

"The Will & The Skill, Raised Strong."

11331 S. Michigan Avenue  
Chicago, IL 60628  
773-634-0616  
[freedomhomeacademy2@gmail.com](mailto:freedomhomeacademy2@gmail.com)  
[www.fhaintl.org](http://www.fhaintl.org)

## **Registration Form**

Return this completed application and non-refundable \$50.00  
Application Fee for enrollment.

**Applicant's Full Name:**

\_\_\_\_\_

**Parent's Full Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Parent's Full Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

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

**Gender:** \_\_\_ M \_\_\_ F

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

**Languages Spoken at home:** \_\_\_\_\_

**Present Age:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

Are there any nicknames you would prefer we not use with your child?

\_\_\_\_\_

**Does your child have any health problems or allergies?**

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

**Describe the birth/adoption experience.**

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



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**Describe the birth/adoption experience Cont.**

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**Where does your child sleep? Does he/she share a room/bed with anyone?**

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**Has your child been immunized? If so please attach most recent immunization forms or letter requesting waive.**

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**Parent's Status:**

Married  Domestic Partners  Separated  Divorced  Single  
 Widowed

**First Parent's Name:**

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First Middle Last

**What does your child call this parent?**

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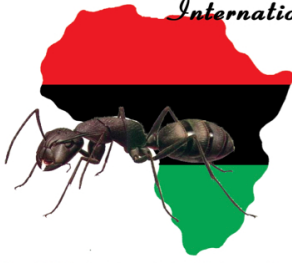
**Home Address (if different):**

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**Gender:**  M  F

**Home Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_



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Return this completed application and non-refundable \$50.00  
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**Name & Address of Employer:**

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**Occupation/Position:**

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**Business Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_  
**E-Mail:** \_\_\_\_\_

**Second Parent's Name:**

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First Middle Last

**What does your child call this parent?**

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**Home Address (if different):**

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**Gender:** \_\_\_ M \_\_\_ F

**Home Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Name & Address of Employer:**

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**Occupation/Position:**

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**Business Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_  
**E-Mail:** \_\_\_\_\_



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**Return this completed application and non-refundable \$50.00  
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**Sibling's Name:** \_\_\_\_\_ Age: \_\_\_\_ Gender: \_\_\_\_  
School: \_\_\_\_\_

**Sibling's Name:** \_\_\_\_\_ Age: \_\_\_\_ Gender: \_\_\_\_  
School: \_\_\_\_\_

**Sibling's Name:** \_\_\_\_\_ Age: \_\_\_\_ Gender: \_\_\_\_  
School: \_\_\_\_\_

**Health Insurance Information:**

Is your child under any medical insurance plan? \_\_\_\_\_

What is the medical carrier name? \_\_\_\_\_

Type of Plan \_\_\_\_ PPO \_\_\_\_ HMO \_\_\_\_ POS \_\_\_\_ Other

Who is the primary subscriber (Name) of the plan? \_\_\_\_\_

**Emergency Contact Information:**

In the event of a medical emergency, I give Freedom Home Academy and the agents that represent the institution the right to take my child to the nearest hospital or urgent care facility to service medical issues that are deemed urgent.

\_\_\_\_\_  
Parent Print Name

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

\_\_\_\_\_  
Parent Print Name

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

In the event of an emergency, I authorize the following adults to be contacted if I can not be reached.

\_\_\_\_\_  
Full Name

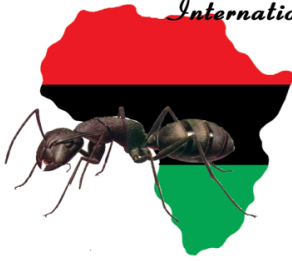
\_\_\_\_\_  
Contact Phone

\_\_\_\_\_  
Full Name

\_\_\_\_\_  
Contact Phone

\_\_\_\_\_  
Full Name

\_\_\_\_\_  
Contact Phone



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**Return this completed application and non-refundable \$50.00  
Application Fee for enrollment.**

**The following adults are authorized to pick or drop off my child to the  
Academy:**

\_\_\_\_\_

Full Name

\_\_\_\_\_

Contact Phone

\_\_\_\_\_

Full Name

\_\_\_\_\_

Contact Phone

\_\_\_\_\_

Full Name

\_\_\_\_\_

Contact Phone

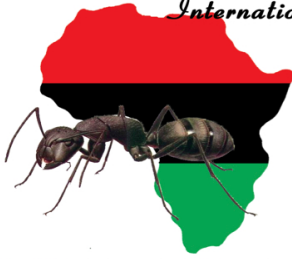
X \_\_\_\_\_  
Parent Signature

**Please list all schools/day care situations prior to this application.**

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

**What is the reason for switching schools? *Please attach other sheets if  
necessary.***

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



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**"The Will & The Skill, Raised Strong."** **ation and non-refundable \$50.00**  
**Application Fee for enrollment.**

**I authorize Freedom Home Academy and agents of to administer medication to my child / children under the following instructions.**

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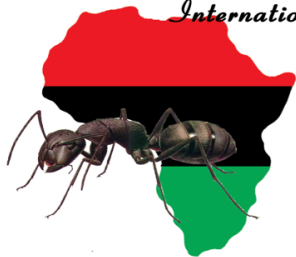
\_\_\_\_\_  
**Child's Name**

**X** \_\_\_\_\_  
**Parent Signature**

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

**X** \_\_\_\_\_  
**Parent Signature**

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



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## **FREEDOM HOME ACADEMY INTERNATIONAL, LLC TERMS OF AGREEMENT**

Freedom Home Academy International, LLC (Freedom Home Academy) academic school year begins January 1 and consists of fifty-two weeks. Any termination of enrollment after the initial six months by parent must be conducted by notifying Freedom Home Academy International, LLC 60 days in advance with the appropriate documentation, being proof of the given event.

Freedom Home Academy requires that parents enroll children for at least six consecutive calendar months at our institution without gaps in the timeline specified, which includes but not limited to:

- full tuition
- one hundred days of student attendance
- parent participation in a minimum of three parent/teacher student progress conferences,
- parent participation in a minimum of three school activities
- adherence to all Code of Conduct and School guidelines as referenced in the enrollment packet.

If termination occurs prior to six months, Freedom Home Academy, LLC holds the right to seek full reimbursement of all tuition fees and penalties.

### **TUITION: \$5,400**

Freedom Home Academy's annual tuition is \$5,400 per student and is assessed in January. This does not include any services that require additional fees, e.g. piano, jujitsu, basketball camp, etc.

Parents may elect one of the following payment options:

Annually	\$5,400.00 due Jan 1
Semi Annually	\$2,700.00 due Jan 1 and Jul 1
Quarterly	\$1,350.00 due Jan 1; Apr 1; Jul 1; and Oct 1
Monthly*	\$450.00 due 1 <sup>st</sup> of each month

**\* Parents that elect to have child not attend during summer months or holidays are still responsible for paying the monthly fee.**

Tuition is to be paid in full on the first day of the month. If the first is a Saturday or Sunday, tuition is due the first Monday.

Freedom Home Academy accepts cash, checks and money orders (made payable to Freedom Home Academy) and Chase Quick Pay payments.

\_\_\_\_\_ Initials

### **APPLICATION/REGISTRATION FEE: \$50**

Parents must complete the Freedom Home Academy application to be considered for enrollment or to be re-enrolled. The application is \$50 and is non refundable.

\_\_\_\_\_ Initials

**ADMINISTRATION FEE \$120**

Students accepted for enrollment will be assessed an annual administration fee of \$120 per family for administration expenses. Administration fees may be paid in full at time of annual registration, or parents may elect to pay in no more than three (3) installments over a 90 day period.

\_\_\_\_\_ Initials

**PRO-RATED FEES**

Tuition and registration fees for students enrolling after January 1s will be pro rated at a rate of \$450 per month for tuition and \$10 per month for registration fee. Parents may still elect to pay tuition on an annual, quarterly or monthly basis.

\_\_\_\_\_ Initials

**FREEDOM HOME ACADEMY FUNDRAISING OBLIGATION**

Every family has a \$150 annual fundraising obligation.

Freedom Home Academy offers parents an opportunity to recoup their fundraising investment. Each family will receive ten (10) tickets valued at \$15 each for admission to Freedom Home Academy’s Annual Student Academic Expo\*. Parents may then sell the tickets to family and friends. Additional tickets will be available to purchase online.

The Academic Student Expo is usually scheduled in June, and showcases the students' academic progress.

\_\_\_\_\_ Initials

**LATE FEE**

A late fee of \$10.00 per day will be assessed to parents’ accounts beginning on the 5<sup>th</sup> day of the month until full payment is received.

Students will not be eligible to register for classes in January if there is an outstanding tuition. Registration or late fee assessed to the account.

\_\_\_\_\_ Initials

**BEFORE/AFTER SCHOOL FEES**

Parents may request an early arrival for their student, considered before 7:30 AM for a fee of \$10.00 per day.

In addition there is a \$1, one dollar per minute surcharge for children left after 6:30 PM, all terms are binding unless otherwise expressed and agreed to in writing.

\_\_\_\_\_ Initials

**FHA PARENT COMMITTEE OBLIGATION/FEES**

Each FHA family is asked to contribute at least (2) community service hours per quarter. Community service hours are opportunities for families to share time, skills or finances in support of school needs. Families choosing not to perform community service hours will be required to pay a fee of \$30 per quarter, submitted to the FHA Parent Committee. The \$30 fee will be collected at the end of each quarter (end of March, June, September, December) and will be used to purchase items on Teacher Wish Lists, FHA community outings and other school needs.



Community service participation will be tracked by the Parent Community Service Chair.  
**Please note: this fee is in no way related to, nor should interfere with your school tuition payment or the Annual Administration fee. Families that can contribute both parent dues and community service hours are encouraged to do so.**

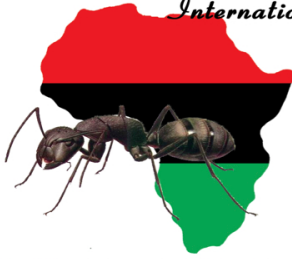
\_\_\_\_\_ Initials

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

**Freedom Home Academy Staff:** \_\_\_\_\_  
(Signature)

**Parent:** \_\_\_\_\_  
(Signature)

*All terms are binding unless otherwise expressed and agreed to in writing.*



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## FREEDOM HOME ACADEMY INTERNATIONAL, LLC TUITION & ADDITIONAL FEES AGREEMENT

I, (name of parents) \_\_\_\_\_, parents of  
(Name of child/children) \_\_\_\_\_, agree to pay Freedom  
Home Academy International, LLC the following annual fees for the school year beginning January 1  
through December 31, 2015.

- \_\_\_\_ Tuition - \$5,400 per student  
\_\_\_\_ Registration Fee - \$50 per family  
\_\_\_\_ Administration Fee - \$120 per family  
\_\_\_\_ Fundraising Obligation - \$150 per family

Fees for start dates after January 1 are pro-rated on a monthly basis.  
Based on the start date (list date \_\_\_\_\_), I am responsible for the following pro rated  
fees.

- \_\_\_\_ Your pro-rated tuition fee due for the 2015 school year is: \_\_\_\_\_  
\_\_\_\_ Your pro-rated administration fee due for the 2015 school year is: \_\_\_\_\_

I elect the following **TUITION** payment schedule (please check one):

- \_\_\_\_ **I. Annually**                   **\$5,400 due Jan 1**  
\_\_\_\_ **II. Semi Annually**       **\$2,700 due Jan 1; Jul 1**  
\_\_\_\_ **III. Quarterly**           **\$1,350 due Jan 1; Apr 1; Jul 1; Oct 1**  
\_\_\_\_ **IV. Monthly**               **\$450 due 1<sup>st</sup> of each month**

I elect the following **ADMINISTRATION FEE** payment schedule (please check one):

- \_\_\_\_ **\$120 to be paid at time of registration**  
\_\_\_\_ **Two \$60 payments to be paid over a two-month period**  
      **(must be paid in full no later than Feb 28)**  
\_\_\_\_ **Three \$40 payments to be paid over a three-month period**  
      **(must be paid in full no later than Mar 31)**

I elect the following **FUNDRAISING** payment schedule (please check one):

- \_\_\_\_ **\$150 payment at time of registration**  
\_\_\_\_ **\$150 payment (must be paid in full no later than Apr 30)**

I have been advised and agree to the following:

- \_\_\_\_\_ If I elect for my child not to attend school for any reason during the contractual agreement, I am responsible for payment on the regularly scheduled date.
- \_\_\_\_\_ Tuition is expected to be paid in full on the first day of the agreed month. If the first day is a Saturday or Sunday, tuition is due the first Monday.
- \_\_\_\_\_ A \$10 per day late fee will be assessed to my account if tuition payment is made after the 5<sup>th</sup> day of the month. Daily charges will be assessed until full payment is received. ***If my tuition balance (including any late fees) is not paid in full by December 31, 2014, my child is not eligible to re-enroll/register for the 2015 school year.***
- \_\_\_\_\_ The annual fundraising obligation is \$150 per family. Each family will receive ten (10) tickets valued at \$15 each for entry to Freedom Home Academy's Annual Student Academic Expo.

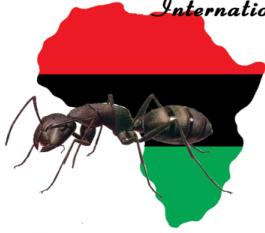
**Date:** \_\_\_\_\_

**Freedom Home Academy Staff:** \_\_\_\_\_  
(Signature)

**Parent:** \_\_\_\_\_  
(Signature)

***All terms are binding unless otherwise expressed and agreed to in writing.***

**FREEDOM HOME ACADEMY**  
*International*



"The Will & The Skill, Raised Strong."

## **ENGAGEMENT ENROLLMENT AGREEMENT**

Freedom Home Academy International, LLC  
11331 S. Michigan Avenue  
Chicago, IL 60628

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**Parent (Client) Name(s)**

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**{Student Name}**

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**{Insert address of Client}**

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**{Date}**

**ENGAGEMENT AGREEMENT**

**Exhibit A:**

As promised, we have set out below a description of the services that Freedom Home Academy International, LLC will provide to you along with a fee assessment with the terms and conditions of this agreement. Freedom Home Academy International, LLC will provide the following services: Freedom Home Academy International, LLC is a learning institution in which cultivates and adheres to the mental development and stimuli of children. By understanding through research there is direct need for the mental, emotional, and social development of children in relation to their prospective age, pace, and learning style. We believe educational development is not simply limited to the learning institution, but in direct correlation, the child's home/parent(s) and or guardian(s), which encompassing the principle that learning is a life long process by which Freedom Home Academy International, LLC provides the essential tools which parents translate, to their desired outcome through individual learning and conditioning techniques. Freedom Home Academy International, LLC, a limited liability corporation, agrees to provide: 1) tutoring, 2) educational consultation, 3) and curriculum innovation 4) educational services prescribed as: Reading & Comprehension, Advanced Mathematics, Creative Writing, Vocabulary Lessons, SAT Training, Spanish, French, Kiswahili, Anatomy, Social Science, History, Culture & Class, Geography, Physics, Astronomy, Computer Science, Tai Chi, Meditation, Jujitsu (additional fee), Private Piano (additional fee), After School tutoring (additional fee), Free time in Gym, 5) Vegan Breakfast, Vegan Lunch.

**Term:** This Agreement shall become effective when consideration & acceptance is approved by signature of both \_\_\_\_\_ and Freedom Home Academy International, LLC, and shall continue in full force and effect until performance and payment shall be completed by a minimum of six months to both the Client and provider, respectively, or until either party terminates this Agreement in accordance with the provisions set forth below.

\_\_\_\_\_ Initials

**Enrollment Agreement:** This is a contract between the Parent(s) and our institution, Freedom Home Academy International, LLC, requires that parents enroll children for at least six consecutive calendar months at our institution without gaps in the timeline specified, which includes but not limited to, full tuition, one hundred days of student attendance, parent

participation in a minimum of three parent/teacher student progress conferences, parent participation in a minimum of three school activities, and adherence to all Code of Conduct and School guidelines as referenced in the enrollment packet. Since Freedom Home Academy's academic school year consists of fifty-two weeks, any termination of enrollment after the initial six months by parent must be conducted by notifying Freedom Home Academy International, LLC 60 days in advance with the appropriate documentation, being proof of the given event. If termination occurs prior to six months, Freedom Home Academy, LLC holds the right to seek full reimbursement of all tuition fees and penalties.

**Postponement/Termination:** The purveyor may suspend and or terminate this agreement at any time that they, Freedom Home Academy International, LLC, and or its representatives so deem fit. In contrast the client may only postpone said agreement if the child falls ill and or relocation occurs. In such an event proof must be provided within a reasonable amount of time to the purveyor. By which the client is still responsible for any balance and all equitable fees.

**Termination for Cause:** Will only be considered after the initial six month commitment is fulfilled and with 60 days prior written notice. All arguable documentation is required to either be hand delivered to the program director or by certified mail to the facilities address. All clients then reserve the right there after to dissolve the contract only after the notice is given & consideration is accepted by the purveyor. All past and present payments must be received and paid for in full. If reasonable discretion is not provided as described and the client so chooses to terminate the mutual Agreement all monetary liability then transfers to the parent and or guardians such as: all indemnities arising from and against all liabilities, losses, costs, damages (including consequential damages), fines, suits, administrative proceedings, judgments, and expenses (including attorneys' and consultants' fees) (collectively referred to as "costs") which may be asserted, claimed or recovered against or imposed upon any collection site legal fees incurred during the recovery efforts. The late fee(s) on past due balances will continue to incur until balance is paid in full or settled at a rate of five percent weekly.

**Termination Without Cause:** Neither party may terminate this Agreement without legal or stated just cause noted within this contract.

\_\_\_\_\_ Initials

**Liability:** Freedom Home Academy International, LLC is not responsible for the acts of any subcontracted third party entities, adjuncts, or staffs' neglect and or action(s) that may arise during the life of this contract and considered as a direct liability to the institution. Or any acts that may either portray the institution and all its members in an ill manner. A gag order is automatically agreed to by the client in such a case until said time of resolution through this, agreed upon, pre-approved arbitration or there after, legal judgment. Any and all defamation conducted by the client pertaining to the learning institution and or its members including students either written or express verbally by the client after the acceptance of this contract is agreed to otherwise be an infraction of this contract an shall be a direct violation to which holds any and all parties involved to monetary recovery through legal action from the purveyor, specifically Freedom Home Academy International, LLC. Freedom Home Academy International, LLC is not responsible for any personal loss of items due to negligence of the client(s), though a minor, guardian(s) have provisional legal rights to the contents within the personal possessions of the individual child and should be aware of all physical contents within

the student possession, and any and all loss is subsequently the sole responsibility of the parent and or the guardian.

**Compensation:** Freedom Home academy is expected to be paid in full at the first Monday of every month unless agreed to in writing, otherwise at a rate of \$450, four hundred and fifty dollars and zero cents is due upon completion of monthly services. This does not include any services that require additional fees, e.g. piano, jujitsu, basketball camp, etc. Also there is a, \$10.00 per day, early drop off, considered before 7:30 AM. In addition there is a \$1, one dollar per minute surcharge for children left after 6:30 PM, all terms are binding unless otherwise expressed and agreed to in writing.

**Payment:** Invoices may be issued after the actual performance of Services and are payable one (1) day after receipt, payment are always consider late if not paid on by the first Monday of every month. All outstanding balances remaining unpaid thirty (30) days after the due date shall be subject to interest at the rate of five percent (5%) per week starting from the due date and continuing until it is paid in full.

**Acceptance:** All parties involved are agreeing to enter this contract and are of both sound body and mind & comprehend to the best of their knowledge all the terms and conditions thereby expressed in this agreement.

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**Parent Signature**

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**Parent Signature**

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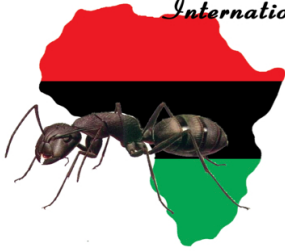
**Student Name**

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**Freedom Home Academy International, LLC**

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**Date**



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**Freedom Home Academy International**

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**Corrective Action/Discipline Form**

I agree and understand that if my child, \_\_\_\_\_ has been deemed disruptive or violating Freedom Home Academy's code of conduct, the institution has the right to enforce any of the below corrective action(s), in addition to the notification of the parent(s) of the incident with enforced corrective action. I also understand that if I waive to any of the below discipline tactics, I must document in writing a waiver, return the waiver to Freedom Home Academy's administration and assume responsibility of removing my child from the premises immediately in the time of incident. This document is honored for the legal custodial parent/guardian. I understand that Freedom Home Academy uses discretion and sound judgement and within reason before administering any of the below discipline tactics. None of the below discipline measures are enforced in excess. Freedom Home Academy, as a private institution, reserves the right to terminate enrollment at any point as documented in the Code of Conduct.

**Corrective Action:**

- Push ups (no longer than 5 minutes)
- Push up stance (no longer than 5 minutes)
- Squat position
- Jumping jacks
- Sit ups
- Isolated corner
- Scolding
- Ruler tap on the hand

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Student Name

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Parent

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Date





## State of Illinois Certificate of Child Health Examination

FOR USE IN DCFS LICENSED CHILD CARE FACILITIES  
CFS 600  
Rev 2/2013



<b>Student's Name</b>			<b>Birth Date</b>	<b>Sex</b>	<b>Race/Ethnicity</b>	<b>School /Grade Level/ID#</b>
Last	First	Middle	Month/Day/Year			
<b>Address</b>			<b>Parent/Guardian</b>		<b>Telephone # Home Work</b>	
Street			City		Zip Code	

**IMMUNIZATIONS:** To be completed by health care provider. Note the mo/da/yr for every dose administered. The day and month is required if you cannot determine if the vaccine was given *after* the minimum interval or age. **If a specific vaccine is medically contraindicated, a separate written statement must be attached explaining the medical reason for the contraindication.**

Vaccine / Dose	1 MO DA YR			2 MO DA YR			3 MO DA YR			4 MO DA YR			5 MO DA YR			6 MO DA YR		
	<b>DTP or DTaP</b>																	
<b>Tdap; Td or Pediatric DT</b> (Check specific type)	<input type="checkbox"/> Tdap <input type="checkbox"/> Td <input type="checkbox"/> DT			<input type="checkbox"/> Tdap <input type="checkbox"/> Td <input type="checkbox"/> DT			<input type="checkbox"/> Tdap <input type="checkbox"/> Td <input type="checkbox"/> DT			<input type="checkbox"/> Tdap <input type="checkbox"/> Td <input type="checkbox"/> DT			<input type="checkbox"/> Tdap <input type="checkbox"/> Td <input type="checkbox"/> DT			<input type="checkbox"/> Tdap <input type="checkbox"/> Td <input type="checkbox"/> DT		
<b>Polio</b> (Check specific type)	<input type="checkbox"/> IPV <input type="checkbox"/> OPV			<input type="checkbox"/> IPV <input type="checkbox"/> OPV			<input type="checkbox"/> IPV <input type="checkbox"/> OPV			<input type="checkbox"/> IPV <input type="checkbox"/> OPV			<input type="checkbox"/> IPV <input type="checkbox"/> OPV			<input type="checkbox"/> IPV <input type="checkbox"/> OPV		
<b>Hib</b> Haemophilus influenza type b																		
<b>Hepatitis B (HB)</b>																		
<b>Varicella</b> (Chickenpox)										<b>COMMENTS:</b>								
<b>MMR</b> Combined Measles Mumps. Rubella																		
<b>Single Antigen Vaccines</b>	<b>Measles</b>			<b>Rubella</b>			<b>Mumps</b>											
<b>Pneumococcal Conjugate</b>																		
<b>Other/Specify</b> Meningococcal, Hepatitis A, HPV, Influenza																		

**Health care provider (MD, DO, APN, PA, school health professional, health official) verifying above immunization history must sign below.** If adding dates to the above immunization history section, put your initials by date(s) and sign here.)

<b>Signature</b>	<b>Title</b>	<b>Date</b>
<b>Signature</b>	<b>Title</b>	<b>Date</b>

**ALTERNATIVE PROOF OF IMMUNITY**

**1. Clinical diagnosis is acceptable if verified by physician.** \*(All measles cases diagnosed on or after July 1, 2002, must be confirmed by laboratory evidence.)

\*MEASLES (Rubeola) MO DA YR MUMPS MO DA YR VARICELLA MO DA YR Physician's Signature

**2. History of varicella (chickenpox) disease is acceptable if verified by health care provider, school health professional or health official.**  
Person signing below is verifying that the parent/guardian's description of varicella disease history is indicative of past infection and is accepting such history as documentation of disease.

Date of Disease	Signature	Title	Date
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**3. Laboratory confirmation (check one)** Measles Mumps Rubella Hepatitis B Varicella  
**Lab Results** Date MO DA YR (Attach copy of lab result)

VISION AND HEARING SCREENING BY IDPH CERTIFIED SCREENING TECHNICIAN													
<b>Date</b>													<b>Code:</b> P = Pass F = Fail U = Unable to test R = Referred G/C = Glasses/Contacts
<b>Age/Grade</b>													
	R	L	R	L	R	L	R	L	R	L	R	L	
<b>Vision</b>													
<b>Hearing</b>													

Last First Middle	Birth Date Month/Day/ Year	Sex	School	Grade Level/ ID
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**HEALTH HISTORY TO BE COMPLETED AND SIGNED BY PARENT/GUARDIAN AND VERIFIED BY HEALTH CARE PROVIDER**

<b>ALLERGIES</b> (Food, drug, insect, other)			<b>MEDICATION</b> (List all prescribed or taken on a regular basis.)		
Diagnosis of asthma?	Yes	No	Loss of function of one of paired organs? (eye/ear/kidney/testicle)	Yes	No
Child wakes during night coughing?	Yes	No	Hospitalizations? When? What for?	Yes	No
Birth defects?	Yes	No	Surgery? (List all.) When? What for?	Yes	No
Developmental delay?	Yes	No	Serious injury or illness?	Yes	No
Blood disorders? Hemophilia, Sickle Cell, Other? Explain.	Yes	No	TB skin test positive (past/present)?	Yes*	No
Diabetes?	Yes	No	TB disease (past or present)?	Yes*	No
Head injury/Concussion/Passed out?	Yes	No	Tobacco use (type, frequency)?	Yes	No
Seizures? What are they like?	Yes	No	Alcohol/Drug use?	Yes	No
Heart problem/Shortness of breath?	Yes	No	Family history of sudden death before age 50? (Cause?)	Yes	No
Heart murmur/High blood pressure?	Yes	No	Dental <input type="checkbox"/> Braces <input type="checkbox"/> Bridge <input type="checkbox"/> Plate <input type="checkbox"/> Other		
Dizziness or chest pain with exercise?	Yes	No	Information may be shared with appropriate personnel for health and educational purposes.		
Eye/Vision problems? _____ Glasses <input type="checkbox"/> Contacts <input type="checkbox"/> Last exam by eye doctor _____ Other concerns? (crossed eye, drooping lids, squinting, difficulty reading)			<b>Parent/Guardian Signature</b>	<b>Date</b>	
Ear/Hearing problems?	Yes	No			
Bone/Joint problem/injury/scoliosis?	Yes	No			

**PHYSICAL EXAMINATION REQUIREMENTS Entire section below to be completed by MD/DO/APN/PA**  
**HEAD CIRCUMFERENCE** if < 2-3 years old      **HEIGHT**      **WEIGHT**      **BMI**      **B/P**

**DIABETES SCREENING** (NOT REQUIRED FOR DAY CARE) **BMI>85% age/sex** Yes  No  And any two of the following: **Family History** Yes  No   
**Ethnic Minority** Yes  No  **Signs of Insulin Resistance** (hypertension, dyslipidemia, polycystic ovarian syndrome, acanthosis nigricans) Yes  No  **At Risk** Yes  No

**LEAD RISK QUESTIONNAIRE** Required for children age 6 months through 6 years enrolled in licensed or public school operated day care, preschool, nursery school and/or kindergarten. (Blood test required if resides in Chicago or high risk zip code.)

**Questionnaire Administered?** Yes  No       **Blood Test Indicated?** Yes  No       **Blood Test Date**      **Result**

**TB SKIN OR BLOOD TEST** Recommended only for children in high-risk groups including children immunosuppressed due to HIV infection or other conditions, frequent travel to or born in high prevalence countries or those exposed to adults in high-risk categories. See CDC guidelines.      **No test needed**       **Test performed**

**Skin Test: Date Read** / /      **Result: Positive**  **Negative**       **mm** \_\_\_\_\_

**Blood Test: Date Reported** / /      **Result: Positive**  **Negative**       **Value** \_\_\_\_\_

LAB TESTS (Recommended)	Date	Results	Date	Results
Hemoglobin or Hematocrit			Sickle Cell (when indicated)	
Urinalysis			Developmental Screening Tool	

SYSTEM REVIEW	Normal	Comments/Follow-up/Needs	Normal	Comments/Follow-up/Needs
Skin			Endocrine	
Ears			Gastrointestinal	
Eyes		Amblyopia Yes <input type="checkbox"/> No <input type="checkbox"/>	Genito-Urinary	LMP
Nose			Neurological	
Throat			Musculoskeletal	
Mouth/Dental			Spinal Exam	
Cardiovascular/HTN			Nutritional status	
Respiratory		<input type="checkbox"/> Diagnosis of Asthma	Mental Health	
Currently Prescribed Asthma Medication: <input type="checkbox"/> Quick-relief medication (e.g. Short Acting Beta Agonist) <input type="checkbox"/> Controller medication (e.g. inhaled corticosteroid)			Other	

**NEEDS/MODIFICATIONS** required in the school setting      **DIETARY** Needs/Restrictions

**SPECIAL INSTRUCTIONS/DEVICES** e.g. safety glasses, glass eye, chest protector for arrhythmia, pacemaker, prosthetic device, dental bridge, false teeth, athletic support/cup

**MENTAL HEALTH/OTHER** Is there anything else the school should know about this student?  
 If you would like to discuss this student's health with school or school health personnel, check title:  Nurse  Teacher  Counselor  Principal

**EMERGENCY ACTION** needed while at school due to child's health condition (e.g. seizures, asthma, insect sting, food, peanut allergy, bleeding problem, diabetes, heart problem)?  
 Yes  No  If yes, please describe.

On the basis of the examination on this day, I approve this child's participation in \_\_\_\_\_ (If No or Modified please attach explanation.)

**PHYSICAL EDUCATION** Yes  No  Modified       **INTERSCHOLASTIC SPORTS** Yes  No  Limited

Print Name \_\_\_\_\_ (MD,DO, APN, PA)      Signature \_\_\_\_\_      Date \_\_\_\_\_

Address \_\_\_\_\_      Phone \_\_\_\_\_

(Complete Both Sides)

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

To whom it may concern:

Re: Illinois Immunization Religious Exemption **77 Ill. Adm. Code 655.510**

In accordance with **77 Illinois Administrative Code 655.510**, we hereby state that as parents, based on our religious beliefs, we object to the following vaccinations, including but not limited to: diphtheria, pertussis, tetanus, (DPT, DTaP), poliomyelitis, measles, rubella, mumps (MMR), varicella, Hib, hepatitis B for our child

\_\_\_\_\_.

Our family's personal religious beliefs prohibit the injection of foreign substances into our bodies. We believe that the Holy Bible teaches that parents are responsible for the care of their children. We believe that we cannot willfully go against the law of God, and fully put our trust in Him for our child's health.

Vaccines contain foreign substances that are dangerous to humans.

The Bible teaches that we shall keep the blood pure, and keep the seed from being mixed. Obviously, when genetic materials from bacteria, viruses, yeast, animals, birds, and other humans are injected during vaccination, the blood gets contaminated, and genetic changes occur. God warned not to do this. To do so would violate these teachings of the Bible. Our objection is based on our deeply-held religious beliefs.

The rubella vaccine contained in the MMR immunization was developed from cell lines derived from human embryos. The attenuated virus used to produce the Rubella vaccine (**RA27/3**) was obtained from an aborted fetus and then cultivated on fetal tissue from another aborted baby (**WI-38**).

The Chickenpox vaccine containing **WI-38**, **MRC-5** and Hepatitis-A vaccine (**MRC-5**) were obtained from human babies that were electively aborted.

The Hepatitis-B vaccine protects against a disease that is only transmitted through multiple sexual partners or street IV drug users and therefore usurps our parental authority to condemn such activity in our child. The acceptance of this vaccine promotes sexual promiscuity and immoral behavior in direct contradiction to the teachings of our faith.

The VARIVAX vaccination is cultured on aborted fetal tissue cell lines **WI-38** and **MRC-5**, which were obtained through human babies that were electively aborted. Our personal religious beliefs hold abortion to be against the will of God. "***Thou shalt not kill***" scripture tells us in **Exodus 20:13**.

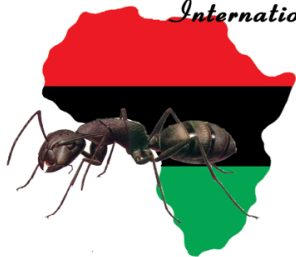
The vaccination of our child violates laws put forth within us by a higher power at the time of conception.

Our personal religious beliefs include our obedience to God's law, and we believe that we are responsible before God for the life and safety of our child, created by God.

Sincerely,

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

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



"The Will & The Skill, Raised Strong."

11331 S. Michigan Avenue  
Chicago, IL 60628  
773-634-0616  
[freedomhomeacademy2@gmail.com](mailto:freedomhomeacademy2@gmail.com)  
[www.fhaintl.org](http://www.fhaintl.org)

**FREEDOM HOME ACADEMY INTERNATIONAL, LLC  
CHASE QUICKPAY FORM & POLICY**

**Parent Name:** \_\_\_\_\_

**Student Name:** \_\_\_\_\_

**E-Mail Address from which FHA will receive payments:**

\_\_\_\_\_

I understand that if I make payments to Freedom Home Academy International, LLC via Chase QuickPay, I understand and agree to the following:

- 1) The Chase QuickPay confirmation that I receive will serve as my record of payment to Freedom Home Academy.
- 2) If making a monthly, quarterly, or annual tuition payment (as noted/agreed to on my tuition contract) via Chase QuickPay, full payment is mandatory; no partial payments will be accepted.
- 3) If making a monthly tuition payment via Chase QuickPay, payment must be made by the 5th of the month. After the 5th, a \$10 late fee per day will be assessed.
- 4) The e-mail address to direct payments to via Chase QuickPay is: **Akob314@yahoo.com**.

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

**Freedom Home Academy Staff:** \_\_\_\_\_  
(Signature)

**Parent:** \_\_\_\_\_  
(Signature)

*All terms are binding unless otherwise expressed and agreed to in writing.*



# FHA Parent Committee

## Mission

To create a community of support that brings home and school together to accomplish common goals. To enhance our children's Afrikan culture as they grow to become global leaders. The FHA Parent Committee encourages the widest possible parent support and involvement in school issues and activities. **All parents of FHA are required to be members of the FHA Parent Committee. To be an active member, parents are asked to volunteer time and/or pay dues.**

### 2015 FHA Parent Committee General Meeting Dates:

Saturday, January 10, 2015 - 10 am

Saturday, April 4, 2015 - 10 am

Saturday, October 10, 2015 - 10 am

Saturday, December 5, 2015 - 10 am

### Family Community Service Hour Initiative

The FHA Parent Committee is committed to ensuring a well-supported, well-functioning learning environment for our children. We understand that a good school requires parent involvement and support.

Effective January 2015, each FHA family is asked to contribute at least (2) community service hours per quarter. Community service hours are opportunities for families to share time, skills or finances in support of school needs.

Families choosing not to perform community service hours will be asked to pay a fee of \$30 per quarter, submitted to the FHA Parent Committee. The \$30 fee will be collected at the end of each quarter (end of March, June, September, December) and will be used to purchase items on Teacher Wish Lists, FHA community outings & other school needs.

Community service participation will be tracked by the Parent Community Service Chair. It's important to note that this fee is in no way related to, nor should interfere with your school tuition payment or the Annual Academy fee. Families that can contribute both parent dues and community service hours are encouraged to do so.

**\*Please indicate that you understand that participation on the FHAPC is required, and that you agree to commit to participating on the FHAPC.**

-----  
Parent Signature

-----  
Date

-----  
Parent Signature

-----  
Date

**Freedom Home Academy Parent Committee  
Parent Questionnaire**

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

**Parent Name (1):** \_\_\_\_\_

Cell number: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

**Parent Name (2):** \_\_\_\_\_

Cell number : \_\_\_\_\_

E-mail address: \_\_\_\_\_

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

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

Do you own a business? \_\_\_\_\_

Product/Service Provided: \_\_\_\_\_

Name of Business: \_\_\_\_\_

**Children**

Name	Name	Name
Age	Age	Age
DOB	DOB	DOB

Why were you interested in enrolling your child into Freedom Home Academy?

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What are your hobbies/interests?

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Why do you feel parent involvement on the FHAPC is important to you child's academic development?

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How many hours a month are you willing to donate to fulfill various needs of FHA and the FHAPC?

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