

Aldrich Memorial Nursery School 2016 - 2017 Enrollment Contract

To reserve a spot for your child for 2016 - 2017, please turn in the following **3 ITEMS**: **1)** this enrollment contract, **2)** your child's current immunization record, and **3)** the **non-refundable** enrollment fee (\$55 for 1 child or \$60 for 2 or more children).

A Health Care Summary is requested by the first day of school and MUST be on file within 30 days of starting school.

CHILD'S NAME: _____ **BIRTHDATE:** _____
 (First) (Last) (MM / DD / YY)

CLASS CHOICES:

| 2 YEAR OLD (2 Years Old as of 09-01-2016) | | | |
|---|--------------------------|--------------------------|--------------------------|
| a.m. = 9:15 - 11:15 | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| M / W / F a.m. | | | T / TH a.m. |

| 3 YEAR OLD (3 Years Old as of 09-01-2016) | | | |
|---|--------------------------|--------------------------|--------------------------|
| a.m. = 9:00 - 11:30 or p.m. = 1:00 - 3:30 | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| M / W / F a.m. | | | T / TH a.m. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| M / W / F p.m. | | | T / TH p.m. |
| T / TH * Full Day Sessions | | | |

| PRE-K (4 Years Old as of 09-01-2016) | | | |
|---|--------------------------|--------------------------|--------------------------|
| a.m. = 9:00 - 11:30 or p.m. = 1:00 - 3:30 | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| M / W / F a.m. | | | T / TH a.m. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| M / W / F p.m. | | | T / TH p.m. |
| Monday through Friday a.m. | | | |
| Monday through Friday p.m. | | | |
| M / W / F * Full Day Sessions | | | |

| TUITION PER MONTH | |
|-----------------------|-------|
| 2 Half days per week | \$151 |
| 3 Half days per week | \$199 |
| 5 Mornings per week | \$309 |
| 5 Afternoons per week | \$292 |
| 2 Full days per week | \$374 |
| 3 Full days per week | \$505 |

| EXTENSION SESSIONS TUITION PER MONTH | | | | | |
|--------------------------------------|-------|-------------|-------|-----------|-------|
| <i>Based on day(s) per week</i> | | | | | |
| EARLY BIRD | | LUNCH BUNCH | | KIDS CLUB | |
| 1 | \$36 | 1 | \$37 | 1 | \$48 |
| 2 | \$72 | 2 | \$74 | 2 | \$96 |
| 3 | \$108 | 3 | \$111 | 3 | \$144 |
| 5 | \$165 | 5 | \$170 | 5 | \$225 |

OPTIONAL EXTENSION SESSIONS: (3 Years Old as of 09-01-2016)

If you plan to send your child to an Extension Session, please indicate which day(s) of the week your child will attend. Rates are paid monthly along with tuition. A limited # of drop-in spots may be available for these Extension Classes.

EARLY BIRD (7:30 – 9 a.m.)

Monday Tuesday Wednesday Thursday Friday

LUNCH BUNCH (11:35 a.m. – 12:45 p.m.)

Monday Tuesday Wednesday Thursday Friday

KIDS CLUB (3:30 – 5:30 p.m.)

Monday Tuesday Wednesday Thursday Friday

Extension Sessions may not be held/offered if we do not meet the minimum enrollment requirements. In the event of program cancellation, any prepaid tuition will be refunded.

Please read the following terms and conditions:

PERMISSION: Aldrich will circulate class lists with names, addresses, phone numbers, and e-mail addresses. I understand that parent(s)/guardian(s) and emergency contacts have permission to pick up my child. I understand that anyone picking up my child is responsible for signing him/her out.

EMERGENCIES: In the case of an emergency, Aldrich will call 911 and attempt to contact me immediately. I give permission to Aldrich to act in an emergency when I cannot be reached or there will be a delay in my arrival.

TUITION / PAYMENTS: I understand tuition is set at a level monthly payment. September's tuition is due by **July 18th** and October's tuition is due by **September 1st**. Subsequent payments are due one month in advance on the first of the month, through April. There will be no refunds for cancellation due to inclement weather or for absences due to illness or vacation. Aldrich accepts cash or checks payable to Aldrich. Aldrich will assess a late fee of **\$20** for payments received after the 8th of the month and an additional **\$10** each subsequent week unless a written payment plan is approved by the office staff. If my payment is not made by the 15th of the month, the Board of Directors will have full authority and discretion to take action on my account, including but not limited to, referral to a collection agency and/or disenrollment. If my check is returned for insufficient funds, I will be charged a **\$30** fee. I will be responsible to pay the outstanding tuition amount, any fees, and future payments in cash. Late fees and NSF fees are subject to change.

TERMINATION: A **30 day written notice** is required to terminate this contract; tuition is still owed during this 30 day period.

My signature below constitutes a contract between Aldrich Memorial Nursery School and myself, indicating that I have read this enrollment form and agree to the terms and conditions listed.

Parent/Guardian Signature: _____ **Date:** _____

| | | | | | | |
|-----------------|-------|----------|----------|--------------|--------------------------|--------------|
| OFFICE USE ONLY | DATE: | PAYMENT: | CHECK #: | 15-16 CLASS: | RETURNING OR NEW FAMILY? | 16-17 CLASS: |
|-----------------|-------|----------|----------|--------------|--------------------------|--------------|

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CHILD INFORMATION:

CHILD'S NAME: _____ **BIRTHDATE:** _____
 (First) (Last) (MM / DD / YY)

| | |
|--------------------------------------|--|
| GENDER (Circle One): | MALE / FEMALE |
| NAME I WANT YOU TO CALL MY CHILD: | |
| STREET ADDRESS / CITY / STATE / ZIP: | |
| PRIMARY PHONE #: | |
| CHILD LIVES WITH (Circle One): | BOTH PARENTS/GUARDIANS * PARENT/GUARDIAN 1 * PARENT/GUARDIAN 2 * OTHER |

FAMILY INFORMATION:

| PARENT / GUARDIAN 1 (Authorized to Pick-Up) |
|---|
| NAME: |
| ADDRESS: |
| HOME PHONE #: |
| CELL PHONE #: |
| WORK PHONE #: |
| EMPLOYER: |
| EMAIL ADDRESS: |
| RELATIONSHIP TO CHILD: |

| PARENT / GUARDIAN 2 (Authorized to Pick-Up) |
|---|
| NAME: |
| ADDRESS: |
| HOME PHONE #: |
| CELL PHONE #: |
| WORK PHONE #: |
| EMPLOYER: |
| EMAIL ADDRESS: |
| RELATIONSHIP TO CHILD: |

MEDICAL CONTACTS (State Requirement):

| DOCTOR (State Requirement) |
|----------------------------|
| NAME: |
| ADDRESS: |
| PHONE #: |

| DENTIST (State Requirement) (If no Dentist listed, we will auto-fill KELLY DENTISTRY) |
|--|
| NAME: |
| ADDRESS: |
| PHONE #: |

EMERGENCY CONTACTS (State Requirement = 2 LOCAL):

These must be LOCAL contacts, **OTHER THAN PARENTS or GUARDIANS**, who can assume temporary responsibility for your child if you cannot be reached. **Emergency contacts have permission to pick up this child.** State requires a **complete** street address.

| EMERGENCY CONTACT 1 (State Requirement) |
|---|
| NAME: |
| ADDRESS: |
| PHONE #: |

| EMERGENCY CONTACT 1 (State Requirement) |
|---|
| NAME: |
| ADDRESS: |
| PHONE #: |

| Additional people who have permission to pick up my child (sitters, daycare, carpool drivers, etc.) |
|--|
| NAME & PHONE #: |
| NAME & PHONE #: |

| OFFICE USE ONLY |
|--------------------|
| 15 – 16 CLASSROOM: |
| 16 – 17 CLASSROOM: |

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OTHER INFORMATION:

1. How did you hear about Aldrich? _____
2. Has your child had previous group experience? _____ Where? _____ How often? _____
3. Does your child have neighborhood playmates? _____ Same age: _____ Older: _____ Younger: _____
4. Language spoken in home: _____ Native Country: _____
5. Allergies? _____ If yes, to what? _____
6. Special diet needs? _____ If yes, please describe: _____
7. Has your child tried peanut products? _____ Any reaction? _____
8. Has your child been stung by a bee? _____ More than once? _____ Any reaction? _____
9. Any strong fears? _____
10. Any medications given regularly? _____ If yes, please name: _____
11. Does your child require an INHALER? _____ EPI PEN? _____ OTHER? _____
12. Any significant medical history? _____
13. Please share anything else you feel we should know about your child. _____

14. In what way do you hope your child will benefit from participation in our school's program? _____

SIBLING INFORMATION:

| SIBLING 1 | SIBLING 2 |
|---------------------|---------------------|
| NAME: | NAME: |
| GENDER & BIRTHDATE: | GENDER & BIRTHDATE: |
| SIBLING 3 | SIBLING 4 |
| NAME: | NAME: |
| GENDER & BIRTHDATE: | GENDER & BIRTHDATE: |

Please INITIAL the following three statements, as applicable:

| INITIALS | STATEMENTS |
|----------|---|
| | I give permission for my child to be included in any pictures and/or videos which may be used at Aldrich or in Aldrich promotional materials such as newspaper articles, brochures, and/or the school website. Any such photography will be done under the supervision of the school staff, and names of children will NOT be included. |
| | I give permission for my child to take walks under supervision of teachers. |
| | I give permission for pets to visit my child's classroom. Parent(s)/Guardian(s) will be notified of a pet visit in advance. *Some classrooms do have classroom pets. Please notify the front office to arrange for an animal free environment. |