

Shady Oak Primary School

ENROLLMENT PACKET

2017 / 2018

Instructions:

1. Please complete all the attached forms and return them to the school on or before **June 1, 2017**.
2. We are required by law to have these forms completed each year and on file in the student's folder.
3. The most important forms are the medical authorization forms, both for "Emergency Medical Attention" which requires a Notary, and the "Medical First Aid Authorization Form". (Notary service available here)
4. **All Students – A non-refundable enrollment fee of \$275.00 per child, should be submitted with the attached forms.**

Shady Oak Primary School

Student Enrollment Record

Student Name: _____

Date of Birth: _____ Age _____ Upcoming Grade _____

Mother's Name: _____

Father's Name: _____

Student Address: _____

Subdivision _____ Phone no. _____

Mother's Work no: _____ Cell no: _____

Mother's Work & Address: _____

Father's Work no: _____ Cell no: _____

Father's Work & Address: _____

Email Address 1: _____

Email Address 2: _____

Emergency Contact Name: _____

Home Phone _____ Cell _____ Work _____

Address: _____

In the event of an emergency, Shady Oak Primary School will first try to notify the child's parents. If parents cannot be reached we will go down the line of names and phone numbers you supply us. Please let your emergency contacts know that they are down as emergency contacts for your child. If the contact must come to the school to pick up your child and we do not recognize them we will ask them to show us proper identification. (Driver's license)

Parent Signature: _____

Date: _____

MEDICAL STATEMENT

Child's Name _____ Date of Birth _____

	1st	2nd	3rd	4th	5th
DPT					
POLIO					
MMR					
Hib					
Hepatitis B				PCV7	Date:
Hepatitis A				Varicella	Date:

GRADE	EAR	500	1000	2000	4000	REMARKS
	RIGHT					
	LEFT					

Grade	Right Eye	Left Eye	Remarks
	20/	20/	

Tuberculin Skin Test Date _____

Results _____

Acanthosis Nigricans Screening Date _____

Results _____

Any special problems or needs (include allergies, illnesses, previous illnesses or injuries, previous hospitalizations during the past twelve (12) months, medications, etc.) Attach an additional sheet if necessary.

The above named child has been examined by me within the past twelve (12) months and is physically able to participate in a school program.

Physician's Signature

Date

**Shady Oak Primary School
Emergency Procedure Card**

Student _____ **Date of Birth** _____
Last Name First Name

Address _____
House Number & Street City Zipcode Subdivision

Mother _____ **Phone No** _____

Father _____ **Phone No** _____

Email Address _____

Physician _____ **Phone No** _____

Physician Address _____

Persons my child can be released to and/or can be called in an Emergency (List in order)

Name	Relationship	Phone #1	Phone #2
1st	Mother/Father/Other		
2nd	Mother/Father/Other		
3rd	Mother/Father/Other		

In case my child needs to be picked up from school because of illness or injury, he/she may be released to the adults listed above. In the event of an emergency, your child may be taken by ambulance to the most appropriate emergency facility. An immediate attempt will be made to inform you, the alternate person listed or the doctor listed. A school administrator will stay with your child until you or an alternate person assumes responsibility.

Medical Information: Pertinent information may be shared with appropriate personnel.

Allergies to _____

Treatment _____ Asthma _____ Occurs when? _____

Severe Reaction to Insect Stings? _____ Describe Reaction _____

Treatment _____ Diabetes? _____ ADD/ADHD? _____

Migraines? _____ Other Medical issues _____

Current Medication

Name of Drug	Dosage	Time Given	Purpose

I hereby grant permission for my child, _____, to participate in all activities, including field trips. I understand that I will be informed of the of the specific time, date & location of each excursion. I here by agree that in case of illness or accident requiring a physician's attention that my child may be transported to the closest emergency facility. I give permission for a doctor designated by the program to administer treatment at my expense. I understand and accept the policies above and release the school from liability for injury or illness resulting under any circumstances except gross negligence.

 Parent Signature Signed & acknowledged before me this ____ day of _____, _____.

Notary Public Signature _____

My Commission Expires _____

Notary Seal

Shady Oak Primary School

Authorization to Release Child From Facility

Student's Name: _____

When I am unavailable, I hereby authorize Shady Oak Primary School to release my child to the following people only:

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Please list two individuals to contact in case of an emergency when the Parent/Guardian cannot be reached.

Name: _____

Phone Number(s): _____

Relationship: _____

Name: _____

Phone number(s): _____

Relationship: _____

Shady Oak Primary School

Release Form for Publishing Student Information

Student Name: _____

Shady Oak Primary School is proud to feature our students for the community to enjoy. With your permission, we would like to be able to publish your child's first name only, photograph and/or student work on the school website and other publications.

Please indicate your preference by checking the appropriate spaces below.

I understand the purpose of sharing these information materials electronically is to inform others of Shady Oak Primary School's learning activities and programs in which students have participated.

I give my permission for the following information about my child to be displayed on the The Shady Oak Primary School website and other publications.

My child's first name (last names will not be used)

My child's photograph

My child's individual or academic work. Creative work, extracurricular accomplishments, multimedia projects, or presentations. (grades associated with student work will not be displayed.)

Signature of Parent/Guardian _____

(Please print information below.)

Child's Name: _____

Child's age: _____

Date: _____

Shady Oak Primary School

Medical First Aid Authorization Form

Student's Name: _____

I hereby authorize Shady Oak Primary School to administer the following medications and/or first aid treatment in the event of an accident that may occur while at school. This consent will also include any off-campus situation while a child is in the custody of Shady Oak Primary School. **There is an understanding that every effort will be made to contact the parent, however, in the event that the parent/guardian cannot be reached, treatment is always documented in the child's folder so it can be retrieved by the parent at your convenience.**

Shady Oak Primary School makes every effort to keep the following items on hand, yet parents are welcome to provide their own medical supplies. Please indicate the items that may be administered to your child if the need arises while at school.

Hydrogen Peroxide

Lavender Essential Oil (bug bites)

Neosporin

Band Aids

Thermometer

The following medical supplies must be provided by the parents:

Insect repellent, sun screen, Tylenol, Advil, Bendryl

Please place a check to the left of each item indicating that you have been made aware of Shady Oak Primary School's policies and procedures as follows. Sign and date where provided below.

ALLERGIES: I understand that if my child has severe allergies of which I am aware, an epinephrine pen should be provided and left at school in case of an emergency, thus giving Shady Oak Primary School permission to use the epinephrine pen if the need arises.

Prescription Medications: I understand that all medications, including those prescribed, must be signed in at the office. Medication must be in its original container in order to be administered by Shady Oak Primary School.

Parent/Legal Guardian: _____ Date: _____

**DISPENSING OF PRESCRIPTION MEDICATION
AUTHORIZATION FORM**

(This form only needs to be turned in if your child requires the dispensing of prescription medication during school hours. Please bring medication to school in its original packaging; turn in)

Student's Name: _____

Name of Medication(Prescription) to be given: _____

Dosage to be given: _____

Time(s) to be given: _____

Continue this medication through: _____

Parent Signature: _____

Date: _____

**Note: A separate authorization form is required
for each prescription / medication.**

Shady Oak Primary School

We Want to Know All About You!

Dear Parents:

Tell us about your child. This will provide for a smoother adjustment and happier experience at Shady Oak Primary School. Please complete (with the help of your child) and return this form to the office as it will serve the teachers in getting to know your child.

Thank you!

Child's Full Name: _____

Nick Name (if applicable) _____

Birthdate: _____

Family Life

My parent(s) is/are: mother: _____ father: _____

My stepparent(s) is/are: step mother _____ step father: _____

I have had a step parent(s) since the age of _____.

My sibling(s) is/are: (name) _____ (age) _____ Boy/Girl

(name) _____ (age) _____ Boy/Girl

(name) _____ (age) _____ Boy/Girl

(name) _____ (age) _____ Boy/Girl

(name) _____ (age) _____ Boy/Girl

I live with: ___ mother ___ father ___ step mother ___ step father ___ siblings

___ other (Please specify) _____

My Pet(s) is/are: (Name) _____ Type of pet: _____

(Name) _____ Type of pet: _____

(Name) _____ Type of pet: _____

Now... About me

My special interests or hobbies include: _____

I have a fear of the following: _____

My normal bedtime is: _____, while I normally wake up by _____

When upset, I often: ___cry ___ become quiet/withdrawn ___voice my feelings
 ___pout ---have a tantrum ___other (specify please)

On the rare occasion I misbehave at home, my parents may: _____

Parents Point of View

Please share any information about your child that you believe would help us in working with him/her. Also include a brief description of your child (ie. personality traits, character traits, etc.)

I hope my child will benefit from attending Shady Oak Primary School in the following way(s):

Please list any hobbies, collections or information about your occupation that you would be willing to share with us as a class. _____

Parent Signature: _____ Date: _____



Shady Oak Primary School 2017-18 Tuition & Fees

Yearly Tuition: \$9,450.00

Enrollment Fee: \$275.00 Due upon enrollment

Supply Fee: \$175.00 per semester; Due August 1 and January 1.

We offer 10 month & 12 month payment options, payable by automatic debit.

10 month payments = \$945.00 per month. The first month is due upon registration. The remaining 9 months are due September 1, 2017 – May 1, 2018.

12 month payments = The first payment of \$790.00 is due upon registration. The 11 remaining payments will be debited June 1, 2017 through April 1, 2018. (This option is only available for those registered before May 31, 2017)

We also offer a 3% discount for those wishing to pay in full by August 1, 2017

Shady Oak Primary School

**Payment Plan Selection
2017-18**

Family Name: _____

PLEASE CHECK YOUR PREFERRED PLAN

_____ **One time payment** due August 1, 2016 of \$9,166.00 for a 3% savings.

_____ **10 month payment plan**, with first payment of \$945.00 to be paid June 1, 2016. Nine additional payments of \$945.00 to be paid September 1, 2017 - May 1, 2018.

_____ **12 month payment plan** of \$790.00 beginning June 1, 2017 and ending May 1, 2018.

Visa _____ M/C _____ Name on Card _____

Credit Card Number _____

Expiration Date _____ CVS _____

Parent Signature: _____