

Aldrich Memorial Nursery School 2012-2013 Enrollment Form and Contract

To formally register your child in Aldrich for the coming school year, please complete this form and return it with your child's current immunization record and the enrollment fee (\$55 for 1 child or \$60 for 2 or more children). The enrollment fee is non-refundable.

Your child is considered registered when the enrollment form, immunization record, and enrollment fee are submitted.

A healthcare summary is required within 30 days of your child's start date.

Class Choice

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

3 Year Old (3 years old as of 9/1/12) (9-11:30am, 1-3:30pm)
 M/W/F am M/W/F pm
 T/TH am T/TH pm

Pre-K (4 years old as of 9/1/12) (9-11:30 am, 1-3:30 pm)
 M/W/F am M/W/F pm
 T/TH am T/TH pm M-F pm

**** NEW for 2012-2013 ****
Afternoon Kids Club
3:30 – 5:00 pm
Please indicate which days of the week your child will attend each month:
___ M / ___ T / ___ W / ___ Th / ___ F

NOTE: Based on enrollment, your child may be placed in a multi-age class, for example: older 3 year olds with younger 4 year olds. If you have input on your child's placement, 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 two 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 _____ Street Address _____ Phone _____

Name _____ Street Address _____ Phone _____

Office Only: Date _____ Pymt _____ Check # _____ 11-12 Placement _____ Returning / New Family 12-13 Placement _____

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? _____ If yes, to what? _____
 6. Does your child have any special diet needs? _____ If yes, please describe _____
 7. Has your child tried peanut products? _____ Any reaction? _____
 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? _____ If yes, please name _____
 11. Significant medical history? _____
 12. Is there anything else you feel we should know about your child? _____
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13. In what way do you hope your child will benefit from participation in our school's program(s)? _____
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Please INITIAL the following three statements, as applicable:

- _____ I give permission for my child to be included in any pictures and/or videos which may be used at Aldrich or in Aldrich promotional materials, such as newspaper articles, informational brochures, tour folders, and/or the school website. Any such photography will be done under the supervision of the school staff, and the names of the children will NOT be included.
INITIAL
- _____ I give permission for my child to take walks under supervision of teachers.
INITIAL
- _____ I give permission for pets to visit my child's classroom. Parents will be notified of a pet visit in advance.
INITIAL

Please read the following terms and conditions:

Permission: Aldrich will circulate class lists with names, addresses, phone numbers, and e-mail addresses 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 him/her out with his/her teacher(s).

Emergencies: In the case of an emergency, Aldrich will call 911 and attempt to contact me immediately. 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. For additional details on Aldrich's health and safety procedures, I can ask to see the written plan located in the school office.

Tuition / Payments: I understand tuition is set at a level monthly payment. In June, I will be mailed a coupon sheet. September's tuition is due by July 13th, 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 my child is absent due to illness or vacation, payment is still required. Aldrich accepts cash or checks. *Please make checks payable to Aldrich.* If my payment is delinquent, I will receive notice after the 8th of the month that the payment is overdue and a \$20 late fee will be assessed. If my payment is not made by the 15th of the month, I will receive a second notice advising that my 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 my account, including, but not limited to, referral to a collection agency and/or disenrollment. If my check is returned for insufficient funds, I will be charged a \$30 fee and I will be responsible to pay the outstanding tuition amount and any fees in cash. Cash or money order will be required for all future payments. Late fees and NSF fees are subject to change.

Termination: I may terminate this agreement by providing a 30 day written notice. Any tuition paid before the 30 day notice is non-refundable. The enrollment fee paid at the time of registration is also non-refundable.

My signature below constitutes a contract between myself and Aldrich Memorial Nursery School, indicating that I have read this enrollment form and agree to the terms and conditions listed.

Parent's Signature _____ **Date** _____