

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 \_\_\_\_\_

Religious Affiliation: \_\_\_\_\_ 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 \_\_\_\_\_

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### Required Credit/Debit Card On File

Parents/Guardian:

It is expected that tuition payments will be made on or before the due date as stated in the "Tuition Payment Schedule" provided at enrollment.

In the case that there are repeated failures to pay on time, we will notify you via email, phone call or in writing to ensure you are informed.

As per our tuition policies a \$30.00 late payment fee may be applied to your account for failure to pay or respond to our requests to pay.

Due to past experiences BDS is now requiring upon enrollment that a credit card # (Visa/MasterCard) is on file for each enrolled student.

\*\*\*\* *We will **not** process this card on file unless we notify you first.*

**Please, provide on the space below the required information:**

Credit Card Type:    VISA                      MASTERCARD

Card #: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Three Digit Code in Back of Card: \_\_\_\_\_

Name of Person Card is Issued To: \_\_\_\_\_

Signature of Person on Card: \_\_\_\_\_

**\*The information provided will be kept safely to maintain your identity secure .**