

## 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 1<sup>st</sup> each year. You will pay a prorated Supply fee of \$9.00 monthly 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. **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 sign up on Tuition Express for monthly COPAYS to be billed out and AUTO Drafted on the first of each month. Any unpaid copay will result in non-admittance after the 15<sup>th</sup> of the month. You are required by CCA to check your child in daily by swiping your CCA CARD. Failure to do so will result in losing your CCA and/or LOSS of your child's Space at our school.**
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. If 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 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.

