



## ENROLLMENT APPLICATION 2023 - 2024

Child's Name \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Address \_\_\_\_\_ Town \_\_\_\_\_ Zip \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age on September 1<sup>st</sup>, 2023 \_\_\_\_\_ Years \_\_\_\_\_ 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 ____	
3 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>
<b>4 year old Pre-K fee</b> (for academic materials/cap/gown)	<u>\$ 70.00</u> _____
<b>Kindergarten fee</b> (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 Date \_\_\_\_\_

Name on Credit Card \_\_\_\_\_ Billing Zip Code \_\_\_\_\_

For Office Use Only Room \_\_\_\_\_ 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 \_\_\_\_\_

Registration Date \_\_\_\_\_

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: Name \_\_\_\_\_ Age \_\_\_\_\_ , Name \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ , Name \_\_\_\_\_ Age \_\_\_\_\_

Persons authorized to assume responsibility for the child if the parent is not available

Name \_\_\_\_\_ Name \_\_\_\_\_

Telephone \_\_\_\_\_ Telephone \_\_\_\_\_

Relationship \_\_\_\_\_ Relationship \_\_\_\_\_

**Custodial Information:** If a non-custodial parent is not included among the persons authorized above by the custodial parent, please explain on a separate sheet of paper. Please also attach a copy of all appropriate documents, such as a Court Order

Child's doctor \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_

Food Allergies \_\_\_\_\_

- In the event of a medical emergency, I authorize Yellow Duck Preparatory to seek emergency medical care for my child as deemed necessary by the director.

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

- Permission is hereby given for Yellow Duck Preparatory School to use digital, photographic, video and audio images and likeness of student in promoting school. \_\_\_\_\_

(Parent Initials)