

Springfield Academy/Spring "N" Dale Private School

Child Care Center Registration Form

Please Use Black Ink - ALL INFORMATION MUST BE COMPLETE.

Child's Name: Last	First	Middle	Nick Name:	Date of Birth:
Street Address:				Home Phone:
City:		State:	Zip Code:	
Mother's Name:		Mother's Cell Phone:		
Employer Name:		Business Phone:		
Employer Address:		Email Address:		
Father's Name:		Father's Cell Phone:		
Employer Name:		Business Phone:		
Employer Address:		Email Address:		
I give you permission to TEXT the cell numbers for emergencies/information: <input type="checkbox"/> YES - Mom and Dad <input type="checkbox"/> YES - Mom <input type="checkbox"/> YES - Dad <input type="checkbox"/> No				
Legal Status of Child's Custody: <input type="checkbox"/> Both Parents <input type="checkbox"/> Single Parent: Who? <input type="checkbox"/> Other: Who?				
Physician's Name:		Physician's Phone	Hospital of Choice (in case of emergency)	
EMERGENCY CONTACTS: Name of a relative, friend or otherwise responsible person to contact in case parents cannot be reached. Emergency Ccontacts do not have to live locally. All Emergency Contacts are automatically authorized to pick up the child at any time.				
Name:		Name:		
Address:		Address:		
Relationship:		Relationship:		
Telephone #:		Telephone #:		
Is there anyone else that is authorized to pick up this child? Please list first and last names.				
Is there anyone who is NOT authorized to pick up this child?				
How did you hear about our school? <input type="checkbox"/> Friend/Relative <input type="checkbox"/> Live Nearby <input type="checkbox"/> Internet Search <input type="checkbox"/> Other		Who referred you to this school?		
Center/School previously attended:			How long?	
Please list any food or drug allergies:				
Desired Entrance Date:		Desired Re-Entry Date:		

OFFICE USE ONLY

Registration Fee:	Grade or Class:
First Weeks Tuition:	Tuition Rate Weekly/Monthly:
Date Admitted:	Drop off Hour: Pick up Hour:
Date of Withdrawal:	Reasons for Withdrawal:
Adminstrator/Director Signature:	Date:

☐ NEW Application ☐ REVISED Application - REVISION DATE: _____

Merit Education Inc.

Excellence in Education with a Homelike Atmosphere

AGREEMENT

I. The child/children listed below is/are enrolled in either Spring "N" Dale and/or Springfield Academy and the following establishes the guidelines for much of the conduct of the child/children in the School(s).

II. PERMISSION. I grant to Spring "N" Dale and/or Springfield Academy permission for my child/children to take part in all School activities, including bus trips, sports activities, and School sponsored trips away from the School's premises. Spring "N" Dale and/or Springfield Academy is/are authorized to obtain immediate medical care for my child/children if an emergency occurs and I cannot be located immediately. I understand that the School will notify me immediately whenever my child becomes ill and I will pick up the child from School as soon thereafter as practicable. I agree to notify the school at once if the child or any other member of the immediate household has been diagnosed with any communicable disease. I give permission for my child's teacher or another School official to make and enforce classroom regulations in a manner consistent with the School's policy and good discipline. I understand the school reserves the right to dismiss my child/children at any time or for any reason.

III. PAYMENT. I agree to pay the established tuition on either a monthly/bi-weekly or weekly basis, in advance, payable on the first (1st) day of the payment schedule which I choose. I understand that there will be no deductions from the tuition for absences of my child/children. **If I decide to withdraw my child/children, I agree to give two (2) weeks written notice before such withdrawing, provided in lieu of this two (2) weeks notice, two (2) weeks tuition will be paid at the established tuition rate.**

I will pay a service charge of Twenty Five Dollars (\$25.00) if my monthly tuition is not paid on or before the fifth (5th) day of the due month. If I pay other than monthly, I agree to pay the established service charge set forth in School policies if my tuition payment is not made on the first (1st) day of the payment schedule which I choose. This payment will be due regardless of the cause for delay.

In the event a check of mine is returned by my bank for any reason, I agree to pay a processing charge to the School of Thirty Dollars (\$30.00) for such returned check and a \$10.00 late fee to immediately replace the check with cash or its equivalent. The enrollment fee, which I have paid, I understand to be non-refundable.

IV. INDEMNIFICATION. I agree to indemnify and hold the School and all of its employees and agents harmless for any liability whatsoever, to my child or any guardian or any parent thereof because of any injury or alleged injury to my child. In the event legal action is instituted against the School or any employee or agent thereof and the person instituting such action is not the prevailing party, I agree immediately upon demand to reimburse the School, its agents, and employees for all attorney's fees, costs and other expenses incurred by the School and its agents in defending any action against them. I also agree to pay reasonable attorney's fees and other costs and expenses incurred by the School in collecting or attempting to collect any obligations which I owe to the school.

By signing below, I hereby acknowledge that I have read, understood and agree to all the policies set forth in the school information packet, also acknowledging receipt of same.

This Agreement shall be in effect for as long as my child/children is/are enrolled at either of the Schools.

List Child/Children's Name(s):

***Parent(s)' /Signature(s):**

1. _____

Mother: _____ **Date:** _____

2. _____

Father: _____ **Date:** _____

3. _____

Sole Guardian: _____ **Date:** _____

****BOTH PARENTS MUST SIGN***

Merit Education, Inc.