

# Aldrich School 2024 - 2025 Enrollment Contract

To reserve a spot for your child for 2024 – 2025 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 (\$100 per family) via cash, check (payable to Aldrich School), or VISA or MASTERCARD.

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

NAME I WANT YOU TO CALL MY CHILD:	
GENDER:	
STREET ADDRESS / CITY / STATE / ZIP:	
PRIMARY PHONE #:	

## CLASS CHOICES:

2 YEAR OLD (2 Years Old as of 09-01-2024)	
Morning session	
M / W / F AM	
T / TH AM	
M – F AM *	

3 YEAR OLD (3 Years Old as of 09-01-2024)	
Morning session	Afternoon session
M / W / F AM	M / W / F PM
T / TH AM	T / TH PM
M – F AM *	M – F PM *
Full day session	
M / W / F Full Day Sessions	
T / TH Full Day Sessions	
M – F Full Day Sessions*	

4/5 YEAR OLD (4 Years Old as of 09-01-2024)	
Morning session	Afternoon session
M / W / F AM	M / W / F PM
T / TH AM	T / TH PM
M – F AM	M – F PM *
Full day session	
M / W / F Full Day Sessions	
T / TH Full Day Sessions	
M – F Full Day Sessions*	

Aldrich Session Times	
AM (2 year olds)	8:45am- 10:45am
AM (3-5 year olds)	8:30-11:00am
PM (3-5 year olds)	12:30-3:00pm
Full Day (3-5 year olds)	8:30am-3:00pm
Extensions (3-5 year olds)	
Early Bird	7:30-8:30am
Lunch Bunch	11:05am-12:15pm
Kids Club	3:00-5:00pm

Tuition Information is located on page 4 of this Enrollment Contract.

\* This schedule combines a 2-day session & a 3-day session.

**EXTENSION SESSIONS:** (3 Years Old as of 09-01-2024) 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. Extension sessions may not be held/offered if we do not meet minimum enrollment requirements. In the event of program cancellation, any prepaid tuition will be refunded.

### EARLY BIRD

Monday	Tuesday	Wednesday	Thursday	Friday
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### LUNCH BUNCH

Monday	Tuesday	Wednesday	Thursday	Friday
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### KIDS CLUB

Monday	Tuesday	Wednesday	Thursday	Friday
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OFFICE USE ONLY	DATE:	PAYMENT:	CHECK #:	RETURNING OR NEW FAMILY?	2023-2024 CLASS:	2024 - 2025 CLASS:
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## FAMILY INFORMATION:

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

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

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

<b>DENTIST</b> (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.

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

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

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

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<b>ALLERGY / MEDICATION INFORMATION:</b>		
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 <b>EPI-PEN</b> ? YES or NO		
Does your child require an <b>INHALER</b> ? YES or NO		
<b>*Allergy information, food restrictions and medication information will be posted in the classroom for safety reasons.</b>		
Any medication(s) given regularly?	YES or NO	If yes, please list:
Any other significant medical history?		

<b>OTHER INFORMATION:</b>		
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 flags in the hallway)	
Does your child have any strong fears that we should be aware of?	YES or NO	If yes, please list:
Children age 3 and older are eligible to complete a free and comprehensive developmental screening through Rochester Public Schools. Has your child completed their Early Childhood Screening through RPS? YES or NO or NOT OLD ENOUGH		
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):		

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TUITION PER MONTH		
	Half Days	Full Days
2 Days (T / TH)	\$230	\$560
3 Days (M / W / F)	\$300	\$740
5 Days (M - F)	\$505	\$1300

EXTENSION TUITION PER MONTH					
Based on day(s) per week					
EARLY BIRD		LUNCH BUNCH		KIDS CLUB	
1	\$55	1	\$50	1	\$60
2	\$110	2	\$100	2	\$120
3	\$165	3	\$150	3	\$180
5	\$275	5	\$250	5	\$300

TERMS & CONDITIONS
<p><b>PERMISSION:</b> Aldrich staff will have access to names, addresses, phone numbers, and e-mail addresses for enrolled Aldrich students. In August, enrolled families will receive a class list that includes children’s first and last names. Only parent/guardian email addresses will be shared with other families. 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 them out.</p>
<p><b>EMERGENCIES:</b> 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.</p>
<p><b>HEALTH CARE SUMMARY:</b> A Health Care Summary is requested by the first day of school and MUST be on file within 30 days of starting school.</p>
<p><b>TUITION / PAYMENTS:</b> I understand tuition is set at a level monthly payment. September’s tuition is due by July 15<sup>th</sup> and October’s tuition is due by September 1<sup>st</sup>. 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, checks payable to Aldrich, and Visa or Mastercard (<b>credit card payments will incur a 3% fee</b>). Aldrich will assess a late fee of \$20 for payments received after the 8<sup>th</sup> 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<sup>th</sup> 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.</p>
<p><b>TERMINATION:</b> A <b>30 day written notice</b> is required to terminate this contract; tuition is still owed during this 30 day period.</p>
<p><b>WALKS:</b> I give permission for my child to take walks on Aldrich property under supervision of teachers.</p>
<p><b>PHOTOS / VIDEOS:</b> Photos &amp; videos may be taken for classroom use. Teachers may not share these images on their personal social media. Classroom photos may be shared with families in the class. Separate permission will be obtained from you if we wish to use a photo of your child for purposes such as marketing or social media.</p>
<p><b>PETS:</b> 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.</p>
<p><b>SPECIAL HEALTH and/or DEVELOPMENT NEEDS:</b> 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.</p>

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

➡ PARENT / GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_