



5340 Myra Avenue, Suite A, Cypress, CA 90630 ♦ Ph: (714) 828-6409 ♦ Fax: (714) 828-3400

DEL SOL SCHOOL REGISTRATION

INSTRUCTIONS: Please complete and return this form to Del Sol School. Feel free to put his form in a sealed envelope to ensure confidentiality. If you have any questions regarding this form, please feel free to contact Del Sol School at (714) 828-6409.

Date: _____

Child's Name: _____
(Last) (First) (Nickname)

Sex: _____ Date of Birth: _____ Age: _____ Grade: _____

Parent: _____
(Last) (First) (Middle)

Present Address: _____
(Street) (City and Zip) (County)

Phone: _____ Cell Phone: _____

Parent: _____
(Last) (First) (Middle)

Present Address: _____
(Street) (City and Zip) (County)

Phone: _____ Cell Phone: _____

Legal Custody: Joint Mother Father Other

Ethnic Background of Child (Optional): Asian Black Filipino Native American
 Pacific Islander White Other

Language spoken in the home: _____ Primary language of the child: _____

Primary language of the parents: _____ Is this child adopted? _____ If so, date: _____

Who referred you to Del Sol School? _____ Information given by: _____

Members of Household (including siblings living out of the home)			
Name	Relationship to Child	Age	Check if out of home
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>

HISTORY:
Please answer the following questions as accurately as you can. Leave blank if unknown.

Developmental History		
<input type="checkbox"/> Chicken Pox	If so when?	Last how long?
<input type="checkbox"/> Asthma	If so when?	Last how long?
<input type="checkbox"/> Epilepsy	If so when?	Last how long?
<input type="checkbox"/> Diabetes	If so when?	Last how long?
<input type="checkbox"/> Food Allergies	If so when?	Last how long?
<input type="checkbox"/> Food Allergies	List of Restrictions:	
<input type="checkbox"/> Other:		
Other developmental information:		

Educational History			
Name of School	City, State	Dates	Outcome
		from: to:	
		from: to:	
		from: to:	
		from: to:	
		from: to:	
Present School:		Phone:	

Address:	
Teacher's Name:	Principal:

CONSENT FOR PHOTOGRAPHS AND VIDEOTAPING:
INSTRUCTIONS TO PARENTS: The following authorization permits Del Sol School to take photographs of and video tape your child. Tapes are used to track student progress. Tapes will not be used for marketing or commercial purposes. Tapes will not be used outside Del Sol School without prior consent. Del Sol School may use photos for program displays or presentations.

I, _____ give my consent to allow _____ to be
(parent's name) (child's name)
 photographed by Del Sol School.

I, _____ give my consent to allow _____ to be videotaped
(parent's name) (child's name)
 by Del Sol School.

EMERGENCY CONTACTS:
INSTRUCTIONS TO PARENTS: The following authorization permits Del Sol School to release your child to the following responsible adults in case of an emergency.

I, _____ give my consent to allow _____ to be released
(parent's name) (child's name)
 to the following responsible adults:

PARENTS	Phone #1	Phone #2
1. Mother's Name:		
2. Father's Name:		

OTHER RESPONSIBLE ADULTS <small>(Must match information on emergency cards.)</small>			
Name	Relationship	Phone #1	Phone #2
1			
2			
3			
4			
5			

Signed: _____ Date: _____

HEALTH CARE INFORMATION:

INSTRUCTIONS TO PARENTS: *The following authorization permits Del Sol School to obtain medical assistance for your child in case of an emergency.*

Child's Name _____ Date _____

PERMISSION FOR HEALTH CARE

In the event of an emergency during which I cannot be reached, the physician listed in this packet and the local hospital are authorized to provide any emergency care deemed necessary for my child.

Signed: _____ Date: _____

HEALTH RECORD TRANSFER

In the event of an emergency I authorize the transfer of my child's medical record to the local hospital.

Signed: _____ Date: _____

FIRST AID

In the event of an emergency I authorize Del Sol School staff to provide any first aid deemed necessary.

Signed: _____ Date: _____

MEDICAL INFORMATION

Child's Physician:

Address: _____ Phone # _____

Child's Dentist:

Address: _____ Phone # _____

ENROLLMENT CONTRACT:

Child's Name: _____

Application Date: _____ Requested Start Date: _____

Please indicate the services and schedule requested:

Requested Schedule

Effectively 05/2013 Registration Fee Due Upon Enrollment: \$25.00

- Private School 9:00-3:00 \$150.00 weekly or \$600 monthly
- School Age Before School 7:00-9:00 a.m. \$90.00 weekly or \$360 monthly
- School Age Afterschool 12:00-6:00 p.m.
- CHS Contract
- Orange County Department of Education
- School District Contract Services

Overtime Rate: A charge of \$5.00 per minute will be assessed for children picked up after their scheduled departure time.

Returned Check Fee: A minimum of \$20.00 will be assessed for any returned checks.

Payment Schedules:

New Students: Initial payment is due on or before the last day of the week preceding the requested start date.

Current Students: An initial payment is due on or before the last day of the week preceding the school term with the re-enrollment agreement.

Subsequent payments can be made:

1. **Monthly:** The payment balance is due in monthly installments on or before the first day of each month.
2. **Weekly:** The payment balance is due in weekly installments on or before the Friday preceding the next school week.

I have enclosed a payment of _____.

Del Sol School will notify parents of any increase or changes in fees 30 days prior to the effective change.

I understand that checks and cash are accepted for tuition payments and checks are to be made out to Del Sol School.

I understand that this tuition is nonrefundable and no credit is available for absences or holidays.

I understand that all tuition must be paid on time or my child will have to be removed from the school until the tuition is paid.

I understand that I must give Del Sol School 2 weeks notice when I remove my child or pay 2 weeks tuition in lieu of notice.

I have completed the following paperwork (please initial):

- _____ Registration Form (5 pgs)
- _____ Physician's Form
- _____ Personal Rights
- _____ Parent Rights
- _____ Provided Del Sol with a copy of the child's immunization records
- _____ Provided Del Sol with a copy of the child's T.B Test
- _____ Provided Del Sol with a copy of the child's IEP (if applicable)

Students enrolled at Del Sol School through their school district have the right to speak privately and confidentially with any member of the IEP team.

CA Education Code 56366.12

" A nonpublic, nonsectarian school shall ensure private and confidential communication between a pupil of the nonpublic, nonsectarian school and members of the pupil's individualized education program team, at the pupil's discretion."

Signed: _____ Date: _____

Students enrolled at Del Sol School have the right to a safe and welcoming learning environment that is free from sexual harassment.

Sexual harassment is defined as any unwelcome sexual advances, requests for sexual favors, or other inappropriate verbal, visual, written or physical conduct of a sexual nature. Del Sol School recognizes that sexual harassment can cause embarrassment, feelings of powerlessness, loss of self-confidence, reduced ability to perform schoolwork, and increased absenteeism or tardiness.

Students or staff members are encouraged to immediately report incidents of sexual harassment to a therapist, teacher, or supervisor. Complaints of sexual harassment shall be promptly investigated in a way that ensures the privacy of all parties.

Signed: _____ Date: _____

I have carefully read and agree to all the terms and conditions set forth in The Del Sol School Parent Handbook and this enrollment contract.

Signed: _____ Date: _____

