

PO BOX 484~LAKE GROVE~NY~11755

PHONE: 981-1271 est, 1973

Preschool Enrollment

Child's Last		First Name:
Name:		
Address:		
Town, Zip:		
Home Telephone:	Parent #1 cell phone	Parent #2 cell phone
Parent #1:	Occupation	Business Telephone:
Parent #2:	Occupation	Business Telephone:
Emergency Contact:	Name:	Telephone #:
Physician's Name:	Physician's Telephone:	Known Allergies:
Date of Birth:	Age in September:	Child's Nickname (if any)
E Mail:		
	Enrollment Rec	_l uested
lf days ues/Thurs :00am - 11:30am		
		Total Tuition:
If days		Ten equal Monthly Payments of:
1on/Wed/Fri :00am - 12:00noon		Registration/Insurance Fee:
f days Mon - Fri		Date Paid:Amt. Rec'd:

Above hours apply

STANDARD CONDITIONS OF ENROLLMENT

- I understand that tuition is an annual fee based on the number of school days and is broken down into 10 equal payments for convenience. Payment #1 is referred to as a security payment and is due upon registration. The remaining 9 payments are due the 1st of each month from September to May. These payments are automatically due, we do not send bills. I understand these payments do not represent the months my child attend school.
- An \$85.00 registration/insurance fee must accompany this form in order for the registration to be processed. This fee is non-refundable.
- Tuition payments must be made the 1st of each month. Tuition received after the 10th of the month will be subject to a \$25.00 late charge. Checks that are returned unpaid by the bank will be charged a \$30.00 bank fee.
- If you decide to withdraw your child before the start of school, you must inform the office by August 1st. Within 45 days, your security payment will be returned to you. There will be no refunds for withdrawals after August 1st.
- It is understood that there are no refunds or make up days for emergency school closings, holidays, withdrawals, illness or absences due to vacations.
- **Health:** A medical certificate is required prior to the first day of attendance.
- Trips: A nominal fee may be charged for school trips.
- **Pictures:** Permission is granted to take pictures and video of my child in school for display, school brochures, promotional purposes, website, Facebook and other online postings.
- I give Miss Barbara's permission to seek **EMERGENCY** medical treatment for my child in the event I cannot be contacted immediately. This includes authorization to have your child hospitalized or use outside emergency medical or surgical services.
- I authorize the Director of Miss Barbara's Preschool or his/her designee permission to communicate with any physician, nurse or healthcare provider in reference to any medical condition or treatment for my child.
- I give Miss Barbara's Preschool permission to release my home/cell telephone number and email address to the class parents who create a "friendship list" to be distributed to the other parents in the school for play dates, party invites, etc.
- I understand there may be a \$64.00 GRADUATION FEE for pre-K children only. If imposed, this fee is due April 1st and each child will receive a Graduation Package including a keepsake program, a diploma suitable for framing and special graduation attire.
- The first month of Preschool is a trial period. If your child does not adjust within that time, Miss Barbara's Preschool reserves the right to terminate your child's enrollment. A prorated refund of tuition will be made. Refunds are not automatic and must be approved by the Director. When approved, refunds will be made within 90 days.
- Miss Barbara's Preschool reserves the right to terminate this contract at any time for any reason and a refund will be issued on a pro-rata basis.
- Snacks will be served daily at no additional cost. I have informed Miss Barbara's of any allergies my child may have. If my child has any allergies, I agree to provide Miss Barbara's with safe snacks for my child.

agree to the above Standard Conditions of Enrollment		
		Parent/Guardian Signature
	Date	