



Classroom Enrollment Application

2018-19 School Year

School of Enrichment emphasizes on individualized education, social emotional development, experiential learning, academics, and outdoor recreation. We don't simply develop the mind. We develop character. Personality. Potential. Your pride is our joy. It's all to prepare students for success in life.

Please check the preferred program. Class enrollment based on developmental readiness and age.

- **Kindergarten**
{5 - 6}
8am-4pm
4-5 days a week

- **Pre-K**
{4} Typically the year before Kindergarten
8am-12pm or 8am-4pm
2, 3, 4 or 5 days a week

- **Preschool**
{2 ½ - 3} Introduction to school
8am-12pm or 8am-4pm
2, 3, 4 or 5 days a week

Child's Name: _____

Child's Gender: _____

Date of Birth: _____

How did you discover School of Enrichment? _____

Parent or Guardian's Information:

Name: _____

Address: _____

Home Phone: _____

Cell Phone: _____

E-mail: _____

Employer Name: _____

Employer Address: _____

Employer Phone: _____

Working Hours: _____

Parent or Guardian's Information:

Name: _____

Address (if different): _____

Home Phone: _____

Cell Phone: _____

E-mail: _____

Employer Name: _____

Employer Address: _____

Employer Phone: _____

<i>For School of Enrichment Staff only</i>	
Allergies	Y N
Photos	Y N
Custody	Y N
Holiday exceptions	Y N
Reviewed application:	_____ (initial)

Working Hours: _____

Emergency contacts authorized to contact and pick up your child

Local Emergency Contact #1:

Contact Name: _____

Address: _____

Telephone: _____

Relationship: _____

Local Emergency Contact #2:

Contact Name: _____

Address: _____

Telephone: _____

Relationship: _____

Other Adults Authorized to pick up your child (nanny's, grandparents, friends parents, etc.)

{Any additions to this list must be made in writing and in person. Please be aware that anyone picking up your child other than you will need to provide picture identification, even if they are identified on this list.}

Full Name/Relationship/Phone: _____

Full Name/Relationship/Phone: _____

Is there anyone who has a legal restraining order prohibiting or limiting contact with your child?

Yes No If yes please list his/her name and attach the required documentation.

Name and relationship to child: _____

Are there any custody or visiting arrangements we need to be aware of?

If yes, please state with whom: _____

Health Information and Developmental History

Primary Physician: _____

Phone: _____

Health Insurance Company: _____

Child's Primary Language: _____

Developmental History: _____

Does your child have any special needs? _____

General Health: _____

Any known complications at birth: _____

Serious illness and /or hospitalization: _____

Special physical conditions, disabilities: _____

Do they have a sibling? If yes, names and ages: _____

Allergies: food reactions, asthma, hay fever, insect bites or medicine:

(include reaction & treatment)

Have they ever been stung by a bee, wasp or hornet? _____

Regular Medications: _____

Eating Habits: _____

Special Diet: _____

Favorite Foods: _____

Foods Refused: _____

Toilet Habits: _____

How does your child indicate their bathroom needs? _____

Is your child ever reluctant to use the bathroom? _____

Any specific toileting needs we need to be aware of?

Sleeping Habits: _____

Does your child become tired or nap during the day? _____

If yes, what time and for how long? _____

When does your child go to sleep at night? _____

When does he/she get up? _____

Any special naptime needs? _____

Social Relationships: _____

How would you describe your child?

Has your child been in school or daycare before? If yes, where?

How does your child react to strangers? _____

Is your child able to play alone? _____

What are your child's favorite toys or activities? _____

What does your child fear (dark, spiders)? _____

How is your child comforted? _____

How does your child express anger and frustration? _____

What type of behavior management is used at home?

How would you describe your child's personality?

What would you like your child to gain from his/her School of Enrichment experience? _____

Is there anything else you would like us to know about your child?

Parent/Guardian Signature: _____

Date: _____

Emergency Care—Authorization and Consent Form

I understand that every effort will be made to contact me in the event of an emergency requiring medical attention for my child _____ however, if I cannot be reached, I hereby authorize School of Enrichment to transport my child to the hospital and to secure for my child the necessary treatment. I understand the teachers at the preschool are trained in the basics of first aid and I authorize them to give my child first aid and CPR when appropriate.

Parent/Guardian Signature: _____

Date: _____

Emergency Evacuation Information Sheet

Child's name: _____

Date of Birth: _____

Parent/Guardian: _____

Contact Number: _____

Parent/Guardian: _____

Contact Number: _____

Back up/ emergency contacts and phone numbers who are authorized to pick up your child in case of an emergency if parents/guardians cannot be reached:

Name: _____

Relationship: _____

Phone Number: _____

Name: _____

Relationship: _____

Phone Number: _____

If emergency medical care is necessary, I give School of Enrichment, its staff, and/or its management permission for any treatment deemed necessary.

I hereby warrant to School of Enrichment that I am entitled to legal custody and possession of my child and accordingly am authorized to place my child in your care and custody, and further am authorized to sign this emergency evacuation information form.

Parent/Guardian Signature: _____

Date: _____

Permission/Consent Form

I hereby give my permission for my child to be cared for by School of Enrichment and for my child to use all of the play equipment and participate in all activities of the school.

Parent/Guardian Signature: _____

Date: _____

I hereby grant permission for my child to leave the school premises under the supervision of the staff members for planned neighborhood walks or field trips.

Parent/Guardian Signature: _____

Date: _____

I hereby release and hold harmless School of Enrichment, its staff and agents, from any loss or damage to toys, clothes, or any other personal items or articles. I relieve the school of all responsibility for accidents and injuries, claims, damages, or other liabilities for injuries to or damage by my child both on and off the premises, which are not a result of gross negligence by the school, its staff or agents.

Parent/Guardian Signature: _____

Date: _____

I grant permission for my child to be included in pictures connected with School of Enrichment. My child may be photographed for publicity or news purposes.

_____ on site _____ off site.

Parent/Guardian Signature: _____

Date: _____

Notice of Available Information

The following items shall be posted where they may be viewed by parents (Bulletin Board):

- 1) Notification of a communicable disease outbreak.
- 2) The evacuation plan.

The following items are available for the parents to review:

- A) The guidance policy.
- B) The current month's menu and child's daily information.
- C) The description of the general routine.

I have reviewed this form and understand that the information listed above is available at the School of Enrichment for my review.

Parent/Guardian Signature: _____

Date: _____

Schedule Information

Anticipated start date: _____

Circle requested program

Half Day Morning Program

Full Day Program

Morning (*circle requested schedule*)

Monday Tuesday Wednesday Thursday Friday

Drop off: 8:00am - Pick up: By 12:00pm

Full day (*circle requested schedule*)

Monday Tuesday Wednesday Thursday Friday

Drop off: 8:00am - Pick up: By 4:00pm

After School Program

Monday through Friday – 4:00pm to 5:30pm

Please schedule after acceptance to program

Any additional comments/notes regarding schedule choices:

Monthly Tuition

Half Day Programs

2 days a week \$350/month

3 days a week \$450/month

4 days a week \$600/month

5 days a week \$700/month

Full Day Programs

2 days a week \$575/month

3 days a week \$725/month

4 days a week \$900/month

5 days a week \$1000/month

Annual Tuition

Tuition is reduced by 3% when paid annually for 12 months

Half Day Programs

2 days a week \$4,074

3 days a week \$5,238

4 days a week \$6,984

5 days a week \$8,148

Full Day Programs

2 days a week \$6,693

3 days a week \$8,439

4 days a week \$10,477

5 days a week \$11,640

After School Program

Punch Cards: \$100/12 visits or \$150/month unlimited

Annual Material Fee: \$250 Due upon acceptance

Application Fee: \$50 New applicants only

***Tuition, Material and Application Fee is non-refundable*

I agree to pay in advance for each month, by the 1st of the month, for my child to attend School of Enrichment on the days listed above.

Parent/Guardian Signature: _____

Date: _____

Tuition Agreement

Payment due: Tuition invoices are electronically delivered on the 25th of every month. Payment for tuition is due on the 1st of the month. We allow a 5 day grace period until the 5th of the month. I understand that my child may be withdrawn from the program for non-payment of my student's tuition.

Late Payments: Please make arrangements ahead of time if payment will be late. Otherwise, Payments after the 5th will be considered late and will be charged a \$25.00 late fee.

There is no monetary credit given for holidays or days absent due to illness, vacation, or otherwise. Each month's tuition is prorated to consider school closures and tuition is the same every month of the year. Tuition is non-refundable.

Returned checks are subject to bank fees. Returned checks must be redeemed with a money order within 24 hours of notification. There is a \$25 fee for all returned checks. School of Enrichment may require that future tuition payments are made through money orders. All tuition payments are to be mailed to our professional bookkeeping service. Onsite payments are not accepted.

If a child is picked up late the late pick up fee is \$10.00 for the first 15 minutes after 12:00pm, 4:00pm or 5:30pm and \$10.00 thereafter for each 5 minutes of time. This payment will automatically be included on the following tuition invoice. Drop off is at 8:00am. We do not have early drop offs.

A minimum of 30 days written notification must be given for withdrawal from the monthly program. Tuition will accrue for 30 days from the date written notice is received. All tuition charges are non-refundable.

I understand and accept that there is no credit for absences and days that the school is closed and that the annual material fee is non-refundable. All fees and policies are subject to change without notice. When possible, 30 days written notice will be given.

I have read and accept the conditions outlined in the Parent Handbook, the Enrollment Application, and the Tuition Agreement. This contract is effective for the duration of the 2018-19 school year at School of Enrichment.

Parent/Guardian Signature: _____ Date: _____