

NEW ENGLAND COUNTRY DAY SCHOOL, INC.

SCHOOL CONTRACT

AGREEMENT:

My child _____, whose birth date is ___/___/___, is registered to attend the New England Country Day School based on the following schedule:

Monday _____ to _____

Start Date: ___/___/___

Tuesday _____ to _____

Class: _____

Wednesday _____ to _____

Schedule: _____

Thursday _____ to _____

Notes:

Friday _____ to _____

Tuition (weekly rate): \$ _____

Registration Fee: \$ _____

OFFICE USE ONLY:

Other Fees: \$ _____

DATE PAID: ___/___/___ Ck# _____

Total Due to Register: \$ _____ Due by: ___/___/___

I have received, reviewed and discussed with the director, a copy of New England Country Day School's contract. I am fully aware of the philosophy, operating, general, financial, health / medication, discipline policy and abuse and neglect procedures for acceptance to New England Country Day School. Failure to comply with any or all of the terms of this contract will result in the dismissal of my child from the New England Country Day School.

Parent's Signatures: _____

Enrollment Date: ___/___/___

Director's Signature: _____

CHILD ENROLLMENT & EMERGENCY MEDICAL CARE FORM

Date of Application: _____ Date of Enrollment: _____ Last Day of Enrollment: _____

Child's Name: _____ Child's Date of Birth: _____

Child's Address: _____ City: _____ Zip Code _____

Guardian/Mother's Name: _____ Address: _____

City: _____ Zip Code: _____ e-mail Address: _____

Home Telephone #: (____) _____ Cell #: (____) _____

Mother's Employer: _____ Work #: (____) _____

Mother's Employer Address: _____ City: _____ Zip Code _____

Guardian/Father's Name: _____ Address: _____

City: _____ Zip Code: _____ e-mail Address: _____

Home Telephone #: (____) _____ Cell #: (____) _____

Father's Employer: _____ Work #: (____) _____

Father's Employer Address: _____ City: _____ Zip Code _____

Persons permitted to remove the child from the childcare program on behalf of parent. (Use for additional names.)

Name: _____ Phone #: _____ Relationship _____

In an emergency, adults to be contacted if parent cannot be reached and to whom the child can be released.

Name: _____ Phone #: _____ Relationship _____

Medical Information

Known Allergies: _____ Last Tetanus: _____

Insurance Carrier: _____ Insurance ID: _____

Child's Physician: Name: _____ Phone #: (____) _____

Address _____ City: _____ Zip Code: _____

Child's Dentist: Name: _____ Phone #: (____) _____

Address _____ City: _____ Zip Code: _____

Emergency Authorization: I give my consent for the First Aid and CPR certified staff of New England Country Day School, to administer first aid and CPR to my child and to contact the above-named physician or dentist if my child has a medical emergency. I also give my consent for my child to be transported to the nearest hospital in the event of a medical emergency. I will be responsible for all medical fees.

Preferred Medical Facility: _____

Signature of Parent or Guardian: _____ Date: _____

Signature of Parent or Guardian: _____ Date: _____

***** Please Attach Xerox copies of signed driver's license and insurance cards *****

CHILD NAME: _____

Emergency Evacuation Procedures:

- School Staff / Students will proceed to the Life Storage Facility on Kenosia Avenue in case of Emergency Evacuation.
- All Parents / Guardians will be notified by phone, social networks, WTNH and via email with notifications and all emergency updates.
- In case of Medical / Illness Emergency – Provided Emergency Contact and Danbury Ambulatory Services are reached for safe transportation to the local Danbury Hospital.
- Age / weight appropriate Evacuation Cribs for infant / toddlers specifically designed for necessary evacuations are provided.
- Care plans will be followed to accommodate specific needs, binders containing individual’s action plans and records are taken by staff responsible for any medical conditions / disabilities.
- Routine Soft Lockdown and Practice drills are met and in motion - done regularly to ensure protocols, readiness and preparedness. Evacuation Plans posted, legible and visible to guide / direct to safe meeting location made known to parents / guardians via notifications.

Allergies: _____

Notes: _____

Mother/Guardian Name: _____ **Phone Number:** _____

Signature: _____ **Work Number:** _____

Father/Guardian Name: _____ **Phone Number:** _____

Signature: _____ **Work Number:** _____

Additional Emergency Contact:

Name: _____ **Phone Number:** _____

Additional Emergency Contact:

Name: _____ **Phone Number:** _____

(Parent/Evac.Policy)

(School Snack Check Off)

Yes, my child _____ may have the following for school snack.....

_____ Goldfish

_____ Pretzels

_____ Ritz Crackers

_____ Cheese-Itz

_____ Cheerios Plain

_____ Graham Crackers

_____ Club Crackers

_____ Pop Corn (3s and up)

Signature

Date

(Check off & Sign below)

Yes, my child _____ may enjoy...

_____ Assorted Munchkins from Dunkin Donuts

_____ Popsicles/Ice pops

_____ Ice Cream Basic Flavors – Chocolate / Vanilla / Strawberry

_____ Oreos

_____ School safe Cupcakes

_____ Pizza

Signature

Date

PERMISSION TO PHOTOGRAPH

I, _____ (circle one) give permission/Do not give permission to New England Country Day School to photograph my child _____ for the school website and Facebook.

*I understand that it is my responsibility to update this form if I no longer wish to authorize the above. I agree that this form will remain in effect during the term of my child's enrollment.

(Parent or Guardian signature)

(Date)

Credit Card or Debit Card Auto Payment

Child's Name: _____

Customer Name (as it appears on card) _____

E-Mail _____

Billing Address _____

City: _____ State: _____ Zip: _____

Credit Card# _____

Exp Date: _____ CVC# _____

I authorize New England Country Day School to automatically bill tuition to my Credit/Debit card.

____ Weekly each Friday in the amount of _____ (weekly tuition rate)

____ Every other Friday in the amount of _____ (Bi-weekly)

____ Monthly on the 1st in the amount of _____

Note: monthly payments will be weekly tuition multiplied by 4.3 weeks. This makes each month's payment the same and accounts for the months that have 5 weeks.

Customer Signature: _____

Date: _____