



**Preschool Enrollment**

**Date:**

Child's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Town, Zip: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Mother's cell phone \_\_\_\_\_ Father's cell phone \_\_\_\_\_

Father's Name: \_\_\_\_\_ Occupation \_\_\_\_\_ Business Telephone: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Occupation \_\_\_\_\_ Business Telephone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Name: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Physician's Telephone: \_\_\_\_\_ Known Allergies: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age in September: \_\_\_\_\_ Child's Nickname (if any) \_\_\_\_\_

E Mail: \_\_\_\_\_

## Enrollment Requested

\_\_\_\_ 2 half days (Tues./Thurs)  
\_\_\_\_ AM 9 - 11:30

\_\_\_\_ 3 half days (Mon/Wed/Fri)  
\_\_\_\_ AM 9 - 12:00  
\_\_\_\_ PM 1 - 4:00

\_\_\_\_ 5 half days (Mon - Fri) \_\_\_\_\_ AM

\_\_\_\_ Mommy & Me

Total Tuition: \_\_\_\_\_

Ten equal Monthly Payments of: \_\_\_\_\_

Registration/Insurance Fee: \_\_\_\_\_

Date Paid: \_\_\_\_\_ Amt. Rec'd: \_\_\_\_\_

# STANDARD CONDITIONS OF ENROLLMENT

- 1 **Health:** A medical certificate is required prior to the first day of attendance.
- 2 **Trips:** A nominal fee may be charged for school trips.
- 3 **Pictures:** Permission is granted to take pictures and video of my child in group activities for office display, school brochures or any other promotional purpose.
- 4 I give Miss Barbara's permission to seek **EMERGENCY** medical treatment for my child in the event I cannot be contacted immediately.
- 5 I assume full responsibility for my child enroute to and from Miss Barbara's Preschool.
- 6 Snacks will be served daily at no additional cost. I have informed Miss Barbara's of any allergies my child may have.
- 7 I understand that tuition is a *yearly fee*, broken down into ten equal payments for convenience. Payment one is referred to as a security payment and is due upon registration. The remaining 9 payments are due the 1<sup>st</sup> of each month from Sept. through May. These payments are automatically due **WE DO NOT SEND BILLS**. I understand these payments do not represent the months my child attends school.
- 8 If you decide to withdraw your child before the start of school, you must inform the office by August 1<sup>st</sup>. Within 45 days, your security payment will be returned to you. There will be no refunds for withdrawals after August 1<sup>st</sup>. It is understood that no refunds will be made for school closings, holidays, withdrawals, illness or absences due to vacations.
- 9 Tuition payments must be made the 1<sup>st</sup> of each month. Tuition received after the 10th of the month will be subject to a \$25.00 late charge. Checks that are returned unpaid by the bank will be charged a \$30.00 bank fee.
- 10 An **\$85.00** registration/insurance fee must accompany this form in order for the registration to be processed. This fee is non-refundable.
- 11 I understand there is a **\$54.00** GRADUATION FEE for all pre-K children. This fee is due April 1st. Each child will receive a Graduation Memory Package including a commemorative DVD of graduation, a keepsake program, a diploma suitable for framing and special graduation attire.
- 12 The first month of Preschool is a trial period. If your child does not adjust within that time, Miss Barbara's Preschool reserves the right to terminate your child's enrollment. A prorated refund of tuition will be made. Refunds are not automatic and must be approved by the Director. When approved, refunds will be made within 90 days.
- 13 Miss Barbara's Preschool reserves the right to terminate this contract at any time if the school deems it to be in the best interest of Miss Barbara's Preschool.
- 14 Please supply Miss Barbara's with a change of clothes, in a clearly marked plastic shoebox.
- 15 I give Miss Barbara's Preschool permission to release my home telephone number to the class parents who create a "friendship list" to be distributed to the other parents in the school for play dates, party invites, etc.
- 16 All outer clothing must be labeled with your child's name.
- 17 Please do not send children with toys, gum or candy.

I agree to the above Conditions of Enrollment: \_\_\_\_\_

Parent/Guardian Signature

\_\_\_\_\_  
Date