

Please note: Enrollment is only secured with the receipt of all required forms, registration fee (if not paid prior) and the first month's tuition.

BASIC INFORMATION				
Student's Full Name		Date of Birth	Age as of Sept. 1	Gender
				Fully Potty Trained? <input type="checkbox"/> Yes <input type="checkbox"/> No
Student's Primary Home Address			Student's Home Telephone No.	
Parent's or Guardian's Name(s)		Address (if different from student's address)		
Parents'/Guardians' Relationship to Student	Primary Language spoken by student:	Member of SPEC? <input type="checkbox"/> Yes <input type="checkbox"/> No	Sibling at SPES? <input type="checkbox"/> Yes <input type="checkbox"/> No	Parent on Staff? <input type="checkbox"/> Yes <input type="checkbox"/> No
Parents are: <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed	Are there any Court Orders regarding custody of which SPES should be aware? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please attach Court Order. [Date Orders received: _____.]			
Mother's Cell Telephone No.	Mother's Work Telephone No.	Father's Cell Telephone No.	Father's Work Telephone No.	
Mother's Email		Father's Email		
Mother's Occupation		Father's Occupation		

EMERGENCY CONTACTS	
Give the name, address and phone number of person(s) to call in case of an emergency if parents / guardian cannot be reached:	Relationship

WATER ACTIVITIES	
<b>WATER ACTIVITIES:</b>	I hereby give my consent for my child to participate in the following Water Activities: <input type="checkbox"/> sprinkler play <input type="checkbox"/> splashing/wading pools <input type="checkbox"/> water table play

HOURS OF CARE/MEALS	
<p><b>MEALS/SNACKS:</b> I UNDERSTAND THAT I AM REQUIRED TO FURNISH THE FOLLOWING FOOD, AND THAT ONLY THE PARENT-PROVIDED FOOD WILL BE SERVED TO MY CHILD WHILE IN CARE UNLESS I ALSO DESIGNATE THAT TREATS ARE APPROVED TO BE SERVED:</p> <p><input type="checkbox"/> AM Snack    <input type="checkbox"/> Lunch</p> <p><input type="checkbox"/> PM Snack (After-Care only)</p> <p><input type="checkbox"/> Treats (birthday, holiday, class celebrations)</p>	<p><b>HOURS OF CARE:</b> My child will normally be in SPES care on the following days and times (Please include pre-care and after-care). <b>ANY STUDENTS NOT ENROLLED IN REGULAR AFTER-CARE THAT ARE REMAINING AT SPES AT 2:30 pm WILL AUTOMATICALLY BE TRANSFERRED TO THE AFTER-CARE PROGRAM AND YOUR ACCOUNT WILL BE CHARGED THE DAILY DROP-IN RATE. HALF DAY STUDENTS REMAINING AT SPES PAST 11:30 WILL ALSO BE CHARGED THE AFTER-CARE DAILY DROP-IN RATE.</b> I ALSO AGREE TO NOTIFY MY CHILD'S TEACHER/THE DIRECTOR OF ANY ABSENCES AND THE REASONS FOR SAME BY 9:00 am ON THE SAME DAY:</p> <p><input type="checkbox"/> Mondays -- from: _____ to: _____</p> <p><input type="checkbox"/> Tuesdays -- from: _____ to: _____</p> <p><input type="checkbox"/> Wednesdays -- from: _____ to: _____</p> <p><input type="checkbox"/> Thursdays -- from: _____ to: _____</p> <p><input type="checkbox"/> Fridays -- from: _____ to: _____</p>

SPECIAL ADDITIONAL INFORMATION	
List any special problems that your child may have, such as allergies, existing illness, previous serious illness, injuries and hospitalizations during the past 12 months, and any other information of which caregiver's should be aware. Attach additional documents if desired/necessary.	
<b>Referred to us by:</b>	

Child daycare operations are public accommodations under the Americans with Disabilities Act (ADA), Title III. If you believe that such an operation may be practicing discrimination in violation of Title III, you may call the ADA Information Line at (800) 514-0301 (voice) or (800)-514-0383 (TTY).

<b>SPES Use Only:</b>	Class Placement:	Date Forms Rec'd:	Discipline/Guid.:	Auth. Release:	Fin. Policy:	Media Photo Release:	1 <sup>st</sup> Mo.'s Tuition Pd/Date:
Date of Admission:	Aftercare Form?:	Directory?:	Health Stmt:	Immuniz.:	ER Med. Trmt:	Sp. Needs/FA/504?:	<input type="checkbox"/> Cash
Date of Withdrawal:							<input type="checkbox"/> Check
							<input type="checkbox"/> Credit Card



**MANDATORY HEALTHCARE PROFESSIONAL'S STATEMENT**

**ADMISSION REQUIREMENT:** If your child does not attend pre-kindergarten or school away from SPES, one of the following must be presented when your child is enrolled in SPES or within one week of enrollment. **Please check only one option:**

1.  HEALTH-CARE PROFESSIONAL'S STATEMENT: I have examined the above named child within the past year and find that he / she is able to take part in the day care program.

\_\_\_\_\_ Date \_\_\_\_\_  
Health Care Professional's Signature

2.  A signed and dated copy of a health care professional's statement is attached.

3.  My child has been examined within the past year by a health care professional and is able to participate in the SPES program. Within 12 months of admission, I will obtain a health care professional's signed statement and will submit it to the child-care operation.

Name, address and telephone number of health care professional:  
\_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_  
Signature - Parent or Legal Guardian

**IMMUNIZATIONS**

Vaccine ▼	Date/dose 1	Date/dose 2	Date/dose 3	Date/dose 4	Date/Booster
Hepatitis B					
Rotavirus					
Diphtheria, Tetanus, Pertussis [DPT/DTaP/DT]					
Haemophilus influenzae type b [HIB]					
Pneumococcal PVC					
Polio [IPV or OPV]					
Influenza					
Measles, Mumps, Rubella					
Varicella					
Hepatitis A					
Hepatitis B					
Meningococcal					
Varicella/Chickenpox (see below)					
TB TEST (if required)	<input type="checkbox"/> Positive	<input type="checkbox"/> Negative	Date:		

Varicella (chickenpox) vaccine is not required if your child has had chickenpox disease. If your child has had chickenpox, please complete the statement: My child had varicella disease (chickenpox) on or about \_\_\_\_\_ (date) and does not need the varicella vaccine.

\_\_\_\_\_ Date \_\_\_\_\_  
Parent signature

\_\_\_\_\_ Date \_\_\_\_\_  
Signature – Healthcare Professional

Printed Name, Address and Telephone No.:

## FINANCIAL AGREEMENT

**Child's Name:** \_\_\_\_\_

I/We, as parent(s)/legal guardian(s) of the child identified above, do hereby agree to the financial obligations as itemized in this Financial Agreement, and select the following tuition and payment options at the rates listed below for the 2016-17 school year:

**Tuition Options** (please choose one):

- Annual payment:** One (1) payment due on or before August 23, 2016.
- Monthly payment plan:** Ten (10) payments, the first payment of a half-month tuition due by July 15, 2016, with enrollment forms, followed by Nine (9) full-month tuition payments due by the first (1<sup>st</sup>) of the month, beginning Sept. 1, 2016 and ending May 1, 2017.

**Tuition rates for the 2016-17 School Year are as follows:**

Full Day Tuition		
Classes	Days/Week	Monthly Cost
PreK 2, PreK 3	2 days (Tu/Th)	\$325
PreK 2, PreK 3, PreK 4	3 days (M/W/F)	\$450
PreK 2, PreK 3, PreK 4	5 days (M-F)	\$700
Transitional Kindergarten	3 days (M/W/F)	\$500
Transitional Kindergarten	5 days (M-F)	\$750

Half Day Tuition <i>PreK 2 and PreK 3 only</i>	
Days/Week	Monthly Cost
2 days (Tu/Th)	\$200
3 days (M/W/F)	\$300
5 days (M-F)	\$450

**Payment Options:** I choose the following payment option:

- Bank Draft [Payment arrangement made by you through your banking institution]
- Online payment through Headmaster
- Personal Check

**I HAVE READ AND AGREE TO THE ABOVE FINANCIAL OBLIGATIONS FOR THE DURATION OF THE 2016-17 SCHOOL YEAR.**

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

## **DISCIPLINE AND GUIDANCE POLICY**

**The SPES Discipline and Guidance Policy is as follows:**

**Discipline must be:**

- individualized and consistent for each child;
- appropriate to the child's level of understanding; and
- directed toward teaching the child acceptable behavior and self-control.

**A caregiver may only use positive methods of discipline and guidance that encourage self-esteem, self-control, and self-direction, which include the following:**

- using praise and encouragement of good behavior instead of focusing only upon unacceptable behavior;
- giving children time to work through problems on their own, while being ready to intervene to prevent destructive or aggressive behavior;
- generating options/solutions by giving students tools for conflict resolution;
- reminding a child of behavior expectations daily by using clear, positive statements;
- redirecting behavior using positive statements;
- setting clear and consistent limits and expectations;
- using natural consequences for children's behavior;
- modeling compassionate, caring behavior that sets good examples for students to follow;
- identifying emotions, validating feelings and providing methods to encourage calm behavior;
- using brief, supervised separation or time away from the group, when appropriate for the child's age and development, limited to no more than one minute per year of the child's age.

**There must be no harsh, cruel, or unusual treatment of any child. The following types of discipline and guidance are prohibited:**

- corporal punishment or threats of corporal punishment;
- punishment associated with food, naps, or toileting;
- pinching, shaking, biting, striking, swatting, or slapping a child;
- hitting a child with a hand or item;
- humiliating, ridiculing, rejecting or yelling at a child;
- subjecting a child to harsh, abusive, or profane language;
- leaving a child unsupervised, or placing a child in isolation, in a locked or dark room, bathroom or closet with the door closed;
- requiring a child to remain silent or inactive for inappropriately long periods of time for the child's age.

**Often, proper planning can minimize behavior problems; this can be accomplished by:**

- planning the classroom program so it is appropriate for the ages and individual levels of the students;
- providing a balance between active and quiet activities, self-directed, and teacher-directed activities;
- carefully planning transitions between daily activities;
- focusing complete attention on the children, guiding behavior, facilitating learning, and interacting with students;
- listening to and encouraging students as they strive to meet expectations and overcome challenges.

**My signature verifies I have read and received a copy of the Discipline and Guidance Policy.**

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

**ACKNOWLEDGMENT OF RECEIPT OF THE FAMILY HANDBOOK**

**My signature verifies I have read and received a copy of the SPES Family Handbook.**

\_\_\_\_\_  
Parent Signature\_\_\_\_\_  
Date**UNIFORM POLICY**

By enrolling my child in SPES, I agree to send my child to school dressed according to the SPES Uniform Policy: All top pieces worn must be purchased through Land's End and logoed with the approved SPES logo. Khaki bottom pieces may be purchased through Land's End or at local retailers. Approved uniform pieces are identified on the SPES page on the Land's End website. Closed-toed sneakers/shoes are required.

\_\_\_\_\_  
Parent Signature\_\_\_\_\_  
Date**MEDIA/PHOTO RELEASE**

I  do,  do not grant permission for Saint Paul's Episcopal School to publish pictures of my child on the preschool's website, or in the preschool's press releases, publicity information, newsletters, social media pages and/or bulletins. [Children's names will not be used or given.] I further attest that I have the right to give or decline this permission as I am the child's parent or legal guardian. I understand that if I give notice to the Director, webmaster or SPES staff member that I object to any particular photograph on the website, it will be removed as soon as possible.

\_\_\_\_\_  
Parent Signature\_\_\_\_\_  
Date**DIRECTORY PUBLICATION PERMISSION**

**I hereby give permission for the following information to be published in the SPES Family Directory. The Directory will be distributed only to SPES Families and Staff:**

- all contact information (names, emails, telephone numbers, address)
- names only
- names and telephone numbers only
- names and emails only
- names, telephone numbers and emails only

\_\_\_\_\_  
Parent Signature\_\_\_\_\_  
Date

**CHILD RELEASE/SUPERVISION AUTHORIZATION**

I hereby authorize the childcare operation to allow my child to leave the childcare operation ONLY with the following persons. Please list the name, address & telephone number for each. I understand that children will ONLY be released to a parent or a person designated by the parent/guardian after verification of ID. I also understand that I am responsible for keeping this authorization updated at all times.

Name:	Telephone No.	Address:	Relationship to Child:

I hereby identify the following person(s) who are NOT AUTHORIZED to take my child from school: [Please attach any legal documents supporting this directive.]  Not applicable.


\_\_\_\_\_

Parent Signature

\_\_\_\_\_

Date

**TRANSPORTATION/SUPERVISION BY SPES EMPLOYEES OUTSIDE OF SPES HOURS**

SPES employees may, at their own discretion, may make themselves available for transportation and supervision (i.e. babysitting) outside of SPES hours. I hereby acknowledge that if my child is transported by SPES employees to/from child's home, to/from school to parent's place of employment, to/from any location, or is supervised by SPES employees anytime outside of school hours, that any transportation or supervision by SPES employees before or after child's regular attendance hours is outside the scope of SPES' liability and responsibility. I accept full responsibility for both compensation, if any, and liability of such transportation and supervision.

\_\_\_\_\_

Parent Signature

\_\_\_\_\_

Date

## AFTER-CARE PROGRAM

In an effort to better support our SPES families who may need extended care for their children, SPES offers an After-Care Program. Our After-Care hours are 2:30pm – 6:00pm. After-Care will only be available on regular school days that are not early-release days, and is only available to SPES students. **ANY STUDENTS NOT ENROLLED IN REGULAR AFTER-CARE THAT ARE REMAINING AT SPES AT 2:30 pm WILL AUTOMATICALLY BE TRANSFERRED TO THE AFTER-CARE PROGRAM AND YOUR ACCOUNT WILL BE CHARGED THE DAILY DROP-IN RATE.**

**Program:** A parent-provided afternoon snack should be furnished. The after-care program is not a structured curriculum like the regular school-day; it will consist of any or all of the following: educational viewing programs, physical activity, free play, group games, arts and crafts. Groups will be mixed ages.

**Costs:**

Aftercare (Any Age)	
Days/Week	Cost
2 days (Tu/Th)	\$150/ month
3 days (M/W/F)	\$200/ month
5 days (Mon - Fri)	\$300/ month
Daily drop-in rate	\$25/ day

**Reservations:** Monthly reservations should be made for ongoing after-care; reservations should be made by the last week of the previous month (seven days prior to the coming month), and payment is due on the first of the month with monthly tuition. Reservations should be made by notifying the Director.

After-care Reservation Form	
Child's Name: _____ Child's Age: _____ Child's SPES Regular Class: _____	
Name of person picking child up: _____ Relationship: _____	
Cell Telephone No.: _____	
<b>Months you are registering for After-Care:</b>	
<input type="checkbox"/> August <input type="checkbox"/> September <input type="checkbox"/> October <input type="checkbox"/> November <input type="checkbox"/> December	
<input type="checkbox"/> January <input type="checkbox"/> February <input type="checkbox"/> March <input type="checkbox"/> April <input type="checkbox"/> May <input type="checkbox"/> June	
<b>Number of Days/Week/Month:</b>	
<input type="checkbox"/> 2 Days <input type="checkbox"/> 3 Days <input type="checkbox"/> 5 Days	
<b>Special Instructions:</b>	
_____ _____ _____	

SPES Use Only:	Payments Received For (date):	<input type="checkbox"/> August	<input type="checkbox"/> September	<input type="checkbox"/> October
<input type="checkbox"/> November	<input type="checkbox"/> December	<input type="checkbox"/> January	<input type="checkbox"/> February	<input type="checkbox"/> March
<input type="checkbox"/> April	<input type="checkbox"/> May	<input type="checkbox"/> June		
Drop-In Days:				