****

**Directors:**

Barbara Feman

Laurie Kass

Rena Kramer

Linda Zryb

Please fill out this application and return with your non-refundable registration fee of $275.

Tuition is to be paid in accordance with your payment plan.

 **Date of Birth\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Age as of September\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Last Name Child’s First Name Home Phone Number**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address Town Zip Code**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent’s Name #1 Occupation Business Address Phone**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent’s Name #2 Occupation Business Address Phone**

**Emergency Contact: (Names and telephone numbers)**

**1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**3. Parent #1 Cell Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Parent #2 Cell Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**4. E-mail address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**5. Physician to be called in an emergency\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**6. Has your child had any illness, injury or surgery?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_**

**7. Any allergies? Please list:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1865 Beech Street • Wantagh, New York 11793 • 516-783-0600

 *Education is our only Business*

 **1/19**

 **ENROLLMENT AGREEMENT**

**WHEN REGISTERED IT IS AGREED:**

1. That the charges for the period are \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_to be paid as follows:

 A. In two equal installments due May 1, 2019 and October 1, 2019.

 B. In six installments due May 1, 2019, August 1, 2019, October 1, 2019, December 1, 2019, February 1, 2020,

 April 1, 2020 (add one-time $50.00 fee to pay in six installments).

 **Choice of Session and Payment Plan (Circle One)**

**Morning Session Yearly Tuition Two Payments Six Payments**

**9:00 – 11:30**

**5 Days (Mon-Fri) $4,850 $2,425 $808.33**

**3 Days (Mon/Wed/Fri) $4,256 $2,128 $709.33**

**2 Days (Tue/Thurs) $3,550 $1,775 $591.66**

**Afternoon Session**

**11:30 – 2:30**

**5 Days (Mon-Fri) $4,850 $2,425 $808.33**

**3 Days (Mon/Wed/Fri) $4,256 $2,128 $709.33**

**2 Days (Tue/Thurs) $3,550 $1,775 $591.66**

**Mini Day Session**

**9:30 – 1:30**

**5 Days (Mon-Fri) $7,050 $3,525 $1,158.33**

**3 Days (Mon/Wed/Fri) $5,550 $2,775 $ 925**

**2 Days (Tue/Thurs) $4,750 $2,375 $ 791.66**

**Full Day**

**9:00 – 2:30**

**5 Days (Mon-Fri) $8,850 $4,425 $1,475**

**3 Days (Mon/Wed/Fri) $6,650 $3,325 $1,108.33**

**2 Days(Tue/Thurs) $5,450 $2,725 $ 908.33**

**Early Drop Off \***

**8:00- 9:00 $1,500 yearly (5 days) $1,300 yearly (3 days) $1,200 yearly (2 days)**

 **\***$15 per hour on a daily basis

2. Any outstanding balance precludes admission to school.

3. It is understood that Wee Friends/Yeladim Nursery School, Inc. reserves the right to terminate this agreement at any time

 because of default of payment or for any reason.

4. We grant permission for our child to be taken on field trips without further consent.

5. The Wee Friends/Yeladim Nursery School, Inc. may use any photographs, statements, names, films, videotapes of/by

 students.

6. The seasonal nature of schools precludes any tuition rebate/reduction allowance for students’ late/early withdrawal/non-

 arrival/dismissal of cause.

7. In case of emergency, when our family physician cannot be reached, we grant permission to Wee Friends/Yeladim

 Nursery School, Inc. to provide medical attention for our child.

8. Your child will be placed in a class conducive to his/her age.

9. Snack and lunch are provided by parents; paid school lunch available.

10. Wee Friends/Yeladim Nursery School, Inc. reserves the right to raise tuition based on increase in fuel energy costs.

**I have read the above; Sign and date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**