

2011-2012 Application for Admission and Contract Aldrich Memorial Nursery School

Complete this form and return it with your child's signed immunization record and the application fee of \$55 for one child or \$60 for two or more children. The application fee is non-refundable. **Your child is not considered registered without the application, signed immunization record, and application fee. A Healthcare Summary is required within 30 days of your child's start date.**

Class Choice

2 Year Old (2 years old as of 9/1/11) (9:15-11:15 am, 1-3:30 pm)
__T/TH am __M/W/F am __T/TH pm (3 yrs by 12/31) __M/W/F pm (3 yrs by 12/31)

3 Year Old (3 years old as of 9/1/11) (9-11:30 am, 1-3:30 pm)
__T/TH am __T/TH pm __M/W/F am __M/W/F pm

4 Year Old (4 years old as of 9/1/11) (9-11:30 am, 1-3:30 pm)
__T/TH am __T/TH pm __M/W/F am __M/W/F pm __M-F pm

NOTE: Based on enrollment, your child may be placed in a multi-age class, for example with older 3 year olds and younger 4 year olds. If you have input on the classroom, please complete a Parent Input Form in the office.

Child Information

Name _____
(First) (Middle Initial) (Last)

Address _____

City _____ State _____ Zip _____ Phone _____

Birthdate _____ Gender: __M __F What does your child want to be called? _____

Family Information

Parent/Guardian 1 _____ Employer _____
(First) (Last)

Work Phone _____ Cell Phone _____

E-mail Address _____ Home Phone _____

Parent(s) and/or guardian(s) listed here have permission to pick up this child.

Parent/Guardian 2 _____ Employer _____
(First) (Last)

Work Phone _____ Cell Phone _____

E-mail Address _____

Address _____ Home Phone _____
(If different than above)

Sibling Information

Name _____ Birthdate _____ Sex: __M __F Name _____ Birthdate _____ Sex: __M __F

Name _____ Birthdate _____ Sex: __M __F Name _____ Birthdate _____ Sex: __M __F

Physician, dentist, and emergency contact names and numbers are required by the state. Emergency contacts must be local contacts, other than parents or guardians, who can assume temporary responsibility for your child if you cannot be reached. Emergency contacts listed here have permission to pick up this child.

Medical Contacts

Physician _____ Phone _____

Dentist _____ Phone _____

Emergency Contacts

Name _____ Address _____ Phone _____

Name _____ Address _____ Phone _____

Other Information

1. How did you hear about Aldrich? _____
2. Has your child had a 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. Any allergies? _____
6. Does your child have any special diet needs? _____
7. Has your child tried peanut products? _____
8. Has your child been stung by a bee? _____ more than once? _____ any reaction? _____
9. If your child has strong fears, what are they? _____
10. Any medications given regularly? _____
11. Significant medical history? _____
12. Is there anything else you feel we should know about your child? _____

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

Please initial the following three statements, as applicable:

_____ I give permission for my child to be included in any pictures and/or videos taken which may be used to interpret the school's program through the press or other publications. Any such photography will be done under supervision of the school staff.

_____ I give permission for my child to take walks under supervision of teachers.

_____ I give permission for pets to visit my child's classroom. Parents will be notified of a pet visit in advance.

Aldrich will circulate class lists with names, addresses, and phone numbers to aid parents in arranging car pools. I understand that parent(s) and/or guardian(s) and emergency contacts listed on the first page have permission to pick up my child. I understand that anyone picking up my child is responsible for signing out the child with his/her teacher(s).

In the case of an emergency, we will call 911 and attempt to contact you immediately. For detailed information on our health, safety and medical procedures, ask to see the written plan located in the office. I hereby give permission to Aldrich Memorial Nursery School to act in an emergency situation when I cannot be reached or there will be a delay in my arrival.

This form, together with your signed immunization record and application fee, formally registers your child in Aldrich for the coming school year. Tuition has been set at a level monthly payment for your convenience. In June, you will be mailed a coupon sheet. September's tuition is due by July 15th, 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. If your child is absent due to illness or vacation, payment is still required. We accept cash or checks made payable to Aldrich.

In 2009, the Board of Directors approved the following payment policy: If your payment is delinquent, you will receive notice after the 8th of the month that the payment is due and a \$20 late fee has been assessed. If payment is not received by the 15th, you will receive a second notice advising that your account has been referred to the Executive Committee of the Board of Directors. The Executive Committee will have full authority and discretion to take action on your account, including, but not limited to, referral to a collection agency and/or disenrollment.

If a check is returned for insufficient funds, you will be charged a \$30 fee and will be responsible to pay the outstanding tuition amount in cash. Cash or money order will be required for all future payments. Late fees and NSF fees are subject to change.

This agreement may be terminated via 30 day written notice. The application fee paid at the time of enrollment is non-refundable. Any tuition paid before the 30 day notice is non-refundable. Your signature below constitutes a contract between us.

Parent's Signature _____ Date _____