

## 2019-2020 EARLY CHILDHOOD PROGRAM Enrollment Form

**"Please submit enrollment form with a Non-Refundable \$100 Registration Fee"**

	STUDENT 1		STUDENT 2		STUDENT 3		STUDENT 4	
FIRST NAME								
LAST NAME								
BIRTHDAY								
GENDER	Male/Female		Male/Female		Male/Female		Male/Female	
AGE ON September 1st	Yrs.	Months	Yrs.	Months	Yrs.	Months	Yrs.	Months
GRADE AS OF SEPT. 2019								
FAMILY EMAIL								

Address	Town	Zip	Home Phone#
Mother's Name	Cell Phone#	Work Phone#	Occupation
Father's Name	Cell Phone#	Work Phone#	Occupation
Emergency Contact/ Other than parent	Phone#	Relationship to Child:	

Names and ages of siblings: \_\_\_\_\_

Has your child attended a preschool, daycare or playgroup? Yes No

If yes, please provide name of school or daycare \_\_\_\_\_

What are your child's interests? \_\_\_\_\_

What languages other than English are spoken at home? \_\_\_\_\_

Does your child have any behavioral challenges? \_\_\_\_\_

Is your child currently receiving services currently? Yes\_\_No

If yes, please explain: \_\_\_\_\_

Is there anything else you would like us to know about your child? \_\_\_\_\_

Is your child toilet trained? \_\_\_\_Yes\_\_\_\_No (Please Check One)

Are you willing to have your child's name, address, telephone number and birthday added to our class list which will be distributed to all parents in your child's class? \_\_\_\_Yes\_\_\_\_No (Please Check One)

Would like your child to be able to participate in pictures and videos to share with our families in our Private Twitter Account for Classrooms ONLY. \_\_\_\_Yes\_\_\_\_No (Please Check One)

**Health History & Emergency Information:**

**Health Problems, Allergies, or other important information:** Please list any allergies, health concerns, or other important information we should know about your child. Students who require (EPI-PEN,) Benadryl, asthma inhalers or nebulizers to prevent life-threatening conditions must contact the program Director understand the severity of any condition and establish an INDIVIDUAL CARE PLAN prior to start of SCHOOL:

Allergies:\_\_\_\_\_Special Medical Conditions:\_\_\_\_\_

Medications:\_\_\_\_\_Other: \_\_\_\_\_

Physician:\_\_\_\_\_

Dentist:\_\_\_\_\_

**Parent/Guardian Emergency Contact Information:**

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

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

E-Mail Address:\_\_\_\_\_

Telephone: Home#(\_\_\_\_\_)\_\_\_\_\_Cell# (\_\_\_\_\_)\_\_\_\_\_Work#(\_\_\_\_\_)\_\_\_\_\_

**My child may be released to:**

Name:\_\_\_\_\_Phone.# (\_\_\_\_\_)\_\_\_\_\_

Name:\_\_\_\_\_Phone.# (\_\_\_\_\_)\_\_\_\_\_

Name:\_\_\_\_\_Phone.# (\_\_\_\_\_)\_\_\_\_\_

Would like your child to be able to participate in pictures and videos for Publicity Purposes (Website/Newsletter/Newspaper/Social Media.)\_\_\_\_Yes\_\_\_\_No (Please Check One)

**How did you hear about AAS? (PLEASE CHECK ALL THAT APPLY)**

☐ Family/Friend/Teacher Referral

☐ Flyer/Postcard Mailer

☐ Walked/Drove By

☐ Yelp

☐ Online (Google search, etc.)

☐ Groupon

☐ Fundraiser/Community Event

☐ Newspaper Ad

☐ Facebook/Instagram/Twitter/Social Media

☐ Other:\_\_\_\_\_

If you were referred by an AAS family, please list them here (one family only):\_\_\_\_\_

## EARLY CHILDHOOD PROGRAM: 09/09/19-06/12/20

<b>2 YEAR OLD PROGRAM</b> <b>MORNING SESSION 9:15-11:45 AM</b> (Child Must be Two by December 1, 2019) Parents or caregivers must be available to change diapers in case of accidents.			
	2 DAYS (T/TH)	\$2630	AM_____
	2 DAYS (M/W)	\$2630	AM_____
<b>3 YEAR-OLD PROGRAM</b> <b>MORNING SESSION 9:15AM-12:00PM</b> <b>AFTERNOON SESSION 1:00-3:45PM (T/TH ONLY)</b> (Child Must be Three by December 1, 2019) Child must be toilet-trained.		<b>4 YEAR-OLD PROGRAM</b> <b>MORNING SESSION 9:15AM-12:00PM</b> <b>AFTERNOON SESSION 1:00-3:45PM (T/TH ONLY)</b> (Child Must be Four by December 1, 2019) Child must be toilet-trained.	
	2 DAYS (T/TH)	\$2730	AM_____PM_____
	3 DAYS (M/W/F)	\$3790	AM_____
	5 DAYS (M-F)	\$4700	AM_____
	2 DAYS (T/TH)	\$2730	AM_____PM_____
	3 DAYS (M/W/F)	\$3790	AM_____
	5 DAYS (M-F)	\$4700	AM_____

### POLICIES & PROCEDURES

#### Physical and Immunization Requirements

\_\_\_\_\_New York State requires that each child entering an Early Childhood Pre-School Program must show proof of having received a new physical examination as well as all required immunizations. The physical must be current and dated within one year prior to the date of entrance. In addition, immunizations are required for admission to school and a child **WILL NOT** be permitted to enter school if immunization requirements are not met.

#### Tuition is Annual:

\_\_\_\_\_Tuition is an annual fee that is divided into 10 equal payments. Tuition payment #1 is due August 1st. If registration takes place after this date, tuition payment #1 is due at the same time as the registration fee. Subsequent Tuition payments (2 -10) are collected via electronic payment on the 1<sup>st</sup> or 15<sup>th</sup>.

#### Registration Fee:

\_\_\_\_\_Registration fee is annual (September-June) and is a non-refundable fee that must be submitted with enrollment form.

#### Tuition:

\_\_\_\_\_All payments are processed by pre-authorized CREDIT CARDS on the 1<sup>st</sup> or 15<sup>th</sup> of the month. 2 Year Old Program: Each payment for the 2 year olds (2 days/wk) is \$2,630 (Annual/ \$263 per payment.) 3 & 4 Year Old Program: Each payment for the 3 & 4 year olds (2 days/wk) is \$2730 (Annual/\$273 per payment) ; for the 3& 4 year olds (3 days/wk) is \$ 3790 (Annual/\$379 per payment) and (5 days/wk) is \$4700 (Annual/\$470 per payment.) Tuition is **NEVER PRO-RATED** or **REDUCED** for ABSENCES, SICKNESS, VACATIONS and program closings due to INCLEMENT WEATHER.

### Withdrawal

\_\_\_\_\_Class space is reserved for each student. If you withdraw your child during the school year, there will be a CHARGE for classes ATTENDED or UNATTENDED up to 30 days AFTER a written withdrawal letter is given to AAS indicating date of notice and the last date your child will attend our program. Please note that "30-days" represents 4 weeks tuition.

### Make-Ups

\_\_\_\_\_Only 2 Missed classes per year per student are allowed, **but ONLY upon availability and within our EARLY CHILDHOOD PROGRAM ONLY**. If a make up is missed, there is NO rescheduled make-up. TWO Snow make-up days will be offer for program closings due to INCLEMENT WEATHER (See calendar for dates.)

### Conduct

\_\_\_\_\_For the safety and general welfare of all students, ALL ABOUT SPANISH reserves the unrestricted right to remove a student whose conduct or influence, in the opinion of the director, is inimical to the best interest of the program.

### Late Pick-Up Notice

\_\_\_\_\_Due to our licensing restrictions and to comply with Nassau County Office of Children & Family Services Policy, we have a **VERY STRICT PICK-UP/DROP OFF POLICY**. Children are not to be dropped off before 9:15 am/1:00 pm or picked up after 11:45 am (2 year old program) & and 12:00 pm/3:45 pm (3-4 year old program.) Please be considerate of our staff in following the program times, with the exception of an extreme emergency. If a parent or authorized adult will be late, it is their responsibility to notify the office as soon as possible.

### Injuries

\_\_\_\_\_Parents, legal guardians of minors, students and adult students waive the right to any legal action for any injury sustained on AAS property resulting from normal activity or any other activity conducted by the students during school time. All About Spanish is NOT RESPONSIBLE for any damage done to vehicles.

### Medications

\_\_\_\_\_ **NO MEDICATIONS** will be given at our program. We should be notified immediately if the child develops a contagious disease. The staff will also be alert to any of the symptoms noted above. If any symptoms are observed the child's parent and/or caregiver will be notified to come to the school. The child will be removed from the classroom and wait at the Front desk of the school with a Teacher Assistant until a parent and/or caregiver arrives.

### Permission to Receive Emergency Medical Care

\_\_\_\_\_Should a child suffer an injury or illness while in the care of All About Spanish, and the program cannot reach a parent/care giver phone immediately, All About Spanish has permission to secure medical attention and care for the student as may be necessary and will not assume responsibility for the payment of medical fees or expenses incurred.

### Emergency Information

\_\_\_\_\_Emergency Contact Information must be on file with the school by the first day of school. Parents must indicate the best way to reach them in case of an illness or accident during the school day. Three emergency contacts need to be included. Emergency contacts must be local and able to reach the school in a timely fashion (approximately 15 minutes after a call).

## AUTHORIZATION AGREEMENT

(I) do hereby authorize the ALL ABOUT SPANISH Inc., hereinafter named the (COMPANY), to initiate recurring (debit or credit) entries to my (CREDIT CARD ACCOUNT) as indicates and named below as the depository financial institutions, hereafter named (FINANCIAL INSTITUTION). (I) Acknowledge that the origination of transactions to (my) account must comply with the provisions of U.S. Law and authorize all the above as evidenced by my signature below.

### DISCOUNT OPTIONS

☐ **Sibling Discount:** 2<sup>nd</sup> child 10% off lesser tuition ☐ 3<sup>rd</sup> child 15% off lesser tuition ☐ 4<sup>th</sup> child 20% off lesser tuition

☐ **Police/Fire/Military Discount:** 10% discount for children of Police Officers, Fire Fighters, and Military Personnel

☐ **Early Bird Discount:** \$200 off tuition for students enrolled by 01/15/19

☐ **Total Payment Discount** **(CASH OR CHECK ONLY):** 5% discount is applied to all accounts paid in full by September 1.

☐ **Two Payment Discount** **(CASH OR CHECK ONLY):** 3% tuition discount is applied when tuition is paid in 2 payments; 1/2 payment by September 1st and 1/2 payment by February 1st.

☐ **Nine Payment Discount:** Tuition is split into 9 equal payments due by the 1<sup>st</sup> or 15<sup>th</sup> of each month starting the month of September and ending the month of May.

**Only ONE discount can be applied per STUDENT and CANNOT be COMBINED with any other OFFER**

**First Month's Tuition:** \_\_\_\_\_

Total first month's charge: \_\_\_\_\_ Date: \_\_\_\_\_ Please write your initials here approving charges: \_\_\_\_\_

☐ Monthly on the 1<sup>st</sup>

☐ Monthly on the 15<sup>th</sup>

Continues payments start date: \_\_\_\_\_ end date: \_\_\_\_\_ Payment amount: \_\_\_\_\_ (Monthly)

**"Payments are recurring and are deducted on the first of each month until the end date or withdrawal is requested."**

\_\_\_\_\_**AUTO DRAFT FROM CREDIT CARD OR DEBIT CARD**

MC \_\_\_\_\_ VISA \_\_\_\_\_ AMERICAN EXPRESS \_\_\_\_\_ DISCOVER \_\_\_\_\_

Name of Cardholder: \_\_\_\_\_ Account Number: \_\_\_\_\_

Exp. Date: \_\_\_\_\_ CVV: \_\_\_\_\_

It is understood that All About Spanish Language Center reserves the right to terminate this agreement at any time if these financial obligations are not met.

This authorization is to remain in full force and effect until the end date of this agreement or the COMPANY has received a WITHDRAWAL written notification (SEE WITHDRAWAL AGREEMENT) from me of its termination in such time and in such manner as to afford the COMPANY and FINANCIAL INSTITUTION a reasonable opportunity to act on it.

It is agreed that any dispute concerning, relating, arising out of or referring to the subject matter of this contract shall be resolved exclusively by binding arbitration in Nassau County, New York according to the then existing commercial rules of the American Arbitration Association and the substantive laws of that state.

**I have read and agree to abide by the policies listed above and I hereby represent that I have full authority to sign this enrollment agreement and will be responsible for payments of all fees.**

**Name:** \_\_\_\_\_ **Signature of Parent/Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_