Today's Date:_____Program/Schedule: Choose: (FULL-DAY) (¾ DAY) (½ DAY)

Child's Name:_____
Sex_____ Date Of Birth_____

Home Address:_____
City_____Zip_____Home Phone_____

ReligiousAffiliation:_____Language(s) Spoken At Home:_____

Child Lives With: (circle) Mother Father Both Parents Other_____
Parents Are: (circle) Married Divorced Separated Other_____

Serious Illnesses The Child Has Had:_____
_____
Any Allergies?_____

Special Needs: (circle) Speech Physical Developmental Other_____
If Any Please Explain: _____
_____
Is Child Receiving Any Type Of Therapy/Therapies? (circle) Yes No
If Yes, Explain:_____
_____

Has Child Attended Another School? (circle) Yes No If Yes, How Long?_____
If Yes, Name Of School:_____

Parent(1):Name:_____ Date of Birth_____
Home Address_____Zip_____City_____
Occupation_____Employer_____Work Hours_____
Work Phone_____Cell Phone_____

Parent(2):Name:_____
Date of Birth_____
Home Address_____Zip_____City_____
Occupation_____Employer_____Work Hours_____
Work Phone_____Cell Phone_____

Names & Ages Of Any Siblings: _____
_____
_____

*** PLEASE, FILL INFORMATION ON ALL PAGES FRONT & BACK**

Parent(s) E-mail: _____ _____

Emergency Contact Persons: (list name & phone#)
1._____
2._____
3._____
4._____

Persons Authorized to Pick Up Child:
1._____
2._____
3._____
4._____

Name Of Primary Physician:_____Phone #_____

Banyan Day School does not discriminate in its admission policies on the basis of race, color, religion, ethnic origin, gender, or any other legally protected status .

As parent/legal guardian of the above stated child:
I agree to provide a nutritious lunch for my child.
I agree to give the school permission to administer or obtain Emergency First Aid treatment for my child if necessary.
I give permission for my child to participate in all activities of Banyan Day School, including field trips and voluntarily release & waive Banyan Day School from responsibility for any accidental injuries or damages sustained by the above named child and /or personal Representative of named child.
I have read and agree to abide by the terms and school policies discussed or stated in all of the School's brochure and provided literature.
I agree to the TERMS OF TUITION:
Monthly tuition is NOT refundable once the period of coverage has started.
If tuition is not received by the scheduled due date late payment fees will be applied to the account.
Tuition is DUE and NOT prorated regardless of illness, personal vacations, school observed holidays or for school cancelling due to imminent danger and/or unforeseeable acts of nature.
In the case of an epidemic/pandemic the current monthly tuition installment will NOT be prorated or refunded.
BDS reserves the right to cancel the enrollment of any child that has been absent for more than three (3) consecutive weeks without prior notice and/or tuition payment.
In addition, report cards and student records will be withheld for any student account that has an unpaid or past due balance.
A child must attend at least five (5) weeks of the Summer Session in order to retain their space for the Fall Session.

Parent's Name_____ Today's Date_____

Signature_____

*** PLEASE, FILL INFORMATION ON ALL PAGES FRONT & BACK**