**THE COMMUNITY SCHOOL IN NUTLEY**

**ENROLLMENT AGREEMENT 2023-2024**

***This application must be completed and returned to:***

*The Community School, 200 Highfield Lane, Nutley, NJ 07110 (973)667-5446
Please enclose the non-refundable registration fee* ***($75*** *per family) in order for your child to be enrolled for 2023-2024.*

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| **CHILD INFORMATION**  |
| **Child’s first name**  | **Child’s middle name** | **Child’s last name** | **By what name child is called at home** |
| **Date of Birth** | **Age** | **Gender M F** | **Primary language** **spoken at home** |
| **Ethnicity: (We want to be sure we are representing every culture in our school.)** **White Hispanic or Latino Black or African American Native American or American Indian Asian or Pacific Islander****Please list any major holidays that your family celebrates: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Child’s home address** | **Home phone** |
| **Please list family members living with child: Include names and ages of siblings. For more space, use additional paper****1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  | **Is your child potty trained?\_N/A\_Allergies?\_\_\_\_\_\_\_\_\_\_\_\_\_****Has your child seen a doctor for difficulties with speech or hearing? ( ) Please describe any developmental challenges:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Any other useful information you’d like us to know?** |
| **PRIMARY CONTACT AND RELEASE PERSONS** |
| **Parent or Guardian Name** | **Home phone** | **Cell phone** |
| **Parent/Guardian Address if different from Child** | **E-mail Address** | **Marital Status****Married /Divorced Remarried /Widow** |
| **Business Name and Address** | **Business Phone** | **Occupation** | **May we call work?** |
| **Parent or Guardian Name** | **Home phone** | **Cell phone** |
| **Parent/Guardian Address if different from Child** | **E-mail Address** | **Marital Status****Married /Divorced Remarried /Widower** |
| **Business Name and Address** | **Business Phone** | **Occupation** | **May we call work?** |
| **SCHEDULED ATTENDANCE: September 2023 – June 2024** |
| **Tuition fees are based on the attendance for which my child is enrolled. I understand I will be charged additional tuition if my child’s attendance increases. I would like to enroll my child on the following days: (check availability):**   **Circle Days Desired** MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAYSTARTING DATE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |

**Checks should be made payable to CSN or Community School in Nutley.**

Reg Fee Pd \_\_\_\_\_\_\_\_\_\_\_

Date Pd \_\_\_\_\_\_\_\_\_\_\_

Ch # \_\_\_\_\_\_\_\_\_\_\_

Deposit Pd \_\_\_\_\_\_\_\_\_\_\_

Date & Ch #\_\_\_\_\_\_\_\_\_\_\_

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| **CENTER HOURS OF OPERATION** |

**The Community School is open year ‘round from 7:00 a.m. to 5:30 p.m., September through mid-August. (We are closed the last 2 weeks each August). Our schools are closed in recognition of major holidays (see Holiday/Closing Schedule). The school’s holiday schedule may vary and is subject to change at any time; however you will receive ample notice of any such change. There are times when, for the safety of our staff and students, we may close for emergencies and/or severe weather conditions.**

**If I or other authorized persons fail to pick up my child(ren) and or contact the school, and I or other authorized persons cannot be reached, center staff, within thirty minutes after closing time or in accordance with State child care licensing regulations, may release children to the custody of child protective services or other local authorities.**

***Except for infrequent emergencies, A LATE PICK-UP FEE WILL BE APPLIED ($10 for 1 – 15 minutes/$20 for 16 to 30 minutes)* WHEN A CHILD IS LEFT BEYOND THE CENTER’S OPERATING HOURS. THE LATE PICK-UP FEE DOES NOT CONSTITUTE AN AGREEMENT TO PROVIDE AFTER HOURS SERVICE. OUR TEACHERS NEED TO GO HOME TO THEIR FAMILIES AND OBLIGATIONS, SO PLEASE HAVE ALTERNATE PICK-UP ARRANGEMENTS FOR YOUR CHILD IN THE EVENT YOU ARE DELAYED. Charges are calculated according to when the children and attending teachers actually leave the building.**

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| **TUITION FEES ARE DUE ON THE FIRST OF EACH MONTH** |

**I UNDERSTAND THAT IF MY CHILD MISSES REGULARLY SCHEDULED DAYS DUE TO VACATION, THESE DAYS CANNOT BE MADE UP ON ANOTHER DAY ON WHICH MY CHILD IS NOT ENROLLED. Absence due to illness: these make up days are sometimes scheduled according to teacher/child ratios but not guaranteed.**

**I UNDERSTAND THAT TUITION PAYMENTS ARE DUE REGARDLESS OF WHETHER MY CHILD IS SICK OR TAKING VACATION. Tuition fees are not subject to pro-ration for illness, holidays, or emergency closure of the school.**

* **REGISTRATION FEES ARE NON-REFUNDABLE, DUE AT TIME OF ENROLLMENT AND PAYABLE EACH YEAR ON OR BEFORE SEPTEMBER 1ST. IF MY CHILD HAS WITHDRAWN FROM THE PROGRAM AND SUBSEQUENTLY RE-ENROLLS, A NEW REGISTARTION FEE IS DUE AT THIS TIME. TUITION PAYMENT: Due monthly on the 1st of each month September through June. The Security Deposit is Due 2 Weeks prior to child’s start date. I understand that 3-weeks’ notice must be given for the security deposit to be refunded.**

 **A LATE FEE OF $25 WILL BE CHARGED FOR TUITION RECEIVED AFTER THE 10TH OF THE MONTH.**

* **I UNDERSTAND THAT MY CHILD MUST HAVE RECEIVED VACCINATIONS, ACCORDING TO AGE AND REQUIREMENTS MANDATED BY THE NJ DEPT OF HEALTH, INCLUDING ANY FLU VACCINES BEFORE ENROLLMENT. Current immunization information, signed by the physician’s office, should be provided to the school before enrollment.**
* **I WILL NOT SEND MY CHILD TO THE CENTER DURING THE CONTAGIOUS PERIOD OF ANY ILLNESS AND/OR UNTIL FULL 24 HOURS FOLLOWING (FEVER/VOMITING SUBSIDES). IF MY CHILD IS SENT HOME FROM SCHOOL WITH THESE SYMPTOMS, I UNDERSTAND I SHOULD KEEP MY CHILD HOME THE FOLLOWING DAY. I WILL PROVIDE A DOCTOR’S CLEARANCE NOTE FOR ANYTHING OF A CONTAGIOUS NATURE FOR MY CHILD TO RETURN.**
* **I UNDERSTAND THAT THE CSN STAFF WORKS DILIGENTLY WITH EVERY FAMILY AND CHILD TO MAKE THIS GROUP CHILD CARE ARRANGEMENT WORK. HOWEVER, I HAVE RECEIVED AND READ THE SCHOOL EXPULSION POLICY AND UNDERSTAND CAUSES LISTED FOR EXPULSION AND THAT IF A CHILD FAILS TO ADJUST AFTER A REASONABLE AMOUNT OF TIME, OTHER CHILD CARE ARRANGEMENTS MAY HAVE TO BE MADE.**

***I have read and understand the information on this enrollment agreement.***

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 **Parent/Guardian Signature Date Parent/Guardian Signature Date**