

## Enrollment and Tuition Agreement

Completion of this Enrollment Agreement is required for enrollment. We request this information in order to comply with state licensing regulations and to maintain accurate records. Please attach a recent photo of your child.

<b>I. GENERAL INFORMATION; EMERGENCY AUTHORIZATION</b>	Child's last name		Child's first name		Nickname	
	Child's Home Address				Child's primary language, if other than English	
	M / F	Date of birth	Age	Race	Hair color	Eye color
	Identifying Marks			Who has legal custody of the child? <i>If any custody agreement or court order is in effect, please supply latest order. Check here if court order attached.</i> <input type="checkbox"/>		
	Child's Allergies			Dietary Restrictions or Special Diets		
	Daily schedule (for example, eating, sleeping, toileting, and play habits)					
	Particular fears; unique behavior characteristics; & accustomed mode of reassurance and comfort					
	Describe (& submit) early intervention assessments; special physical or emotional limitation requests; and/or IEP documentation.					
	Chronic illness or other medical conditions					
	Medication regularly taken and possible side effects					
	<b>Child's physician contact information</b> Name: _____ Address: _____ Telephone: _____					
	<b>Child's dentist contact information</b> Name: _____ Address: _____ Telephone: _____					
	<p>In case of a medical or other emergency while my child is under the school's supervision, I understand that a faculty or staff member will attempt to contact me immediately; however, in the event that I cannot be reached, or when a delay would further jeopardize my child's health, I hereby authorize an authorized Laurel School person to act on my behalf and to take the emergency measures indicated below if deemed necessary by the Laurel School or by medical authorities for the care and protection of my child, _____ (<i>child's name</i>):</p> <ul style="list-style-type: none"> <li>• Consult the physician or dentist named above if I cannot be reached.</li> <li>• Administer first aid and/or cardiopulmonary resuscitation (CPR).</li> <li>• Transport my child via ambulance or other emergency medical service to a local hospital or other urgent care facility, if deemed necessary by paramedics, police, or other emergency personnel.</li> <li>• Obtain any emergency medical or dental treatment deemed necessary by medical authorities; including but not limited to an epinephrine auto-injection for suspected exposure to a life threatening allergy</li> <li>• Transport my child via private, authorized vehicle to a local emergency shelter in the event of an emergency evacuation of our facility.</li> </ul> <p>Additional instructions, if any: _____</p>					
	<b>Parent / Guardian's Signature</b> _____				<b>Date</b> _____	
<p>*As a condition of enrollment, you must authorize The Laurel School to secure any and all necessary emergency medical treatment for your child in the event that you cannot be reached. If you wish to request a religious or personal exemption, state licensing authorities must be consulted to determine if such an exemption may be granted.</p>						

**II. FAMILY INFORMATION, PRIMARY, EMERGENCY, AND CONTINGENCY RELEASE PERSONS**

Brief Child's Developmental History:	
Parent #1/ guardian's name	Phone
Street address	Cell phone
Town/City	State & Zip
Employer	e-mail address
Employer	Work phone
Parent #2 / guardian's name	Phone
Street address	Cell phone
Town/City	State & Zip
Employer	e-mail address
Employer	Work phone
<b>PRIMARY RELEASE PERSONS</b>	
The persons designated in this section will drop off and pick up my child <u>on a permanent, regular basis.</u>	
Name	Home phone Cell phone
Relationship to child	
Name	Home phone Cell phone
Relationship to child	
<b>EMERGENCY CONTACT &amp; RELEASE PERSONS * (Do not include parents/guardians.)</b> The persons designated in this section will be contacted by The Laurel School and are authorized to pick up my child <b><u>if there is a medical or other emergency and I cannot be reached.</u></b>	
Name	Home phone Cell phone
Relationship to child	
Name	Home phone Cell phone
Relationship to child	
<b>CONTINGENCY RELEASE PERSONS (Do not include parents/guardians.)</b> The persons designated in this section are authorized to pick up my child <b><u>on an occasional basis,</u></b> with or without my advance notification, and may be contacted by The Laurel School to pick up my child <b><u>after our scheduled closing time</u></b> if I fail to arrive and cannot be reached.	
Name	Home phone Cell phone
Relationship to child	
Name	Home phone Cell phone
Relationship to child	
I authorize The Laurel School to release my child to the persons designated above if there is an emergency involving my child and I cannot be reached by a faculty and/or staff member, or if I fail to pick up my child by the scheduled closing time and fail to contact the school and cannot be reached by a faculty and/or staff member	
Parent / Guardian's Signature _____ Date _____	

**III. PARENTAL CONSENTS AND RELEASES**

**Emergency Medical Care**

I understand that every effort will be made to contact me in the event of an emergency requiring medical attention for my child. If I cannot be reached, I authorize The Laurel School faculty and/or staff members to have my child transported to the nearest hospital or medical center, and to secure the necessary medical treatment for my child.

Parent / Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

**First Aid/CPR**

I give permission for faculty and/or staff members to perform basic first aid and emergency CPR.

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

**Field Trips – Restricted (five years old and older)**

I give permission for my child to participate in field trips but I will be given specific explanation and instruction for each field trip, including the method of transportation.

Parent / Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Photographs/Videotapes**

I give permission for my child to be photographed at school and during program functions and field trips. I understand that the photographs may be taken by a faculty and/or staff members or by other parents. Photos may be used for promotional and display purposes related to school activities and/or advertisements (names are not published with pictures). I agree to receive a secure login and password from The Laurel School to access and post school pictures on our photo gallery site. These permissions, login and passwords are confidential and specific to our school families and will not be shared or given out in order to respect the confidentiality of the school families.

Parent / Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

**School Directory/Class List Contact Information**

I give The Laurel School permission to include my child's name and contact information in our school directory and classroom lists. This information is available to our families, faculty, and/or staff members (only).

Parent / Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Medication Authorization**

I authorize The Laurel School faculty and/or staff to apply the topical, non-prescription medications indicated below, as needed, according to the dosage instructions on the medication container.

Sunscreen (*provided by parent/guardian*): Yes \_\_\_\_\_ No \_\_\_\_\_

Insect repellent (*provided by parent/guardian*): Yes \_\_\_\_\_ No \_\_\_\_\_

Bacitracin Ointment (*provided by school*): Yes \_\_\_\_\_ No \_\_\_\_\_

Calamine Lotion/Benadryl Cream (*provided by school*): Yes \_\_\_\_\_ No \_\_\_\_\_

For any **non-prescription medication** not listed above, if permitted by state licensing, I will provide written authorization for faculty and/or staff members to administer the medication in accordance with written instructions from myself or the child's health care professional, as required; I agree to provide any such medications or other supplies..

For any **prescription medication**, I will provide written dosage and frequency instructions from the child's health care professional (and also my written authorization, required by state licensing) and will provide the medication in its original container with the pharmacist's label.

Parent / Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

#### IV. TERMS AND CONDITIONS OF ENROLLMENT

This Agreement is entered into between the undersigned parent(s)/guardians and The Laurel School. I have received copies or have access to the Tuition Schedule, Family Handbook, and any state licensing documents required to be distributed to parents/guardians. I understand that these documents contain policies, procedures, and rules by which the school operates.

I understand that all of my child's enrollment and medical forms must be completed and immunization records provided before my child may attend classes, and that these records must be kept current at all times. I agree to notify The Laurel School in the event that any information contained in this Agreement changes. I will provide The Laurel School with any medical or immunization updates and will inform the school of any conditions, illnesses, allergies, or other special needs that may require specific care or attention.

I agree to pay the tuition and fees indicated on the Tuition and Fees Schedule when required, including the application fee, a security deposit (applied to tuition balance), and annual tuition. I understand that the application and extra fees, security deposit and tuition are non-refundable.

Tuition is due in advance of services rendered and according to the Tuition and Fees Schedule. If tuition is not paid by the due date, a late fee will be charged per the Tuition and Fees Schedule. I understand that my child will not be permitted to attend school until my account is current or I have arranged with the business manager a payment plan.

For any payment that is returned by my bank for any reason, I agree to pay a returned-check/payment fee per the attached Tuition and Fees Schedule.

I have received a completed and signed copy of this Agreement and agree to the terms and conditions contained herein. I accept the conditions of this Agreement as school policy and realize that these policies may be revised as necessary without prior notice.

I understand The Laurel School reserves the right at all times to withhold services and may refuse to provide or continue service at its sole discretion and without cause.

\_\_\_\_\_  
**Parent / Guardian's Signature**

\_\_\_\_\_  
**Print Name**

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

\_\_\_\_\_  
**Head of School Signature**

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

Enrollment Agreement reviewed annually. Date reviewed: Signature:
Enrollment Agreement reviewed annually. Date reviewed: Signature:

\_\_\_\_\_  
**Parent / Guardian's Signature**

\_\_\_\_\_  
**Print Name**

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

Enrollment Agreement reviewed annually. Date reviewed: Signature:
Enrollment Agreement reviewed annually. Date reviewed: Signature: