

# SCHOOLHOUSE ENROLLMENT FORM



Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_  
city \_\_\_\_\_ zip \_\_\_\_\_

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

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

Contact Phone \_\_\_\_\_

Contact Phone \_\_\_\_\_

E-mail Address \_\_\_\_\_

E-mail Address \_\_\_\_\_

Employer \_\_\_\_\_

Employer \_\_\_\_\_

Child's Doctor \_\_\_\_\_

Doctor's Phone \_\_\_\_\_

**During the day,  
I prefer to be contacted via**  
\_\_\_\_\_  
(email, work phone, call to cell phone)

Allergies/Dietary Needs \_\_\_\_\_

Milk or Water to drink at lunch time \_\_\_\_\_

Emergency Contact Person (after parents) \_\_\_\_\_ Phone \_\_\_\_\_

## - CONSENT FORM -

**EMERGENCY TREATMENT CONSENT:** In case of accident or injury, I authorize any and all emergency medical, dental, and/or surgical care and hospitalization advised by the physicians necessary for the proper health and well being of my child. The staff may call my child's physician if I cannot be reached. \_\_\_\_\_ *initial*

**PUBLICATIONS:** I give my consent for my child's photograph to be used for **Facebook** publications by the Schoolhouse. \_\_\_\_\_ *initial*

**AUTHORIZED ESCORTS:** My child may be picked up by the following people **any time**. I will try to notify the staff prior to my child's departure.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**NAP ARRANGEMENTS:** I understand that the children (other than school age) rest on cots in classrooms for a brief period of time. Pillows and blankets are supplied by parents. Rest time is supervised by Schoolhouse staff. If my child does not fall asleep after a brief rest, he/she will be allowed get up and to work/play quietly with the teacher. \_\_\_\_\_ *initial*

**PARENT CONFERENCE:** As the parent/guardian, I am entitled to a parent teacher conference, upon request at any time. \_\_\_\_\_ *initial*

**SCHOOLHOUSE POLICIES: I am aware that:** My child is required to be at the Schoolhouse by 8:30 am. Fees are tuition based on a Sept.-June school year. The Summer Session begins the week following the close of school in June. Payment is required for each week that my child is enrolled including sick days, vacation, and holidays. All fees are due weekly or between two weeks of care and must be paid Monday morning following the week of care. There will be a **\$5 late charge, weekly**, if my check is submitted after 12PM on Monday. If my payment is more than one week late, my child will not be allowed to attend until my balance and late fees are paid. Late payments will place my child's spot in jeopardy. All unpaid fees will be submitted to a collection agency and I will be responsible for all associated fees. All fees will be paid by auto-pay, check, or money order. The Schoolhouse is closed for the following holidays: Labor Day, Thanksgiving & the day after, Christmas, New Year, Good Friday, Memorial Day and July Fourth. Written notice is required for me to discontinue the use of the Schoolhouse's programs and payments must be for a full week. In the event of an emergency, the time past 6:00 PM will be charged at \$5 per occurrence. \_\_\_\_\_ *initial*

I have read the Parent Handbook and information sheets and agree to the terms and policies within. \_\_\_\_\_ *initial*

**Circle those which apply: I will be paying:** weekly / every 2 weeks

**preschool:** 4 full days      **school age:** 5 mornings/afternoons per week  
5 full days                      8 mornings/afternoons per week  
10 mornings/afternoons per week

**Family Security Code**  
  
\_\_\_\_ #  
**4 Digit Code for entry into building**

Signature \_\_\_\_\_ start date \_\_\_\_\_

**-Medical Forms (needed for preschool only) may be faxed by doctor to 585-637-8504 - Please have dr. add: "OK for Day Care" and immunizations.**