



## Application and Confidential Information

School Session \_\_\_\_\_ Today's Date \_\_\_\_\_  
 Child's Name \_\_\_\_\_ Sex:  M  F  
 Child's Home Telephone \_\_\_\_\_ Age \_\_\_\_\_  
 Child's Address \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 City Zip Code \_\_\_\_\_ Ethnicity \_\_\_\_\_  
 Drop off time:  7:30 AM  8:30 AM or later \_\_\_\_\_ Pick up time:  12:00  2 PM  before 5:15 PM  
 Desired day:  Monday  Tuesday  Wednesday  Thursday  Friday

**Parent**

**Parent**

Name _____	_____
Home Phone _____	_____
Cell _____	_____
Email Address _____	_____
Address: _____	_____
_____	_____
Occupation _____	_____
Work Phone _____	_____
Date of Birth _____	_____

Which parent/parents will be participating in the classroom and parent meetings?

Mother  Father  Both

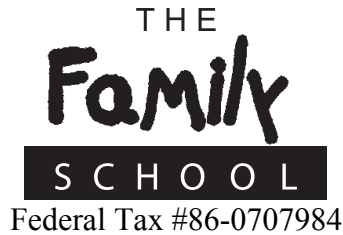
Marital Status:

Married  Partnered  Single  Divorced  Widowed

Married  Partnered  Single  Divorced  Widowed

Please list other children or adults living in the home:

Name	Age	Relationship to child
_____	_____	_____
_____	_____	_____
_____	_____	_____



# Tuition Financial Terms

Effective July 1, 2006

I, \_\_\_\_\_ hereby enroll my child, \_\_\_\_\_ in The Family School for the \_\_\_\_\_ School Year.

### TUITION

I agree to pay \$\_\_\_\_\_ tuition per month to The Family School to be received by The Family School on or before the 7th day of each month (the Due Date), beginning September 20 \_\_\_\_\_ or to pay by semester the amount is due during the 1st week of the semester.

### LATE FEE

I understand that the tuition payments are due on the 7th day of each month and I will be charged a late fee if payment is not received when due. The Family School will impose a late fee of \$10.00 if a tuition payment is not received on or before the fifteenth day of each month. I agree to pay these late fees. If it becomes necessary for my account to be referred to a collection agency, I will be responsible for all collection fees. (Please let us know if you are experiencing any financial difficulties. We are always willing to work together toward a solution).

### RETURNED CHECK FEE

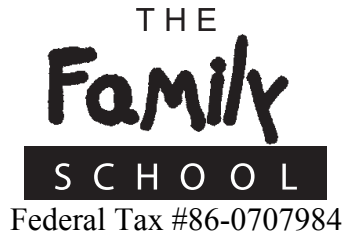
I understand that if any payment I make to The Family School is returned unpaid, for any reason, I may be charged, and I agree to pay, a returned check fee of \$25.00.

I realize that by signing below, I am responsible for tuition for the 20\_\_\_\_ School Year and that no deductions or refunds will be made for non-attendance.

Signed \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

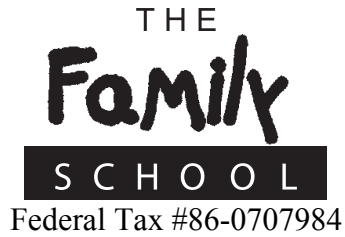
Address \_\_\_\_\_ Date \_\_\_\_\_



## Curriculum Information

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

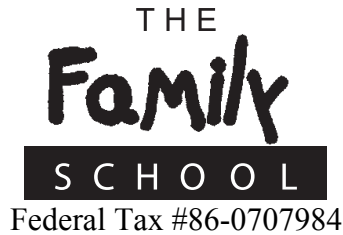
1. Special Interests of your child:
2. Special strengths of your child:
3. Special interests of your family:
4. Ethnic origin – any special family holidays, foods, celebrations, etc., that your child might share.
5. What do you enjoy doing with your children?
6. Does your child have any special fears or needs that we should be made aware of?
7. What expectations do you have of this program for your child and/or yourself?
8. Special concerns or strengths about your child that you would like to make us aware of?



## EMERGENCY MEDICAL PROCEDURE

Parents are to fill out the Emergency Contact Form at the time of registration. This is furnished in the parent packet. This form includes an agreement about treatment and transportation in case of an emergency. Parents are free to add specific instructions to this about any aspect of emergency response. Otherwise, we will call 911 if we deem it necessary. Transportation undertaken to deal with a medical emergency is covered by school insurance.

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



## FAMILY SCHOOL DIRECTORY

I give my permission to print in the Family School Directory:

**Parent Names:**  Yes  No

If yes, please list here: \_\_\_\_\_

**Child's Name:**  Yes  No

If yes, please list here: \_\_\_\_\_

**Phone Numbers:**  Yes  No

If yes, please list here:  
home: \_\_\_\_\_

parent cell: \_\_\_\_\_

other parent's cell: \_\_\_\_\_

business: \_\_\_\_\_

other parent's business: \_\_\_\_\_

**E-Mail:**  Yes  No

If yes, please list here: \_\_\_\_\_

Other parent's email: \_\_\_\_\_

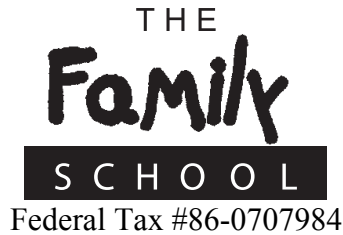
\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

I give my permission for my child to be photographed in any promotional material to support The Family School or its activities.

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

\_\_\_\_\_  
Date



## Community Membership Contract

Date: \_\_\_\_\_

Our Child \_\_\_\_\_ has been accepted for attendance at The Family School and as members of this community we agree as follows:

1. To pay the annual registration fee of \$100.00 per family before entrance which we understand is non-refundable.
2. To pay the semester's tuition:
  - Before entrance or
  - Monthly due on the first of each month or
  - Written arrangements with the school for a payment schedule.
3. To furnish all required school forms on time.
4. Families are expected to volunteer 24 hours a year. This can be done in a variety of ways.
5. To abide by the state mandated policies of the school and the community determined policies including those regarding snacks and lunches.
6. To notify the school if my child is to be picked up by someone other than those designated in writing in the child's file.
7. To give at least thirty days written notice of intent to withdraw from membership.

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

Other Parent Signature: \_\_\_\_\_



SCHOOL

Federal Tax #86-0707984

Individual Needs Information

School Year \_\_\_\_\_ Date \_\_\_\_\_

Child's Name \_\_\_\_\_
Last First Middle

Address \_\_\_\_\_
Street City Zip

Phone \_\_\_\_\_ Birth Date \_\_\_\_\_

Is your child on any daily medications? [ ] Yes [ ] No
If Yes, please specify \_\_\_\_\_

Does your child have suspected difficulties in: [ ] hearing [ ] sight [ ] speech [ ] coordination
[ ] other \_\_\_\_\_

Please list any allergies your child has:
[ ] pollen \_\_\_\_\_
[ ] food \_\_\_\_\_
[ ] other \_\_\_\_\_

Does your child have any special health conditions or has he or she had any previous serious illness?
[ ] Yes [ ] No If yes, please explain \_\_\_\_\_
[ ] Birth complications? [ ] Premature? \_\_\_\_\_

Does your child tire easily? [ ] Yes [ ] No
Does your child take morning naps? [ ] Yes [ ] No [ ] Occasionally

Does your family have any distinguishing characteristics the school will need to know about in order to
understand your child's needs and ways of looking at life:
Disability in sibling, parent, grandparent? [ ] Yes [ ] No
[ ] Divorce [ ] separation [ ] step-parent? As of when? \_\_\_\_\_
Habits, religious constraints? \_\_\_\_\_

Is your child toilet trained? [ ] Yes [ ] No
If so, is he self-reliant or does he depend on adult reminders and/or assistance?

Does your child have special potty training words or routine of which we should be aware?