



The Little School  
 40 Franklin Turnpike, Waldwick, NJ 078463  
 www.thelittleschoolnj.com  
 201 689 0034

**2014-2015  
 APPLICATION FOR ADMISSION**

Registration Fee: \_\_\_\_\_

Security Deposit: \_\_\_\_\_

Commencement Date: \_\_\_\_\_

<b>Student Information</b>	<b>Student's Name</b>					Please attach student's photograph here	
	<b>Date of Birth</b>		<b>Nickname</b>				
	<b>Home Address</b>		<b>Sex</b>	Male <input type="checkbox"/>	Female <input type="checkbox"/>		
	<b>City, State, Zip code</b>						
	<b>Student Lives With:</b>	Mother <input type="checkbox"/>	Father <input type="checkbox"/>	Both <input type="checkbox"/>	Guardian <input type="checkbox"/>		Other <input type="checkbox"/>
	<b>Siblings/Ages</b>						
	<b>Student's parents are now:</b>	<input type="checkbox"/> Married		<input type="checkbox"/> Mother Deceased			
		<input type="checkbox"/> Divorced / Separated		<input type="checkbox"/> Father Deceased			
	<b>Allergies/Health Issues</b>						
<b>Previous School</b>	Has your child attended any other school? <input type="checkbox"/> No <input type="checkbox"/> Yes School _____ Reason for leaving _____						

<b>Parent/Guardian</b>	<b>Parent/Guardian</b>	<b>Mother</b>	<b>Father</b>
	<b>Name</b>		
	<b>Home Address</b>		
	<b>City, State, Zip code</b>		
	<b>Home Phone</b>	(    )	(    )
	<b>Cell Phone</b>	(    )	(    )
	<b>Email Address</b>		
	<b>How did you hear of The Little School?</b>	<input type="checkbox"/> Internet <input type="checkbox"/> Newspaper <input type="checkbox"/> Direct Mail <input type="checkbox"/> Family/Friend <input type="checkbox"/> Drive by <input type="checkbox"/> Student/Alumni	
<b>Please identify name of media, friend, or alumni</b>			

<b>Work</b>	<b>Parents</b>	<b>Mother</b>	<b>Father</b>
	<b>Company Name</b>		
	<b>Address</b>		
	<b>Occupation</b>		
	<b>Work Phone</b>	(    )                      Ext.	(    )                      Ext.

<b>Enrollment</b>	<b>Enrolling In:</b>	18 months - 2 yrs <input type="checkbox"/>	2½ - 3 yrs <input type="checkbox"/>	3½ - 4 yrs <input type="checkbox"/>	4½ - 5 yrs <input type="checkbox"/>	Kindergarten <input type="checkbox"/>
	<b>Days Enrolled:</b>	Monday <input type="checkbox"/>	Tuesday <input type="checkbox"/>	Wednesday <input type="checkbox"/>	Thursday <input type="checkbox"/>	Friday <input type="checkbox"/>
	<b>Sessions</b>	<input type="checkbox"/> 3 Half Days* <input type="checkbox"/> 3 Full Days*	<input type="checkbox"/> 4 Half Days* <input type="checkbox"/> 4 Full Days*	<input type="checkbox"/> 5 Half Days <input type="checkbox"/> 5 Full Days		
	<b>Financial Responsibility</b>	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Both <input type="checkbox"/> Other _____				

\*Please be sure to review Tuition Rates form for eligible schedules according to age

<b>Hours &amp; Fees</b>	<b>Hours of Operation</b>	8:30am – 12:30pm Half Day	8:30am – 3:30pm Full Day
	<b>Dismissal Times</b>	<b>Early Drop Off (8-8:30am)</b> \$15.....Daily <input type="checkbox"/> \$45.....Pre-paid Weekly	<b>Late Pick Up (3:30-4pm)</b> \$15.....Daily <input type="checkbox"/> \$45.....Pre-paid Weekly
	<b>Additional Day Rates</b>	Additional Full Day.....\$75	Additional Half Day.....\$55
	<b>Late Fee</b>	Arrival after 3:30 without scheduled late pickup is subject to \$25 fee per every 15 minute period	

<b>Emergency Contacts</b>	<b>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.</b>		
	<b>Name</b> _____	<b>Phone#</b> _____	<b>Relationship</b> _____
	<b>Name</b> _____	<b>Phone#</b> _____	<b>Relationship</b> _____
	<b>Name</b> _____	<b>Phone#</b> _____	<b>Relationship</b> _____
	Parent/Guardian Name Printed: _____		
	Parent/Guardian Signature: _____ Date: _____		

<b>Custody</b>	Name of person(s) <b>UNAUTHORIZED</b> to pick up the child: _____
	If a non-custodial parent is not included among those persons authorized by the custodial parent to pick up the child, please explain below and attach a copy of appropriate court orders.
	Parent/Guardian Signature: _____ Date: _____

<b>Consent</b>	In an effort to keep The Little School of Waldwick in the public eye and for school promotional materials, the school reserves the right to photograph, video and/or audio record students for the purpose of advertising or publicizing events, activities, facilities and different programs of the school. I understand that these items may be distributed to individuals, groups, and the news media and published in, but not limited to, advertisement, newsletters, slide shows, video presentations, and the Internet.
	I (We), the parent/guardian of _____, have read the above and hereby consent to the use of any photographs, video and or audio recordings taken of my child/children.
	Parent/Guardian Signature: _____ Date: _____

# Medical Information

Medical	Does your child have any allergies? _____
	Does your child have asthma? _____
	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? _____

Doctor	<b>Student's Doctor</b>			
	<b>Address</b>			
	<b>Medical Insurance</b>		<b>Policy#</b>	
	<b>Telephone</b>	(     )	<b>Fax</b>	(     )

Dentist	<b>Student's Dentist</b>			
	<b>Address</b>			
	<b>Dental Insurance</b>		<b>Policy#</b>	
	<b>Telephone</b>	(     )	<b>Fax</b>	(     )

Emergency Care	<b>POLICY ON ACCIDENTS AND EMERGENCIES:</b>
	In case of a minor injury, The Little School Staff 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, the child will be transported to 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.
	<b><u>EMERGENCY AUTHORIZATION</u></b>
	I give permission to <b>Valley Hospital and/or my Child's Pediatrician</b> 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 Little School to obtain all emergency medical or dental care. This care may be given under whatever conditions are necessary to preserve the life, limb, or well-being of my child. I understand that I am responsible for all costs related to emergency medical treatments.	
Student's Name: _____	
Parent/Guardian Signature: _____ Date: _____	

## FINANCIAL AGREEMENT

1. Acceptance of this application is subject to an interview with parent/guardian and perspective student prior to enrollment. Continued enrollment will be evaluated based on the child’s readiness and adjustment to the program.
2. Enrollment at the Little School is on an annual basis. Tuition is quoted for the entire academic year (September through June) or that portion remaining after date of entry.
3. Tuition cost takes into consideration days school is not in session for partial months, seasonal recess days, holidays, and emergency closures.
4. Yearly Tuition payment can be paid in full upon registration, or may be paid in increments of 2, 4, or 8 installments; as outlined on the Tuition Rates form.
5. The Little School offers a 5% discount for tuition paid in full upon registration.
6. A student’s annual tuition is paid with no deductions, credits, refunds nor make-up days for student absences due to illnesses, family vacations, holidays, inclement weather, emergency closings, early withdrawals, or as a result of the end of the program’s cycle.
7. **A non-refundable annual registration fee of \$125 must accompany this application.**
8. **A non-refundable Security Deposit equal to 20% of student’s total annual tuition cost must accompany this application and is applied to the first and last month of attendance.**
9. A 5% sibling discount is offered off lowest tuition.
10. Tuition is due on the 25th of the month. A \$25 late tuition fee will apply for payment received between the 25<sup>th</sup> and the 1<sup>st</sup> of the following month. A late payment charge of 10% of the monthly installment will be charged for tuition received after the 1<sup>st</sup> of the following month. Returned transactions will be assessed with a \$50 penalty fee.
11. Tuition payments **must** be current. Payments in arrears may result in *expulsion and forfeiture* of the security deposit. If the account is then brought current, payment for a new registration fee and security deposit must be made for reinstatement.
12. The Little School of Waldwick reserves the right to refuse enrollment or request the withdrawal of a student who in the judgment of the Director, is not benefiting from the program or that the association of The Little School and the student is not conducive to the welfare of the child, the school, its teachers and other attending students as determined by the school Director. If such action is necessary, a prorated refund of paid tuition will be made. All non-refundable fees paid do not apply.
13. Removal of a student from school whether by parental choice or that of The Little School, will not relieve the parent/guardian and or guarantors of financial responsibility of the liability for any outstanding balance due on the account. You will be held responsible for paying any tuition balance and any legal and collection costs including attorney and court fees.
14. In case of early withdrawal from the program the security deposit will be applied to the last month of attendance only if a written notice is provided, received and acknowledged by the Director at least 60 days prior to date of termination. **All fees and tuition payment processed are non-refundable. Any student unable to attend will forfeit all deposits and fees paid. There will be absolutely no exception to this policy regardless of the reason for withdrawal.**

I(We), the parent/guardian of \_\_\_\_\_ have read the above Financial Agreement and accept the financial tuition obligation to The Little School of Waldwick. I (We) recognize that this is a legal agreement and sign it with full knowledge and understanding for its implementation and consent of its meaning and importance.

Parent/Guardian Name Printed: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_