission for \_\_\_\_\_’s photo/video or work, to be used as described above.

Parent/Guardian Name Printed \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

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

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

Phone Number: \_\_\_\_\_ Date: \_\_\_\_\_



## 2024-25: Year-Round School

School Month			Days
August	August 19 August 26	Teachers Return Students First Day Quarter 1 Begins	5
September	September 2 September 23-27	Labor Day - Closed Break Week: ABA Only	15
October	October 14 October 21-25	Columbus Day - ABA Only Break Week: ABA Only	17
November	November 11 November 18 November 25-29 November 25	Veterans Day - ABA Only 2nd Quarter Begins Thanksgiving Break ABA Only - 25-27 Closed : 28-29	15
December	December 23-31	Winter Break ABA Only: 23 Closed: 24-25 ABA Only: 26-31	15
January	January 1-3 January 2-3 January 3 January 6 January 20	Winter Break: Closed ABA Only Teachers Return Students Return MLK Day; ABA Only	19
February	February 3-7 February 17	Break Week: ABA Only Presidents' Day - ABA Only	15
March	March 3-7	Spring Break: ABA Only	16
April	April 14-18	Break Week: ABA Only	17
May	May 19-23 May 26	Break Week: ABA Only Memorial Day - Closed	16
June	June 23-27	Break Week: ABA Only	16
July	July 4 July 24 July 25 July 29	Closed : 4th of July Last Day of School Graduation Teacher's Last Day	17
			183
August (2025)	August 18 August 25	Teachers Return Students Return	



## Better Life Academy 2024-2025

### Tuition & Fees

Grade	Category	Leesburg	Sumterville
		Tuition	Tuition
<b>K-3rd</b>	General Ed.	\$11,000.00	\$12,000.00
	504 Plan	\$11,000.00	\$12,000.00
	Matrix Score 251	\$11,000.00	\$12,000.00
	Matrix Score 252	\$11,000.00	\$12,000.00
	Matrix Score 253	\$11,000.00	\$12,000.00
	Matrix Score 254	\$19,000.00	\$19,500.00
	Matrix Score 255	\$26,000.00	\$27,000.00
	<b>4th - 8th</b>		
	General Ed.	\$10,500.00	\$11,000.00
	504 Plan	\$10,500.00	\$11,000.00
	Matrix Score 251	\$10,500.00	\$11,000.00
	Matrix Score 252	\$10,500.00	\$11,000.00
	Matrix Score 253	\$10,500.00	\$11,000.00
	Matrix Score 254	\$19,000.00	\$19,500.00
	Matrix Score 255	\$26,000.00	\$27,000.00
	<b>9th - 12th</b>		
	General Ed.	\$10,500.00	\$11,000.00
	504 Plan	\$10,500.00	\$11,000.00
	Matrix Score 251	\$10,500.00	\$11,000.00
	Matrix Score 252	\$10,500.00	\$11,000.00
	Matrix Score 253	\$10,500.00	\$11,000.00
	Matrix Score 254	\$19,000.00	\$19,500.00
	Matrix Score 255	\$26,000.00	\$27,000.00
	<b>Enrichment Camp</b>		\$185.00
<b>Extended Care</b>	Morning Only (weekly charge)	\$85.00	\$85.00
	Afternoon Only (weekly charge)	\$85.00	\$85.00
	Morning & Afternoon (weekly charge)	\$145.00	\$145.00
	Drop Off (daily charge)	\$35.00	\$35.00