

Does your child receive developmental services or intervention (i.e. physical, occupational, speech or feeding therapy, etc.)? YES NO

If yes, please explain: _____

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

Parent Agreement
(Please Initial and Sign Below)

_____ I wish to enroll my child, _____ at Shadowbrook Weekday School (SWS) for the
Parent 2024-2025 school year. I understand that the \$250 Registration Fee is without exception and non-refundable at the time of
Initials payment and these fees do not apply to any month's tuition.

_____ I also agree that SWS may withdraw the Activity Fee, Curriculum Fee (if applicable) and 1/2 month's tuition for May on
Parent July 17th, 2024 via Tuition Express. I will be reminded of this payment via a mail out in early July. I understand that the
Initials July 17th payment confirms and guarantees my child's enrollment for the 2024-2025 school year and that this payment is
without exception and non-refundable. Without receipt of this payment on July 17, 2024, SWS has the right to relinquish
my child's spot to another applicant.

_____ I agree that SWS will withdraw eight additional tuition payments via Tuition Express on the 7th day of the following
Parent months: September, October, November, December, January, February, March and April. Tuition is considered past due if
Initials received after the 7th day of the month for which it is due. I understand that a late fee of \$35 will be added to my child's
tuition account for any payments not received by the 7th 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past due at any time, I understand that my child will be withdrawn from enrollment.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.

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

_____ I understand that SWS teachers are not qualified special needs teachers and that little ones that require additional services
Parent can receive services from Babies Can't Wait from birth to age 3 and from Gwinnett County Public Schools from ages 3 to 5
Initials years.

_____ It is mutually agreed that in the event of an accident or illness of my child while in the care of SWS, the School shall use its
Parent best efforts to contact the parent(s) immediately. When the parent(s) cannot be immediately reached, the School will use its
Initials 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, the School is authorized to secure such
care as the situation may reasonably warrant.

_____ I attest that I am the aforementioned child's parent/legal guardian and that I have legal custody rights to make decisions on
Parent behalf of this child, and as such, I agree that where SWS has acted in good faith to comply with accident and/or illness
Initials 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.

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

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

Parent's Signature

Date

Office Use Only: New Student Returning Student Date Paid: _____

Registration Fee: \$ _____ Cash _____ Check # _____ Tuition Express (if currently enrolled) _____

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

(parent initials)



Child Development Acknowledgement

Shadowbrook Weekday School welcomes all children. Our teachers use inclusive practices to help students of differing abilities to succeed in class and they strive to give equal attention to each child. Once enrolled, students are expected to adhere to the classroom behavior guidelines/expectations and be able to handle the structure of the classroom. To protect the learning environment for all students in the class, our teachers are unable to devote one-on-one assistance to a child who may require continual redirection.

We realize that some learning disabilities or behavioral, social, physical, or emotional challenges may develop over time and not become evident until a certain age. If a child is unable to adjust to the classroom environment and is requiring one-on-one attention, we may refer parents to seek support through private early intervention services or from Gwinnett County Public Schools (GCPS). This support may be facilitated at your home, in the classroom at Shadowbrook, or (if the child qualifies for placement) within a GCPS classroom.

If it is determined at any time by the director, together with the classroom teachers, that Shadowbrook Weekday School is not the best fit, the student will be withdrawn, and a prorated tuition amount will be refunded at the discretion of the director. Registration fees are non-refundable.

I affirm that I have read, understand, and agree to the contents of this document.

Parent Signature

Date

Child's Name (Please print)