



Today's Date _____

New student Returning student

2021-2022 REGISTRATION

Child's Name:

_____ *First* _____ *Last*

Nickname: _____ Sex: F M

Date of Birth ____/____/____ Age as of Sept. 1, 2021 _____

(Child's age as of September 1 determines the class for which they will enroll.)

Address _____

City _____ Zip Code _____

Is your child toilet-trained*? YES NO

*Children attending 3-year and older classes must be toilet trained.

Class Selection (please check one)	
<input type="checkbox"/> 1-Year Old, 2 Day (T, Th)	\$210
<input type="checkbox"/> 1-Year Old, 2 Day (M, W)	\$210
<input type="checkbox"/> 2-Year Old, 2 Day (T, TH)	\$210
<input type="checkbox"/> 2-Year Old, 3 Day (M, W, F)	\$235
<input type="checkbox"/> 3-Year Old, 2 Day (T, TH)	\$210
<input type="checkbox"/> 3-Year Old, 3 Day (M, W, F)	\$235
<input type="checkbox"/> 3-Year Old, 4 Day (M-Th)	\$260
<input type="checkbox"/> 3-Year Old, 5 Day (M-F)	\$285
<input type="checkbox"/> 4-Year Old, 4 Day (M-Th)	\$260
<input type="checkbox"/> 4-Year Old, 5 Day (M-F)	\$285
<input type="checkbox"/> Kindergarten (M-F)	\$310
* Registration fee is equivalent to one month's tuition.	

Mother's Name _____ Father's Name _____

Cell phone # _____ Cell phone # _____

Cell phone carrier (required) _____

Email _____ Email _____

Check box to indicate the primary email.

Employer _____ Employer _____

Parents' Marital Status _____ Do both parents have custody rights? _____

Has your child attended a weekday preschool program before? If so, where? _____

Siblings attending Shadowbrook Weekday School (Name and Age Level) _____

Primary language spoken at home? _____ Does child speak/understand English? _____

Does your child have any allergies? YES NO Does your child require an Epipen? YES NO

List Allergies: _____

Does your child have evidence of hearing loss, vision difficulties, speech delays or developmental delays?

YES NO If yes, please explain: _____

Does your child receive additional developmental services or intervention (i.e. physical, occupational, or speech therapy, etc.)? YES NO If yes, please explain: _____

Any other health issues that we need to be aware of? _____

Parent Agreement

(Please Initial and Sign Below)

_____ Parent Initials I wish to enroll my child, _____ at Shadowbrook Weekday School (SWS) for the 2021-2022 school year. I understand that the Registration Fee is without exception and non-refundable at the time of payment and these fees do not apply to any month's tuition.

_____ Parent Initials I also agree that SWS may withdraw the Activity Fee and 1/2 month's tuition for May on July 21, 2021 via Tuition Express. I will be reminded of this payment via email by July 14, 2021. I understand that the July 21 payment confirms and guarantees my child's enrollment for the beginning of school in September and that it is without exception and non-refundable at the time of payment. Without receipt of this payment on July 21, 2021, SWS has the right to relinquish my child's spot to another applicant.

_____ Parent Initials I agree that SWS will withdraw eight additional payments via Tuition Express for my child's tuition on the seventh (7) day of the following months: September, October, November, December, January, February, March and April. Tuition is considered past due if received after the seventh (7) day of the month for which it is due. I understand that a late fee of \$25 will be added to my child's tuition account for any payments not received by the seventh (7) day of the month due. If my tuition account becomes two months past due at any time, I understand that my child will be withdrawn from enrollment. I understand that I will be responsible for paying any bank and/or credit card fees charged by my bank or Tuition Express if I fail to keep my card information current and updated.

_____ Parent Initials I understand that one month's notice is required if I must withdraw my child from SWS. I understand that I will be responsible for paying one month's tuition if I do not provide one month's notice prior to withdrawing my child.

_____ Parent Initials It is mutually agreed that in the event of an accident or illness of my child while at school, SWS shall use its best efforts to contact the parent(s) immediately. When the parent(s) cannot be immediately reached, SWS will use its best effort to contact the emergency contacts provided in the order listed on the child's Health and Emergency Care Form. In the event the parents and the emergency contacts are not immediately available, SWS is authorized to secure such care as the situation may reasonably warrant.

_____ Parent Initials I attest that I am the aforementioned child's parent/legal guardian and that I have legal custody rights to make decisions on behalf of this child, and as such, I agree that where SWS has acted in good faith to comply with accident and/or illness procedure, they shall not be liable for any accident and/or illness to this child, any and all liability as might otherwise exist being expressly waived by the parent/legal guardian.

_____ Parent Initials I understand that I will be charged a late fee of \$1 per minute if I pick up my child after 1:50 pm.

By signing below, I acknowledge my understanding and agreement to the aforementioned Parent Agreement.

Parent/Legal Guardian's Signature

Date

OFFICE USE ONLY: New Student Returning Student **Date Paid:** _____

Registration Fee: \$ _____ Cash _____ Check # _____

or Tuition Express (if currently enrolled) _____ (parent initials)

Additional Fees Paid: _____ **Staff Initials:** _____