



# Saddle Brook Community School



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*Harry Alexandrowicz, Director*

## PRE-SCHOOL REGISTRATION 2009-2010

Our Pre-School Program will begin again in September 2009 running through early June 2010. We are now accepting registration and deposits for the 2009-2010 Pre-School Program.

A **\$175.00 NON-REFUNDABLE** deposit will reserve a place for your child in our classes.

**Immunization records must accompany this application.** Programs are filled on a first come first serve basis. **CHILDREN MUST BE TOILET TRAINED PRIOR TO THE FIRST DAY OF SCHOOL.**

The program will run **FOUR** days per week; Monday through Thursday.

**AM** classes run from 9:15-11:15 AM.

**PM** classes run from 12:00-2:30 PM

**Tiny Tots Pre-K PM** Class runs from 12:30-2:30 PM.

### **PROGRAM FEES:**

All 2 hour programs \$1,208.00 plus \$175.00 non refundable registration fee.

All 2 ½ hour programs \$1,575.00 plus \$175.00 non-refundable registration fee.

CHILD'S NAME \_\_\_\_\_ COUNTRY OF BIRTH \_\_\_\_\_ M \_\_\_ F

ADDRESS: \_\_\_\_\_ CITY/STATE/ZIP \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ NAME OF MOTHER/FATHER \_\_\_\_\_

CHILD'S DATE OF BIRTH: \_\_\_\_\_ PRESENT AGE: \_\_\_\_\_

Please check your class preference.					
<input type="checkbox"/>	Pre-K 3 AM	\$1,208 + Reg. Fee \$175.00	<input type="checkbox"/>	Pre-K 4 AM	\$1,208 + Reg. Fee \$175.00
<input type="checkbox"/>	Pre-K 3 PM	\$1,575 + Reg. Fee \$175.00	<input type="checkbox"/>	Pre K 4 PM	\$1,575 + Reg. Fee \$175.00
<input type="checkbox"/>	Pre-K 2 1/2-3 PM	\$1,208 + Reg. fee \$175.00	<input type="checkbox"/>		

Please make all checks payable to Saddle Brook Community School (SBCS). Payment coupons will be provided for your convenience. Please return coupon with each payment. We accept cash, checks, money orders and credit cards, MasterCard and Visa.

Credit Card # \_\_\_\_\_ Exp Date \_\_\_\_\_

Signature \_\_\_\_\_

**A COPY OF YOUR CHILD'S IMMUNIZATION RECORDS FROM THE DOCTOR, INCLUDING DATES, MUST ACCOMPANY APPLICATION.**

Office Use Only

DEPOSIT # \_\_\_\_\_ AMOUNT : \$175.00 CASH \_\_\_\_\_ CHECK # \_\_\_\_\_ CREDIT CARD \_\_\_\_\_

STUDENT # \_\_\_\_\_ Start Date, if not September \_\_\_\_\_

# PRE-SCHOOL 2009-2010 TUITION CONTRACT

## **Tuition for the 2009-2010 Pre-School Program is:**

Morning Sessions	9:15 AM -11:15 AM	Tuition: \$1,208.00 + \$175.00 registration fee
Afternoon Sessions	12:00 Noon - 2:30 PM	Tuition: \$1,575.00 + \$175.00 registration fee
Afternoon Session	2 ½-3 year olds 12:30 PM – 2:30 PM	Tuition: \$1,208.00 + \$175.00 registration fee

A \$175.00 non-refundable registration fee reserves a place for your child in our classes.  
Payment plans are available, please inquire at office.

## **PROGRAM GOALS AND ACCEPTANCE POLICY**

The goal of our program is to provide a safe, academically stimulating, emotionally supportive and socially appropriate environment. Our staff works to assure all of these goals are met for all children. However, if a child is determined to not be appropriate at any time, after evaluation by staff and the Director, the Community School reserves the right to withdraw acceptance of a child. This will be done in the interest of the child, and the other children. It is anticipated that this will be done in very rare circumstances.

No refund will be made for absence, school vacations, or school closings due to inclement weather. No refunds will be issued for children taken out of school for illness, holidays, vacations or early withdrawal. If a child is withdrawn from the program before the end of the academic year, tuition will be charged to the end of the current month of withdrawal. **There will be no refunds for children taken out of the program after April 1, 2010.**

There will be a \$10.00 late fee for payments received after the 25<sup>th</sup> of the month it is due.

**Payment coupons will be sent out. Please return one with each payment as follows:**

<b>PAYMENT SCHEDULE</b>	<b>2-hour class</b>	<b>2-1/2 hour class</b>
SEPTEMBER 15, 2009	\$242.00	\$315.00
OCTOBER 15, 2009	\$242.00	\$315.00
NOVEMBER 16, 2009	\$242.00	\$315.00
DECEMBER 10, 2009	\$242.00	\$315.00
JANUARY 14, 2010	\$242.00	\$315.00

I have read the stated policy for Pre-School tuition payment and acceptance procedures and **agree to complete all payments by January 14, 2010, unless other payment arrangements have been made and abide by these policies.** I understand that failure to meet payments may result in the removal of my child from the program.

**There is a late fee assessed for children that are picked up late. Dismissal times are 11:15 AM for the AM classes, 2:30 PM for the Tiny Tots class and 2:30 PM for the other PM classes.**

Charges will be as follows:

\$10.00 for the first 15 minutes.

\$15.00 for each additional 15 minutes.

Late fee amounts will be added to the next month's tuition payment.

**I further understand that the initial \$175.00 registration fee is NON-REFUNDABLE.**

SIGNATURE OF PARENT/GUARDIAN

DATE

# Saddle Brook Community School

## EMERGENCY CONTACT

### STUDENT INFORMATION

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

Address: \_\_\_\_\_

Home Tel. # \_\_\_\_\_ Birth Date: \_\_\_\_\_

### PARENT/GUARDIAN INFORMATION

Father's/Guardian's Name \_\_\_\_\_ Home Tel. # \_\_\_\_\_

Work Tel # with Ext. \_\_\_\_\_ Cell # \_\_\_\_\_

Mother's/Guardian's Name \_\_\_\_\_ Home Tel. # \_\_\_\_\_

Work Tel # with Ext. \_\_\_\_\_ Cell # \_\_\_\_\_

***Parents or guardians listed above have permission to pick up the child, unless otherwise indicated. Notify the school principal immediately if there are any court orders restricting non-custodial parents or others from contact with the child. Provide the principal with a copy of the order.***

### CONTACTS DESIGNATED TO PICK UP MY CHILD IN AN EMERGENCY

<b>1. Contact:</b>	<b>Relationship to Child:</b>
<b>Home Telephone #:</b>	<b>Work # with Ext.</b>
<b>Cell #:</b>	
<b>2. Contact:</b>	<b>Relationship to Child:</b>
<b>Home Telephone #:</b>	<b>Work # with Ext.</b>
<b>Cell #:</b>	

### MEDICAL INFORMATION

Allergies to Food	Allergies to Medications	Any Other Allergies

Doctor's Name: \_\_\_\_\_ Tel # \_\_\_\_\_

Hospital Preference: \_\_\_\_\_

Insurance Company: \_\_\_\_\_

In a medical emergency, we hereby authorize the school district to seek emergency medical assistance for our child if we cannot be reached.

**Parent/Guardian signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**\*\*\*\*\*Important: Please update your school immediately if any information changes.\*\*\*\*\***