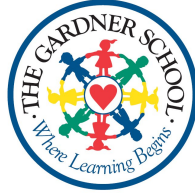


# ENROLLMENT AND TUITION POLICY AGREEMENT

THE GARDNER SCHOOL of Nashville

DATE OF REGISTRATION: \_\_\_/\_\_\_/\_\_\_

REQUESTED START DATE: \_\_\_/\_\_\_/\_\_\_



## PARENT / GUARDIAN INFORMATION

Mother's Name: \_\_\_\_\_

Marital Status: \_\_\_\_\_

If visitation rights exist, please complete Special Pickup Instructions on page 2

Home Address: \_\_\_\_\_

Street Address

City

State

Zip Code

Residential Subdivision: \_\_\_\_\_

Telephone: Home: \_\_\_\_\_

Area Code

Number

Work: \_\_\_\_\_

Area Code

Number

Cell: \_\_\_\_\_

Area Code

Number

Email Address: \_\_\_\_\_

Driver's License: \_\_\_\_\_

State Issued

Number

Soc. Security #: \_\_\_\_\_

Employer Name: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Street Address

City

State

Zip Code

Work Hours: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Marital Status: \_\_\_\_\_

If visitation rights exist, please complete Special Pickup Instructions on page 2

Home Address: \_\_\_\_\_

Street Address

City

State

Zip Code

Residential Subdivision: \_\_\_\_\_

Telephone: Home: \_\_\_\_\_

Area Code

Number

Work: \_\_\_\_\_

Area Code

Number

Cell: \_\_\_\_\_

Area Code

Number

Email Address: \_\_\_\_\_

Driver's License: \_\_\_\_\_

State Issued

Number

Soc. Security #: \_\_\_\_\_

Employer Name: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Street Address

City

State

Zip Code

Work Hours: \_\_\_\_\_

## CHILD INFORMATION

Child's Name: \_\_\_\_\_

Include child's last name if different than parents

Nickname: \_\_\_\_\_

Gender: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_

Allergies: \_\_\_\_\_

Medications: \_\_\_\_\_

Comments: \_\_\_\_\_

**Program Request**

- \_\_\_ Full Time (5 day)
- \_\_\_ Part Time (3 day – M,W,F)
- \_\_\_ Part Time (2 day – Tu,Th)

**Class Avail.**

- All classrooms
- 2's, 3's, 4's, 5's
- 2's, 3's, 4's, 5's

**Est. Daily Attendance Times** Drop Off Pick-up

- |               |       |       |
|---------------|-------|-------|
| ___ Monday    | _____ | _____ |
| ___ Tuesday   | _____ | _____ |
| ___ Wednesday | _____ | _____ |
| ___ Thursday  | _____ | _____ |
| ___ Friday    | _____ | _____ |

**Optional Enrichment Program Request:**

Children must be 2 years old to attend these classes. Please select which supplemental weekly programs that you would like to enroll your child.

- |                              |                 |
|------------------------------|-----------------|
| ___ Gymnastics               | ___ Art         |
| ___ Dance / Ballet           | ___ Spanish     |
| ___ Music / Drama            | ___ Tae Kwon Do |
| ___ Be Smart/ Computer Class |                 |

2<sup>nd</sup> Child's Name: \_\_\_\_\_

Include child's last name if different than parents

Nickname: \_\_\_\_\_

Gender: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_

Allergies: \_\_\_\_\_

Medications: \_\_\_\_\_

Comments: \_\_\_\_\_

**Program Request**

- \_\_\_ Full Time (5 day)
- \_\_\_ Part Time (3 day – M,W,F)
- \_\_\_ Part Time (2 day – Tu,Th)

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**Optional Enrichment Program Request:**

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- |                              |                 |
|------------------------------|-----------------|
| ___ Gymnastics               | ___ Art         |
| ___ Dance / Ballet           | ___ Spanish     |
| ___ Music / Drama            | ___ Tae Kwon Do |
| ___ Be Smart/ Computer Class |                 |

**MEDICAL CONTACT INFORMATION**

Family Doctor: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Address: \_\_\_\_\_  
Street Address

City State Zip Code

Family Dentist: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Address: \_\_\_\_\_  
Street Address

City State Zip Code

Family Hospital: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Address: \_\_\_\_\_  
Street Address

**EMERGENCY CONTACT INFORMATION**

Name #1: \_\_\_\_\_

Name #2: \_\_\_\_\_

Home Address: \_\_\_\_\_  
Street Address

Home Address: \_\_\_\_\_  
Street Address

City State Zip Code

City State Zip Code

Telephone: **Home:** \_\_\_\_\_  
Area Code Number

Telephone: **Home:** \_\_\_\_\_  
Area Code Number

**Work:** \_\_\_\_\_  
Area Code Number

**Work:** \_\_\_\_\_  
Area Code Number

**Cell:** \_\_\_\_\_  
Area Code Number

**Cell:** \_\_\_\_\_  
Area Code Number

Relationship to child: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Driver's License: \_\_\_\_\_  
State Issued Number

Driver's License: \_\_\_\_\_  
State Issued Number

**AUTHORIZED CHILD PICK UP CONTACTS**

Name #1: \_\_\_\_\_

Name #2: \_\_\_\_\_

Home Address: \_\_\_\_\_  
Street Address

Home Address: \_\_\_\_\_  
Street Address

City State Zip Code

City State Zip Code

Telephone: **Home:** \_\_\_\_\_  
Area Code Number

Telephone: **Home:** \_\_\_\_\_  
Area Code Number

**Work:** \_\_\_\_\_  
Area Code Number

**Work:** \_\_\_\_\_  
Area Code Number

**Cell:** \_\_\_\_\_  
Area Code Number

**Cell:** \_\_\_\_\_  
Area Code Number

Relationship to child: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Driver's License:

Driver's License:

**SPECIAL PICKUP INSTRUCTIONS:**

- It is legal for either parent to pick up their child, unless we have a copy of the court order restricting visitation.  
 Persons permitted to pick up child:  
 Mother:  Yes  No      Father:  Yes  No
- Is there any court order restricting visitation of your child? Is so, please list person or persons restricted from picking up your child:  
 Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_  
 Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_
- Think of a Secret Code consisting of 4 letters or numbers . This code will be entered on our Touchscreen monitor to grant access into the building. You will need to provide this code to anyone who is authorized to pick up your child from The Gardner School. If the person cannot provide us with the Code Word on file, we will not release your child. The 4 digit/letter Code to be used is: \_\_\_\_\_

## TUITION AND POLICY INFORMATION

### 1. Tuition Charges and Fees

- a. A nonrefundable annual registration fee is due at time of enrollment and every additional calendar school year that your child is enrolled in The Gardner School.
- b. You agree to pay the published Tuition and Fee Schedule in effect for the program in which your child is enrolled, less any applicable discount as determined by the Director. As your child changes programs, the tuition and fees may also change. The school may, from time to time, adjust the tuition and fee schedule and you agree to pay such adjusted tuition or fee as a condition of your child's continued enrollment.
- c. Tuition is due in advance upon arrival on the first day of attendance each week. Tuition payment options include: weekly Tuition Express (ACH transaction) a weekly tuition check will be accepted prior to Tuition Express Approval, Prepaid Monthly Tuition by check due the 1<sup>st</sup> Tuesday of each month. For the safety of our staff and children we do not accept cash payments.
- d. The School will be open each day Monday through Friday throughout the year with the exception of in-service training dates and the following 11 holidays: New Year's Eve, New Year's Day, Good Friday, Memorial Day, July 4<sup>th</sup>, Labor Day, Thanksgiving Day, Friday after Thanksgiving Day, Christmas Eve and Christmas Day.
- e. The School's program and licensing regulations require it to engage staff based on the number of children who are scheduled to attend any given day. Each child will receive one week at a 50% discounted tuition rate after six month of continuous enrollment that can be applied towards a weekly absence, sick or vacation. After each child has been enrolled in the School for a full year they will be eligible for two weeks at 50% reduced tuition each calendar year to apply towards a week of absence. The child has to be out of school for the entire week in order to apply the 50% discounted tuition rate.
- f. The discount for each child after the first in a family is \$5.00 per week, deducted from the oldest child's tuition and conditioned upon the continued enrollment for more than one child at this School.
- g. Accounts two weeks in arrears may result in immediate dis-enrollment, however, upon payment enrollment may be reinstated. Accounts in arrears may be referred to a licensed collection agency. In the event your account is sent to collections, you will be responsible for the balance of your account and any reasonable collection and attorney fees associated with the collection of your account.
- h. Each spring, we will be collecting the Camp Gardner Fees which cover the cost of this additional program. All children enrolled in The Gardner School participate in Camp Gardner.
- i. Additional charges may arise for special events, field trips or special programs. You will be notified in advance.
- j. You may ask for a receipt for any payment. You should expect a receipt for all cash payments.
- k. No tuition reimbursement or credit will be given for a child's absence, except for pre-approved vacations. If your child attends any portion of the week, full tuition is due.

### 2. Late Pickup Charge

The Gardner School normal operating hours are from 7:00 a.m. to 6:00 p.m. A late charge will be assessed when a child is left beyond the center's operating hours. This fee must be paid at the time of late child pickup.

### 3. Returned Check / ACH Transaction Charge

All returned checks or ACH transactions (automatic debits) will be assessed a fee of \$35.

### 4. Withdrawal Policy

Two weeks notice of Withdrawal is required in writing prior to the last day of attendance and must be submitted to the School Director. If two weeks notice is not provided in advance, The Gardner School will charge you for two weeks tuition.

## AUTHORIZATIONS AND OTHER FORMS

By signing this form and enrolling my child at The Gardner School, I am acknowledging my understanding and acceptance of the following:

Authorizations:

1. I give The Gardner School permission to give my child emergency care and first aid when necessary and for my child to be transported to an emergency medical facility. I also authorize ambulance/rescue squad attendants to administer such treatment as is medically necessary and I authorize the hospital/medical personnel to undertake examination and emergency treatment if warranted.
2. I authorize The Gardner School to transport my child to and from school, on field trips, on educational excursions, and on other school-sponsored activities.
3. I authorize The Gardner School to enforce their discipline policy in the event my child needs corrective action as described in the Parent Handbook.
4. I authorize The Gardner School to administer Syrup of Ipecac to my child as directed by a physician or representative of a poison control center.
5. I authorize The Gardner School to administer Children's Tylenol in the event of my child incurring a fever.
6. I authorize The Gardner School to photograph/videotape my child and use the resulting photographs/videotape for any lawful purposes including the use of marketing or publicity. I relinquish all rights, title and interest in the photographs, negatives, and videotape film.

Other Terms

1. The Parent Handbook is incorporated by reference to this agreement. I acknowledge that I have received and will abide by the policies in the Parent Handbook.
2. The School reserves the right to alter the policies and program status at any time.
3. I understand that if there is a change in any information provided by me for this Agreement, I am obligated to update such information with the School Director.
4. I understand that it is my responsibility to maintain my own childcare financial records for tax purposes.
5. I understand that I must notify The Gardner School in advance of any changes in my child's transportation or attendance schedules. The Gardner School has permission to contact a stated authorized pick up individual in any case that The Gardner School management has concern of the release of child(ren) to anyone whose behavior may place the child(ren) in immediate risk.
6. If my child becomes ill and the School calls me to pick up my child, I agree to make arrangements for my child to be picked up from the School as soon as possible.
7. The School must have an updated medical statement and current immunization report on my child, on forms provided by the School. I agree to return these forms to the School prior to my child's first day of attendance.
8. I consent to The Gardner School communicating with me by telephone, email, or other means. This consent shall survive the termination of this Agreement.
9. Tennessee Child Care Licensing regulations are on file at the School and are available for my review upon my request.
10. The Gardner School strongly discourages its employees from providing any childcare services that are not part of the childcare program offered by The Gardner School to its customers. I understand that if such outside services are performed for me or on my behalf by a Gardner School employee, The Gardner School does not authorize such services and will not be responsible for any acts or omissions of that employee while providing such services to me.

I have read, understand, and accept all terms and conditions described in this Agreement. This is a legally binding contract between The Gardner School, myself, and my child(ren).

Sponsor\*:

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 (Signature of Parent / Guardian) Date

Sponsor\*:

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 (Signature of Parent / Guardian) Date

\* Some tuition accounts are paid by more than one household. In the event that an account is in arrears or shared payment or an account is in dispute, all sponsors on the account will be responsible of the account, including late fees.

Please check box if you do not wish to receive information from The Gardner School, including Newsletters and updates, via email or otherwise.

Supplemental information required by state law will be provided by the School Director if necessary.

CHECKLIST:

For enrollment to be complete, The Gardner School must have the following before your child's first day of attendance:

- Enrollment and Tuition Policy Agreement
- Dept. of Human Services Acknowledgement Form
- Child's Developmental History Form
- Child's Immunization Record
- Medical Authorization Form (if applicable)
- Tuition Express Agreement with voided check