

Mini Mozarts Preschool Enrollment Form - Please complete and return

• Child's Name: _____

Date of Birth: _____

Parent or Guardian's Information

Name: _____

Address: _____

Phone: _____

E-mail: _____

Emergency Contact #1

Name: _____

Address: _____

Phone: _____

Relationship: _____

Emergency Contact #2

Name: _____

Address: _____

Telephone: _____

Relationship: _____

Other adults authorized to pick up your child(ren)

Name / Phone: _____

Name / Phone: _____

Is there anyone who has a legal restraining order prohibiting or limiting contact with your child? () Yes () No

If yes please list his/her name and attach the required documentation.

Name/Relationship to child: _____

Are there any custody or visiting arrangements we need to be aware of?

Medical

Provider: _____

Phone: _____

Insurance Information if applicable: _____

Parent Signature: _____ Date: _____

Mini Mozarts Developmental History and Background Information

Child's Name: _____

Serious illness and /or hospitalization: _____

Special physical conditions, disabilities: _____

Allergies i.e., hay fever, insect bites, medicine, or food reactions:

Regular Medications: _____

Is there anything else you would like us to know about your child?

Emergency Care

I understand that every effort will be made to contact me in the event of an emergency requiring medical attention for my child (name) however, if I cannot be reached, I hereby authorize Mini Mozart's Preschool to transport my child to the hospital and to secure for my child the necessary treatment. I understand the teachers at the preschool are trained in the basics of first aid and I authorize them to give my child first aid and CPR when appropriate.

Parent/Guardian Signature: _____ Date: _____

My child may be taken on field trips or excursions by bus, private motor vehicle, and on neighborhood walks under required supervision (prior notification will be given to the Parent/Guardian if child is to be transported by vehicle to any event).

Parent/Guardian Signature: _____ Date: _____

I hereby release and hold harmless Mini Mozart's Preschool; it's staff and

agents, from any loss or damage to toys, clothes, or any other personal items or articles. I relieve the school of all responsibility for accidents and injuries, claims, damages, or other liabilities for injuries to or damage by my child both on and off the premises, which are not a result of gross negligence by the school, it's staff or agents.

Parent/Guardian Signature: _____ Date: _____

I grant permission for my child to be included in evaluations and pictures connected with the Preschool program. My child may be photographed for publicity or news purposes. _____ on site _____ off site.

Parent/Guardian Signature: _____ Date: _____

Please list any restrictions to permission:

My child may be given non-prescribed medication as indicated on the container, including sunscreen, children's pain reliever, and antibacterial first aid cream.

Parent/Guardian Signature: _____ Date: _____

Schedule and Rates

AM Schedule 9:00am/Drop off
12:00pm/Pick up

PM Schedule: 12:30/ Drop off
3:30/ Pick up

(After specified pick up time a \$1.00 per minute late charge will be assessed unless prior notification is given to instructors)

FEES Per Month

- 5 days a week : \$ 485
- 4 days a week \$435
- 3 days a week \$345
- 2 days a week \$265

Annual Enrollment Fee: \$100, or \$150 for more than one student

Tuition Agreement

I agree to pay per month for my child to attend Mini Mozart's Program on the days listed above.

Parent/Guardian Signature: _____ Date: _____

Mini Mozart's Tuition Agreement and Payment Policies

- Payment for contract time is due, on or before the 1st day of the month. There will be no credit given for holidays or days absent due to illness, vacation, or otherwise.
- Please make arrangements ahead of time if payment will be late.
- Payments after the 5th of the month will be considered late and will be charged a \$50.00 late fee.
- Returned checks are subject to bank fees. Returned checks must be redeemed with cash or a cashier's check within 24 hours of notification, or arrangements will be made immediately to reprocess your check.
- All tuition payments are to be made by Venmo, cash, or check written to Mini Mozart's Preschool. If paying by Venmo please speak directly to contact the school directly for Venmo info. If paying by check please fill out 10 post-dated (Sept. - June) checks dated on the 1st of each month beginning with Sept. 1st and ending with June 1st of the following year. Checks should be given to the director along with the enrollment form and signed parent handbook page to ensure your student's enrollment.
- A minimum of 30 days written notification must be given for withdrawal from the program. Tuition will accrue for 30 days from the date written notice is received. Any change of program schedule requires written notice on the 1st of the month with changes effective on the 1st of the following month.

I understand that my child may be withdrawn from the program for nonpayment of my preschool bill. I understand and accept that there is no credit for absences and days that the center is closed and that the registration fee is non-refundable. All fees and policies are subject to change without notice. Whenever possible 30 days written notice will be given. I have read and accept the conditions outlined in the Parent Handbook, the Enrollment Packet, and the Tuition Agreement. This contract is effective for the duration of my child's enrollment at Mini Mozart's Preschool.

Parent/Guardian Signature: _____ Date: _____