

Office Only - Placement _____
Date _____ Payment _____ Check # _____
Returning Family _____ New Family _____
Current Class _____

**2007-2008 APPLICATION FOR ADMISSION AND CONTRACT
ALDRICH MEMORIAL NURSERY SCHOOL**

Complete this form and return it with your child's current immunization record and the application fee of \$50 for one child or \$60 for two or more children. The application fee is non-refundable and the child is not considered registered without it.

**Class
Choice**

2 Year Old

T/TH am T/TH pm (3 years by 12/07) M/W/F am M/W/F pm (3 years by 12/07)

3 Year Old

T/TH am T/TH pm M/W/F am M/W/F pm

4 Year Old

T/TH am T/TH pm M/W/F am M/W/F pm M-F pm Arts - M/W/F pm

**Child
Information**

Name _____
(First) (Middle Initial) (Last)

Address _____

City _____ State _____ Zip _____ Phone _____

Birthdate _____ Sex: M F

Physician _____ Phone _____
(Required by the state)

Dentist _____ Phone _____
(Required by the state)

In the case of an emergency and inability to reach you by phone, we will take your child to St. Mary's Hospital. Eye emergencies will be taken to Mayo Clinic (W7) during office hours or to St. Mary's if the clinic is closed. For detailed information on our health, safety and medical procedures, ask to see the written plan located in the office. Your child's health form must be returned to the office no later than August 1.

**Family
Information**

Parent/Guardian 1 _____ Employer _____
(First) (Last)

Work Phone _____ Cell Phone _____

E-mail Address _____

Parent/Guardian 2 _____ Employer _____
(First) (Last)

Work Phone _____ Cell Phone _____

E-mail Address _____

Address _____
(If different than above)

Other Children in the family:

Name _____ Birthdate _____ Sex: M F Name _____ Birthdate _____ Sex: M F

Name _____ Birthdate _____ Sex: M F Name _____ Birthdate _____ Sex: M F

Emergency

Contacts

(Required by
the state)

Name _____ Address _____ Phone _____

Name _____ Address _____ Phone _____

(These must be local contacts who can assume temporary responsibility for your child if you cannot be reached)

I hereby give permission to Aldrich Memorial Nursery School to act in an emergency situation when I cannot be reached or there will be a delay in my arrival.

Parent's Signature _____ Date _____

Other Information

1. How did you hear about Aldrich? _____
2. Has your child had a previous group experience? _____ Where? _____ How often? _____
3. Does your child have neighborhood playmates? _____ same age _____ older _____ younger _____
4. Language spoken in home? _____
5. If your child has strong fears, what are they? _____
6. Does your child have any special diet needs? _____
7. Has your child been stung by a bee? _____ more than once? _____ any reaction? _____
8. Any allergies? _____
9. Any medications given regularly? _____
10. Significant medical history? _____
11. Is there anything else you feel we should know about your child? _____

12. In what way do you hope your child will benefit from participation in our nursery school program? _____

Aldrich will circulate class lists with names, addresses, and phone numbers to aid parents in arranging car pools.

I hereby give permission for my child to be included in any pictures and or video taken which may be used to interpret the nursery school program through the press or other publications. Any such photography will be done under supervision of the school staff. I also give permission for my child to take walks under supervision of teachers.

Parent's Signature _____ Date _____

This form, together with your application fee, formally registers your child in Aldrich for the coming school year. Tuition has been set at a level monthly payment for your convenience. In June you will be mailed a coupon sheet. September's tuition is due July 15 and subsequent payments are due one month in advance. October's tuition is due by your child's first day of school in September and each month following, through April. If your child is absent due to illness or vacation, payment is still required. No additional notice of payment due will be sent. Checks are to be made payable to Aldrich.

In April 2006, the Board of Directors approved the following payment policy. If your payment is delinquent, you will receive notice on or about the 10th of the month that the payment is due and a \$10 late fee has been assessed. If payment is not received by the 20th, you will receive a second notice advising that your account has been referred to the Executive Committee of the Board of Directors. The Executive Committee will have full authority and discretion to take action on your account, including, but not limited to disenrollment.

This agreement may be terminated via 30 day written notice. The application fee paid at the time of enrollment is non-refundable. Your signature below constitutes a contract between us.

Parent's Signature _____ Date _____