



Child Enrollment Information

Date of Application _____ Intended Date of Admission: _____
Registration Fee: _____ Actual Date of Admission: _____
Supply Fee: _____

Child Information

Name: _____ Birth Date: _____
Address: _____
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: _____ Can pick up _____

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:

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:

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

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?

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 \$100.00 annually due on September 1st each year. You will pay a prorated Supply fee of \$9.00 monthly from your enrollment date until September 1st.
3. Your weekly tuition amount is \$ _____ for the _____ Program. Tuition is due in advance of the child's participation of his/her program. **Auto billing is required. You can choose to sign up with monthly or weekly billing. You have the option to sign up with your checking account information without any extra fees or you can also choose to sign up with your credit card or debit card with an additional processing fee of 2.50%. There will be a late fee of \$25.00 applied to your account if for any reason your account is not paid on Monday of each week or the first of each month. 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 issues or bad weather days. If your account falls more than two weeks behind we will no longer be able to continue to care for your child until the account is brought current. CCA Parents must**
4. There will be a \$35.00 charge for each return checks and returned credit card processing.
5. There will be a \$1.00 per minute per child charge for every child left here after 6:30pm. In the event that your child or children are late being picked up more than 3 times the late fee will change to \$5.00 per minute per child.
6. **We require a two week notice if you are un-enrolling your child for any reason your vacation time cannot be used as any part of your notice.**
7. **New students must be enrolled for one consecutive year before you will be eligible for one week 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 of the week you want to use it.**

Parent Signature

Date

Director Signature

Date

Fair Oaks Day School CACFP Enrollment Form

Child's Name: _____

Date of Birth: _____

Enrollment Date: _____

Withdrawal Date: _____

Regularly Scheduled Day In Care: circle all that apply

Mon Tues Wed Thur Fri Other (Specify) _____

Regularly Scheduled Hours In Care:

Start time: _____ **Ending Time:** _____

Regularly Scheduled Meals Served To Child In Care:

___ **Breakfast** ___ **Lunch** ___ **Snack**

Signature of Parent/Guardian

Date

*This form must be renewed every 12 months

Non-Discrimination Policy:

In accordance with Federal Law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination write USDA Director Office of Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call (800) 795-3272 or (202) 720-6382 (TTY). USDA is an equal opportunity provider and employer.