



# Enrollment Agreement

## Kindergarten and Elementary Grades

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(child's name)

99 Baron DeHirsch Road, P.O. Box 300  
Crompond, NY 10517  
914-526-4033 [info@thegardenroad.org](mailto:info@thegardenroad.org)

[www.thegardenroad.org](http://www.thegardenroad.org)

## Child's Information

Name \_\_\_\_\_

Age \_\_\_\_\_ Date of birth \_\_\_\_\_ Boy/Girl \_\_\_\_\_

Address \_\_\_\_\_

Home phone \_\_\_\_\_

## Mother/Guardian

Name \_\_\_\_\_

Address \_\_\_\_\_  
(if different from child's)

Home phone \_\_\_\_\_  
(if different from child's)

Cell phone \_\_\_\_\_

Email \_\_\_\_\_

Work phone \_\_\_\_\_

Occupation \_\_\_\_\_

Employer \_\_\_\_\_

Address during school hours

Work email \_\_\_\_\_

## Father/Guardian

Name \_\_\_\_\_

Address \_\_\_\_\_  
(if different from child's)

Home phone \_\_\_\_\_  
(if different from child's)

Cell phone \_\_\_\_\_

Email \_\_\_\_\_

Work phone \_\_\_\_\_

Occupation \_\_\_\_\_

Employer \_\_\_\_\_

Address during school hours

Work email \_\_\_\_\_

## Emergency Contacts and Pick Up Authorization

Please list people who we can contact in case of an emergency and who would be authorized to pick up your child from school

Name \_\_\_\_\_ Phone \_\_\_\_\_

Cell \_\_\_\_\_ Relationship to child \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Cell \_\_\_\_\_ Relationship to child \_\_\_\_\_

## Child's grade level

Kindergarten     Grade 1     Grade 2     Grade 3     Grade 4     Grade 5

	Total Tuition	Non-refundable Enrollment Deposit (due with signed contract)	Monthly Tuition August -May	Semi-annual Tuition (with 2.5% discount) 1st payment Aug. 1 2nd payment Jan.1
K-1	\$10,000	\$500	\$950	\$4,631
Grades 2-5	\$11,000	\$500	\$1,050	\$5,119

## Agreements

I understand that tuition payments for The Garden Road School are due on the first of each month as per the tuition schedule. My account must be kept current or my child will be withdrawn from the school. (The first monthly payment is due August 1st. The remainder of monthly payments are due the first of each month from September through May). I understand that there will be a \$20 late fee for tuition payments received after the 10th of each month. If my check bounces I will pay a \$20 fee and must continue my payments in cash or by money order.

I understand that the enrollment deposit is not refundable. If I withdraw my child from The Garden Road School during the school year, I must notify the director 30 days prior to the date of withdrawal and I will be responsible for the full year's tuition.

I understand that tuition is calculated on an annual basis and that there are NO FEE REDUCTIONS for holidays, illness, vacations, or emergency closings of the school, including snow days. In the case of prolonged illness, or other severe emergency, a full refund minus one month's tuition will be considered.

The Garden Road School reserves the right to dismiss a child whose contact, influence, physical needs, or condition, is deemed disruptive or potentially harmful to him/herself, the staff, or students. We reserve the right to determine if your child's best interests are being served at our facility. If not, a pro-rated refund will be given.

I understand it is my responsibility as the parent or guardian to make arrangements if I will be late for dismissal. After 15 minutes the school will notify the emergency contact person to pick up my child. If late pick up occurs more than twice, I will be charged \$10 for every 15 minutes until my child is picked up. If it continues to be a problem, I understand that my child will be withdrawn from the program. It is also my responsibility to make arrangements in the morning; The Garden Road School cannot take my child early.

I understand that medical forms, immunization records and emergency contact information are required BEFORE my child may be admitted to the school.

I hereby grant parental consent for minor medical (first aid) treatment during my child's enrollment at The Garden Road School. The Garden Road School staff cannot administer medication of any kind. If my child requires medication throughout the school day, it is my (the parents/guardians) responsibility to make arrangements for it to be administered. Should I be unavailable during an emergency, I grant permission for The Garden Road School staff to secure emergency medical treatment for my child. The Garden Road School staff will always attempt to contact the parents or pediatrician first.

I hereby give permission for my child's photograph and/or artwork to be used in The Garden Road School website, publications and articles written about The Garden Road School by local news papers.

(over please)

The Garden Road School cannot be responsible for any item that is lost, stolen or damaged. We recommend that you do not allow your child to bring valuables to school.

The child and parents agree to abide by the rules and regulations set by the school for the safety, health and welfare of the students and the staff.

I understand that The Garden Road School staff members are, by requirement, mandated reporters of any suspected child abuse.

I understand that The Garden Road School cannot be held legally responsible for any injuries that may occur on the premises at 99 Baron De Hirsch Road, Crompond, NY outside of school hours. Children may not use any of the school equipment without the proper supervision of one of the teachers present.

I understand that The Garden Road School staff will not release my child to anyone other than parents/guardian or the person named as an emergency contact and/or authorized for pick up. I will notify the school in advance should someone else be picking up my child (including another parent for a playdate, etc.). That person may be requested to provide identification.

The Garden Road School and its affiliates admit children and students of any race, color, national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to children and students at or through the organization. Neither The Garden Road School nor its affiliates discriminate on the basis of race, color, national and ethnic origin in the administration of educational policies, admissions policies, scholarship and loan programs, athletic and other organization-administered programs.

GENERAL RELEASE: I hereby release The Garden Road School, its trustees, employees and volunteers from any and all liability or claims for damages arising out of my child's attendance at The Garden Road School, Summer program/camp, after-school programs or extra-curricula activities.

I HAVE READ AND UNDERSTOOD THESE TERMS. I AGREE TO THE TERMS AND AGREEMENTS OF ENROLLMENT AS STATED. I WILL BE RESPONSIBLE FOR PAYMENT OF ALL FEES DUE TO THE GARDEN ROAD SCHOOL.

Name of Parents or Guardian (both must sign, thank you)

(Printed) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

(Printed) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please tell us how you found out about The Garden Road School (ie: website, friend, flyer in coffeeshop, etc.):

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

Thank you!