



Fair Haven

Day School

# Enrollment Form

General Information		
Child's Full Name	Child's Date of Birth	<input type="radio"/> Male <input type="radio"/> Female
Child's Address	Child Lives With <input type="radio"/> Both Parents <input type="radio"/> Mother <input type="radio"/> Father <input type="radio"/> Guardian	
Parent's Name	Date of Admission	
Parent's Address if different from above	Date of Withdrawal	
Mother's Information		
Mother's Name	Email Address	
Cell Number	Work Number	
Father's Information		
Father's Name	Email Address	
Cell Number	Work Number	
Emergency Contacts		
Name	Phone Number	Relationship
Name	Phone Number	Relationship
I authorize Fair Haven Day School <b>to release</b> my child to leave <b>ONLY</b> with the following persons. Please list name, telephone number and relationship for each. Children will only be released to a parent or guardian or to a person designated by the parent/guardian after verification of ID. Name Phone Number Relationship		
Name	Phone Number	Relationship
Name	Phone Number	Relationship
Name	Phone Number	Relationship
Name	Phone Number	Relationship
Medical Information		
Name of Physician's Practice	Name of Physician	
Physician's Address	Physician's Phone number	
In the event of an emergency I consent for my child to be transported to Memorial Hermann ER; 921 Gessner, 77024. Other Hospital _____ (initials)		
Does your child have any diagnosed allergies? i.e. food or other Plan Submitted on: _____ <input type="radio"/> N/A <input type="radio"/> Yes <input type="radio"/> No If yes please list below _____ (initials)		



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List any special needs that your child may have, such as environmental allergies, food intolerances, existing illness, previous serious illness, injuries and hospitalizations during the past 12 months, any medication prescribed for long-term continuous use, and any other information which caregivers should be aware of:

N/A \_\_\_\_\_ (initials)

### Other

Under the Texas Penal Code, any area within 1,000 feet of a childcare center is a gang-free zone, where criminal offenses related to organized criminal activity are subject to harsher penalties.

\_\_\_\_\_ (initials)

### Policies and Procedures Overview

#### Tuition and Fees

- Tuition is a fee broken up in to 12 prorated installments throughout the school year (August-July).
- My monthly tuition rate is \_\_\_\_\_
- Tuition is due by the 5<sup>th</sup> business day of each month.
- A late fee of \$50 will be charged for payments received after the 5<sup>th</sup> of each month.
- Tuition or other fees must be paid in full without deduction for absences of any duration or for any cause and without substitution of other days of attendance as 'make up' days.
- The school is open year-round except for holidays. Please see our calendar for exact dates. There are no refunds or credits for holidays.
- There are no refunds or credits for emergency closures and bad weather days.
- Registration fees are \$200 per child or \$300 per family for the school year and is nonrefundable.
- Summer registration fees are \$25 per child per session or \$60 for all three sessions and is nonrefundable.
- In the event of withdrawal from the school a 2-week written notice is required with tuition due through the notice period. Pre-paid fees will not be refunded and cannot be applied to any other months.
- Enrollment and re-enrollment is contingent on being current with tuition payment and all fees.
- The school is open 7am-6pm Monday-Friday. There will be a charge for late pick up after your enrollment time as follows: \$25 for minutes 1-15 then \$5 for every 5 minutes after.
- Delinquent accounts by the end of the month may result in your child's removal from the school until all payments are made unless previous arrangements have been made with the Director.
- I understand that a processing fee of \$45 will be charged to my account for all checking account payments which are returned for any reason. This fee is in addition to any charges that the bank may charge the school.

We agree to fulfill all financial obligations listed above \_\_\_\_\_ (initials)

#### Illness

- I understand that I will be notified should my child become ill during the day, and that I will pick up my child promptly, or make arrangements for an authorized emergency contact person to pick up upon notification.
- If my child is sent home with any of the below symptoms, I understand they can return to school with a physician's note stating they are not contagious or 24 hours symptom free. Symptoms include but are not limited to:
  - 100° or higher temp
  - Vomiting
  - Diarrhea
  - Eye discharge
  - Unexplained rash
- I understand that FHDS does not administer ANY medication with the exception of diaper cream for children who are in diapers.

\_\_\_\_\_ (initials)



**Other**

- I understand that photos and videos of my child will be taken for educational and communication purposes. I understand that no photo will be posted publicly without specific parent permission.
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- I understand that if my child is absent for any reason, I must let the school know ASAP and there will be no credits or refunds for these missed days.
- I have read and understand the emergency preparedness plan for FHDS, located in the parent handbook. I give FHDS permission to transport my child (5 years and older) for field trips in a bus with a certified driver. I understand that I will be notified in advance of any field trips. \_\_\_\_ Yes \_\_\_\_ No
- I understand that my child will play with water age appropriately in sensory tables as well as sprinklers, supervised by teachers.
- I understand that the school follows Spring Branch ISD policies for bad weather days. These days are not credited or refunded.
- I understand that the above policies are not an all-inclusive list of policies and I am responsible for reading though the Fair Haven Day School Parent Handbook located on our website [fairhavendayschool.org](http://fairhavendayschool.org)

\_\_\_\_\_ (initials)

**School Age Children ONLY (K-5<sup>th</sup> Grade)**

My child attends the following school:

Name of school \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

My child is enrolled in the above school and all updated immunizations and physician statements are on file.

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

**Signatures**

I understand the above and agree to adhere to the policies and agreements as required by Fair Haven Day School.

\_\_\_\_\_  
Childs' Parent and Legal Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Center Designee

\_\_\_\_\_  
Date