



# The Garden Road School

## CONTRACT

Parents, please read this document carefully, then sign and return it to  
THE GARDEN ROAD SCHOOL

Student's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Parent's Name \_\_\_\_\_ Date \_\_\_\_\_

### For Garden Road Pre-School Students:

I understand that tuition payments for **The Garden Road Pre-School** are due on the first of each month by check or money order. I understand that there will be a \$20 late fee for tuition payments received after the 10th of each month. If my check bounces I will pay a \$20 fee and must continue my payments in cash or by money order.

If I withdraw my child from the **Garden Road Pre-School** during the school year, I must notify the director 30 days prior to the date of withdrawal and I will be responsible for one month's tuition following the withdrawal.

### For Garden Road Kindergarten through Third Grade:

I understand that if I choose to withdraw my child during the school year from the **Garden Road Kindergarten, First, Second or Third Grade** class, I will be responsible for the remainder of the year's tuition, and refunds are not available.

### For All Students:

I understand that the enrollment fee is not refundable.

Checks are to be made out to "**The Garden Road School**". My account must be kept current or my child will be withdrawn from the school. The First monthly payment is due July 1st. The remainder of monthly payments are due the first of each month from September through May.

I understand that tuition is calculated on an annual basis and that there are **NO FEE REDUCTIONS** for holidays, illness, vacations, or emergency closings of the school, including snow days. In the case of prolonged illness, or other severe emergency, a full refund minus one month's tuition will be considered.

The Garden Road School reserves the right to dismiss a child whose contact, influence, physical needs, or condition, is deemed disruptive or potentially harmful to him/herself, the staff, or students. We reserve the right to determine if your child's best interests are being served at our facility. If not, a pro-rated refund will be given.

I understand it is my responsibility as the parent or guardian to make arrangements if I will be late for dismissal. After 15 minutes the school will notify the emergency contact person to pick up my child. If late pick up occurs more than twice, I will be charged \$5 for every 15 minutes until my child is picked up. If it continues to be a problem, I understand that my child will be withdrawn from the program. It is also my responsibility to make arrangements in the morning; the Garden Road School cannot take my child early.

I understand that medical forms, immunization records and emergency contact information, are required **BEFORE** my child may be admitted to the school.

Partial scholarships are available according to genuine need. In order to apply for a scholarship, parents must submit a letter, specifying their financial need, by May 1st preceding the school year in which the request is being made for. Although every effort will be made to meet each family's needs, The Garden Road School cannot guarantee that the full amount requested will be available to all those who apply.

I hereby grant parental consent for minor medical (first aid) treatment during my child's enrollment at The Garden Road School. The Garden Road staff cannot administer medication of any kind. If my child requires medication throughout the school day, it is my (the parents) responsibility to make arrangements for it to be administered. Should I be unavailable during an emergency, I grant permission for the Garden Road staff to secure emergency medical treatment for my child. The Garden Road staff will always attempt to contact the parents or pediatrician first.

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I hereby give permission for my child's photograph and/or artwork to be used in Garden Road School publications.

The Garden Road School cannot be responsible for any item that is lost, stolen or damaged. We recommend that you do not allow your child to bring valuables to school.

The child and parents agree to abide by the rules and regulations set by the school for the safety, health and welfare of the students and the staff.

I understand that the Garden Road staff members are by requirement, mandated reporters to any suspected child abuse.

I understand that the Garden Road School cannot be held legally responsible for any injuries that may occur on the premises at 99 Baron De Hirsch Road, Crompond, NY outside of school hours. Children may not use any of the school equipment without the proper supervision of one of the teachers present.

GENERAL RELEASE: I hereby release The Garden Road School, its board members, employees and volunteers from any and all liability or claims for damages arising out of my child's attendance at The Garden Road School, Summercamp, Extra-curricula activities or After-School Programs.

### PICK UP AUTHORIZATION

In addition to parents or guardian the following people are authorized to pick up my child:

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

1. Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

2. Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

I understand that The Garden Road Staff will not release my child to anyone other than parents/guardian or the person named above. I will notify the school in advance should someone else be picking up my child (including another parent for a playdate, etc.). That person may be requested to provide identification.

The Garden Road School and its affiliates admit children and students of any race, color, national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to children and students at or through the organization. Neither The Garden Road School nor its affiliates discriminate on the basis of race, color, national and ethnic origin in the administration of educational policies, admissions policies, scholarship and loan programs, and athletic and other organization-administered programs.

I HAVE READ AND UNDERSTOOD THESE TERMS. I AGREE TO THE TERMS OF ENROLLMENT AS STATED. I WILL BE RESPONSIBLE FOR PAYMENT OF ALL FEES DUE TO THE GARDEN ROAD.

Name of Parents or Guardian

(Printed) \_\_\_\_\_

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

(Printed) \_\_\_\_\_

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