

# FERN GULLY FOREST SCHOOL ENROLLMENT FORM

Personal Inf	ormation:			
			8: 41.1.	
Childs Name			Birthdate	
Nickname/Pronouns_			Age	
Parents/Guardians:				
		Phone		
Email				
Address				
General Availability d	uring school hours	and/or Special Instructi	ons for Contacting you	:
Emergency Contact:	Name & Relations	nip (other than parent/g	uardian)	
1)			Phone	
2)			Phone	
		to pick up your child (m		
	·			
			Phone	
Registration (plea	se check all the	at apply):		
9am-1pm	1-3pm	Afterschool 3	-5pm	
Mondays	_Tuesdays	Wednesdays	Thursdays	Fridays
Service Details Beginning date needi	ng care & end date	e (if applicable):		

### Tuition:

wnat S	siiding Scale Her will you be Paying?
S	Supported (Families who have Financial Needs/Low income)
S	Sustained (Families who are Financially Stable and able to Pay the True Cost of the Program)
S	Supporting (Families who are Financially Abundant and able to Pay more to Support Others)

## Registration

The registration fee can be submitted by cash or check in-person or online at this link.

Please include a note with your child/children's name(s) and the day(s) you are registering for.

**Enrollment Deposit:** There is a \$200 deposit required to complete enrollment. Enrollment Deposits are applied to your last month of care and are refundable only with a 30-day cancellation notice.

- Please fill out this application, then email it to: <a href="mailto:ferngullyschool@gmail.com">ferngullyschool@gmail.com</a>
- You will need to sign the release form on the first day of school

### For monthly tuition we prefer cash or check in-person to:

Fern Gully Forest School 1443 Brown St SE Olympia, WA 98501

#### **Payment Arrangements**

Tuition is due on the first of each month. If needed, with a written request, we can set up payment arrangements to pay bi-monthly or on a different schedule than the first of each month.

#### **Enrollment Agreement**

I/we have received a copy of the Fern Gully School Policy and Parent handbook. I/we have read, understand and agree to abide by the policies contained therein. I/we understand that if the policies outlined in this handbook were not adhered to, it would be sufficient cause for the removal of the child/children from the program.

I/we agree to give 30 days' written notice of my/our intent to withdraw my/our child/children from the program. If this notice is not given, I/we agree that we forfeit any deposit made and need to make full tuition payment for the month.

I/we understand that a \$25 late payment fee (per child) applies for any payment not received by the fifth of the month unless a payment plan has been worked out in advance.

I/we understand that it is important to drop off and pick up on time and that a \$5 late fee (per child) will be applied every 5 minutes after the 10-minute grace period for pickup time.

Name	Date

# Your Child's Health Record

General state of health:
Doctor's name
Doctor's phone number
Does your child have any known allergies/food intolerances or restrictions?
Are you ok with your child occasionally sharing food with others at school or enjoying snacks we provide?
Does your child have any medical conditions which I should be made aware of?
Does your child have any speech, hearing, or visual problems?
Does your child have any special developmental or learning needs we should be aware of?
If so, what techniques do you use to support them?
Would there be any restrictions to play or activities?
About Your Child  Are there any recent big changes your child has been exposed to such as a death in the family, divorce, new sibling etc.?
What is your child's temperament? Are they easy going, hard to please, aggressive, demanding, etc.
What are their hobbies, interests, and passions? What gets them excited?
Can your child be relied upon to indicate bathroom wishes and are there any special instructions?
Anything else you think it's important for us to know regarding your child: