

The Upper Saddle River Children's Academy

Application for Admittance

Student's Name _____
Date of Birth _____ Gender: Male / Female
Address _____
Town _____ State _____ Zip _____
Home Phone _____ Email address _____

Parent's Information

Father's Name _____ Cell Phone _____
Father's Employer _____
Business Address _____
Business Phone _____

Mother's Name _____ Cell Phone-- _____
Mother's Employer _____
Business Address _____
Business Phone _____

Person(s) authorized to pick up your child and/or contact in case of emergency, if neither parent is available to assume responsibility for the child.

Name: _____ Phone _____
Name: _____ Phone _____
Name: _____ Phone _____

PROGRAM SELECTION (circle days below and check off applicable schedule)

Cut off Birthday of October 1st for applicable programs.

___ 2 1/2 years (Toddlers)
___ 3 years (Threes)
___ Pre-K
___ Kindergarten

Half Day: ___ Morning ___ Afternoon ___ Full Day

___ 2 Days ___ 3 Days ___ 4 Days ___ 5 Days

Combination Schedule:

___ 5 mornings/2 afternoons
___ 5 mornings/3 afternoons
___ 5 mornings/4 afternoons

___ Monday ___ Tuesday ___ Wednesday ___ Thursday ___ Friday

Will your child be staying for lunch? ___ Yes ___ No

What days: ___ Monday ___ Tuesday ___ Wednesday ___ Thursday ___ Friday

Extended Hours: Please indicate the schedule/time you are interested in.

Early Drop Off:

___ offered from 7:30 - 9:00 a.m.

___ Number of Days

Late Pick Up:

___ offered from 3:00 - 5:30 p.m.

___ Number of Days

Medical Information

Student's Physician _____ Phone _____

Address _____

Does your child have any allergies? Yes or No

Does your child have asthma? Yes or No

Does your child take any medications? _____

Does your child have any other health condition that we need to be aware of in order to provide better care?

Medical Policy on Accidents and Emergency Care:

In the case of a minor injury, The Upper Saddle River Children's Academy will administer first aid. Parent/Guardian will be provided with an accident report. Parent/Guardian will be asked to review the report and sign a copy to be kept in child's school records. In case of a serious injury or illness, your child's safety will be attended to first. Emergency agencies will be contacted immediately and then parent/guardian. If necessary, child will be transported to the Valley Hospital in Ridgewood, NJ. If a parent/guardian cannot be reached, we will phone the emergency contact provided. A staff member will stay with your child until you arrive.

Emergency Authorization:

I give permission to The Valley Hospital and/or my Child's Pediatrician to provide emergency medical treatment for my son/daughter.

Medical personnel are granted consent to carry out required emergency treatment for my son/daughter. As the parent or authorized representative, I hereby give consent to The Upper Saddle River Children's Academy to obtain all emergency medical or dental care. This care may be given under whatever conditions are necessary to preserve the well-being of my child. I understand that I am responsible for all costs related to emergency medical treatments.

Parent's Signature _____

Date _____

Policies:

Walking Trips - Evacuation Drills:

- I give my permission for my child to participate in walking trips within the center's neighborhood.
- I do not give my permission for my child to participate in walking trips within the center's neighborhood.

Parent's Signature _____

Date _____

Media Release

In an effort to keep The Upper Saddle River Children's Academy in the public eye, your child may be photographed and/or videotaped for publication, including promotional materials, newsletters and social media.

- I hereby give permission to have my child photographed with identifiers.
- I hereby give permission to have my child photographed without identifiers.
- I hereby do not give permission to have my child photographed.

Parent's Signature _____

Date _____

Financial Responsibility

A CHECK FOR THE REGISTRATION FEE OF \$100.00 AND TWO MONTHS TUITION (First and last months) IS DUE WITH THIS APPLICATION. I UNDERSTAND THAT THE REGISTRATION FEE IS NON-REFUNDABLE. FIRST MONTH TUITION IS NON-REFUNDABLE JUNE 15, 2019.

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.

Parent's Signature _____

Date _____

Administration Use Only:

Date Enrolled: _____

Registration Fee: _____

Security Payment: _____