

Larks Preschool

730 s. logan street • denver, co 80209
303-778-9988
www.larkspreschool.com

ENROLLMENT CONTRACT

Start Date: _____

CHILD INFORMATION

Child's Name: _____ Sex: _____ Date of Birth: _____

Child's Address: _____ Zip Code: _____
City: _____ Primary Phone: _____

Check your preferred schedule

MORNING TUITION 8:30-12:30				FULL DAY TUITION 8:30-3:30			
	Class	Annual Tuition	Monthly Payment		Class	Annual Tuition	Monthly Payment
☐	T & TH	\$5,522.00	\$502.00	☐	T & TH	\$8,998.00	\$818.00
☐	MWF	\$8283.00	\$753.00	☐	MWF	\$13,487.00	\$1227.00
☐	M-F	\$13,805.00	\$1255.00	☐	M-F	19,987.00	\$1817.00

Please include registration fee & June's tuition with enrollment forms

Registration fee: \$350.00 (per child)

June's tuition: _____

Total: _____

Check #: _____

For billing purposes, the annual tuition costs have been divided equally into 11 monthly payments. Larks may not be open on all dates set forth in the calendar for varying reasons. There is no reduction in tuition for snow days, conferences, in-service days, holidays, spring break, Christmas Break, illnesses or absences, and/or inability to use the facilities. Children who are absent (i.e. illness, vacation, etc.) are still responsible for the agreed-upon tuition.

Enrollment at Larks Preschool is on a per semester basis. In accepting a child for enrollment, Larks assumes expenses which are not reduced by the student's withdrawal. For this reason **Larks is unable to refund tuition/registration paid, apply June's tuition to another month, nor will it cancel any unpaid obligations (see withdrawal date) in the event a student is absent, withdraws, or is dismissed by the school for any reason/time after the contract has been signed and received by the school**, even if that student's position is later filled. Students wishing to withdraw from Larks for the spring semester must give notice by December 1st. _____ Initial

The obligation of the undersigned parents/guardians is to pay tuition on the first of the month. A late charge of \$20.00 per month will be applied to accounts paid after the 5th of the month.

The undersigned parents/guardians understand that in signing this enrollment contract, they and their child agree to be bound by the codes of conduct and rules and regulations of Larks Preschool currently in effect or hereinafter promulgated. Furthermore, the undersigned agrees to pay, to the extent permitted by law, the school's expenses of enforcement and collection of tuition, fees, and related expenses, including without limitation, attorney's fees and costs and further agrees that this contract is governed by Colorado law.

By signing below, PARENTS/GAURDIANS FINANCIALLY RESPONSIBLE FOR STUDENT, attest that they understand and agree to the foregoing terms of enrollment.

Signature

Printed Name

Date

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STUDENT INFORMATION

CHILD INFORMATION

Child's Name: _____ Sex: _____ Date of Birth: _____

Child's Address: _____ Zip Code: _____
City: _____ Primary Phone: _____

PARENT INFORMATION

Name of Parent: _____	Name of Parent: _____
Cell Phone #: _____	Cell Phone #: _____
E-mail: _____	E-mail: _____
Employer: _____	Employer: _____
Employer Phone: _____	Employer Phone: _____
Employer Address: _____	Employer Address: _____

ALTERNATIVE EMERGENCY CONTACT/ Authorized for Pickup

Name: _____	Name: _____
Cell Phone #: _____	Cell Phone #: _____
Address: _____	Address: _____

EMERGENCY INFORMATION

Physician: _____	Dentist: _____
Phone #: _____	Phone #: _____
Address: _____	Address: _____

Preferred Emergency Room Hospital: _____

Describe or list important conditions of which attending medical personnel should be aware (heart, respiratory, drug reactions, allergies, medications, etc.). The following conditions require a health care plan: asthma, epilepsy, and allergies (additional conditions may also require a health care plan).

In case of illness or accident, I give the Center permission to provide any emergency care for my child deemed necessary, including, but without limitation, treatment by public or private facilities or personnel. It is understood that a conscientious effort will be made to locate me (or the emergency contact persons designated by me) before any action is taken. I accept and agree to pay any charges incurred by Larks Preschool for such care.

Please notify Larks Preschool if any of the above information changes. I have read and understand Larks Preschool policies and procedures and will abide by all guidelines and rules.

Signature _____

Date _____

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STATEMENT OF HEALTH

CHILD INFORMATION

Child's Name: _____ Sex: ____ Date of Birth: _____

The daily program involves both vigorous and quiet play. Describe any physical or emotional condition requiring the facility's special attention while in our care.

None: ☐

Allergies (requires a health care plan):

Dietary Restrictions:

Date of most recent examination: _____

Note: per Colorado licensing regulations, statement of health forms automatically expire one year after the child's last medical examination.

Physicians Signature

Date

In lieu of this form parents may use the "General Health Appraisal Form" from your child's pediatrician's office.

Please attach a copy of the child's Colorado certificate of immunization for schools and child care centers, signed or stamped by a physician or health care professional.

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SUNSCREEN PERMISSION

CHILD INFORMATION

Child's Name: _____ Sex: ____ Date of Birth: _____

I give permission for Larks Preschool to apply/re-apply sunscreen to my child(ren) as needed throughout the day.

Type of sunscreen used (check one or both).

☐ Coppertone Water Babies SPF 30 or above (Larks provided).
and/or

☐ Other (parent provided) _____

MEDIA PERMISSION

I give Larks Preschool permission to photograph my child/children for the purposes selected. Please check those that apply.

- ☐ Photos included in newsletter and displayed in Larks Preschool classroom
- ☐ Photos may be used on Larks Preschool's website and other promotional material
- ☐ Photos may be shared to Larks Preschool's Instagram account
- ☐ I do not consent to have my child's photo used.

Signature

Date