

Banyan Day School

340 Palermo Avenue, Coral Gables, Florida 33134

Phone: (305)447-1233 Email: Banyandayschool@gmail.org

SUMMER REGISTRATION FORM

CHILD'S NAME: _____

BIRTH DATE: _____ CURRENT AGE: _____

ALLERGIES/SPECIAL NEEDS: _____

HOME ADDRESS: _____

HOME PHONE: _____ EMAIL: _____

PARENT (1): _____ CELL/WORK PHONE: _____

PARENT (2): _____ CELL/WORKPHONE: _____

EMERGENCY CONTACT PERSON(S):

NAME: _____ CELL/WORK PHONE: _____

NAME: _____ CELL/WORK PHONE: _____

PERSON'S AUTHORIZED TO PICK UP CHILD:

NAME: _____ DRIVERS LICS. #: _____

NAME: _____ DRIVERS LICS. #: _____

NAME: _____ DRIVERS LICS. #: _____

NAME: _____ DRIVERS LICS. #: _____

ALLERGIES YOUR CHILD HAS:

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: Print _____ Sign _____ Today's Date _____

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EMERGENCY CONTACT FORM

Dear BDS Parents:

Please, provide the following information as accurately as possible.

THANK YOU.

PLEASE, PRINT CLEARLY ☺

Child's Name _____

Child's Birth date _____

Parent (1) Name _____

Parent (2) Name _____

Home Address _____

City & State _____ **Zip** _____

CELL #s _____

WORK #s _____

Email Address 1. _____

2. _____

EMERGENCY CONTACT (OTHER) PHONE# _____

KNOWN ALLERGIES CHILD HAS _____

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