

The Upper Saddle River Children's Academy  
**Application For Admittance**  
September 2015 – June 2016

Student's Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Gender: Boy Girl

Address \_\_\_\_\_

Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ E-Mail Address \_\_\_\_\_

Father's Name \_\_\_\_\_ Cell Phone \_\_\_\_\_

Father's Employer \_\_\_\_\_

Business Address \_\_\_\_\_

Business Phone \_\_\_\_\_

Mother's Name \_\_\_\_\_ Cell Phone \_\_\_\_\_

Mother's Employer \_\_\_\_\_

Business Address \_\_\_\_\_

Business Phone \_\_\_\_\_

Emergency Contact/Authorized persons to pick up your child if  
parents cannot be reached:

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

**Office Use Only**

Registration Paid \_\_\_\_\_

Tuition Paid \_\_\_\_\_

Student Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

**PROGRAM SELECTION (circle days below)**

**Cut off birthday of September 1<sup>st</sup> for applicable program.**

_____ 2-1/2 YEAR OLD	_____ 2 DAY	_____ AM
_____ 3 YEAR OLD	_____ 3 DAY	_____ PM
_____ PRE-K	_____ 4 DAY	_____ FULL DAY
_____ KINDERGARTEN	_____ 5 DAY	
	_____ COMBO	___ AM ___ PM

MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY

**EXTENDED HOURS**

_____ 7:30 - 8:00 AM	_____ NUMBER OF DAYS
_____ 7:30 - 9:00 AM	_____ NUMBER OF DAYS
_____ 8:00 - 9:00 AM	_____ NUMBER OF DAYS
_____ 3:00 - 4:00 PM	_____ NUMBER OF DAYS
_____ 3:00 - 4:30 PM	_____ NUMBER OF DAYS
_____ 3:00 - 5:00 PM	_____ NUMBER OF DAYS
_____ 3:00 - 5:30 PM	_____ NUMBER OF DAYS

MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY

A CHECK FOR THE REGISTRATION FEE OF \$100.00 AND TWO MONTHS TUITION (FIRST AND LAST MONTH) IS DUE WITH THIS APPLICATION. I UNDERSTAND THAT THE REGISTRATION FEE IS NON REFUNDABLE. FIRST MONTH TUITION IS NON REFUNDABLE AFTER JUNE 15, 2015. All tuition will be paid in full at the 1st of each month, with no refunds or credits for illness, holidays, vacations, inclement weather or early withdrawals. In case of early withdrawals, June's tuition may be applied to the last month of attendance, provided 30 days notice is received in writing. June tuition cannot be applied to the month of May. There will be a \$35.00 charge on any returned check. Tuition not received by the next billing cycle will be charged a \$50.00 late fee. The Upper Saddle River Children's Academy reserves the right to refuse or discontinue enrollment of a child when the association is not conducive to the welfare of the school, teachers, and other attending children, as determined by the school administrator. When such action is necessary, a pro-rated refund of the unearned and paid tuition will be made.

Your signature on the application designates your understanding and acceptance of this policy.

Signed \_\_\_\_\_ Date \_\_\_\_\_

