



## Child Enrollment Information

Date of Application \_\_\_\_\_ Intended Date of Admission: \_\_\_\_\_  
Registration Fee: \_\_\_\_\_ Actual Date of Admission: \_\_\_\_\_  
Supply Fee: \_\_\_\_\_

## Child Information

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ TX Zip \_\_\_\_\_  
Gender: Male Female  
Age at Enrollment: \_\_\_\_\_ Program: \_\_\_\_\_  
Child resides with: \_\_\_\_\_  
Please list the days and times that your child will generally attend:  
\_\_\_\_\_

## Parent Information

Mother: \_\_\_\_\_ Email: \_\_\_\_\_  
Address: \_\_\_\_\_  
Occupation: \_\_\_\_\_ Work #: \_\_\_\_\_  
Driver's License \_\_\_\_\_ Cell #: \_\_\_\_\_  
  
Father: \_\_\_\_\_ Email: \_\_\_\_\_  
Address: \_\_\_\_\_  
Occupation: \_\_\_\_\_ Work #: \_\_\_\_\_  
Driver's License: \_\_\_\_\_ Cell #: \_\_\_\_\_

## Medical Release

I, \_\_\_\_\_, hereby authorize Fair Oaks Day School Staff to give consent for any and all necessary medical emergency care for my child, \_\_\_\_\_, while said child is in Fair Oaks Day School's custody. I understand that all efforts will be made to locate a parent or guardian before any action will be taken. I also give permission for my child to be transported and supervised by Fair Oaks Day School in emergency situations only.

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

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

# Emergency Contact/ Authorized Pick Up

It is mandatory to list name, phone numbers, Driver's License and relationship to the child.  
**This person may not be the Mother or Father listed on the first page.**

Name: \_\_\_\_\_ Driver's License: \_\_\_\_\_  
Address: \_\_\_\_\_  
Cell #: \_\_\_\_\_ Work #: \_\_\_\_\_  
Relationship to child: \_\_\_\_\_

Authorized pick up list:

| Name  | Driver's License | Phone number |
|-------|------------------|--------------|
| _____ | _____            | _____        |
| _____ | _____            | _____        |
| _____ | _____            | _____        |
| _____ | _____            | _____        |
| _____ | _____            | _____        |

## Statement of Participation

Name of Child: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Name of Physician: \_\_\_\_\_  
Physician address: \_\_\_\_\_  
Physician Phone #: \_\_\_\_\_

**A current copy of immunization records must be turned in at enrollment as well as a Parent Statement. A signed Doctor Statement must be turned in before the first 30 days of enrollment.**

**Parent Statement:** I, \_\_\_\_\_, certify that a physician has examined my child within the last year and has found my child is physically able to participate in a school program.

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

**Doctor's Statement:** I, \_\_\_\_\_, have examined \_\_\_\_\_, within the last year and find that he/she is physically able to take part in a school program.

\_\_\_\_\_  
Physician Signature Date

## Medical Information & Background

1. Does your child take any medications on a regular basis? NO/YES If yes list below:

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2. Does your child have any of the following problems?

Allergies \_\_\_\_\_ Colds \_\_\_\_\_ Sore Throats \_\_\_\_\_ Ear Infections \_\_\_\_\_

Skin Conditions \_\_\_\_\_ Other: \_\_\_\_\_

If yes please provide needed information:

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3. Does your child have any FOOD ALLEGIES? No/ YES If YES please give us details:

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4. Is there any food that your child may not eat due to religious purposes? \_\_\_\_\_

5. Are there any behavioral or physical issues we should be aware of concerning your child?

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### Water Activities:

I give permission for my child to participate in water activities inside the classroom as well as Splash Play during summer activities. I understand that we do not have any pools with standing water. \_\_\_\_\_ (initials)

### Sunscreen/Bug Spray/ Rash Cream:

I give permission for the following topical/over the counter items that I supply to be applied to my child by the staff of Fair Oaks Day School.

Yes/No Sunscreen

Yes/No Bug Spray

Yes/No Diaper Rash Cream/ Ointment

### Photography:

I **do/do not** give permission for Fair Oaks Day School to photograph my child. No photos will be used for advertising or Face Book without your prior consent.

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

\_\_\_\_\_  
Date

## Parent/Student Handbook

I acknowledge receipt of the Parent/Student Handbook. I have read and understand the information in the Fair Oaks Day School Parent/Student Handbook.

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

\_\_\_\_\_  
Date

## Discipline and Guidance

In accordance with Minimum Standards for Child Care Centers, Fair Oaks Day School uses only positive methods of discipline and guidance that encourage self-esteem, self-control and self-direction. We believe discipline is teaching, not punishing. We strive to help your child learn positive and appropriate behavior patterns. Instead of focusing on unacceptable behavior, Fair Oaks will use praise and encouragement of good behavior. We will remind children of the behavior expectations daily and redirect behavior using positive statements. We believe that discipline should be individualized for each child. Children may be given a supervised time-out/cooling off period, when appropriate for their age and development. We will never use corporal punishment or threats of corporal punishment. By using only positive guidance, children will be taught skills, which will help them get along in their physical and social environment.

I have read and understand the methods of discipline and guidance that will be used at Fair Oaks Day School. If I have any other questions regarding discipline and guidance, I may obtain a copy of Discipline and Guidance subchapter in the Minimum Standards Rules.

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

\_\_\_\_\_  
Date

## Tuition Agreement

The provisions listed below constitute the agreement between Fair Oaks Day School and parents regarding tuition. Your signature below indicates that you have read and fully agree and understand the policies set forth herein.

1. The registration fee is \$60.00 for Traditional and \$100.00 for Montessori for your first child. Any other children will be half of this fee. **Your registration fee is non-refundable.**
2. The Supply fee is \$60.00 annually due on September 1<sup>st</sup> each year. You will pay a prorated Supply fee from your enrollment date until September 1<sup>st</sup>.
3. Your weekly tuition amount is \$ \_\_\_\_\_ for the \_\_\_\_\_ Program. Tuition is due in advance of the child's participation of his/her program. Tuition is late after Tuesday at 6:30 pm of each week. There will be a late fee of \$25.00 applied to your account. **You are paying for your child's space even if your child is not present. There will not be any deduction in tuition due to your child's absence for sick days, holidays or inclement or bad weather days.**
4. There will be a \$25.00 charge for each return check.
5. There will be a \$1.00 per minute per child charge for every child left here after 6:30pm.
6. **We require a two week notice if you planning on un-enrolling your child for any reason.**
7. New students must be enrolled for 90 days before you will be eligible for one week of vacation time. After one year of enrollment you will be eligible for two weeks of vacation time. **Vacation time must be taken in one week increments (MONDAY THRU FRIDAY) of the same week. Your child must be absent every day of the same week and you must request a vacation week in advance.**

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

\_\_\_\_\_  
Date

Director Signature

Date