

SEAFORD COMMUNITY PRE-SCHOOL

2010~2011

Parent use

Session _____

What year will your child enter

Kindergarten? _____

(Child must be five years old on or before 12/1 of the school year)

Attending school now? () Yes () No

School Use

Session _____

Medical _____

Registration Fee Paid _____

APPLICATION FOR ENROLLMENT

PLEASE PRINT

Pupil's Name _____ Sex _____ Date of Birth _____

Address _____ Town, Zip (plus 4) _____

Home Phone _____ School District _____

Father's Name _____ Cell or
Business Phone _____

Occupation _____

Mother's Name _____ Cell or
Business Phone _____

Occupation _____

Other Children in Family

FIRST NAME

SEX

DATE OF BIRTH

Family Physician _____ Phone _____

Address _____

In case of emergency (If parents cannot be reached) Contact:

Name _____ Phone _____

Address _____ Relationship _____

Is your child receiving special services from another group? _____

What kind? _____

From? _____

Is there any information we should know that might help us in working with your child? Include things such as divorce, previous schooling, allergies, physical disabilities, etc _____

Tuition must be paid on the first session **ATTENDED** of each month by **check only**. If the tuition is received after the first session attended, a **late charge of \$20.00** will be applied to the original fee for each monthly occurrence. **A student will not be permitted to attend the school if the tuition & late fees are not paid, up & current.**

If a child is absent for an extended period of time, the sessions may be made up, as scheduling permits, at the discretion of the Director. If tuition is not paid, the child must be re-registered and the necessary registration fees paid, providing an opening is still available in the class.

There will be NO tuition refund except as follows, and then only after a ten-day waiting period. If a refund is paid it will be for June only.

1. When in the judgment of the school, a child is not adjusted to school situation.
2. When the child's family moves away from the school's geographical area.
3. The school reserves the right to make all final decisions on any tuition refund.
4. **Any orders of protection or related documents MUST be made known, and a copy provided, to the Director as soon as issued.**

NO child shall be completely registered until the school receives a completed medical form.
THIS MEDICAL FORM MUST BE COMPLETED AND STAMPED BY YOUR DOCTOR'S OFFICE OR OUR SCHOOL WILL NOT ACCEPT IT.

I have read this form and agree to the terms thereof:

Signature of Parents or Guardian

Permission is hereby granted for my child's participation in school conducted walking field trips:

Signature of Parent or Guardian

Permission is hereby granted in case of emergency, when neither parents, nor family physician cannot be reached, to have my child attended by a physician selected by the school.

Signature of Parent of Guardian

Accompanying this application must be a **\$75.00 non refundable registration fee**. Payment by check only made out to.

UMC of Seaford Pre-School Account

RETURNED CHECK FEE, INSUFFICIENT FUNDS, \$25.00

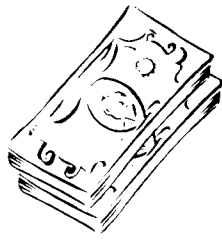
Seaford Community Pre-School reserves the right to determine the capacity of each class

TUITION RATES ~ SEPTEMBER 2010

Two-by-Two ~ \$94.00
2x's ~ 2 hour ~ 2 ½ year old ~ \$126.00
2x's ~ \$150.00
3x's ~ \$194.00
5x's ~ \$296.00

Tuition is all-inclusive and is calculated for the cost of the entire year. It is divided into nine equal monthly payments for your convenience. We do not have any fundraisers or other charges during the school year. **A \$75.00 non refundable registration fee** is required at the time the application acceptance. For your protection, all payments are to be paid by check. **We do not issue receipts.**

SCHOOL COPY



“TUITION PAYMENT INFORMATION”

Tuition for all classes is due the FIRST class of each month or before.

Please pay by check made out to:

“United Methodist Church of Seaford Pre-School
Account”

Our Director, Miss Dorothy, has a rubber stamp in her office, which you may use in lieu of writing out the above. Please deposit your monthly tuition in the box attached to office door.

DO NOT give your tuition to your child’s teacher.

If you have more than one child in our school, you may pay both tuitions with one check. If your check is returned, there will be a \$25.00 fee.

Any unpaid tuition at the end of one full month will result in your child’s removal from his or her class until that tuition plus a \$20.00 late fee is paid. All families who are delinquent will first be contacted in writing. Students may not attend their last class and/or graduation with any outstanding balance.

ORIENTATION COMMITTEE

Parent Signature _____

*****PARENT COPY*****

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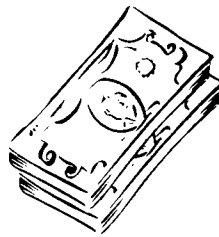
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ORIENTATION COMMITTEE

Parent Signature _____

*****SCHOOL COPY*****

New York State Immunization Record/Registro
Oficial de Inmunización del Estado de Nueva York

Name/Nombre

Birthdate/Fecha de Nacimiento

M / F / /

Sex/Sexo Social Security #/Numero de Seguro Social

Allergies/Medical Problems/Alergias/Problemas medico

Physician/Clinic/Doctor/Clinica

Parent/Guardian/Padre/Guardian

Retain This Document /Guarde Este Documento

Present this card at each health care provider, hospital,
WIC or clinic visit. / Presente esta tarjeta cada vez que
visite al doctor, hospital, WIC o clinica.

DTP	DTaP	DT	Td		Vaccine Type/ Tipo Vacuna	Date/ Fecha	Signature or Stamp Doctor or Clinic	Date of Next Visit/ Fecha de Promixa Visita
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1.				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2.				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3.				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4.				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5.				
Hib		DTP/Hib						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1.				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2.				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3.				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4.				
MMR	Me	Mu	Ru					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1.				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2.				

Name, Nombre

Date of Birth/ Fecha de Nacimiento

Bring this record with you each time you visit your child's doctor, clinic, WIC site or hospital. Traiga este registro consigo cada vez que visita al doctor, clinica, lugar de WIC o hospital de su hijo o hija.

This record, when properly completed, can be used as proof of immunization and lead testing. Este registro, una vez que sea completado debidamente, puede usarse como prueba de inmunizacion y de plomo.

Your child must meet New York State's immunization requirements to enroll in any day care center, nursery school, public or nonpublic school and post-secondary institution. Su hijo o hija debe cumplir con los requisitos de inmunización del Estado de Nueva York para poder matricularse en cualquier centro de cuidado diurno para infantes, pre-escuela, escuela pública o privada e instituciones post-secundarias.

You must show that your child has been tested for lead at the time of entry into day care or nursery school. Usted tiene que comprobar que su hijo o hija ha recibido la prueba de plomo cuando vaya empezar en un centro de cuidado diurno para infantes o en una pre-escuela.

New York State Department of Health/
Departamento de Salud del Estado de Nueva York

OPV	EIPV		Vaccine Type/ Tipo Vacuna	Date/ Fecha	Signature or Stamp Doctor or Clinic	Date of Next Visit/ Fecha de Promixa Visita
<input type="checkbox"/>	<input type="checkbox"/>	1.				
<input type="checkbox"/>	<input type="checkbox"/>	2.				
<input type="checkbox"/>	<input type="checkbox"/>	3.				
<input type="checkbox"/>	<input type="checkbox"/>	4.				
<input type="checkbox"/>	<input type="checkbox"/>	1.				
<input type="checkbox"/>	<input type="checkbox"/>	2.				
<input type="checkbox"/>	<input type="checkbox"/>	3.				
<input type="checkbox"/>	<input type="checkbox"/>	4.				
Additional Immunizations/ Inmunizaciones Adicionales						
Lead Screening/ Prueba de Plomo	Type/Tipo	Date/ Fecha	Signature or Stamp Doctor or Clinic	Results/Resultados		
	Blood Lead			µg/dl		
	Blood Lead			µg/dl		
TB (Intradermal) Skin Test for Infection				Results in mm		
	Mantoux					