

Child's Name:					
Date of Birth:		Sex:	Social Security Number:		
Mother's In		nformation	Father's Information		
Full Name:			Full Name:		
Date of Birth:			Date of Birth:		
Address:			Address:		
Work Phone#:			Work Phone#:		
Cell Phone#:			Cell Phone#:		
Email Address:			Email Address:		

Emergency Contacts / Persons permitted to pick up child. (Other than parents)				
Name:	Phone Number(s):	Relationship to Child:		
Name:	Phone Number(s):	Relationship to Child:		
Name:	Phone Number(s):	Relationship to Child:		
Name:	Phone Number(s):	Relationship to Child:		
Name:	Phone Number(s):	Relationship to Child:		
Name:	Phone Number(s):	Relationship to Child:		
Name:	Phone Number(s):	Relationship to Child:		

Does your child have any allergies, or are there any Special Instructions concerning your child?
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Direct Mail Internet Other	Referred by:
Phone Book Friend	

Parent Agreement:					
I hereby give my consent to have my child treated by a physician for medical or surgical care should an emergency arise. I understand that every effort will be made to contact me or a relative before such action is taken. I agree to pay the amount due in advance, on a weekly basis, for the time my child is enrolled. I understand that I may withdraw at any time by notifying the school one week in advance. Withdraw is effective the Friday of the week of Notification, and all other fees are payable upon other absences. I have read the policies of Patoir's Prep Academy, and agree to abide by the regulations set forth in them, Including the obligation to confer with the school first if I have any questions or problems.					
Parent or Guradian Signature:		Date:			



Patoir's Prep Academy

**Parental Agreement** 

## Welcome to Patoir's prep Academy!! Please familiarize yourself with our policies and the procedures outlined in our Parent Handbook and this Parental Agreement.

Patoir's Prep Academy hours of operation are 7:30 AM to 6:00 PM, Monday through Friday, excluding the holidays announced annually, and any closings due to inclement weather.

Tuition payments are to be submitted promptly each Monday for the current week. I agree to pay the amount due in advance on a weekly basis, for the time that my child is enrolled. Late fees of \$25.00 per account will apply on Wednesdays if payment has not been received. Failure to submit payments for two weeks will result in termination of services. Families will pay any costs incurred in collection of past due amounts.

A one-week written notice is required for all withdrawals. If proper notice is not given, regular tuition will be due for this one-week time period.

For children picked up after 6:00 PM, late fees will be added in the amount of \$1.00 per minute per child. No exceptions will be made.

Accurate information must be submitted at the time of enrollment. To ensure the well-being of all children in our care, any changes must be updated immediately, e.g. child's health status, emergency contacts, physical statement, infant feeding plan, telephone numbers, etc.

Each child's immunization records and NY DOH forms must be presented within 7 days of enrollment. If the date passes for your child's immunization records to be updated, you will have 7 days to update your child's health records or your child may be excluded from attending Patoir's Prep Academy.

Parents or authorized persons must always escort each child into and out of the classroom and are to check in and check out by computer.

I give Patoir's Prep Academy permission to photograph and video record, and use photographs and video recordings of my children in the development of videos, published materials or news releases with the understanding that our privacy will be respected and honored. I also give teachers and students permission to photograph or video my child for the purpose of classroom assignments. Photographs and videos may also be used for parent information on the Internet through www.patoirsprepacademy.com and various social media sites like Facebook, Instagram, etc. An opt out form is available should I wish to prevent photography of my children.

I understand that Patoir's Prep Academy is a smoke-free facility and smoking is not permitted anywhere on the property including the parking lot areas.

Patoir's Prep Academy does not dispense any medication to any child. Parents are asked to make other arrangements for medication administration.

I have given my consent to have my child treated by a physician for medical or surgical care should an emergency arise. I understand that every effort will be made to contact me or a relative before such action is taken.

I have received a copy of the Hand Book with the school's Discipline Policy. The terms specified in this agreement are subject to change from time to time, in accordance with the regularly published terms and policies of Patoir's Prep Academy as outlined in the current Parent Handbook. Parents will be notified in writing of any changes. Your signature on this form is an acknowledgement that you have read and agree to comply by Patoir's Prep Academy policies, procedures, and terms, including the obligation to confer with the school first if I have any questions or problems and the disciplinary procedures as outlined in the Parent Handbook.

Child's Name:	Current Classroom:
Parent Signature:	Date:
Director Signature:	Date: