



### CHILD & FAMILY INFORMATION

Child's Name \_\_\_\_\_ Nickname to be used in school \_\_\_\_\_

Sex: ☐ M ☐ F Date of Birth \_\_\_\_\_ Home Phone \_\_\_\_\_

Street Address \_\_\_\_\_ Town \_\_\_\_\_ Zip \_\_\_\_\_

Class Level \_\_\_\_\_ # days per week \_\_\_\_\_ ☐ AM ☐ PM ☐ Full Day

Mother's Name \_\_\_\_\_ Email \_\_\_\_\_

Cell Phone \_\_\_\_\_ Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

Father's Name \_\_\_\_\_ Email \_\_\_\_\_

Cell Phone \_\_\_\_\_ Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

Do both parents live at same address? ☐ Yes ☐ No Languages spoken at home \_\_\_\_\_

Is anyone other than parent(s) listed above authorized to pick up your child? ☐ Yes ☐ No

*If yes, please fill out the Authorized Pick Up form on page 3.*

Names and ages of other children in household:

\_\_\_\_\_  
\_\_\_\_\_

### MEDICAL INFORMATION

Doctor's Name \_\_\_\_\_ Address & Phone \_\_\_\_\_

Preferred Hospital \_\_\_\_\_

Dentist's Name \_\_\_\_\_ Address & Phone \_\_\_\_\_

Allergies ☐ Yes ☐ No \_\_\_\_\_ Other health needs? \_\_\_\_\_

*Allergy Action Plan from your doctor due by 8/15 – please attach two current pictures of your child's face. All supplies such as Benadryl, Epi Pens, or inhalers must be sent in with the Action Plan.*

### EMERGENCY CONTACTS other than parents, who are within a 15 min trip:

Name \_\_\_\_\_ Relation \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relation \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relation \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_



### ADDITIONAL INFORMATION

School previously attended \_\_\_\_\_

Prior services received outside of school \_\_\_\_\_

Services currently being received outside of school \_\_\_\_\_

Please list any additional information your child's teacher should know to best care for your child:

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### SCHOOL DIRECTORY

☐ I do ☐ do not give permission to be listed in the school directory including name, address, email & phone number.

### PHOTOGRAPHY PERMISSION

☐ I do ☐ do not give permission for photographs of my child to be used for St. Paul's Day School website, social media or printed materials (names never included).

☐ I do ☐ do not give permission for my child to be photographed for local newspaper articles (names never included).

### PLEDGING CHURCH MEMBERS

Are you a pledging member of St. Paul's Episcopal Church? ☐ Yes ☐ No

*If yes, please provide a copy of your most recent pledging statement to receive a tuition discount.*

### FORMS CHECKLIST

- |   |   |
|---|---|
| <input type="checkbox"/> Enrollment Form (pg.1-2)                 | <input type="checkbox"/> Universal Health Form (by 7/31)                    |
| <input type="checkbox"/> Authorized Pick Up (pg.3, if applicable) | <input type="checkbox"/> Immunization Record (by 7/31)                      |
| <input type="checkbox"/> Emergency Form (pg.4)                    | <input type="checkbox"/> Allergy Action Plan (by 8/15, if applicable)       |
| <input type="checkbox"/> Signed Enrollment Contract (pg.5-7)      | <input type="checkbox"/> St. Paul's Church Pledge Statement (if applicable) |

*I understand that my child may not attend school until all forms are completed and returned to the school office.*

*I understand that all information provided above will be held in a confidential manner by St. Paul's Day School and can only be used with my permission.*

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

Director's Signature \_\_\_\_\_ Date Received \_\_\_\_\_

### FOR OFFICE USE ONLY

Registration	\$ _____	Tuition	\$ _____
Check	# _____	Check	# _____
Date	_____	Date	_____



Child's Name \_\_\_\_\_

My child may be released to the following people other than parents:

1. Name \_\_\_\_\_ Relation \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

2. Name \_\_\_\_\_ Relation \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

3. Name \_\_\_\_\_ Relation \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

4. Name \_\_\_\_\_ Relation \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_



The information provided below is the information we will use in an emergency. Your child's health information and this Emergency Form will be duplicated and taken out of the building with us if there were a time that we had to vacate the building due to an emergency. It is **IMPERATIVE** that when your child is in our care that **one** or **all** of the parents' telephones are reachable.

Child's Full Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Home Address \_\_\_\_\_

Mother's Name \_\_\_\_\_ Cell Phone \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

Father's Name \_\_\_\_\_ Cell Phone \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

Doctor's Name \_\_\_\_\_ Phone \_\_\_\_\_

Preferred Hospital \_\_\_\_\_ Allergies \_\_\_\_\_

Telephone numbers in the order we should call if we have not been able to reach you. We would call due to illness, early dismissal/delayed opening, or an emergency at school. **You must list at least 3 contacts. These people are authorized by you to pick up your child if either parent cannot be reached.**

1. Name \_\_\_\_\_ Relation \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

2. Name \_\_\_\_\_ Relation \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

3. Name \_\_\_\_\_ Relation \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

### EMERGENCY MEDICAL CONSENT

I, \_\_\_\_\_, mother/father/guardian of \_\_\_\_\_  
do hereby give permission to the personnel of St. Paul's Day School to secure and authorize such emergency medical care and/or treatment as my child might require while under the supervision of the said school personnel. I also agree to pay all costs and fees contingent on any emergency medical and/or treatment for my child as secured under this consent.

Every effort will be made to notify parent immediately in case of an emergency.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date



Student's Name \_\_\_\_\_ Teacher/Grade \_\_\_\_\_

Welcome to St. Paul's Day School (SPDS)! We are thrilled you have chosen us for your child's early education. This contract outlines our policies for the **2022-2023 school year**.

### Tuition Payments

A \$75 non-refundable application fee is required upon registration (\$55 for each additional child).

Ten equal tuition payments are **non-refundable** and are due as follows:

- Kindergarten & Junior Kindergarten: Payment #1 upon registration
- Preschool: Payment #1 upon acceptance of class assignment in January
- Payment #2 May 5 along with signed enrollment contract
- Payment #3 August 1
- Subsequent payments the first of each month September 1 through March 1

Payments made after the **5th of the month** are subject to a 5% late fee. Returned checks are subject to a \$50 fee. If no tuition payment is made by the 14th of the month, without discussion with the Director, your child will be considered withdrawn and may not continue attending.

### Additional Fees

A yearly nonrefundable Parents Organization of the Day School (PODS) **administrative fee of \$25 per family** is due by October 1. This helps PODS conduct events and activities throughout the school year as detailed in the calendar. Please send this as a separate check with "PODS fee" in the memo line.

### Withdrawals & Schedule Changes

Withdrawals that take place after enrollment, but prior to July 1, will result in the forfeiture of tuition payments made to date. Since we base our hiring in the Spring on the number of students enrolled at the school, families who elect to withdraw after **July 1** will be responsible for 50% of the tuition for the school year, and those who withdraw after **August 15** will be responsible for the full year's tuition. Any requested changes to your child's class/enrichments schedule must be provided in writing 30 days prior to the change date and can only be made if space is available.

### Before/After Care

Before/After Care payments are due by the first of the month of care (Eg. September 1 for September care). If you plan to withdraw from Before or After Care or change days, please provide two weeks notice as this may affect our staffing.

### Late Pick Up Policy

The below details our car line pick up times. If you are unavoidably detained, please call the school office to let us know you are on the way. The fine for late pickup is **\$9.00 for every 15 minutes** (or any portion of 15 minutes) past the appropriate pickup time. (A grace period will be allowed in cases of car line back up due to unforeseen circumstances, such as road construction.) If the parent, or person authorized by the parent, fails to pick up a child, we will attempt to reach an alternate authorized pickup person.

**2s** 11:05-11:15 am

**3s & 4s PM session** 2:30-2:40 pm

**3s & 4s AM session** 11:15-11:25 am

**Full Day 4s & JK** 2:35-2:45 pm

**PM Enrichments** 2:25-2:30 pm

**Kindergarten** 2:45-2:55 pm



### **School Calendar**

The upcoming year's School Calendar is available on our website at [stpaulsday.org/calendar/](http://stpaulsday.org/calendar/). Tuition is not prorated for school holidays, unscheduled closings, early dismissals, student illness or vacations, etc. Families are expected to be aware of all school closings, including Christmas, Winter, Spring and Summer breaks, holidays, and parent/teacher conference days.

### **School Policies**

School policies and procedures are stated in the Parent Handbook, including the Expulsion Policy. COVID-related policies and procedures are outlined in the COVID Protocols & FAQ document. These documents are available to view on the Document Center of our website, [stpaulsday.org/documents/](http://stpaulsday.org/documents/). All families are expected to review and abide by these policies. An updated copy of the Parent Handbook will be circulated prior to the start of each school year. The COVID Protocols document will be continually updated as new guidance is issued by the NJ Department of Health.

### **Community Cooperation**

Parents acknowledge that SPDS may take all action necessary to ensure the operation of the School in all matters as it may apply to the Student. A positive, collaborative and constructive relationship between the School and Parents or other individuals interacting with the School and/or School community by virtue of their relationship with the Student (the "Affiliated Individuals") is essential to the mission of the School. Thus, if the behavior, communication, or interaction on school grounds, off school grounds (including during School-sponsored events) or via electronic or digital means (including, but not limited to, social media or other online forums) of Parents or Affiliated Individuals is disruptive, intimidating or overly aggressive; reflects a loss of confidence in or serious disagreement with SPDS's decisions, strategies, policies, procedures, responsibilities, method of delivery of its program, personnel, leadership or standards; imperils accomplishment of its educational purpose or program; threatens the health, safety or well-being of another member of the School community; or is otherwise inconsistent with commitments shared by members of the community, Parents understand and agree that the School has the right to dismiss the Student and/or the Student's family and/or other Affiliated Individuals from the School community. In addition, parents understand and agree that the School has the right to place restrictions on that party's involvement with or activity at SPDS, on SPDS property, or at SPDS-related events if the party engages in behavior that SPDS determines in its sole and exclusive discretion to warrant such a restriction.

### **Force Majeure Policy**

The school's duties and obligations under this contract shall be suspended immediately, with or without notice, during all periods that the School is closed because of force majeure events including, but not limited to, any fire; act of God; hurricane; war; governmental action; act of terrorism; epidemic; pandemic; or any other event beyond the school's control. This includes if the school needs to close due to a COVID occurrence. If such an event occurs, the school's duties and obligations in this contract will be postponed until such time as the school, in its sole discretion, may safely reopen. In the event that the school cannot reopen due to an event under this clause, the school is under no obligation to refund any portion of the tuition paid. Monthly tuition payments will continue to be due until a child is withdrawn from the preschool; families can withdraw a child with a 30-day written notice. Families will be responsible for the 30 days of tuition during the notice period and cannot be guaranteed a spot for their child when the school may safely reopen.

### **Release & Waiver of Liability**

We acknowledge that we received a copy of the St. Paul's Day School (SPDS) Parent Handbook and COVID Protocols and that we understand and agree to abide by these policies, including the school's policy on non-refunds in the event of closures for public health emergencies. Knowingly failing to follow these policies may



result in termination from the preschool and forfeiture of the tuition paid to date. In consideration for our family's continued enrollment in SPDS programs and receipt of services we further agree as follows:

- We acknowledge that, if we choose to have our child enter SPDS church or school property and/or participate in SPDS programs, we do so voluntarily and at our own risk and that we hereby release, waive, discharge and covenant not to sue St. Paul's Episcopal Church or St. Paul's Day School, its officers, board members, agents or employees ("Releasees") from and for any and all liability claims, demands, actions and causes of action of any kind or nature, including, but not limited to, claims of negligence, arising out of, or related to any loss or personal injury, including death, that our child or any member of our family may sustain from contracting, or being exposed to COVID-19, as the result of, or in any way related to, our child or any member of our family entering church or school property or participating in school programs.
- This release and waiver of liability shall be governed by the laws of the State of New Jersey. We agree that if any portion of this release and waiver of liability is found to be void or unenforceable, the remaining portions shall remain in full force and effect.
- We acknowledge that this release and waiver of liability will be binding on our family members, spouse, heirs, assigns, personal representatives and anyone else entitled to act on our, or our child's, behalf to the extent and that my signature below shall be deemed as a release, waiver, discharge and covenant not to sue the Releasees to the extent set forth above.
- By signing below, we acknowledge that we have read and fully understand the release and waiver of liability as set forth above and have signed voluntarily and under our own free will.

### Termination of Contract

SPDS will make every possible and reasonable accommodation to help all children learn, grow, and thrive in our program. However, there may be rare instances in which the school determines that our program is not the right fit for a child or family. In that event, as much notice as possible will be given so a family can find alternate care. Prorated tuition payments will be refunded if the preschool determines another program will be a better fit. Additionally, all families are expected to follow the policies stated in the Parent Handbook and this contract. If a family does not abide by the policies, a family may be asked to leave without notice. In the rare event that a family is asked to leave due to policy violations, tuition payments to date will be forfeited.

### Policy Acknowledgement

Please review the following policies in the **Parent Handbook**, available on our website at [stpaulsday.org/documents](http://stpaulsday.org/documents). Please initial to acknowledge that you have read and understand these policies:

- \_\_\_\_\_ Behavior Guidance & Discipline Policy (pg. 10)
- \_\_\_\_\_ Expulsion Policy (pg. 10-11)
- \_\_\_\_\_ Information to Parents (pg. 21-23)
- \_\_\_\_\_ Policy on Health Requirements of Communicable Diseases (pg. 23-24)
- \_\_\_\_\_ Policy on the Release of Children (pg. 25)

*By signing this contract, you agree to all policies listed in this contract, those noted above from the Parent Handbook, the COVID Protocols & FAQ, and the School Calendar. We look forward to working with you to build an exciting and fun-filled year of learning and growth with your child.*

Parent /Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Director Signature: \_\_\_\_\_ Date: \_\_\_\_\_