

# First Class Learning Center

683 Bloomfield Ave. Bloomfield, NJ. 07003

[FirstClassabc@aol.com](mailto:FirstClassabc@aol.com)/ [Firstclassabc@gmail.com](mailto:Firstclassabc@gmail.com)

Office: 973-680-9000

Fax: 973-680-9707

2016-2017 School Year

Registration Form

**Student Information:**

Child's Name: \_\_\_\_\_  

First
Middle
Last

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Home Address \_\_\_\_\_  
Street

\_\_\_\_\_

City
State
Zip Code

Home Phone (     ) \_\_\_\_\_ Email Address: \_\_\_\_\_

If Legal guardian, please print name \_\_\_\_\_

Relationship to child \_\_\_\_\_

I hereby grant permission for my child to use all play equipment and participate in all activities of First Class Learning Center. \_\_\_\_\_.

Initial

I hereby give permission for my child to be included in research, evaluation, and pictures connected with the center \_\_\_\_\_.

Initial

**Parent Information:**

*Please indicate if any of the following information has changed. List new information in the space provided.*

- Name/Address/Phone (home and cell)

\_\_\_\_\_

- Work Information- Name/Address/Phone

\_\_\_\_\_

- Emergency Contact Information

\_\_\_\_\_

**Emergency Contacts & Allowed Pick-Up List** (Please attach an additional list if necessary)

Name (Please Print)	Relation to child	Phone Number	Pick Up	Emergency Contact

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## Medical Emergency Information:

In case of emergency (sudden illness or accident), please provide us with where you may be contacted during school hours and name of your family physician. If you or your physician can not be reached within reasonable time, **we will contact 911.**

Please list below where you can be contacted during school hours and the name and telephone number of your family physician.

Contact Parent \_\_\_\_\_ Phone# \_\_\_\_\_

Physician \_\_\_\_\_ Phone# \_\_\_\_\_

Hospital Affiliation \_\_\_\_\_

## Health Emergency Information:

Please indicate any changes in the space provided:

Name of Person's Insured \_\_\_\_\_

Name of Insurance Carrier \_\_\_\_\_

Identification/Policy Number \_\_\_\_\_

I have read and understand the above statement concerning procedure to be allowed in the event of medical emergency. I consent to this procedure and further agree that I will be responsible for payment of all medical bills incurred.

Signature: \_\_\_\_\_

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

.....  
Please give an overall statement about your child's health, indicating any changes since last registration (i.e.: allergies, injuries, illness)

\_\_\_\_\_  
\_\_\_\_\_

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**CONTRACT FOR ENROLLMENT AND PARENT AGREEMENT**

**SCHEDULE**

**Full-Time** (5 days per week)

**Part- Time** (3 days per week)

- |   |   |
|---|---|
| <input type="checkbox"/> INFANTS - (6 weeks to 13 months)                   | <input type="checkbox"/> WEEKLY (max. 4 hrs. per day)       |
| <input type="checkbox"/> TODDLERS - (14 months to 24 months)                | <input type="checkbox"/> DAILY (3 days per week)            |
| <input type="checkbox"/> TWO'S - (2 years to 3 years)                       | <input type="checkbox"/> ADDITIONAL DROP OFF FEES AVAILABLE |
| <input type="checkbox"/> PRE-K3 - (3 years to 4 years)                      |   |
| <input type="checkbox"/> PRE-K4 - (4 turning 5 before Oct 1 <sup>st</sup> ) |   |
| <input type="checkbox"/> AFTER CARE - (6-13 YEARS)                          |   |

**Payment Options –**

- Monthly** : 1<sup>st</sup> of each month (late fee of \$20 per week) if tuition is not received by the 7<sup>th</sup> of each month)
- Bi-Weekly**: Monday of each week (late fee of \$20) per week if not received by Monday of each week)

*Cash, Check and Money Orders are all accepted forms of payment.*

Siblings enrolled at 40 hours or above will receive a 10% discount off their weekly tuition. If all family members are enrolled (the eldest child's tuition prices will be discounted). The **CONTRACT FOR ENROLLMENT AND PARENT AGREEMENT** must be completed, signed and returned. \*\* Please be aware our prices are subject to change without prior notice.

Contract for enrollment of \_\_\_\_\_ Date: \_\_\_\_\_  
Child's Name

Schedule Selected: Days \_\_\_\_\_ Hours \_\_\_\_\_ Payment Option Selected: \_\_\_\_\_

**Parent Obligations:**

- ✓ **First Class Learning Center operates on a monthly or bi-weekly tuition basis.** Child care tuition fees are based on the schedule chosen and the number of days needed each week. Weekly tuition remains the same whether your child attends or not. Unless approved due to certain circumstances (extended hospital stay, etc.), **WE DO NOT CREDIT BACK SICK DAYS.** For part-time students, we do not make up days or swap days.
- ✓ **Late Pick-up fee will be charged as follows:** If your child is picked up after 6:00pm, you will be charged a \$10.00 late fee for the first 5 minutes and \$1.00 for each additional minute (per child).

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### **PLEASE READ AND SIGN**

I hereby comply with the rules and the regulations of First Class Learning Center regarding fees, attendance, health and other items specified in the First Class Learning Center Parent Handbook issued by the center.

**There are no refunds or credits in the events of family vacations, inclement weather, or Center closings.**

I am aware of the schedule of closed Center holidays. I also agree to notify the center two weeks in advance of withdrawal of my child, should such an event occur, or pay the difference of those two weeks. I further understand that if my payments fall more than two weeks behind, my child will be subject to expulsion from First Class Learning Center.

First Class Learning Center will not be responsible for anything that may happen as a result of false information given at the time of enrollment. The Center will not assume any responsibility for a child who has not been properly registered or immunized.

Mother / Guardian \_\_\_\_\_ Date: \_\_\_\_\_

Father / Guardian \_\_\_\_\_ Date: \_\_\_\_\_