



# The Salt Box School

3570 Main Street, Brewster, MA. 02631

(508)896-6555 FAX (508)896-2044

## APPLICATION FORM

2018-2019

Child's Name: \_\_\_\_\_ D.O.B.: \_\_\_\_\_ Sex: \_\_\_M\_\_\_F

Place of Birth: \_\_\_\_\_ Primary Language: \_\_\_\_\_ Custody arrangements: \_\_\_\_\_

\_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ Skin Color \_\_\_\_\_ Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell # \_\_\_\_\_

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

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

Relationship to Child \_\_\_\_\_ Email for all sch. notices \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Child's living schedule at this home \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell # \_\_\_\_\_

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

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

Relationship to Child \_\_\_\_\_ Email for all sch. notices \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Emerg. Name & Relationship to child \_\_\_\_\_ Phone # \_\_\_\_\_ Cell \_\_\_\_\_

Emerg. Name & Relationship to child \_\_\_\_\_ Phone # \_\_\_\_\_ Cell # \_\_\_\_\_

Emergency people listed above may take my child from school only with written or phone notice to the school.

\_\_\_\_\_ (child's name) has my permission to: go on all school sponsored field trips, participate in the swim program, and brush their teeth at school. The Family Schools, Inc. may use school pictures and or video tapes of my child for advertising. In the event of sickness or accident (when parents cannot be readily contacted), I authorize the calling of any and all necessary medical services, including emergency transportation at my expense. A qualified staff person may administer first aid to my child. I will have a current copy of my child's health records, immunizations and medication permission on file with the school at all times. I will provide sunscreen, bug spray, over the counter, and prescription medication. I understand that this contract may be terminated by The Family Schools, Inc. or by me at any time upon written notice. All tuition obligations will be met by the date of withdrawal. I understand I am financially responsible for all charges incurred by my family at The Family Schools, Inc. My Family information may be listed in the School Directory.

I request accommodations in other languages. \_\_\_\_\_ is requested language.

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

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

### Office Use Only:

Date: \_\_\_\_\_ Class: \_\_\_\_\_ Des. Start Date: \_\_\_\_\_ Des. Schedule: \_\_\_\_\_ Age at Admission \_\_\_\_\_

WL: \_\_\_\_\_ Enr.: \_\_\_\_\_ Start Date: \_\_\_\_\_ Schedule: \_\_\_\_\_ Conf. Sent: \_\_\_\_\_ Enr. Fee Rec'd: \_\_\_\_\_ Ck# \_\_\_\_\_

Email added to Constant Contact \_\_\_\_\_ Email added to TFS/SBS accounts \_\_\_\_\_

**SALT BOX SCHOOL**

Program: \_\_\_\_\_ The Salt Box School M.-F 8:30-2:30  
\_\_\_\_\_ The Salt Box Extended Program 7:30-8:30\_\_\_\_ 2:30-5:30\_\_\_\_  
Desired PM Schedule \_\_M\_\_T\_\_W\_\_TH\_\_F\_\_ Desired Hours \_\_\_\_\_

My child will be transported to and from school by \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

**FAMILY PARTICIPATION:**

Would you help us as: Fundraiser\_\_\_\_ Field Trip helper\_\_\_\_ Share skills in classroom\_\_ Focus group member \_\_Other \_\_  
Please participate in the following: invite a teacher for a visit, attend September School Open House, December Celebrations, Winter Conferences, Winter Workshops, Grandfolk’s Day, and June Festivals. Family visits at school are always welcome.

**FAMILY INFORMATION:**

Please list all who live in your home:

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship: \_\_\_\_\_ Pet/Type/Name: \_\_\_\_\_

What is your family’s cultural/religious background? \_\_\_\_\_

How does your family celebrate those traditions? \_\_\_\_\_

What other languages does your family use? \_\_\_\_\_

When your family has leisure time you \_\_\_\_\_

What soothes your child when upset? \_\_\_\_\_

**GRANDPARENT/FOLKS NAMES and ADDRESSES**

Names: \_\_\_\_\_ Mailing Address: \_\_\_\_\_

Names: \_\_\_\_\_ Mailing Address: \_\_\_\_\_

**HEALTH INFORMATION:**

Please list any known allergies or Chronic Conditions: \_\_\_\_\_

My child’s allergies may be known to the classroom teachers \_\_\_\_\_

Any known accomodations needed for your child to participate in our programs; Please attach IEP and Screening reports:  
\_\_\_\_\_

Please list regular medications that your child takes: \_\_\_\_\_ How often? \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy number: \_\_\_\_\_

Child’s Doctor: \_\_\_\_\_ Phone #: \_\_\_\_\_ Dentist: \_\_\_\_\_ Phone #: \_\_\_\_\_

Any concerns that require an Individual Health Care Plan \_\_\_\_\_

**BILLING:**

Processing Fee Enclosed: \_\_\_\_\_ \$60.00 (Non-refundable Processing Fee must accompany the application in order to be processed)

My child is the recipient of a voucher or scholarship: \_\_\_\_ Yes \_\_\_\_ No

**PAYMENT INFORMATION:**

\_\_\_\_ Please use my Credit Card for all charges on my account. \_\_\_\_ For Restration Fee of \$60.00 only.

Credit Card #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Security Code \_\_\_\_\_

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