

## ENROLLMENT APPLICATION 2024 - 2025

| Child's Name  |                  | Male Fer                    | nale            |  |
|---|------------------|-----------------------------|-----------------|--|
| Address   | Town             | Zip                         |                 |  |
| Date of Birth   | Age on September | 1 <sup>st</sup> , 2024Years | Months          |  |
| PLEASE CHECK YOUR SESSION   |                  |                             |                 |  |
| 2 YEAR OLDS   | 3 YEAR OLDS      | 4 YEAR OLDS                 | KINDERGARTEN    |  |
| 2 Half Day AM PM  | 2 Half Day AM PM | -                           |                 |  |
| 2 Full Day  | 2 Full Day       | 2 Full Day                  | 5 Full Day      |  |
| 3 Half Day AM PM  | 3 Half Day AM PM | 3 Half Day AM PM            | -               |  |
| 3 Full Day  | 3 Full Day       | 3 Full Day                  |                 |  |
| 5 Full Day  | 5 Full Day       | 5 Full Day                  |                 |  |
| First payment (Deposit) due at Registration is the first of ten equal payments      |                  |                             | \$              |  |
| Registration & Insurance Fee (Non-refundable applies to all sessions)               |                  |                             | <u>\$ 65.00</u> |  |
| 4 year old Pre-K fee (for academic materials/cap/gown) <u>\$ 70.00</u>              |                  |                             |                 |  |
| Kindergarten fee (for academic materials/books/cap/gown)                            |                  | <u>\$125.00</u>             |                 |  |
|   |                  | Total enclosed              | \$              |  |
| If using a credit card for your deposit, please complete the following information. |                  |                             |                 |  |
| Credit Card #   | Exp Da           | te                          |                 |  |
| Name on Credit Card   |                  | Billing Zip Code            |                 |  |
| For Office Use Only Roo   | om Check Date    | Check #                     |                 |  |

**Deposit Payment is not refundable**. Should you leave before end of the school year it cannot be applied to your last payment. The tuition rate is computed per school year. It is not a monthly charge. It is payable in a deposit payment plus 9 installments, on the first of each month, for the parent's convenience. Payments received after the first of the month are subject to a \$30 late charge. The 2<sup>nd</sup> payment is due by September 1<sup>st</sup>, Payments 3-10 are due on the first of every month beginning with October 1st and ending with May 1st.

Enrollment guarantees a place in the school and tuition obligation is not dependent on attendance. If your child is absent due to sickness or to vacation time, the tuition is still due. Closing due to bad weather or other emergencies beyond the school's control will not be made up unless there are more than 5 such closings per year.

If you wish to withdraw your child, we require 30 days' notice in writing. Tuition would be due until the end of the 30 days. No withdrawals are permitted after January 1st of the school year.

**Please Note:** We will accommodate requests for specific teachers when possible. However, there is no guarantee. You are signing for a school program.

Parent Signature \_\_\_\_\_

| Mother's Name  | Father's Name  |  |  |
|--|--|--|--|
| Home Phone   | Home Phone   |  |  |
| Work Phone   | Work Phone   |  |  |
| Cell Phone   | Cell Phone   |  |  |
| Mom's Email  | Dad's Email  |  |  |
| Siblings: NameAge_   | , NameAge  |  |  |
| NameAge_   | e , NameAge  |  |  |
|  | ility for the child if the parent is not available<br>Name   |  |  |
| Telephone  | Telephone  |  |  |
| Relationship   | Relationship   |  |  |
|  | lial parent is not included among the persons authoriz<br>kplain on a separate sheet of paper. Please also attac<br>as a Court Order |  |  |
| Child's doctor   | Telephone  |  |  |
| Address  |  |  |  |
| -  |  |  |  |
| <ul> <li>In the event of a medical emergency, I a<br/>medical care for my child as deemed nec</li> </ul> | authorize Yellow Duck Preparatory to seek emergency<br>cessary by the director.  |  |  |
| Parent Signature   | Date   |  |  |
| <ul> <li>Permission is hereby given for Yellow Du</li> </ul>   | uck Preparatory School to use digital, photographic,   |  |  |

video and audio images and likeness of student on Yellow Duck social media.

(Parent Initials)