

# 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: \_\_\_\_\_ Home Phone: \_\_\_\_\_

### Check your preferred schedule

| <b>MORNING TUITION<br/>8:30-12:30</b> |                   |                        | <b>FULL DAY TUITION<br/>8:30-3:30</b> |                   |                        |
|---------------------------------------|-------------------|------------------------|---------------------------------------|-------------------|------------------------|
|                                       | <b>Class</b>      | <b>Monthly Tuition</b> |                                       | <b>Class</b>      | <b>Monthly Tuition</b> |
| <input type="checkbox"/>              | <b>T &amp; TH</b> | \$406.00               | <input type="checkbox"/>              | <b>T &amp; TH</b> | \$649.00               |
| <input type="checkbox"/>              | <b>MWF</b>        | \$608.00               | <input type="checkbox"/>              | <b>MWF</b>        | \$973.00               |
| <input type="checkbox"/>              | <b>M-F</b>        | \$928.00               | <input type="checkbox"/>              | <b>M-F</b>        | \$1395.00              |

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

Registration fee: \$250.00 (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 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 1<sup>st</sup>.

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 10<sup>th</sup> 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: _____ | State: _____      |
| _____                  | Zip Code: _____   |
| City: _____            | Home Phone: _____ |

Sibling names and ages: \_\_\_\_\_

### PARENT INFORMATION

|                             |                             |
|-----------------------------|-----------------------------|
| Mother (or Guardian): _____ | Father (or Guardian): _____ |
| Cell Phone #: _____         | Cell Phone #: _____         |
| E-mail: _____               | E-mail: _____               |
| Employer: _____             | Employer: _____             |
| Employer Phone: _____       | Employer Phone: _____       |

### EMERGENCY INFORMATION

**In the event that parents cannot be reached for emergency medical attention I authorize Larks Preschool to contact:**

Emergency Contact Person(s): 1.) \_\_\_\_\_  
& Phone Number(s) 2.) \_\_\_\_\_  
3.) \_\_\_\_\_

|                  |                |
|------------------|----------------|
| 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.):

\_\_\_\_\_  
\_\_\_\_\_

**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.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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

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## STATEMENT OF HEALTH

Child's Name: \_\_\_\_\_ Sex: male  female

Date of Birth: \_\_\_\_\_

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

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:

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Allergies:

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Dietary Restrictions:

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Date of most recent examination: \_\_\_\_\_

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Physicians Signature

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Date

Please attach a copy of the child's immunization record, signed or stamped by a physician or health care professional.

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## SUNSCREEN PERMISSION

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).

or

Other (parent provided) \_\_\_\_\_

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

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

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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## COVID-19 WAIVER

### WAIVER AND RELEASE OF LIABILITY BY PARENTS

On March 10, 2020, Colorado Governor Jared Polis declared a disaster emergency for Colorado relating to the COVID-19 outbreak, on March 11, 2020, the World Health Organization declared the COVID-19 outbreak a global pandemic and on March 13, 2020, President Donald Trump declared the COVID-19 outbreak a national health emergency. Given the severity of the COVID-19 pandemic, and in anticipation of my child's return to the care of Larks Preschool, a child care provider ("**Facility**"), I hereby make the following waiver, release and other representations and covenants set forth herein, on behalf of my child, and in favor of Facility.

Acceptance of Risk; Release; Indemnification. The safety and security of the children in its care remains a top priority of Facility. Although the risk of exposure to COVID-19 across Colorado is reported to be steadily decreasing, I understand that there is still significant risk associated with my child's return to care at Facility, including but not limited to, increased social contact and interaction with Facility employees and other children. To help reduce the spread of COVID-19 and to protect Facility employees and other children, Facility encourages all children and parents to adhere to all safety and health guidelines for the prevention of COVID-19, including those issued by the Colorado Department of Public Health and Environment, the Occupational Safety and Health Administration and the Centers for Disease Control and Prevention. All persons should engage in frequent hand washing using soap and water for at least twenty seconds (or, if soap is not available, use an alcohol-based hand sanitizer), sanitize surfaces and objects frequently used, wear personal protective equipment such as face masks and gloves, and follow any and all other preventive measures recommended by applicable authorities. Notwithstanding the foregoing, I understand that the above guidelines do not completely eliminate my child's risk of exposure to COVID-19 and, should my child experience any COVID-19 related symptoms (such as fever, cough, body aches, or shortness of breath), I am advised to keep my child home, not to bring my child to the Facility, and follow the advice of my healthcare provider, clinic, or hospital. In such case, I will immediately alert Facility of such symptoms.

Regardless of any steps taken by Facility to reduce the risks associated with the COVID-19 pandemic, I am fully aware that there are a number of risks associated with my child's care at Facility during the COVID-19 pandemic, including without limitation, being exposed to and contracting COVID-19 from other individuals, surfaces and/or airborne particles. I understand that my child's contracting of COVID-19 could result in serious medical symptoms requiring medical treatment in a hospital or even death. On behalf of myself and my child, and our heirs, successors, and assigns, I knowingly and freely, assume all such risks, both known and unknown, relating to my child's care at Facility arising from or relating to COVID-19, including all illnesses, injuries, damages or death arising therefrom, and I hereby forever release, waive, relinquish, and discharge Facility, along with Facility's shareholders, officers, directors, members, managers, officials, partners, trustees, agents, contractors, employees, affiliates, or other representatives, and their successors and assigns (collectively, the "**Facility Representatives**"), from any and all claims, demands, liabilities, rights, damages, expenses, and causes of action of whatever kind or nature, and other losses of any kind, whether known or unknown, foreseen or unforeseen, (collectively, "**Damages**") arising from or relating to COVID-19 as a result of my child's care at Facility, and including but not limited to claims based on the alleged negligence of any Facility Representative or any other person. I further promise not to sue Facility or any Facility Representative for any illness, injury, death or other Damages arising out of or related to COVID-19 and agree to indemnify and hold them harmless from any and all Damages resulting therefrom as a result of my child's care at Facility.

By signing this agreement, you affirm that Larks Preschool will be the only child care center or preschool that their child/children will attend while enrolled at Larks Preschool. \_\_\_\_\_ INITIAL.

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## COVID-19 WAIVER

If any provision of this Waiver and Release of Liability is declared invalid, the remaining provisions remain enforceable. I may seek advice from legal counsel before signing this Waiver and Release of Liability. By signing this Waiver and Release of Liability, I acknowledge that either I have sought the advice of legal counsel or wish to waive the opportunity to seek the advice of counsel before signing.

**READ CAREFULLY - BY SIGNING THIS DOCUMENT YOU MAY GIVE UP IMPORTANT LEGAL RIGHTS.**

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Child's Name

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Child's Name

---

Child's Name

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Signature

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Date