



## The Laurel School Enrollment Agreement 2020-2021

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 explanations and instructions for the trips, including the method of transportation. This is for Students in Kindergarten to Grade 5 only.

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 family 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 that there are no refunds for any payments made. 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. I agree to adhere to all Laurel School safety policies and guidelines set forth from local, state and federal authorities as they are updated.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_