



The Laurel School Enrollment Agreement 2019-2020

Completion of this agreement is required for enrollment. We request this information in order to comply with state licensing regulations and to maintain accurate records. If you are a re-enrollment (returning student) you may skip the developmental history and background information section, as we already have it on file, **or the information has changed.**

Developmental History and Background Information

Child's First Name _____ Middle _____ Last _____

Age began: sitting _____ crawling _____ walking _____ talking _____

Any speech difficulties? Yes: _____ No: _____

Language spoken at home: _____

Any known complications at birth? Yes: _____ No: _____

Any history of colic? Yes: _____ No: _____

Any illnesses and/or hospitalizations: _____

Any physical conditions and/or disabilities: _____

Any allergies and/or restrictions: _____

Any breathing problems/asthma: _____

Any problems with eating: _____

Any food restrictions: _____

Any toileting challenges: _____

Any sleeping problems and/or challenges: _____

How would you describe your child: _____

How do you comfort your child: _____

Does your child have any specific fears: _____

Is there anything else we should know about your child: _____

Transportation Plan and Authorizations

My child will arrive at school and depart from school (check all that may apply) with names:

ARRIVAL

DEPART

_____ Parent/Guardian drop off

_____ Parent/Guardian pick up

_____ Car pool drop off

_____ Car pool pick up

_____ Friend/other family members drop off

_____ Friend/other family member pick up

_____ Other (please specify) drop off

_____ Other (please specify) pick up

Release Contacts and Permissions

PRIMARY RELEASE PERSONS are authorized to drop off and pick up my child on a permanent, regular basis.

*Full Name	Relation to Child
Cell Phone	Home Phone
Address	Email
*Full Name	Relation to Child
Cell Phone	Home Phone
Address	Email

EMERGENCY CONTACT AND RELEASE PERSONS are authorized to be contacted and are authorized to pick up my child if there is a medical or other emergency and I cannot be reached.

*Full Name	Relation to Child
Cell Phone	Home Phone
Address	Email
*Full Name	Relation to Child
Cell Phone	Home Phone
Address	Email

CONTINGENCY RELEASE PERSONS are authorized to pick up my child on an occasional basis, with or without my advance notification, and after our scheduled closing time if I fail to arrive and cannot be reached.

Full Name	Phones
Full Name	Phones

I authorize The Laurel School to release my child to the persons designated above involving my child and I cannot be reached by a faculty/staff member, or if I fail to pick up my child by the scheduled closing time and fail to contact the school .

Parent/Guardian's Signature _____ Date _____

Cape Cod Classroom Trips

I give permission for my child to participate in school related off-site programs. The Laurel School van and/or a hired bus may be used for off-site trips. I will be given specific explanation and instruction for the trips, including the method of transportation.

Parent/Guardian Signature _____ Date _____

Photographs, Video, Marketing

I give permission for my child to be photographed/videoed at school and during program functions and school programs. I understand that the photographs/video may be taken by a faculty and/or staff members or by other parents. Photos/videos may be used for promotional and display purposes related to school activities and/or advertisements (names are not published without permission). School pictures/videos may be posted on our school website, school Facebook Page and/or School Instagram account.

Parent/Guardian Signature _____ Date _____



School Directory, Class Lists, Contact Information

I give The Laurel School permission to include my child's name and contact information in our school directory and classroom lists. This information is available to our families, faculty, and/or staff members only.

Parent/Guardian Signature _____ Date _____

Emergency Medical Care and Medication Requirements

As a condition of enrollment, you must authorize The Laurel School to secure any and all necessary emergency medical treatment for your child in the event that you cannot be reached. If you wish to request a religious or personal exemption, state licensing authorities must be consulted to determine if such an exemption may be granted.

*In case of a medical or other emergency while my child is under the school's supervision, I understand that a faculty/staff member will attempt to contact me immediately; however, in the event that I cannot be reached, or when a delay would further jeopardize my child's health, I hereby authorize an authorized Laurel School person to act on my behalf and to take the emergency measures indicated below if deemed necessary by the Laurel School or by medical authorities for the care and protection of my child. I understand that every effort will be made to contact me in the event of an emergency requiring medical attention for my child. If I cannot be reached, I authorize The Laurel School faculty and/or staff members to have my child transported to the nearest hospital or medical center, and to secure the necessary medical treatment for my child:

- Consult the physician or dentist named on my health form if I cannot be reached.
- Administer first aid and/or cardiopulmonary resuscitation (CPR).
- Transport my child via ambulance or other emergency medical service to a local hospital or other urgent care facility, if deemed necessary by paramedics, police, or other emergency personnel.
- Obtain any emergency medical or dental treatment deemed necessary by medical authorities; including but not limited to an epinephrine auto-injection for suspected exposure to a life threatening allergy.
- Transport my child via private, authorized vehicle to a local emergency shelter in the event of an emergency evacuation of our facility.

If medication is requested, the following procedures apply:

<u>Type of Medication</u>	<u>Written Parental Consent Required</u>	<u>Health Care Practitioner Authorization Required</u>
All Prescription	Yes	Yes, must be in original container with original label containing the name of the child affixed
Oral Non-Prescription	Yes, renewed weekly with dosage, times, days and purpose	Yes. Must be in original container with original label containing the name of the child affixed
Unanticipated Non-Prescription for Mild Symptoms (e.g., acetaminophen, ibuprofen, antihistamines)	Yes, renewed annually containing the name of the child affixed.	Yes. Must be in original container with original label containing the name of the child affixed.
Topical, non-Prescription (when applied to open wounds or broken skin)	Yes, renewed annually	Yes. Must be in original container with the original label containing the name of the child affixed
Topical, non-Prescription (not applied to open wounds or broken skin)	Yes, renewed annually	No. Items not applied to open wounds or broken skin may be supplied by program with notification to parents of such, or parents may send in preferred brands of such items for their own child(ren)'s use.

Parent/Guardian Signature _____ Date _____

Terms and Conditions of Enrollment

This agreement is entered into between the undersigned parent/guardian and The Laurel School. I understand that the application, enrollment agreement, health forms, and family handbook contain policies, procedures, and rules by which the school operates. I understand that all my child's enrollment forms must be completed and health records provided before my child may attend classes, and that these records must be kept current at all times. I agree to notify and provide The Laurel School in the event that any information contained in the enrollment forms change. I have completed the enrollment forms and agree to the terms and conditions as policy and realize that these policies may be revised as necessary without prior notice. I understand that depending on the Payment Plan I choose tuition bills need to be paid by the 1st of every month. Late fees of \$30 incur as of the 10th of every month. A returned payment fee of \$30.00 will also apply. I understand The Laurel School reserves the right at all times to withhold services and may refuse to provide or continue service at its sole discretion.

Parent/Guardian Signature _____ Date _____