**ENROLLMENT AGREEMENT 2019-2020**

**FOR COMMUNITY SCHOOL IN NUTLEY**

*This Application must be completed and returned to:*

*The Community School, 10 St. Paul’s Place, Nutley, NJ 07110, 973-661-0788*

*Please enclose the non-refundable registration fee ($60) in order for your child to be enrolled*.

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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?\_\_\_\_\_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** | | | **E-mail Address** |
| **Parent’s Address if different from Child** | | | | | | | | | | **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** | | | **E-mail Address** |
| **Parent’s Address if different from Child** | | | | | | | | | | **Marital Status**  **Married /Divorced Remarried /Widower** |
| **Business Name and Address** | | | | **Business Phone** | | | **Occupation** | | | **May we call work?** |
| **\*EMERGENCY CONTACT AND RELEASE PERSONS *Do not include parents and guardians*** | | | | | | | | | | |
| **PLEASE NOTIFY THE SCHOOL IF AN EMERGENCY PERSON WILL BE PICKING UP** | | | | | | | | | | |
| **\*Contact’s Name** | | **Relationship to Child** | | | | | | **Contact Number** | | |
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| **\*Contact’s Name** | | **Relationship to Child** | | | | | | **Contact Number** | | |
| *\*The persons designated in the section above (Emergency Contact and Release) may be contacted by Community School and are authorized to pick up my child if there is an emergency, medical or otherwise, and I can’t be reached. If emergency contacts are not known by school staff, they will be asked for identification such as a driver’s license and must be at least 18 years of age.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*  Reg Fee Pd \_\_\_\_\_\_\_\_\_\_\_  Date Pd \_\_\_\_\_\_\_\_\_\_\_  Ch # \_\_\_\_\_\_\_\_\_\_\_  Deposit Pd \_\_\_\_\_\_\_\_\_\_\_  Date & Ch #\_\_\_\_\_\_\_\_\_\_\_  *Signature of Parent/Guardian Date* | | | | | | | | | | |

**ENROLLMENT AGREEMENT**

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

**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. ADVANCE NOTICE: One month’s notice is required in case of withdrawal from school or security deposit will be forfeited.  *Please choose a program schedule that meets your needs:***

***See Program Schedule Choices on attached form (check availability):* STARTING DATE:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **CENTER HOURS OF OPERATION** |

**The Community School at St.Paul’s has flexible programs designed to meet the needs of families. We are closed in recognition of major holidays (see calendar). The School’s holiday schedule and/or hours of operation may vary and are 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.**

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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.**

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**Parent Signature Parent Signature**

* **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.**

* **REGISTRATION FEES ARE NON-REFUNDABLE, DUE AT TIME OF ENROLLMENT AND PAYABLE EACH YEAR ON OR BEFORE SEPTEMEBER 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 April. (The security deposit is used for the May 1st payment.)**
* **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 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 GIVE PERMISSION FOR MY CHILD’S PHOTOGRAPH TO BE USED FOR NEWSPAPER/ PRINT/WEBSITE/PURPOSES Y N**

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

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**Parent/Guardian Signature date Parent/Guardian Signature date**