



Enrollment Application and Agreement

Name of Child _____ Date of birth _____
Address _____ Zip Code _____
Home Phone (____) _____ Alternate Phone Number (____) _____
Date attendance will begin _____
Normal attendance will be approximately _____ a.m. to _____ p.m. on
the following days:
Mon. _____ Tues. _____ Wed. _____ Thurs. _____ Fri. _____

MOTHER or guardian _____ Occupation _____
Employer Work Address _____ Work phone (____) _____
MOTHER Drivers License Number _____ Cell Phone (____) _____
FATHER or guardian _____ Occupation _____
Employer Work Address _____ Work Phone (____) _____
FATHER Drivers License Number _____ Cell Phone (____) _____
Email Address of Primary sponsor _____

OTHER PERSONS TO WHOM STONEBROOK IS AUTHORIZED TO RELEASE A CHILD:

Under no circumstances will Stonebrook release a child to anyone not identified below or not otherwise known to staff without specific authorization from the parent or guardian. Additions or changes to the list of persons appearing below will be made on the "Parent's Special Instructions" form.

Name _____ Relationship _____
Address _____ Phone (____) _____
Cell Phone (____) _____
Name _____ Relationship _____
Address _____ Phone (____) _____
Cell Phone (____) _____

PERSONS WHOM YOU AUTHORIZE STONEBROOK TO CONTACT FOR GUIDANCE IN AN EMERGENCY such as a medical or, other emergency, when the parent or guardian or, (if appropriate), physician are unavailable.

Name _____ Relationship _____
Address _____ Phone (____) _____
Cell Phone (____) _____

Name _____ Relationship _____
Address _____ Phone (____) _____
Cell Phone (____) _____

CHILD'S PHYSICIAN _____
Address _____ Phone (____) _____

DENTIST _____
Address _____ Phone (____) _____

In order to comply with state law, it will be necessary for the parent or guardian to supply Stonebrook with a physician's report form, on a form supplied by Stonebrook, no later than one week after the date actual attendance begins.

STATUS OF CHILD'S PARENTS: Married ____ Separated ____ Divorced ____
Other ____ Stepmother ____ Stepfather ____

CHILD'S BROTHERS AND /OR SISTERS - Name _____ D.O.B. _____
Name _____ D.O.B. _____

HEALTH - Any health or special situations concerning the child of which Stonebrook should be aware, such as allergies, existing/pre-existing illnesses, injuries, disabilities, or hospitalization during the past twelve months, or any medications prescribed for long-term use.

*Please specify any dietary restrictions (if an infant, specify formula): _____

GENERAL AUTHORIZATION - We hereby grant to Stonebrook Day School permission for the above named child to:

- a) take part in all program activities including the use of all indoor and outdoor equipment;
- b) be photographed or videotaped in connection with daily program activities and to use the resulting photographs/videotape for any lawful purpose including marketing or publicity. I relinquish all rights, title and interest in the photographs, negatives, and videotape;
- c) to enforce discipline policy in the event my child needs corrective action as described in the Parent Handbook.

MEDICAL AUTHORIZATION - We hereby grant to Stonebrook permission to take whatever action in its judgment may be necessary in supplying emergency medical services to the above named child.

Important: If your child appears ill, has had a fever above 100.4 F within the past 24 hours, is vomiting, or shows evidence of a communicable disease, please make arrangements for alternative care. If your child has such symptoms and is present at Stonebrook, you will be asked to pick her/him up.

HOURS - Unless otherwise specified, hours of operation of the school are from 6:00 a.m. to 6:00 p.m. Monday through Friday.

DAYS OF OPERATION - The school will operate Monday through Friday throughout the year except for: New Years Day, Good Friday, Memorial Day, Independence Day, Labor Day, the day of and after Thanksgiving Day, Christmas Eve Day, Christmas Day.

ENROLLMENT POLICY - Initial and continued enrollment will be at the discretion of Stonebrook Day School based upon the best interest of the child, the expectation that he/she will benefit from the program, and the welfare of the other enrolled children. Enrollment shall be without regard to race, creed, sex, religion or national origin.

VACATION AND SICK POLICY - Each child will receive one week at 100% discounted tuition after one year of continuous enrollment. Discounted tuition can be applied toward a weekly absence, sick or vacation. The child has to be out for the full week in order to use the vacation and sick discounted week.

WITHDRAWAL POLICY - Two weeks notice is required in writing prior to the last day of attendance. The school reserves the right to charge you for two week's tuition if you withdraw your child without notice.

TUITION, FEES:

A nonrefundable annual registration fee is due at time of enrollment and every additional calendar year that your child is enrolled in Stonebrook Day School. Annual registration will be billed and payable at the end of January. In the event that your child enrolls in November or December the registration will not be charged the following January but rather, January of the next year.

Tuition is due each Friday for the following week. If payment is later than Monday 12:00 noon, there will be a late fee of \$30.00 per week. Late fees are cumulative per week on the remaining balance.

A discount after the first child in a family is \$7.50 per week, deducted from the oldest child's tuition and conditioned upon the continued enrollment of more than one child in this School.

A late fee is charged of \$1.00 per minute after closing that the child remains on the premises. This fee is to be paid with cash or check to the person in charge at the time of late pickup.

Return check fee is \$30.00 per check, and you must pay the check and fee in cash or money order within one day's notice.

Some activities or field trips may have a fee. These fees must be paid in advance.

Accounts two weeks in arrears may result in immediate dis-enrollment. Accounts in arrears may be referred to a licensed collection agency. In the event your account is sent to collection, you will be responsible for the balance of your account and any reasonable collection and attorney fees associated with the collection of your account.

Some tuition accounts are paid by more than one household. In the event that an account is in arrears or shared payment or an account dispute, all sponsors on the account will be responsible for the account, including late fees.

THIS ENROLLMENT AGREEMENT REMAINS ON FILE AT STONEBROOK - A copy of this Enrollment Agreement will remain within the files of Stonebrook and is available for inspection by the parent or guardian at any time.

INFORMATION IN THE CHILD'S FILE MUST BE KEPT CURRENT - The parent or guardian is required by state law to update information furnished herein as necessary, with changes initialed and dated by parent and the Director (or designee).

IN HOME BABYSITTING - Stonebrook does not render child care services off its premises, except in the event of field trips which have been authorized in advance by the parent or guardian. Accordingly, if you arrange with a staff member for off-premises care of your child, the staff member undertakes such services on their own behalf and not as an employee of Stonebrook. Stonebrook staff members are selected and retained on the basis of their fitness for rendering childcare services in a controlled and fully-supervised child care program. Stonebrook offers no assurance of the fitness of its staff for performing these and other services in an environment, which is not professionally supervised (such as transporting children or caring for them at your home), and none should be implied or inferred under any circumstances.

ADMINISTRATION OF MEDICINES - The staff will administer only physician prescribed medications. Along with the physician's administration instructions, written authorization by the parent or guardian is required. Written authorization may be made by completing the "Authorization to Administer Medicine" form located in the Stonebrook office. The "Authorization to Administer Medicine" form and medication should be put in the designated area in the office. State Law requires that all medicines must:

- a) be in its original container;
- b) be labeled with the full pharmacy label (if prescription medicine);
- c) be in such condition that the name of the medication and the directions for use are clearly readable on the container (if non-prescription medicine);
- d) the child's first and last name should clearly appear on the container;
- e) include directions to administer the medication; and,
- f) be administered to the child with written parental permission and as stated on the label directions, or as amended by written notice of a physician.

OTHER TERMS:

The Stonebrook Day School Parent Handbook is incorporated by reference in this agreement. I acknowledge that I have received and will abide by the policies in the Parent Handbook.

Stonebrook Day School reserves the right to alter the policies and program status at any time.

I understand that it is my responsibility to maintain my own childcare financial records for tax purposes.

Tennessee Child Care Licensing regulations are on file at the School and are available for my review upon request. Supplemental information required by state law will be provided by the School Director if necessary.

In the event it becomes necessary for Stonebrook Day School to take legal action or employ an attorney to enforce the provisions of this Enrollment Application and Agreement or the Parent Handbook, Stonebrook Day School, in addition to any other damages, shall be entitled to recover its attorney fees and costs related to such action.

PROGRAM ACKNOWLEDGMENT: I have reviewed with the Director (or designee) the program and policies of Stonebrook Day School. I have read, understand, and accept all the terms and conditions described in this agreement.

Mother or guardian _____ Date _____

Father or guardian _____ Date _____

Accepted: Director _____ Date _____