

APPLICATION FOR REGISTRATION- FALL/WINTER PROGRAM

APPLYING FOR ADMISSION TO:

Please select appropriate box:

TODDLERS
(9:00 AM-12:30 PM or 9:00 AM-3:30 PM)

BREAKIN' AWAY
(9:00 AM-12:30 PM or 9:00 AM-3:30 PM)

I'M ME – I'M THREE
(9:00 AM-12:30 PM or 9:00 AM-3:30 PM)

PRE-KINDERGARTEN
(9:00 AM-12:30 PM or 9:00 AM-3:30 PM)

E.T.C. (Extended Tender Care)
(7:00 AM-6:00 PM)

Put an **X** in the box for appropriate schedule on chosen day

STARTING DATE ____/____/____

SCHEDULE	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
FULL DAY (9:00 AM – 3:30 PM)					
E.T.C. DAY (7:00 AM – 6:00 PM)					
HALF DAY (9:00 AM – 12:30 PM)					

Child's Name _____
Last First Middle Nickname

Birth date ____/____/____ Home Phone _____

Address _____ City _____ Zip _____

A REGISTRATION FEE OF \$50.00 TO ACCOMPANY APPLICATION. THIS FEE IS NON-REFUNDABLE, NON-TRANSFERABLE AND NOT APPLICABLE TO TUITION.

Mother's Name _____

Employer's Name and Address _____ Phone _____

Work Schedule _____

Father's Name _____

Employer's Name and Address _____ Phone _____

Work Schedule _____

Any dietary restrictions? _____

Does your child have any known allergies? Explain _____

Does your child have any medical or physical needs? Explain _____

Date of last physical examination ____/____/____

Has (Green) Health Appraisal form been submitted to school? Yes ____ No ____ Date sent ____/____/____

Does your child wear glasses, contacts, hearing aid, etc.? _____

Previous nursery experience _____

Does your child take naps? _____ Naps from _____ to _____

Special words your child may use indicating a need to use the toilet _____

What do you hope your child will gain from his/her experience in our program? _____

What does your child enjoy doing the most? _____

Beside yourself, who also cares for your child? _____

Does your child need a favorite item (such as a blanket or toy) for nap? _____ If so, does your child have a special name for it? _____

How does your child react to change (such as being left by parents)? _____

What are your child's play preferences (creative, dramatic or constructive)? _____

How do you discipline your child? _____

When did your child learn to use language? _____

What is a favorite family activity? _____

Any additional information that would help us in the placement of your child? _____

POLICIES

I/We acknowledge receipt of the **Parent Handbook, Annual Application for Registration and Tuition Fee Schedule**. I/We have read and understand the information contained in these documents, intended only as general reference guides to procedures that must be followed. These documents supersede any and all prior practices and policies, procedures, handbooks or general rules previously in effect. Any and all statements and policies are subject to unilateral change in whole or in part by FIRST IMPRESSIONS at any time.

I/we hereby grant permission for the use of my/our child's name, photograph and/or video in the media (ex: brochures, newspaper and video). I/we release FIRST IMPRESSIONS NURSERY AND DAY SCHOOL, Inc., its employees and agents from any and all claims, which might arise in connection with the use of said photograph and/or name described above.

I/WE agree to give FIRST IMPRESSIONS two weeks written notice if I/We reduce my child's schedule. Upon withdrawing from the program permanently, I/We agree to give two weeks written notice. If my child does not begin the program registration fees are NON-REFUNDABLE. I/We further agree and understand that all registration fees and all pre-paid tuition is NON-REFUNDABLE for any reason whatsoever including but not limited to absences due to illness, surgery, communicable diseases, vacation, withdrawal, holidays, staff in-service days, severe weather closings, or any other unforeseen circumstances, etc. I/We have read the above registration requirements and understand the enrollment process.

I/We understand that FIRST IMPRESSIONS has the right to terminate educational services and withhold all school records if tuition becomes in arrears, and/or if any portion of the tuition payment is not followed.

It is understood that, at its sole discretion, FIRST IMPRESSIONS has the right to request the withdrawal of any child from the program for any reason and at any time. It is contemplated, but not limited to, situations involving a child or parent's/guardian's failure to abide by the rules and procedures set forth by FIRST IMPRESSIONS; conduct of parent(s) or child deemed by FIRST IMPRESSIONS to be unsuitable; a child who is not benefiting from the program; any flexibility in enrollment and such other situations as may arise. I/We have read and understand the information contained in this application form.

Upon signing this agreement, the parent, legal guardian or responsible adults agree to abide by all of the provisions contained in this contract.

It is IMPORTANT to note that whoever signs this application will be responsible for payment.

Signature of Parent(s)/Guardians(s) or Responsible Adult

Date

Signature of Parent(s)/Guardians(s) or Responsible Adult

Date