



Inspiring a Lifelong Love of Learning

Head, Heart, Hands

NEW STUDENT ENROLLMENT FORM 2011-2012

1. Enrollment Fee of \$100 made out to Corvallis Waldorf School
2. Supply Fee due at time of enrollment
Early Childhood - \$200; Grades 1- 3 - \$250; Grades 4-8 - \$400
3. Previous kindergarten, grade or middle school(s) attended:

4. Start Date: _____

Student Information

Student's Name (Last, First and Goes By - if any)	Grade Entering	Days per Week Pre-School (Circle)			Days per Week Kindergarten (Circle)		Days per Week Grades 1-8
		2	3	5	4	5	
		2	3	5	4	5	5
		2	3	5	4	5	5
		2	3	5	4	5	5
		2	3	5	4	5	5

FOR OFFICE USE ONLY:

- | | |
|--|---|
| <input type="checkbox"/> Date Form Recv'd: _____
<input type="checkbox"/> Contract signed
<input type="checkbox"/> Authorizations and Releases Signed
<input type="checkbox"/> Field Trip Form Signed | <input type="checkbox"/> Enrollment fee (\$100) paid <input type="checkbox"/> Supply Fee paid
Check # _____ Amount: _____

<input type="checkbox"/> Copy of contract to Bookkeeper & Office Manager |
|--|---|

Corvallis Waldorf School, a non-profit school, does not discriminate due to race, religion, gender, national origin, disability, or other basis protected by law

FAMILY INFORMATION

1. Parents/Legal Guardians (please write legibly)

A) Name: _____ B) Name: _____
Relationship to Student: _____ Relationship to Student: _____
Home Address: _____ Home Address: _____
City, State, Zip: _____ City, State, Zip: _____
Work #: (_____) _____ Work #: (_____) _____
Home #: (_____) _____ Home #: (_____) _____
Cell #: (_____) _____ Cell #: (_____) _____
Email: _____ Email: _____

C) Name: _____ D) Name: _____
Relationship to Student: _____ Relationship to Student: _____
Home Address: _____ Home Address: _____
City, State, Zip: _____ City, State, Zip: _____
Work #: (_____) _____ Work #: (_____) _____
Home #: (_____) _____ Home #: (_____) _____
Cell #: (_____) _____ Cell #: (_____) _____
Email: _____ Email: _____

2. Living Arrangements: Student(s) live primarily with (check all that apply):

Father Mother Guardian Other: _____

Siblings not attending CWS (name, age): _____

3. Approved Pick-up: These are adults who you give permission to pick your child(ren) up from school.

Name: _____ Relationship to Student: _____
Work #:(_____) _____ Home #:(_____) _____ Cell #:(_____) _____

Name: _____ Relationship to Student: _____
Work #:(_____) _____ Home #:(_____) _____ Cell #:(_____) _____

Name: _____ Relationship to Student: _____
Work #:(_____) _____ Home #:(_____) _____ Cell #:(_____) _____

Name: _____ Relationship to Student: _____
Work #:(_____) _____ Home #:(_____) _____ Cell #:(_____) _____

Name: _____ Relationship to Student: _____
Work #:(_____) _____ Home #:(_____) _____ Cell #:(_____) _____

Tuition and Fees Information: 2011-2012 School Year

Annual Tuition Rates (annual tuition will be pro-rated after the start of the school year)

Pre-Kindergarten (8:30- 12:30)	5 Days: \$5900	3 Days: \$3900	2 Days: \$2900
Kindergarten (8:30- 12:30)	5 Days: \$5900	4 Days: \$4900	
Grades 1-2 (8:30- 2:00)	5 Days: \$7300		
Grades 3-8 (8:30- 3:00)	5 Days: \$7900		

- Notes:
- All classes excused at 12:30 pm on Thursdays.
 - Annual tuition will be pro-rated for enrollments after the start of the school year. The amount per month is determined by dividing the yearly tuition by 10. Tuition will not be pro-rated in increments no smaller than a 1/2 month.
 - CWS does not accept credit card payments for tuition

Tuition adjustments and Discounts

Sibling Discounts: offered to families with more than one child enrolled at CWS.

First Child (oldest).....	100% of tuition
Second Child.....	85% of tuition
Additional Child/ren.....	50% of tuition

Annual Tuition Payment Discount: A 3% discount is offered to all families choosing an annual payment plan.

Tuition Adjustment: available for students ages 5 and older by September 1. Adjustments are based on financial need and require a separate application. Applications may be submitted only after a student has been accepted by the class teacher.

Other Programs Offered

Extended Day Program (advanced sign-up recommended)

All grades - 12:30-5:30 pm daily.....\$5.50-6.00 per hour

Parent-Child Program

1 mo. – 3 year olds.....6-classes for \$120

Fee and Deposit Schedule (all fees are non-refundable and must be paid before students start school.)

Application Fee (New Students only).....	\$50
Enrollment Fee (New Students only).....	\$100
Supply Fee	
Early Childhood	\$200 Annually
Grades 1- 3.....	\$250 Annually
Grades 4-8.....	\$400 Annually

Late Charges

All payment plans are subject to a late charge of \$30.00 per payment period on unpaid balances, returned checks, or blocked ACH payments. A finance charge of 1% a month will be applied to all balances more than 60 days past due.

Re-Enrollment (Re-enrollment forms are due by March 31, 2011)

Late Re-Enroll Fee (per family).....\$100

Tuition Payment Plans

Annual Payment Plan: All annual tuition is billed in June and due beginning in July prior to the start of the school year. If your full annual tuition is paid by September 1, you will receive a 3% discount.

Deferred Payment Plan: Families may defer portions of the annual tuition and pay semi-annually, per term or monthly beginning of that school year.

CORVALLIS WALDORF SCHOOL

2011-2012 ENROLLMENT AGREEMENT AND CONTRACT

Agreement to Pay Tuition and Fees

I/We agree to pay the required tuition and fees as specified on the Tuition and Fee Schedule or the tuition agreed upon via Tuition Adjustment approval, on time and in full without exception to the Corvallis Waldorf School. In the event that no agreement is made between parties, this contract will be null and void.

Financial Obligation in the Event of Cancelled Enrollment

I/we understand that cancelling my/our enrollment results in a loss to the School. The School is a non-profit organization that relies mainly on tuition income to support its operations. In the event of early withdrawal, I/we agree to pay the full amount of tuition billed through the current school term. The enrollment term cancellation deadlines are as follows:

August 1 for the **fall term**, which runs from September 1 through December 31

December 1 for **winter term**, which runs from January 1 through March 31

March 1 for **spring term**, which runs from April 1 through June 30

Notice of cancellation must be made in writing to the School business office by the enrollment term deadline in order to ensure no additional financial obligation beyond the current term. **All fees are non-refundable.**

New students are initially admitted on a **six-week provisional period** within which both parents and the School may review the student's progress and compatibility within the class. If the student withdraws during this provisional period for any reason, tuition is due and payable up to and including the date of withdrawal. After the end of the provisional period, the term-to-term contract takes effect.

Tuition Adjustment Program

This Agreement applies to all students and their families including those applying for Tuition Adjustment (TA). Any TA award will alter only the amount of tuition due.

Acceptance of New Students

In consideration of the School agreeing to enroll and hold a space for my/our child(ren) , I/we hereby remit the non-refundable New Student Enrollment Fee of \$100. I/We understand that this agreement becomes effective upon receipt by the School of the completed forms included in the registration packet. The School will indicate its acceptance of the Agreement by signing it and supplying a copy of the fully executed Agreement to the parents or guardians.

Delinquent Tuition Account

By signing the Enrollment Agreement, I/we agree to accept and abide by the rules and regulations of the school. It is my/our responsibility to maintain current tuition payments and I/we will not send any student to school if payments are over 60 days late. I/We understand that I/we will not be able to re-enroll students for any subsequent school year unless tuition payments are current.

Enrollment Cancelled by the School

I/We understand that the School retains the right to determine whether or not any student's continued enrollment is in the best interest of the student, the class or the School. The School cannot anticipate or list all the possible reasons it may be necessary to terminate enrollment, but include behavioral problems, academic deficiencies and disruption by the student, the student's parents or guardians or others. The School retains the exclusive right and has the sole discretion to determine what procedures to follow and to decide what reasons justify termination of enrollment or any other discipline. The School may, therefore, terminate enrollment at any time for any reason.

Force Majeure

Neither party shall lose any rights hereunder or be liable to the other party for damages or losses, except for payment obligations, on account of failure of performance by the defaulting party if the failure is the result of an Act of God (e.g., fire, flood, inclement weather, epidemic, or earthquake); war or act of terrorism, including chemical or biological warfare; labor dispute, lockout, strike, embargo; governmental acts, orders, or restrictions; failure of suppliers or third persons; or any other reason where failure to perform is beyond the reasonable control, and is not caused by the negligence, intentional conduct or misconduct of the defaulting party, and the defaulting party has exercised all reasonable efforts to avoid or remedy such force majeure. The defaulting party must provide written notice of the force majeure event to the remaining parties within ten (10) business days of such event.

Tuition Payment Plans

The Tuition Information Sheet presents additional information regarding the available tuition payment plans. Under the Annual Tuition Payment Plan, the tuition and related fees are billed in June and are due in July. The School also has a Deferred Payment Plan with several payment options. Parents or guardians must select one of the following options in order for this Agreement to be complete.

I/We select the following payment plan

- Annual Tuition Payment Plan (Full payment by September 1 is eligible for a 3% discount)
- Semi-Annual Tuition Payment Plan (Payments due by September 1 and February 1)
- Term Tuition Payment Plan (Payments due by September 1, January 1 and April 1)
- Monthly Tuition Payment Plan: **12-month (July – June)** **10-Month (August – May)**
 (Tuition for students enrolling after school has officially begun will be pro-rated according to the number of months the child will attend. The amount per month is determined by dividing the yearly tuition by 10. Tuition will not be pro-rated in increments smaller than a ½ month.)

I understand that the cost of educating my child is greater than the advertised tuition. For this reason I would like to contribute \$_____ for the year to be paid in _____ installments beginning _____. (This is a volunteer donation to the school and thus qualifies for certain tax benefits under the law.)

Special Billing Arrangements:

If you would like to make special billing arrangements, such as split billing, or special payments, such as with a relative or business manager, please describe them below:

Signatures (All parents/legal guardians must sign):

Name – Parent	Print Name – Parent	Print Name – Guardian Print
Signature	Signature	Signature
Date	Date	Date

Accepted on behalf of the Corvallis Waldorf School:

Administrator/Bookkeeper signature	Date
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Field Trip Contact Form and Authorization

Field Trip Authorization

I (We), the undersigned parent(s)/guardian(s) of the below named child(ren), minor(s), do hereby authorize my child to participate on field trips or school-sanctioned excursions by bus or private motor vehicle driven by a school staff person or a Waldorf parent. I understand that if my child is transported by a Waldorf parent, he or she is in the care of that parent and not the school during transportation. My child may also be taken on school-sanctioned neighborhood walking excursions under the supervision of the school staff.

Authorization to Consent to Treatment of a minor

I (We), the undersigned parent(s)/guardian(s) of the below named child(ren), minor(s), do hereby authorize Corvallis Waldorf School, and all representatives of Corvallis Waldorf School, as agent(s) for the undersigned, to consent to, or sign any waiver of release required for any X-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by and rendered under the general or special provision of any paramedic, licensed physician, or surgeon of the medical staff of any hospital, but is given to provide authority and power on the part of our aforesaid agents to give specific consent to any and all such diagnosis, treatment or hospital care which the aforementioned physician in the exercise of his/her best judgment may deem advisable whether such diagnosis or treatment is rendered at the office of the physician, at the hospital, or in transit, or at an off-campus activity site. It is understood that efforts shall be made to contact the undersigned prior to the rendering of treatment of the patient, but that none of the above treatment shall be withheld if the undersigned cannot be reached. I hereby authorize any hospital which has provided treatment to the below named minor to surrender physical custody of such minor to my/our below-named agent(s) upon the completion of treatment.

1. Parents/Legal Guardians

Name: _____ Name: _____
Relationship to Student: _____ Relationship to Student: _____
W #:(_____) _____ H #:(_____) _____ W #:(_____) _____ H #:(_____) _____
C #:(_____) _____ C #:(_____) _____

2. Children

Child's Full Name: _____ **Child's Full Name:** _____
11-'12 Grade: _____ DOB: _____ Last Tetanus: _____ 11-'12 Grade: _____ DOB: _____ Last Tetanus: _____
Allergies: _____ Allergies: _____
Special Medicine: _____ Special Medicine: _____

Child's Full Name: _____ **Child's Full Name:** _____
11-'12 Grade: _____ DOB: _____ Last Tetanus: _____ 11-'12 Grade: _____ DOB: _____ Last Tetanus: _____
Allergies: _____ Allergies: _____
Special Medicine: _____ Special Medicine: _____

3. Emergency Contact and Insurance Information

A) Family Friend or Relative: _____ Relationship to Student: _____
Work#: (_____) _____ Home#: (_____) _____ Cell#: (_____) _____

B) Family Friend or Relative: _____ Relationship to Student: _____
Work#: (_____) _____ Home#: (_____) _____ Cell#: (_____) _____

C) Family Friend or Relative: _____ Relationship to Student: _____
Work#: (_____) _____ Home#: (_____) _____ Cell#: (_____) _____

Family Physician: _____ Telephone: (_____) _____
Dentist: _____ Telephone: (_____) _____
Medical Insurance: _____ Phone #: _____ Policy #: _____

4. Signature

Date: _____ Signature (Parent/Legal Guardian): _____

Standing Authorizations and Releases

One Time Sign-up

This form applies to the student(s) listed below. Permission(s) will remain in effect as long as your child(ren) are enrolled at Corvallis Waldorf School. If the permission is to be altered in any way, it is the parent's responsibility to promptly notify the office, in writing, of that change.

Please initial each authorization/release that you agree to and sign, date and return this form to the school office.

Image Release

I (We), the undersigned parent(s)/guardian(s) of the below named child(ren), minor(s), do hereby authorize the Corvallis Waldorf School to use photographs, images and video of my child(ren) in its promotional, print ads, electronic media, mailings or other forms of dissemination.

Authorization to Consent to Treatment

I (We), the undersigned parent(s)/guardian(s) of the below named child(ren), minor(s), do hereby authorize Corvallis Waldorf School, and all representatives of Corvallis Waldorf School, as agent(s) for the undersigned, to consent to, or sign any waiver of release required for any X-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by and rendered under the general or special provision of any paramedic, licensed physician, or surgeon of the medical staff of any hospital, but is given to provide authority and power on the part of our aforesaid agents to give specific consent to any and all such diagnosis, treatment or hospital care which the aforementioned physician in the exercise of his/her best judgment may deem advisable whether such diagnosis or treatment is rendered at the office of the physician, at the hospital, or in transit, or at an off-campus activity site.

It is understood that efforts shall be made to contact the undersigned prior to the rendering of treatment of the patient, but that none of the above treatment shall be withheld if the undersigned cannot be reached.

I hereby authorize any hospital which has provided treatment to the below named minor to surrender physical custody of such minor to my/our below-named agent(s) upon the completion of treatment. In an emergency, the Corvallis Waldorf School has the permission to call an ambulance or to transport my child to any available physician or hospital at my expense and to obtain medical treatment for my child.

Authorization to administer non-prescription medication

I (We), the undersigned parent(s)/guardian(s) of the below named child(ren), minor(s), do hereby authorize the Corvallis Waldorf School to administer non-prescription medication as indicated on the container, including sunscreen, children's pain reliever, antibacterial first aid cream, diaper ointment. Syrup of Ipecac may be administered if deemed necessary by the Poison Control Center operator. My child may also be given homeopathic remedies, including Arnica Montana (for bumps, bruises, sprains and muscular trauma), Calendula salve (for cuts and scrapes), "Sting Stop" or Apis/Belladonna (for stings), Aloe Vera (for burns), and Rescue Remedy/Ointment (for all of the above medical conditions). The school will make every effort to contact parents prior to administering non-prescription pain-relievers. Prescription medications must be current and accompanied by a permission slip from the parent before the school can administer the medication.

Field Trip Authorization

I (We), the undersigned parent(s)/guardian(s) of the below named child(ren), minor(s), do hereby authorize my child to participate on field trips or school-sanctioned excursions by bus or private motor vehicle driven by a school staff person or a Waldorf parent. I understand that if my child is transported by a Waldorf parent, he or she is in the care of that parent and not the school during transportation. My child may also be taken on school-sanctioned neighborhood walking excursions under the supervision of the school staff.

Swimming Authorization

I (We), the undersigned parent(s)/guardian(s) of the below named child(ren), minor(s), do hereby authorize My child to participate in swimming or other water activities under the supervision of a certified lifeguard.

Parent Signature: _____ Date: _____

Name of Student(s): _____
