

ENROLLMENT AND TUITION POLICY AGREEMENT

THE GARDNER SCHOOL of (Location)

DATE OF REGISTRATION: ____/____/____

DATE OF ADMISSION: ____/____/____



PARENT / GUARDIAN INFORMATION

Mother's Name: _____

Marital Status: _____

If visitation rights exist, please complete Special Pickup Instructions on page 3

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 3

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: ____/____/____

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

____ Gymnastics

____ Dance / Ballet

____ Music / Drama

____ Be Smart/ Computer Class

2nd Child's Name: _____

Include child's last name if different than parents

Nickname: _____

Gender: _____ Date of Birth: ____/____/____

Comments: _____

Program Request

____ Full Time (5 day)

____ Part Time (3 day - M,W,F)

____ Part Time (2 day - Tu,Th)

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____ Gymnastics

____ Dance / Ballet

____ Music / Drama

____ Be Smart/ Computer Class

MEDICAL INFORMATION

Insurance Carrier: _____

Food or Medical Allergies: _____

Family Doctor: _____

Telephone Number: _____
Area Code Number

Address: _____
Street Address

City State Zip Code

Family Hospital: _____

Telephone Number: _____
Area Code Number

Address: _____
Street Address

City State Zip Code

Family Dentist: _____

Telephone Number: _____
Area Code Number

Address: _____
Street Address

City State Zip Code

Other Information or Special Needs: _____

Special Diet: _____

Medically Diagnosed Illnesses or Health Problems: _____

EMERGENCY CONTACT INFORMATION (OTHER THAN PARENTS)

Name #1: _____

Home Address: _____
Street Address

City State Zip Code

Telephone: Home: _____

Area Code Number

Work: _____

Area Code Number

Cell: _____

Area Code Number

Relationship to child: _____

Driver's License: _____
State Issued Number

Has consent to pick up & transport my child/children (yes ☐ no ☐)

Has consent to act for a parent in an emergency (yes ☐ no ☐)

Name #2: _____

Home Address: _____
Street Address

City State Zip Code

Telephone: Home: _____

Area Code Number

Work: _____

Area Code Number

Cell: _____

Area Code Number

Relationship to child: _____

Driver's License: _____
State Issued Number

Has consent to pick up & transport my child/children (yes ☐ no ☐)

Has consent to act for a parent in an emergency (yes ☐ no ☐)

AUTHORIZED CHILD PICK UP CONTACTS

Name #1: _____

Home Address: _____
Street Address

City State Zip Code

Telephone: Home: _____

Area Code Number

Work: _____

Area Code Number

Cell: _____

Area Code Number

Relationship to child: _____

Driver's License: _____
State Issued Number

Name #2: _____

Home Address: _____
Street Address

City State Zip Code

Telephone: Home: _____

Area Code Number

Work: _____

Area Code Number

Cell: _____

Area Code Number

Relationship to child: _____

Driver's License: _____
State Issued Number

SPECIAL PICKUP INSTRUCTIONS:

1. Daily Transportation Plan:
 - a. Child will be dropped off each morning to The Gardner School by _____
 - b. Child will be picked up from The Gardner School each afternoon by _____
2. 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
3. Is there any court order restricting visitation of your child? Is so, please list person(s) restricted from picking up your child:
Name: _____ Relationship to child: _____
Name: _____ Relationship to child: _____

TUITION AND POLICY INFORMATION

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 1st 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 4th, 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 \$_____ 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 follow instructions for my child as directed by a physician or representative of a poison control center.
5. 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. I have visited the child care facility prior to enrolling my child.
3. The School reserves the right to alter the policies and program status at any time.
4. 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.
5. I understand that it is my responsibility to maintain my own childcare financial records for tax purposes.
6. 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.
7. 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.
8. 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.
9. I consent to The Gardner School communicating with me by telephone, email, or other means. This consent shall survive the termination of this Agreement.
10. State Child Care Licensing regulations are on file at the School and are available for my review upon my request. I have received and reviewed a summary of the licensing requirements.
11. 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
Child's Immunization Record
Medical Authorization Form (if applicable)
Tuition Express Agreement with voided check

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