



PO Box 217  
14 Hope Springs Rd  
Poland, ME 04274

P: 207-998-4566 F: 207-998-3145

## Student Enrollment Contract and Tuition Agreement Day School / On Campus Students

Student's Name: \_\_\_\_\_ School Year: \_\_\_\_\_

Student's Date of Birth: \_\_\_\_\_ Start Date: \_\_\_\_\_

Full-time student     Part-time student

### PARENT 1

Name: \_\_\_\_\_ Relation: \_\_\_\_\_

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

Street / P.O. Box

City

State

Zip Code

Place of Work: \_\_\_\_\_

Phone... Home: \_\_\_\_\_ Work: \_\_\_\_\_

Email: \_\_\_\_\_

### PARENT 2

Name: \_\_\_\_\_ Relation: \_\_\_\_\_

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

Street / P.O. Box

City

State

Zip Code

Place of Work: \_\_\_\_\_

Phone... Home: \_\_\_\_\_ Work: \_\_\_\_\_

Email: \_\_\_\_\_

---

Poland Spring Academy admits students of any race, color, religion, national or ethnic origin, or sexual orientation to all the rights, privileges, programs and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, religion, national or ethnic origin, or sexual orientation in administration of its educational policies, admissions policies, scholarships and loan programs, and athletic and other school administered programs.

Student's Name: \_\_\_\_\_

In consideration of the acceptance of the enrollment of the above named student by Poland Spring Academy, the undersigned agrees to pay the tuition, all required fees, including the holding fee if applicable, and other charges incurred on behalf of the student throughout the school year, and to comply with all policies, procedures and regulations of the school, as follows:

1. A non-refundable holding fee of \$400 due May 31st, 2016 or at time of enrollment, must accompany this contract.
2. In the event that a child is withdrawn from the program after the 90 day probation period, a refund of pre-paid tuition will be prorated based on the amount of time the student has been enrolled and will be repaid as funds are available. The holding fee and first 90 days of tuition will NOT be refunded under any circumstances. Under no circumstances will there be refunds of tuition for time attended.
3. If parents/guardians fail to pay tuition by its applicable due date, the student may not be permitted to attend classes, take exams, may not be granted credit for course work completed, and /or may be denied re-enrollment or graduation until all outstanding tuition bills are paid.
4. The tuition plan selected will be reduced by any financial aid granted, sibling discounts allowed or any scholarships awarded. A sibling discount of 5 % will be applied to tuitions for families with more than one student enrolled.
5. Individual tutoring is available at Poland School Academy for an additional cost of \$25.00 per hour. Tutoring is not included in the base tuition rate.
6. Poland Spring Academy has the right to take legal action to collect school tuition and fees. Parents/ Guardians will be responsible for all costs of collection.

**Program Enrollment - Please check one**

- Preschool part-time tuition: \$2500.00 plus \$400 holding fee.
  - Preschool full-time, Kindergarten-2<sup>nd</sup> Grade Total tuition: \$3500.00 plus \$400 holding fee.
  - Kindergarten-Second Grade Total tuition: \$3500.00 plus \$400 holding fee.
  - Grade 3-5 Total tuition: \$4000.00 plus \$400 holding fee.
  - Grade 6-12 Total tuition: \$4500.00 plus \$400.00 holding fee.
  - Prorated Plan for students enrolling after October 15, 2016.
  - Reduced price for families with more than one student enrolled.
- Total tuition per student: \_\_\_\_\_ Grades enrolled in: \_\_\_\_\_
- Homeschool \$500 per year.

**Tuition Payment Plan - Please check one**

- I agree to pay tuition in full by August 1, 2016
- I agree to a quarterly payment 1/4 of tuition due on August 1, 2016, November 1, 2016, and March 1, 2017, and June 1, 2017.
- I agree to a monthly payment plan with 1/10 of tuition to be paid monthly for 10 months beginning August 1, 2016 or month of enrollment.

I/ We, the undersigned, agree to the terms of this contract and acknowledge receipt of a completed copy of this statement.

\_\_\_\_\_  
Signature of person(s) responsible for tuition      Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_  
Signature of person(s) responsible for tuition      Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_  
Representative of Poland Spring Academy      Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**If you need financial aid, please contact Melanie LaFrinea, President, and request a Financial Aid Application form. All applications will be reviewed by our Finance Team and decisions will be given to applicants by mail.**

## Student Transportation

### Field Trips:

The Poland Spring Academy requires your permission below in order for your child to participate in class or school field trips. Prior to each trip, you will receive a notice regarding the trip your child will be taking. The notice will contain information telling you the place to be visited, date and times of the trip and other useful information. This permission is for all field trips taken within the State of Maine. A separate consent will be obtained for any field trip that requires travel out of state.

- My child **has** permission to participate in all field trips.  
 My child **does not** have permission to participate in any field trips.

### Insect Repellent/ Sunscreen:

- I **give** permission for my child to have insect repellent/sunscreen applied.  
 I **do not** give permission for my child to have insect repellent/sunscreen applied.

### Emergency Transportation Agreement:

I hereby give permission for Poland Spring Academy to transport my child to an emergency relocation site for staff and children if it is unsafe to remain at the school.

I understand that normal safety rules will be followed as much as possible, but that the highest priority is to relocate to a safe location.

Signature of Parent or Guardian: \_\_\_\_\_

Has student attended any other preschool? Y / N

If yes, reason for leaving?

Does student have siblings? Y / N

If yes, please list names and dates of birth below.

### For Pre-K and Kindergarten students

I authorize the following people to pick up my child:

Name: \_\_\_\_\_ Relationship to student: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to student: \_\_\_\_\_

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

## Student Privacy

### Please Choose One:

**I give** /  **I do not give:** Poland Spring Academy, and those acting with the authority of Poland Spring Academy, permission to use, reuse, publish, or republish my minor child's name, statement or comments, photograph, electronic image or likeness without my prior approval, in conjunction with original or reproductions, in printed or electronic form, made through any medium or media, for School publications, promotions, advertising, or other legitimate purpose, including for use on the School website and/or Facebook page, which may be released to potential employers and to the general public.

I understand and agree that I will not receive any compensation for the use consented to herein. **Please initial:** \_\_\_\_\_

Sometimes inclement weather or other unforeseen events make it necessary to dismiss school early. If school is dismissed early, please contact:

1. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

2. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

### Student Data:

On occasion we may need to bring in adults to assist with projects such as: accreditation, assessment, curriculum and research. During their stay they may need to look at student files. Anyone involved in this research will know the importance of confidentiality.

**I agree** to have occasional confidential inspection of my student's files.

**I do not** agree to have occasional confidential inspection of my student's files.

## Student Health Information

Student Name: \_\_\_\_\_

Does applicant have any significant learning, behavior, or emotional problems? If so, please describe.

Does your child have any disabilities or restrictions that would affect their ability to participate in physical activities?

General Medical Doctor's name: \_\_\_\_\_ Phone: \_\_\_\_\_

Date of last physical:        /        /        Any concerns: \_\_\_\_\_

Hospitalization Dates and Reasons:

/    /    \_\_\_\_\_  
/    /    \_\_\_\_\_  
/    /    \_\_\_\_\_

Please list any allergies and medications carried by the student:

1. Allergy: \_\_\_\_\_ Medication: \_\_\_\_\_
2. Allergy: \_\_\_\_\_ Medication: \_\_\_\_\_
3. Allergy: \_\_\_\_\_ Medication: \_\_\_\_\_

Does student currently have any of the following:

- Asthma        Medications carried: \_\_\_\_\_  
 Diabetes        Medications carried: \_\_\_\_\_

Has student had any of the following?

- Kidney/Urinary tract problems     Cancer                     Hepatitis                     Seizures  
 Bladder problems                     Scarlet Fever                     Strep Throat

Does student wear glasses or contacts? \_\_\_\_\_ Date of last Exam:        /        /

Eye Doctor Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Dentist Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Date of Last Visit:        /        /

Date of last Hearing Exam:        /        /        Any Concerns: \_\_\_\_\_

# Student Medications and Emergency Care Standing Orders Permission Form

To be completed by Parent/Legal Guardian.

Student's Name \_\_\_\_\_ DOB \_\_\_\_\_

Allergies to medications: \_\_\_\_\_

[ ] Check box if student is on any medications.

Medication: \_\_\_\_\_ Purpose: \_\_\_\_\_

My child has permission to receive the following medication/treatments when indicated during school hours:

- Tylenol/Acetaminophen 325 – 1000mg or appropriate dosage according to child's size, every 4 hours as needed for fever or pain
- Advil/Ibuprofen 200-400mg or appropriate dosage according to child's size, every 4 hours as needed for fever or pain
- Benadryl dosage appropriate to size and age every 6 hours as needed for itching
- EPI-Pen for severe allergic reaction with breathing difficulty
- Tums or Rolaids as needed for minor gastric upset or heartburn
- Hydrogen Peroxide, first aid cream, anti-biotic cream (such as Neosporin), Hydrocortisone Cream, Calamine lotion, Aloe, AloeVera Gel - as needed for minor rashes, inflammation, itching
- Cough drops – as needed for coughing
- Sterile saline eye wash- minor eye irritations
- Sting swab, baking soda paste – for insect/bee stings

I understand that school employees are not medically trained personnel and that a nurse or LPN may not always be available to dispense the above medication/treatments. With full knowledge of this, I hereby give permission for the administration of the above medication/treatments by a nurse or other non-medical school personnel designated by the school president.

Parent/Legal Guardian Signature \_\_\_\_\_ Date     /     /

### Emergency Authorization

I do hereby state that I have legal custody of the above minor. I grant my authorization and consent for Melanie LaFrinea to summon any and all professional emergency personnel to attend, transport, and treat the minor and to issue consent for any X-ray, anesthetic, blood transfusion, medication, or other medical diagnosis, treatment, or hospital care deemed advisable by, and to be rendered under the general supervision of, any licensed physician, surgeon, dentist, hospital, or other medical professional or institution duly licensed to practice in the state in which such treatment is to occur. I agree to assume financial responsibility for all expenses of such care. It is understood that this authorization is given in advance of any such medical treatment, but is given to provide authority and power on the part of Melanie LaFrinea in the exercise of her best judgment upon the advice of any such medical or emergency personnel.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

This authorization is effective through     /     /

Parent/Legal Guardian Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Witness Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

## Release of Student Records

Student Name: \_\_\_\_\_

Date of Birth:     /     /     Last Grade Attended: \_\_\_\_\_ Years Attended: \_\_\_\_\_

Name of Previous School: \_\_\_\_\_

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

---

We request that information in this child's school record be transferred to:

Poland Spring Academy  
PO Box 217  
14 Hope Springs Rd  
Poland, ME 04274

P: 207-998-4566   F: 207-998-3145

Please forward all necessary information in this child's school records to us, including, but not limited to:

- Attendance Records
- Academic Records including Transcript of Grades
- Health/Medical Records
- Any other pertinent records including relevant discipline records.

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