

## 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.

<b>I. GENERAL INFORMATION; EMERGENCY AUTHORIZATION</b>	Child's last name		Child's first name		Nickname	
	2007/2008 School Year		Start date		Termination date and reason	
	M / F	Date of birth	Age	Race	Hair color	Eye color
	Identifying Marks			Please attach a recent photo of child		
	<b>For Preschool Students</b>					
	Circle days enrolled:					
	Monday	Tuesday	Wednesday	Thursday	Friday	
	<b>For All Students</b>					
	<b>Extended day schedule</b>					
	Monday: Before School _____			After School from _____ to _____		
Tuesday: Before School _____			After School from _____ to _____			
Wednesday: Before School _____			After School from _____ to _____			
Thursday: Before School _____			After School from _____ to _____			
Friday: Before School _____			After School from _____ to _____			
<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 center'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.</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> _____			

\* 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.

**II. BACKGROUND AND PARENT CONTACT INFORMATION**

Child's name		
Child's home address		Home phone
Child's or parent's primary language, if other than English		
<b>Allergies</b>		<b>Dietary restrictions</b>
Daily schedule (for example, eating, sleeping, toileting, and play habits)		
Particular fears or unique behavior characteristics		
Please give us your assessment of your child's overall health		
Chronic illness or other medical conditions		
Medication regularly taken		
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. <input type="checkbox"/></i>		
Siblings Name: _____ Age: _____ Name: _____ Age: _____ Name: _____ Age: _____		
Parent #1/ guardian's name		Phone
Street address		Cell phone
Town/City	State & Zip	e-mail address
Employer		Work phone
Employer's address		Employer web site
Parent #2 / guardian's name		Phone
Street address		Cell phone
Town/City	State & Zip	e-mail address
Employer		Work phone
Employer's address		Employer web site

**III. PRIMARY, EMERGENCY, AND CONTINGENCY RELEASE PERSONS**

**PRIMARY RELEASE PERSONS**  
 The persons designated in this section will drop off and pick up my child on a permanent, regular basis.  
 (Include yourself and your spouse/partner, if applicable.)

Name	Home phone Cell phone
Relationship to child	Work phone
Address	
Name	Home phone Cell phone
Relationship to child	Work phone
Address	
Name	Home phone
Relationship to child	Work phone
Address	

**EMERGENCY CONTACT & RELEASE PERSONS \***  
 (Do not include parents/guardians.) The persons designated in this section will be contacted by The Laurel School and are authorized to pick up my child if there is a medical or other emergency and I cannot be reached.

Name	Home phone Cell phone
Relationship to child	Work phone
Address	
Name	Home phone Cell phone
Relationship to child	Work phone
Address	

**CONTINGENCY RELEASE PERSONS**  
 (Do not include parents/guardians.) The persons designated in this section are authorized to pick up my child on an occasional basis, with or without my advance notification, and may be contacted by The Laurel School to pick up my child after our scheduled closing time if I fail to arrive and cannot be reached.

Name	Home phone Cell phone
Relationship to child	Work phone
Address	
Name	Home phone Cell phone
Relationship to child	Work phone
Address	

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 \_\_\_\_\_

**IV. 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**

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. I also understand that I will be notified if any photos are to be used for public relations purposes or posted on our website, and that I have the right to refuse permission.

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.

Insect repellent (*brand*):

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

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

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

Hydrogen Peroxide (*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 \_\_\_\_\_

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

Tuition is due in advance of services rendered and according to the attached Tuition Schedule. If tuition is not paid by the due date, a late fee will be charged per the Tuition 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 check that is returned by my bank for any reason, I agree to pay a returned-check fee per the attached Tuition 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.

The undersigned hereby agrees to pay the annual tuition of \$\_\_\_\_\_ as per the attached Tuition Schedule.

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

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

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

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

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

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

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

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

### Attachments

- Tuition Schedule dated \_\_\_\_\_
- Family Handbook (*new enrollees only*)
- Immunization Records
- State-specific licensing forms, if applicable

A new Enrollment Agreement will be completed annually.

Date reviewed:

Parent's signature: