

2020-2021 EARLY CHILDHOOD PROGRAM Enrollment Form

"Please submit enrollment form with a Non-Refundable \$100 Registration Fee"

	STUDENT 1		STUDENT 2		STUDENT 3		STUDENT 4	
FIRST NAME								
LAST NAME								
BIRTHDAY								
GENDER	Male/Female		Male/Female		Male/Female		Male/Female	
AGE ON September 1st	Yrs.	Months	Yrs.	Months	Yrs.	Months	Yrs.	Months
Program as of SEPT. 2020								
FAMILY EMAIL								

Address _____ Town _____ Zip _____ Home Phone# _____

Mother's Name _____ Cell Phone# _____ Work Phone# _____ Occupation _____

Father's Name _____ Cell Phone# _____ Work Phone# _____ Occupation _____

Emergency Contact/ Other than parent _____ Phone# _____ Relationship to Child: _____

Names and ages of siblings: _____

Has your child attended a preschool, daycare or playgroup? _____ Yes No

If yes, please provide name of school or daycare _____

What are your child's interests? _____

What languages other than English are spoken at home? _____

Does your child have any behavioral challenges? _____

Is your child currently receiving services currently? Yes__No

If yes, please explain: _____

Is there anything else you would like us to know about your child? _____

How did you hear about AAS? _____

If you were referred by an AAS family, please list them here (one family only): _____

Is your child toilet trained? ____Yes____No (Please Check One)

Are you willing to have your child's name, address, telephone number and birthday added to our class list which will be distributed to all parents in your child's class? ____Yes____No (Please Check One)

Would like your child to be able to participate in pictures and videos to share with our families in our Private ClassDojo Account for Classrooms ONLY. ____Yes____No (Please Check One)

Would like your child to be able to participate in pictures and videos for Publicity Purposes (Website/Newsletter/Newspaper/Social Media.)____Yes____No (Please Check One)

Health History & Emergency Information:

Health Problems, Allergies, or other important information: Please list any allergies, health concerns, or other important information we should know about your child. Students who require (EPI-PEN,) Benadryl, asthma inhalers or nebulizers to prevent life-threatening conditions must contact the program Director understand the severity of any condition and establish an INDIVIDUAL CARE PLAN prior to start of SCHOOL:

Allergies:_____Special Medical Conditions:_____

Medications:_____Other:_____

Physician:_____

Dentist:_____

Parent/Guardian Emergency Contact Information:

Name:_____

Address:_____

E-Mail Address:_____

Telephone: Home#(_____)_____Cell# (_____)_____Work#(_____)_____

My child may be released to:

Name:_____Phone.# (_____)_____

Name:_____Phone.# (_____)_____

Name:_____Phone.# (_____)_____

Consent to Treat with FIRST AID:

This section consents to the use of the following NON-MEDICATION items as a means of First Aid (but are not limited to): topical ointment, lotions, and creams.

PLEASE CHECK ONE:

I consent to administering First Aid using non-medication topical products.

I do not consent the administration of First Aid to my child(ren.)

EARLY CHILDHOOD PROGRAM: 09/14/20-06/15/21

2 YEAR OLD PROGRAM MORNING SESSION 9:15-11:45 AM (Child Must be Two by December 1, 2020) Parents or caregivers must be available to change diapers in case of accidents.			
	2 DAYS (T/TH)	\$2730	AM____
	3 DAYS (M/W/F)	\$3730	AM____
	5 DAYS (M-F)	\$4730	AM____
3 YEAR-OLD PROGRAM MORNING SESSION 9:15AM-12:00PM (Child Must be Three by December 1, 2020) Child must be toilet-trained.	4 YEAR-OLD PROGRAM MORNING SESSION 9:15AM-12:00PM (Child Must be Four by December 1, 2020) Child must be toilet-trained.		
2 DAYS (T/TH)	\$2830	AM____	
3 DAYS (M/W/F)	\$3830	AM____	
5 DAYS (M-F)	\$4830	AM____	
	2 DAYS (T/TH)	\$2830	AM____
	3 DAYS (M/W/F)	\$3830	AM____
	5 DAYS (M-F)	\$4830	AM____

POLICIES & PROCEDURES

Physical and Immunization Requirements

_____ New York State requires that each child entering an Early Childhood Pre-School Program must show proof of having received a new physical examination as well as all required immunizations. The physical must be current and dated within one year prior to the date of entrance. In addition, immunizations are required for admission to school and a child **WILL NOT** be permitted to enter school if immunization requirements are not met.

Tuition is Annual:

_____ Tuition is an annual fee that is divided into 10 equal payments. Tuition payment #1 is due August 1st. If registration takes place after this date, tuition payment #1 is due at the same time as the registration fee. Subsequent Tuition payments (2 -10) are collected via electronic payment on the 1st or 15th.

Registration Fee:

_____ Registration fee is annual (September-June) and is a non-refundable fee that must be submitted with enrollment form.

Tuition:

_____ All payments are processed by pre-authorized CREDIT CARDS on the 1st or 15th of the month. 2 Year Old Program: Each payment for the 2 year olds (2 days/wk) is \$2,730 (Annual/ \$273 per payment) & (3 days/wk) is \$3,730 (Annual/ \$373 per payment) and (5 days/wk) is \$4730 (Annual/\$473 per payment.) 3 & 4 Year Old Program: Each payment for the 3 & 4 year olds (2 days/wk) is \$2830 (Annual/\$283per payment) ; for the 3& 4 year olds (3 days/wk) is \$ 3830 (Annual/\$383 per payment) and (5 days/wk) is \$4830 (Annual/\$483 per payment.) Tuition is **NEVER PRO-RATED** or **REDUCED** for ABSENCES, SICKNESS, VACATIONS and program closings due to INCLEMENT WEATHER.

Withdrawal

_____ Class space is reserved for each student. If you withdraw your child during the school year, there will be a CHARGE for classes ATTENDED or UNATTENDED up to 30 days AFTER a written withdrawal letter is given to AAS indicating date of notice and the last date your child will attend our program. Please note that "30-days" represents 4 weeks tuition.

Make-Ups

_____ Only 2 Missed classes per year per student are allowed, but ONLY upon availability and within our EARLY CHILDHOOD PROGRAM ONLY. If a make up is missed, there is NO rescheduled make-up. TWO Snow make-up days will be offer for program closings due to INCLEMENT WEATHER (See calendar for dates.)

Conduct

_____ For the safety and general welfare of all students, ALL ABOUT SPANISH reserves the unrestricted right to remove a student whose conduct or influence, in the opinion of the director, is inimical to the best interest of the program.

Late Pick-Up Notice

_____ Due to our licensing restrictions and to comply with Nassau County Office of Children & Family Services Policy, we have a **VERY STRICT PICK-UP/DROP OFF POLICY**. Children are not to be dropped off before 9:15 am/1:00 pm or picked up after 11:45 am (2 year old program) & and 12:00 pm/3:45 pm (3-4 year old program.) Please be considerate of our staff in following the program times, with the exception of an extreme emergency. If a parent or authorized adult will be late, it is their responsibility to notify the office as soon as possible.

Injuries

_____ Parents, legal guardians of minors, students and adult students waive the right to any legal action for any injury sustained on AAS property resulting from normal activity or any other activity conducted by the students during school time. All About Spanish is NOT RESPONSIBLE for any damage done to vehicles.

Medications

_____ **NO MEDICATIONS** will be given at our program. We should be notified immediately if the child develops a contagious disease. The staff will also be alert to any of the symptoms noted above. If any symptoms are observed the child's parent and/or caregiver will be notified to come to the school. The child will be removed from the classroom and wait at the Front desk of the school with a Teacher Assistant until a parent and/or caregiver arrives.

Permission to Receive Emergency Medical Care

_____ Should a child suffer an injury or illness while in the care of All About Spanish, and the program cannot reach a parent/care giver phone immediately, All About Spanish has permission to secure medical attention and care for the student as may be necessary and will not assume responsibility for the payment of medical fees or expenses incurred.

Emergency Information

_____ Emergency Contact Information must be on file with the school by the first day of school. Parents must indicate the best way to reach them in case of an illness or accident during the school day. Three emergency contacts need to be included. Emergency contacts must be local and able to reach the school in a timely fashion (approximately 15 minutes after a call.)

