



ADMISSION DATA and ENROLLMENT AGREEMENT

Welcome! We are honored you have made the choice to join The Great Escape Preschool family! We are excited to get to know you and become a part of your child's early learning experience. This enrollment form ensures that we have best start possible, while gathering the information to comply with state licensing regulations. We are committed to making your family's experience a positive one!

PROGRAM *(please circle)* **3YR AM** **4YR AM** **Discovery (2.5YR)**

TELL US ABOUT YOUR CHILD			
First Name	Middle	Last	Nickname
Date of Birth	M/F	Language Spoke at Home	
Child's Home Address			Home Phone
TELL US ABOUT YOU			
Parent/Guardian		Relationship to Child	Cell Phone
Home Address		Email Address	Home Phone
Employer and Address		Work hours	Work Phone
Parent/Guardian		Relationship to Child	Cell Phone
Home Address		Email Address	Home Phone
Employer and Address		Work hours	Work Phone

Security Questions (2 required)

Question	Answer
Question	Answer

EMERGENCY CONTACTS/PERSONS AUTHORIZED TO PICK UP YOUR CHILD (18 and older, other than parent)

	Emergency Contact #1	Emergency Contact #2	Emergency Contact #3
Name			
Relationship			
Address			
Phone			
Alternate Phone			
Office Use Only:	Start Date	End Date	Director Signature

CHILD'S MEDICAL INFORMATION		
Family Doctor/Clinic	Preferred Hospital	
Provider Address		Phone
Dentist		
Address		Phone
Health Insurance Provide and Policy Number		
Food or Medical Allergies		
Reaction	Special Diet	
Medically Diagnosed Illness or Health Problems		
Other Information or Special Needs that would be helpful to our management and staff		
TUITION AND POLICY INFORMATION		

Tuition Charges and Fees:

- A non-refundable annual registration fee is due at time of enrollment and every additional calendar school year that your child is enrolled in GEPS.
- Payments may be made at the front desk during operating hours via Cash, Check, Visa, MC or Discover.
- It is preferred that the office keep a credit/debit card on file for automated payments. All families shall have an updated credit card authorization form on file, even if you decline automated payments.
- Upon two late payments you will be required to keep a credit/debit card on file.
- \$15 late fee will be assessed for payments received after the 10th of each month.
- \$35 fee for returned checks.
- Late pick-up fee will apply after 10 minutes. See Handbook for details.
- Accounts more than one month in arrears may be subject to dis-enrollment, however, enrollment can be reinstated upon payment. Accounts in arrears may be referred to a collection agency.

Refunds/Adjustments:

- There will be no refunds for any tuition paid unless injury or illness prevents all future participation.
- Tuition adjustments may be made for long-term (2 weeks or more) illnesses documented by a medical professional.
- Tuition will not be adjusted for family vacations.

Withdrawal Policy: Written notice of withdrawal must be submitted 2 weeks in advance to the Director.

I have read, understand and accept all the terms of the Agreement. I will promptly update any information proceed for in this Agreement if any information changes. Management does not have the authority to change the terms of this Agreement (other than inserting information where required) either verbally or in writing. A child may be dis-enrolled if it is in the best interest of the child or the facility. We reserve the right to alter policies and/or program at any time. The terms of this Agreement, including the tuition and fees, are subject to change in whole or in part, with 30 days notice.

This Agreement will begin on September 1st, 2019, and will end on May 31st, 2020.

Signature of Parent or Guardian

Date



CONSENT FORM

As the parent or legal guardian of the below child, please circle YES or NO to EACH paragraph below, where indicated.

Child's Full Name	Child's Class
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Please indicate below if permission is given

First Aid/Emergency Care and or Treatment:

Y / N In case of illness or accident involving the above named child while under the supervision of personnel at The Great Escape Preschool, I give my consent to school personnel to provide appropriate First Aid. If further care is needed, I will be notified immediately. If I cannot be reached, I permit The Great Escape Preschool to provide emergency care and/or treatment to said child through a hospital, clinic or doctor. I understand that I am responsible for any and all charges from medical providers. This agreement shall continue as long as the child is enrolled at GEPS.

Photographs and Videos

Y / N I give permission for photographs of my child to be shared with other families enrolled in The Great Escape Preschool.

Y / N I give permission for videos of my child to be shared with other families enrolled in The Great Escape Preschool.

Y / N I give permission for photographs of my child to be used for educational and/ or publicity purposes, including print, web or social media.

Y / N I give permission for videos of my child to be used for educational and/ or publicity purposes, including print, web or social media.

Personal Information

Y / N I give permission to The Great Escape Preschool to place my family's name, address and phone number and email address on a class list to be provided only to other children and their families also enrolled in the program. This agreement shall continue as long as the child is enrolled at The Great Escape Preschool.

PHYSICAL WAIVER AND RELEASE

In consideration of my being allowed to participate in this program, I hereby represent and warrant to the "Elite Sports Complex Inc." and "The Great Escape Preschool", the owners, operators and instructors, that my child is physically able to participate in the program, and has no health or medical problems which would prevent their participation. I hereby release and hold harmless, the individuals involved in or associated with its operation, including but not limited to the Elite Sports Complex Inc. and The Great Escape Preschool from any and all responsibility, obligation, or liability as a result of any physical or mental injury, disorder or condition or otherwise that results directly or indirectly from their participation in classes or programs sponsored thereby. I further waive and release any rights I have to take action in any court of law or otherwise against said organization and individuals to recover damages, consequential or punitive, or any other costs or expenses on account of such physical or mental disorder or condition. I am fully aware of the risk involved while participating in any athletic activity and/or program. I understand that the participants' family medical insurance policy must cover any medical costs incurred in case of accident. I further agree to allow emergency treatment by a physician or certified hospital staff for my child (if a parent or guardian cannot be reached) if deemed necessary, at that time, by the instructor.

This consent form will remain in effect until a new consent form is signed.

Signature of Parent or Guardian

Date