

First Class Learning and Development Center

683 Bloomfield Ave. Bloomfield, NJ. 07003

FirstClassabc@aol.com / Firstclassabc@gmail.com

Office: 973-680-9000

Fax: 973-680-9707

2018-2019 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. _____. Please initial

I hereby give permission for my child to be included in research, evaluation, and pictures connected with the center _____. Please 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)	Relationship 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 cannot be reached within a 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 procedures to be allowed in the event of a 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

Full-Time (5days per week)

- ☐ INFANTS (6 WKS TO 13 MTHS)
- ☐ TODDLERS (14 MTHS TO 2 YRS)
- ☐ TWOS (2 YRS TURNING 3 BEFORE OCT 1)
- ☐ PRE-K3 (3 YRS TURNING 4 BEFORE OCT 1)
- ☐ PRE-K4 (4 YRS TURNING 5 BEFORE OCT 1)
- ☐ AFTER CARE (6-13 YEARS OLD)

Part- Time (3 days per week)

- ☐ DAILY (3 days per week)

Payment Options –

- ☐ **Monthly:** 1st of each month (Late fee of \$25) if tuition is not received by the 7th of each month)
- ☐ **Weekly:** Monday of each week (Late fee of \$25) 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 of their weekly tuition. If all family members are enrolled (the eldest child's tuition price 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

Scheduled Selected: Days _____ Hours _____ Payment Option Selected: _____

Parent Obligations

- ✓ **First Class Learning and Development Center operates on a 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 6:00 PM, you will be charged a \$10.00 late fee for the first five minutes and \$1.00 each additional minute (per child) the child remains in the center after 6:05 PM.

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PLEASE READ AND SIGN

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

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

I am aware of the schedule of closed school 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 and Development Center Inc.

First Class Learning and Development Center Inc. 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: _____