

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.	
(Both) 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: _____.]			
Parent (1) Cell Telephone No.	Parent (1) Telephone No.	Parent (2) Telephone No.	Parent (2) Telephone No.		
Parent (1) Email		Parent (2) Email			
Parent (1) Occupation		Parent (2) Occupation			

**EMERGENCY CONTACTS**

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

**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 the care of SPES (excluding treats, if approved to receive).</p> <p><input type="checkbox"/> AM Snack    <input type="checkbox"/> Lunch <input type="checkbox"/> PM Snack (Aftercare only)</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 Aftercare). <b>ANY STUDENTS NOT ENROLLED IN REGULAR AFTERCARE THAT ARE REMAINING AT SPES AT 2:30 PM WILL AUTOMATICALLY BE TRANSFERRED TO THE AFTERCARE PROGRAM AND YOUR ACCOUNT WILL BE CHARGED THE DAILY DROP-IN RATE. I ALSO AGREE TO NOTIFY MY CHILD'S TEACHER/THE DIRECTOR OF ANY ABSENCES FOR SAME BY 9:00 am ON THE SAME DAY:</b></p> <p><input type="checkbox"/> Mondays -- from: _____ to: _____  <input type="checkbox"/> Tuesdays -- from: _____ to: _____  <input type="checkbox"/> Wednesdays -- from: _____ to: _____  <input type="checkbox"/> Thursdays -- from: _____ to: _____  <input type="checkbox"/> Fridays -- from: _____ to: _____</p>	<p><b>AFTERCARE:</b> My child will regularly attend the Aftercare Program designated below each week:</p> <p><input type="checkbox"/> N/A  <input type="checkbox"/> 2 days  <input type="checkbox"/> 3 days  <input type="checkbox"/> 5 days</p> <p><b>Please Note:</b> Aftercare hours are from 2:30 pm to 5:30 pm on regular school days. After Care is <u>not</u> available on early-release school days. A parent-provided afternoon snack should be furnished.</p>
<p><b>SPECIAL TREATS:</b> I approve treats to be served to my child in cases of birthday, holiday, or class celebrations:</p> <p><input type="checkbox"/> Yes, I approve  <input type="checkbox"/> No, I do not approve</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 caregivers should be aware. Attach additional documents if desired/necessary.

<b>Referred to us by:</b>	
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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> Date of Admission:	Class Placement:	Date Forms Rec'd:	Discipline/Guid.:	Fin. Policy:	Health Stmt:	Immuniz.:	Sp. Needs/FA/504?:
Date of Withdrawal:							

**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 & 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 via the SPES childcare application Brightwheel.

Name:	Telephone No.	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

Name	Telephone No.	Relationship to Child

**My signature verifies that I have provided consent to the terms listed in the Child Release/Supervision Authorization.**

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**Signature - Parent or Legal Guardian**

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**Date**

## FINANCIAL AGREEMENT

Student's Name	Parent or Guardian's Name(s)
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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 2024-25 school year:

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

- Annual payment:** One (1) non-refundable payment due on or before July 8, 2024, along with your child's medical forms.
- Monthly payment plan:** Ten (10) monthly payments, the first being due by July 8, 2024, along with your child's required medical forms, followed by tuition payments due by the eighth (8<sup>th</sup>) of the month, beginning Sept. 8, 2024, and ending May 8, 2025.

**Tuition rates for the 2024 - '25 School Year are as follows:**

SPES Tuition Rates			
Classes	2 days (Tu/Th)	3 days (M/W/F)	5 days (M-F)
PreK 2 (2 years old by Sept 1)	\$490	\$635	\$915
PreK 3 (3 years old by Sept 1)	\$475	\$620	\$915
PreK 4 (4 years old by Sept 1)	NA	\$620	\$915
Transitional Kindergarten	NA	NA	\$975

SPES After Care Rates	
2 days	\$225
3 days	\$280
2 days	\$400
Daily Drop-In	\$30/day

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

- Personal Check
- Automatic/Online Payment  
*\*\*Automatic or one-time online monthly payments must be setup directly through your Brightwheel account and may be subject to a convenience fee*

**I have read and agree to the above financial obligations for the 2024- '25 school year.**

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

\_\_\_\_\_  
**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.**

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**Signature - Parent or Legal Guardian**

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**Date**

**PARENT COMMUNICATION**  
**INFORMATION**

Student's Name	Parent or Guardian's Name(s)
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I/We, as parent(s)/legal guardian(s) of the child identified above, understand that SPES utilizes the childcare application Brightwheel to communicate school information, required documentation, tuition billing, invoicing, parent/teacher/administrator communication and critical information regarding our students.

I/We, understand that updating personal information regarding my/our child's approved pick-ups, emergency contacts, and sensitive medical information such as food/environmental allergies will be my/our responsibility.

It is my/our responsibility to read and respond to important messages via the Brightwheel application regularly and as needed.

The Brightwheel App is available to be downloaded via the Apple App Store or Google Play and/or can be accessed at <https://mybrightwheel.com>



**My signature verifies that I have read and understand the information regarding SPES parent communication.**

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**Signature - Parent or Legal Guardian**

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**Date**

## MEDICAL INFORMATION

AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION		
In the event I cannot be reached to make arrangements for emergency medical care, I authorize the person in charge/emergency medical personnel to provide any and all necessary emergency medical care for my child, including arranging for emergency transport for my child to the nearest emergency medical care facility.		
Student's Name	Parent or Guardian's Name(s)	
Name of Child's Regular Physician:	Address:	Ph.#:
Name of Preferred Emergency Medical Care Facility:	Address:	Ph.#:
[I recognize that my child will be taken to the nearest emergency medical care facility.]	<div style="border-top: 1px dashed black; display: flex; justify-content: flex-end; align-items: center; gap: 10px;"> <span style="background-color: yellow; padding: 2px;">Signature – Parent or Legal Guardian</span> </div>	

**PLEASE NOTE:** Medical paperwork including Hearing/Vision Screening results (for children 4 years of age or older), a current immunization record (and/or fully executed Affidavit of Exemption) and a Professional's Health Statement from your child's physician will be collected in July 2024 and is due *no later* than the first week of the school year.