

Aldrich School 2019 - 2020 Enrollment Contract

To reserve a spot for your child for 2019 – 2020 School Year, please turn in the following **3 ITEMS**:

- 1) this enrollment contract
- 2) your child's current immunization record
- 3) **non-refundable** enrollment fee (\$60 per family) via cash, check (payable to Aldrich School), or VISA or MASTERCARD.

A Health Care Summary is requested by the first day of school and MUST be on file within 30 days of starting school.

CHILD'S NAME: _____ **BIRTHDATE:** _____
 (First) (Middle Initial) (Last) (MM / DD / YY)

NAME I WANT YOU TO CALL MY CHILD:	
GENDER (Circle One):	MALE / FEMALE
STREET ADDRESS / CITY / STATE / ZIP:	
PRIMARY PHONE #:	

CLASS CHOICES:

2 YEAR OLD (2 Years Old as of 09-01-2019)			
9:15 - 11:15 a.m.		9:15 – 11:15 a.m.	
M / W / F a.m.		T / TH a.m.	

3 YEAR OLD (3 Years Old as of 09-01-2019)			
9:00 - 11:30 a.m.		1:00 - 3:30 p.m.	
M / W / F a.m.		M / W / F p.m.	
T / TH a.m.		T / TH p.m.	
M / W / F Full Day			
T / TH Full Day Sessions			

4/5 YEAR OLD (4 Years Old as of 09-01-2019)			
9:00 - 11:30 a.m.		1:00 - 3:30 p.m.	
M / W / F a.m.		M / W / F p.m.	
T / TH a.m.		T / TH p.m.	
M - F a.m.		M - F p.m.	
M / W / F Full Day Sessions			
T / TH Full Day Sessions			

TUITION PER MONTH			
	Mornings	Afternoons	Full Days
2 Days (T / TH)	\$185	\$160	\$420
3 Days (M / W / F)	\$245	\$210	\$560
5 Days (M - F)	\$375	\$335	\$980

EXTENSION TUITION PER MONTH					
<i>Based on day(s) per week</i>					
EARLY BIRD		LUNCH BUNCH		KIDS CLUB	
1	\$65	1	\$50	1	\$60
2	\$130	2	\$100	2	\$120
3	\$195	3	\$150	3	\$180
5	\$325	5	\$250	5	\$300

**Extension Sessions may not be held/offered if we do not meet the minimum enrollment requirements. In the event of program cancellation, any prepaid tuition will be refunded.

EXTENSION SESSIONS: (3 Years Old as of 09-01-2019)**

If you plan to send your child to an Extension Session, please indicate which day(s) of the week your child will attend. Rates are paid monthly along with tuition. A limited # of drop-in spots may be available for these Extension Classes.

EARLY BIRD (7:30 – 9 a.m.)

Monday	Tuesday	Wednesday	Thursday	Friday
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LUNCH BUNCH (11:35 a.m. – 12:45 p.m.)

Monday	Tuesday	Wednesday	Thursday	Friday
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KIDS CLUB (3:30 – 5:30 p.m.)

Monday	Tuesday	Wednesday	Thursday	Friday
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OFFICE USE ONLY	DATE:	PAYMENT:	CHECK #:	18-19 CLASS:	RETURNING OR NEW FAMILY?	19-20 CLASS:
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FAMILY INFORMATION:

PARENT / GUARDIAN 1 (Authorized to Pick-Up)
NAME:
STREET ADDRESS:
CITY / STATE / ZIP:
HOME PHONE #:
CELL PHONE #:
WORK PHONE #:
EMPLOYER:
JOB TITLE:
EMAIL ADDRESS:
RELATIONSHIP TO CHILD:

PARENT / GUARDIAN 2 (Authorized to Pick-Up)
NAME:
STREET ADDRESS:
CITY / STATE / ZIP:
HOME PHONE #:
CELL PHONE #:
WORK PHONE #:
EMPLOYER:
JOB TITLE:
EMAIL ADDRESS:
RELATIONSHIP TO CHILD:

CHILD LIVES WITH (Circle One):	BOTH PARENTS/GUARDIANS * PARENT/GUARDIAN 1 * PARENT/GUARDIAN 2 * OTHER
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DOCTOR (State Requirement)
NAME:
ADDRESS:
PHONE #:

DENTIST (State Requirement) (If no Dentist listed, we will auto-fill KELLY DENTISTRY)
NAME:
ADDRESS:
PHONE #:

EMERGENCY CONTACTS (State Requires 2 LOCAL Emergency Contacts):

These must be **LOCAL** contacts, **OTHER THAN PARENTS or GUARDIANS**, who can assume temporary responsibility for your child if you cannot be reached. **Emergency contacts have permission to pick up this child.** State requires a **complete** street address.

EMERGENCY CONTACT 1 (State Requirement)
NAME:
STREET ADDRESS:
CITY / STATE / ZIP:
PHONE #:

EMERGENCY CONTACT 2 (State Requirement)
NAME:
STREET ADDRESS:
CITY / STATE / ZIP:
PHONE #:

Additional people who have permission to pick up my child (sitters, daycare, carpool drivers, etc.)
NAME & PHONE #:
NAME & PHONE #:
NAME & PHONE #:

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ALLERGY / MEDICATION INFORMATION:		
Food Allergies (if any, please list):		
Other Allergies (if any, please list):		
Food Restrictions (if any, please list):		
Has your child tried peanut products?	YES or NO	If yes, any reactions?
Has your child been stung by a bee?	YES or NO	If yes, any reactions?
Does your child require an EPI-PEN ?	YES or NO	
Does your child require an INHALER ?	YES or NO	
Any medication(s) given regularly?	YES or NO	If yes, please list:
Any other significant medical history?		

OTHER INFORMATION:		
How did you hear about Aldrich?		
Has your child had previous group experience?	YES or NO	If yes, WHERE & HOW OFTEN?
Language spoken in home:	Home Country (If not USA- this info is used for the map in the Aldrich Library)	
Does your child have any strong fears that we should be aware of?	YES or NO	If yes, please list:
Please share anything else you feel we should know about your child:		
In what way(s) do you hope your child will benefit from participation in our school's program?		
Sibling Information (Names & Ages):		

TERMS & CONDITIONS
PERMISSION: Aldrich will circulate class lists with names, addresses, phone numbers, and e-mail addresses. I understand that parent(s)/guardian(s) and emergency contacts have permission to pick up my child. I understand that anyone picking up my child is responsible for signing him/her out.
EMERGENCIES: In the case of an emergency, Aldrich will call 911 and attempt to contact me immediately. I give permission to Aldrich to act in an emergency when I cannot be reached or there will be a delay in my arrival.
PHOTOS / VIDEOS: Photos & videos may be taken for classroom use only. Separate written permission will be obtained from you if we wish to use a photo of your child for purposes such as marketing or social media.
TUITION / PAYMENTS: I understand tuition is set at a level monthly payment. September's tuition is due by July 19th and October's tuition is due by September 1st . Subsequent payments are due one month in advance on the first of the month, through April. There will be no refunds for cancellation due to inclement weather or for absences due to illness or vacation. Aldrich accepts cash or checks payable to Aldrich. Aldrich will assess a late fee of \$20 for payments received after the 8 th of the month and an additional \$10 each subsequent week unless a written payment plan is approved by the office staff. If my payment is not made by the 15 th of the month, the Board of Directors will have full authority and discretion to take action on my account, including but not limited to, referral to a collection agency and/or disenrollment. If my check is returned for insufficient funds, I will be charged a \$30 fee. I will be responsible to pay the outstanding tuition amount, any fees, and future payments in cash. Late fees and NSF fees are subject to change.
TERMINATION: A 30 day written notice is required to terminate this contract; tuition is still owed during this 30 day period.

My signature below constitutes a contract between Aldrich School and myself, indicating that I have read this enrollment form and agree to the terms and conditions listed above.

PARENT / GUARDIAN SIGNATURE: _____ DATE: _____

Please INITIAL the following terms & conditions, to confirm you have read them, understand them, and agree to them.

INITIALS	TERMS & CONDITIONS
	WALKS: I give permission for my child to take walks under supervision of teachers.
	PETS: Parent(s)/Guardian(s) will be notified of a pet visit in advance. *Some classrooms do have classroom pets. Please notify the front office to arrange for an animal free environment.
	SPECIAL HEALTH and/or DEVELOPMENT NEEDS: I acknowledge that if my child has special health and/or developmental needs, it is my responsibility to inform the school of such and also of the current services being used. Aldrich, in turn, will inform parents whether special needs can be met.