

FRIENDS ACADEMY- TODDLER & PRE-NURSERY ENROLLMENT APPLICATION

Please fill in all information. Home, work and cell phone numbers and emergency contact information are essential. Parent signatures are required. It is important we receive your e-mail address to receive FA correspondence.

SCHOOL YEAR

CHILD INFORMATION:

LAST NAME

FIRST NAME

DATE OF BIRTH

AGE ON 9/1/2021

STREET ADDRESS

TOWN

ZIP CODE

HOME PHONE

PHYSICIAN NAME/

OFFICE PHONE

DAYS/SESSION SELECTION: *The programs schedule (opening & closings) correspond with the Friends Academy school calendar, and snow days/emergency closings as per Head of School*

3 Days Morning Session -8:00 am to 11:30am 3 Days FULL Day Session-8:00 am to 3:00pm

Select Desired Days (Circle) [M], [T], [W], [TH], [F] Select Desired Days (Circle) [M], [T], [W], [TH], [F]

5 Days Morning Session -8:00 am to 11:30am 5 Days Full Day Session-8:00 am to 3:00pm

(Refer to the Rate Schedule for Fees)

*****Ask us about our Summer Program*****

PARENT/GUARDIAN INFORMATION 1:

LAST NAME

FIRST NAME

STREET ADDRESS

(Complete only if different from child)

TOWN

ZIP CODE

HOME PHONE

CELL PHONE

E-MAIL ADDRESS

OCCUPATION

WORK ADDRESS

WORK PHONE

PARENT/GUARDIAN INFORMATION 2:

LAST NAME

FIRST NAME

STREET ADDRESS
(Complete only if different from child)

TOWN

ZIP CODE

HOME PHONE

CELL PHONE

E-MAIL ADDRESS

OCCUPATION

WORK ADDRESS

WORK PHONE

PARENTS STATUS

(M=Married, S=Single, D=Divorced)

If Divorced, who has legal custody?

May the non custodial parent pick up child?

(Y= Yes, N= No)

Send Bills To Home or Other

(If Other, please specify name & address below)

NAME AND ADDRESS (Other Home)

EMERGENCY CONTACT:

NAME

STREET ADDRESS

TOWN

HOME PHONE

WORK PHONE

CELL PHONE

The Child will be released ONLY to the parents/guardians specified on this enrollment form, and the following person(s):

NAME	<input type="text"/>
STREET ADDRESS	<input type="text"/>
TOWN	<input type="text"/>
PHONE	<input type="text"/>
NAME	<input type="text"/>
STREET ADDRESS	<input type="text"/>
TOWN	<input type="text"/>
PHONE	<input type="text"/>

ADDITIONAL COMMENTS: *Allergies, etc.*

***Print and Fax Enrollment Form to Little Friends at 516-277-4562. You will be contacted upon receipt. Questions/Inquiries can be directed to:**

Karen Galvin	516-676-0393	Program Director
Vicky Schultz	516-676-0393	Program Asst. Director
<i>E-Mail</i>	Karen_Galvin@fa.org	
<i>E-Mail</i>	Victoria_Schultz@fa.org	

Enrollment Deposit & Terms: *10% of the annual tuition is required with the enrollment form to hold your child's place in the program. The deposit will be forfeited if you withdraw your child less than 30 days before your child's start date, or during the program year or if you reduce your child's enrollment schedule at any time. The deposit is required for enrollment and will be refunded if these conditions are met on the last billing of the school year in June.*

I understand the obligation to pay the all charges and fees and no portion will be refunded upon withdrawal from the school. No credits or refunds will be given for school closings, absence, illness, vacations or any other reason. If there is an error in billing I shall notify the school as soon as possible or within 30 days of billing date.

I agree to all the enrollment terms, rate schedule fees and school calendar:

Parent 1 Signature: _____ Date: _____

Parent 2 Signature: _____ Date: _____