



THE GARLAND SCHOOL

Greetings Families,

The Garland School's mission is to support your child's innate capacity to love, work, and play.

We are a Waldorf inspired Nursery and Kindergarten serving children 24 months to 6 years old. Our program follows the natural rhythms of the day and the seasons with extended outdoor play and exploration. The regular school day is from 8:30 a.m. to 3:30 p.m. with before-care at 7:30 a.m. and after-care offered until 5:00 p.m., and there is a full or half day option available. The children are provided local and/or organic snacks and a warm wholesome lunch. We support parenting, families and community by creating space for gatherings, parent evenings, and celebrations of the seasonal festivals. As a community centered school, we depend on your community involvement and commitment to function and thrive.

If you have any questions, please call.

Sincerely,

Stephanie Keep, Administrator

PO Box 2426, 29 South Street,
W. BRATTLEBORO, VERMONT 05303
802.254.6470
Garlandchild@aol.com
www.thegarlandschool.com



The Garland School Enrollment Form

CHILD INFORMATION

Date _____

Child's Full Name: _____ Birth date: _____

PARENT/GUARDIAN INFORMATION

Parent/Guardian Full Name: _____ Employer: _____

Address: _____ Phone: _____

Work Site Address: _____ Work Phone: _____

Other Parent/Guardian Full Name: _____ Employer: _____

Address: _____

Work Site Address: _____ Work Phone: _____

Email Address _____

EMERGENCY CONTACTS

If neither parent can be reached in case of an emergency, call:

Name: _____ Phone: _____

Address: _____ Relationship: _____

Name: _____ Phone: _____

Address: _____ Relationship: _____

Name of Child's Doctor: _____ Phone: _____

Name of Child's Dentist: _____ Phone: _____

Hospital Preference: _____

ADDITIONAL INFORMATION ABOUT YOUR CHILD

If your child has any allergies, takes medication or has special dietary requirements, or other identified needs, please describe (use additional sheets if necessary):

PERMISSION & UNDERSTANDING STATEMENTS

(Initial Below)

_____ I understand every effort will be made to contact me incase of emergency. I hereby authorize the Garland School to obtain emergency medical care for _____ (Name of child).

_____ I authorize my child (_____) to participate in wading pool activities.

_____ I authorize my child (_____) to participate in swimming activities.

_____ I hereby authorize transportation to be provided. I acknowledge that the Garland School has provided me with a general description detailing types, frequency and sample destinations when children may be transported.

_____ I acknowledge that the following have been explained:

- Daily schedule
- Walking trips, if any
- Substitute caregiver(s)
- Typical activities (indoor and outdoor)
- Car trips, if any

Please provide any other information about your child, which would be helpful, such as play habits, sleeping habits, fears, likes, dislikes, etc.

The following persons are authorized to pick up my child:

1. _____ Daytime phone # _____

2. _____ Daytime phone # _____

Please attach to this form either:

1) Evidence of immunization appropriate to your child's age, OR

2) An immunization exemption form due to medical, religious or moral beliefs.

Signed: _____ Date: _____
Parent or Guardian

Signed: _____ Date: _____
Parent or Guardian

The Garland School 2013-2014 Enrollment Contract

A tuition deposit of \$400 is due upon return of enrollment contract. This is a non-refundable deposit.

Options for Enrollment

Morning Day 8:30-12:30

Kindergarten

5 days=5,355.

4 days=4,712.

Nursery

5 days=5,533.

4 days=4,855.

3 days=3,962.

Extended Day 8:30-3:30

Kindergarten

5 days=9,059.

4 days=7,996

Nursery

5 days=9,684.

4 days=8,496.

3 days=6,747.

I/We contract to enroll _____ at The Garland School for the 2013-2014 school year. Enclosed is the \$400.00 tuition deposit to be applied to the annual tuition.

I/We agree to pay \$_____ in tuition for the 2013-2014 school year. NOTE: You may be eligible for a full or partial subsidy through Windham County Childcare Association (WCCA). They may be reached at 802-257-2887. (For Vermont residents only. Please contact the corresponding office in your state.) Please also ask for an application for tuition assistance from the Garland School, 802-254-6470.

I/We choose to pay the annual tuition fee using the payment plan chosen below:

- 1) Annual payments
- 2) Bi-annual payments
- 3) Monthly payments (10 payments due September through June, paid on the 1st)

I/We understand that there is a \$10.00 late fee for payments made after the 10th of the month. Please contact our administrator to discuss a special payment plan if need be. If tuition is over two months late, your child's enrollment will end until the bill is paid to date.

I/We understand that changes to our child's schedule can be done at any time but only in the first month and during winter break will the tuition payment change. Tuition will remain the same for changes of lesser or equal value; tuition will increase if schedule change is greater than initially agreed upon at the time of registration. It is important for the school to uphold its working foundation through events of change.

Parent Signature

Date

Parent Signature

Date

If more than one child is registered we offer **Before and After Care**

Before Care is offered daily from **7:30 a.m. to 8:30 a.m.**

After Care is offered daily from **3:30 p.m. to 5:00 p.m.**

If you need Before Care and After Care **regularly**, we bill bi-annually (September and December) at the rate of \$5.00 per hour.

Before Care Only option

Bi-annual rate per semester:

5-day/\$500 4-day/\$400 3-day/\$300 2-day/\$200

After Care Only option

Bi-annual Rate per semester:

5-day/\$750 4-day/\$600 3-day/\$450 2day/\$300

Before and After Care option

Biannual rate per semester for:

5-day/\$1,200. 4-day/\$950 3-day/\$700 2-day/\$450

The drop-in rate is \$8.00 per hour.

The sibling rate offered for before or after care is full payment for one child and then half price for the other(s).

Yes, I/We would like to enroll our child (children)

_____ in the before/after care program. I have chosen the option below and understand that payment is due on the first of the month along with tuition unless otherwise discussed with the administrator.

Circle Desired Care: Before Care and/or After Care

Circle Payment Option: Bi-annually or Monthly

Parent Signature

Date

Parent Signature

Date

*If you know you will not need before or aftercare on a given day, please let teachers know the day before. Thank you.