

# Student Contact Form

(Please Write Clearly)

Name of Child \_\_\_\_\_

Birthdate \_\_\_/\_\_\_/\_\_\_

Nick Name (if applicable) \_\_\_\_\_

Sex: M F (circle one)

Primary language(s) spoken at home: \_\_\_\_\_

Parent/Guardian Name _____	Relationship _____	Cell# _____
Home Street Address _____	Home Phone# _____	
City _____	State _____	Zipcode _____
Email address (for school announcements): _____		
Employer _____	Work Phone# _____	

Parent/Guardian Name _____	Relationship _____	Cell# _____
Home Address (if different) _____	Home Phone# _____	
City _____	State _____	Zipcode _____
Email address (for school announcements): _____		
Employer _____	Work Phone# _____	

### Emergency Contacts and Persons Authorized To Pick Up Child (Other than Parents):

Check all that apply

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone# \_\_\_\_\_  pick-up  emergency

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone# \_\_\_\_\_  pick-up  emergency

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone# \_\_\_\_\_  pick-up  emergency

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone# \_\_\_\_\_  pick-up  emergency

### Out of Area/state Contact Name, if available (in case of natural disaster):

Name/relationship \_\_\_\_\_ Address \_\_\_\_\_ Phone# \_\_\_\_\_

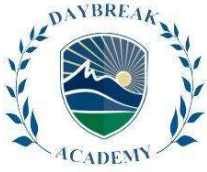
In case of emergency or a serious illness, when parents cannot be reached immediately, I hereby authorize the provider to obtain emergency medical care and/or to provide emergency transportation for my child.

\_\_\_\_\_  
Signature of Parent or Guardian

Date \_\_\_/\_\_\_/\_\_\_

Office Use only:

Enrollment Date \_\_\_/\_\_\_/\_\_\_ Classroom: \_\_\_\_\_ Schedule \_\_\_\_\_ Extended Care: Yes  NO  Times: \_\_\_\_\_



# Student Health Assessment

(Please Write Clearly)

Name of Child \_\_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_

### Check All that Apply:

Does your child have any allergies or sensitivities to:

	Yes	No	If yes, please list
Medications	<input type="checkbox"/>	<input type="checkbox"/>	_____
Foods	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other	<input type="checkbox"/>	<input type="checkbox"/>	_____

### Dietary Restrictions

Please list any food that your child is unable to eat for reasons besides allergies:

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

### Illness or Medical Conditions:

Does your child have any of the following:

	Yes	No		Yes	No
Asthma	<input type="checkbox"/>	<input type="checkbox"/>	Visual Impairment	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	Developmental Delays	<input type="checkbox"/>	<input type="checkbox"/>
Seizures	<input type="checkbox"/>	<input type="checkbox"/>	Physical Impairment	<input type="checkbox"/>	<input type="checkbox"/>
Heart Problems	<input type="checkbox"/>	<input type="checkbox"/>	Behavioral or Emotional Problems	<input type="checkbox"/>	<input type="checkbox"/>
Hearing Impairment	<input type="checkbox"/>	<input type="checkbox"/>	Other _____		

Potty Trained: Yes No In Progress

List any additional health information or special instructions you feel we need to be aware of:

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

List any regular medications you child takes: \_\_\_\_\_

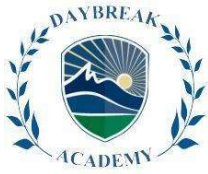
Name of Child's Medical Provider \_\_\_\_\_ Phone # \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Reviewed and/or updated \_\_\_\_/\_\_\_\_/\_\_\_\_ Parent/Guardian Signature \_\_\_\_\_

Reviewed and/or updated \_\_\_\_/\_\_\_\_/\_\_\_\_ Parent/Guardian Signature \_\_\_\_\_

Reviewed and/or updated \_\_\_\_/\_\_\_\_/\_\_\_\_ Parent/Guardian Signature \_\_\_\_\_



## Policy Notice

11221 Copper Rock Dr.  
South Jordan, UT 84095

Child(ren)'s Name(s) \_\_\_\_\_

This form must be signed prior to enrolling your student(s). These are policies that Daybreak Academy (aka the Academy) adheres to strictly, so please make sure that you understand each policy.

### I, AS A PARENT OR LEGAL GUARDIAN, AGREE TO:

1. Pay a one-time initial registration fee of \$150.00 per student. A \$100.00 materials fee will be due thereafter at the beginning of each new school year. These fees are non-refundable.
2. Pay advance tuition for the program in which my child is enrolled. The tuition is due by the first day of each month with no deductions for absence. If the tuition is not paid on time, a late charge will be assessed of \$15.00 a day. If tuition is not paid by the 5<sup>th</sup>, I understand that Daybreak Academy may disenroll my student and fees will still be owed.
3. A late pick-up charge will be assessed for children not picked up at their scheduled time. The fee is \$1.00 per minute per child. We do offer a 15 minute "grace period" (unless it is after 6:00pm). As soon as you realize that you will be late, please call us. We have affordable options for families to occasionally extend their student's schedule, if we are given advance notice. We wish to be as helpful as possible and love having your students with us, but student safety comes first. We must ensure that we are properly staffed at all times, and this is difficult to do if students are dropped off earlier or later than their scheduled drop-off/pick-up times.
4. A fee of \$25.00 to be charged if any check is returned to Daybreak Academy for any reason. If two checks are returned, tuition must be paid in cash from that point forward.
5. Give Daybreak at least thirty (30) days written notice prior to any withdrawal or schedule change. If I do not give proper written notice, I understand that I will still owe the tuition for the 30 days after my student leaves or changes schedule. We are unable to refund any difference in tuition without at least thirty days (30 days) notice. We do not refund or give credit for scheduled "no school" days as that has already been factored into the annual tuition pricing for each program.
6. In case of injury or illness, I, as the parent/guardian, authorize Daybreak Academy to obtain immediate medical care if any emergency occurs. I hereby understand and agree that any medical or transportation expenses incurred on behalf of my child are my responsibility as the parent or legal guardian.
7. Daybreak Academy has the right to disenroll any student due to student or family behavior etc (i.e non-cooperation of the parent, maladjustment of a student, failure to provide necessary or correct enrollment information, behavioral or physical issues that our staff does not have the expertise to handle, poor or disrespectful communication, dangerous or harmful behavior, etc.) Two-weeks notice will be given by Daybreak Academy when possible, UNLESS doing so would put staff or other students at risk for emotional or physical harm, or cause undue hardship for staff or students.
8. If my student is taking medication, I must fill out a form for any medication I want administered by the staff at the Academy. All medication must be brought to the Academy in its original container with the prescription label and/or dosage instructions attached. Medications that are not picked up by the parents within 14 days of end of treatment will be disposed of by the Academy. Daybreak Academy must have a written notice, signed by a physician, to administer prescription medication.
9. Daybreak Academy should be able to contact me at any time during the day. The necessary information is given at the time of enrollment, however, sometimes parents move, change jobs, home or work numbers change, doctor's number, etc. I am required to inform the Academy if I encounter any of these changes, so that their contact records are always accurate.
10. For the good of my student and in fairness to other students and their parents, I am required to keep my student out of the Academy if my child shows symptoms of illness. Symptoms that are cause for keeping my student home are: fever (child must be fever free without the use of medication like Tylenol etc.), vomiting, diarrhea, unidentified rash, swollen glands,

any contagious conditions (parasites, etc.), heavy nasal discharge and ear-ache, lethargy/fatigue, excessive crying or any physical condition that impairs a child from being able to participate in regular classroom activities. I understand that Daybreak Academy does not have provisions to care for ill and recovering students.

11. If my student becomes ill during any part of the day with any of the symptoms listed in #10 above, I will be notified to make arrangements to have my student picked up within 1 hour. If my student is diagnosed with a contagious condition, I am required to have a note from my student's physician stating that it is medically safe to bring my student back to Daybreak Academy before returning to school. This is for the safety and health of all students and staff.
12. I must inform the Academy immediately after my child or any member of the immediate household has developed any "reportable communicable disease", as defined by the State Board of Health.
13. If I would like someone to pick up my student, other than those listed on my enrollment form, I must give written notice. If that is not possible, I must call the Academy directly. The Academy will need proof of identification from the individual picking up the child. The Academy will call the emergency contact people listed on my student's application in case of emergency situations, including but not limited to, inclement weather or natural disasters, if unable to reach parents.
14. Daybreak Academy requires that I escort my student into and out of the building and log the student in and out daily. I am also required to see that the staff is aware of my student's whereabouts before leaving.
15. By enrolling my child(ren) at the Academy, I give consent for my child(ren) to go on occasional walking field trips to learn about local plants and wildlife, and also for exercise and fresh air. Teachers keep a phone on them at all times to be quickly reached during an emergency. If you would like your child to wear sunscreen and/or a hat on these walks (or during outside play), please send items in to keep in their cubby and let their teacher know.
16. By enrolling my child at the Academy, I give consent for my child(ren) to be included in photos and videos of school events, classroom activities, etc. that may appear on the school blog, official social media, or other official school media publications. For privacy & security, we do not use the full names of students when we post pictures online. However, as a courtesy, we will promptly remove any picture from our media publications upon request.
17. I understand that the school year goes from the beginning of August through the end of June. The month of July is the Academy's only optional summer camp month for family vacations etc. Students do not need to attend in July and do not have to pay tuition for July only (if advance 30-day notice is given then my child will not be attending summer camp). I understand that should I choose to disenroll from school prior to July (in mid-June for example), I would still need to pay full tuition for the remainder of the school year in order to retain a guaranteed spot for the coming school year.
18. As written above, fees are payable in advance. However, if Daybreak Academy must resort to measures to collect on an overdue account by way of a collection agency or any other legal action, I will be responsible for not only the account balance due but also the costs incurred by Daybreak Academy for such action, including attorney fees.

**By signing this agreement is your guarantee that you will abide by and support its contents. This also serves as an acknowledgment that you have access to the Parent Policy Manual to read (either in print or online) and that you understand and agree with our school policies. An online PDF of our full policy manual can be found at [www.daybreakacademy.com/resource/family](http://www.daybreakacademy.com/resource/family)**

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

**Reviewed and/or updated** \_\_\_/\_\_\_/\_\_\_ **Parent/Guardian**

**Signature** \_\_\_\_\_

**Reviewed and/or updated** \_\_\_/\_\_\_/\_\_\_ **Parent/Guardian**

**Signature** \_\_\_\_\_