** Bay Shore Assembly of God**

**OFFICE USE ONLY**

**Entry Date: \_\_\_\_\_\_\_\_**

**Session: \_\_\_\_\_\_\_\_\_\_**

**Room #: \_\_\_\_\_\_\_\_\_\_**

**OFFICE USE ONLY**

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

* **Registration Fee $25**
* **Immunization**
* **Birth Cert.**
* **Books**

**CK#:\_\_\_\_\_\_\_\_**

**Cash**: \_\_\_\_\_\_\_

**Credit/Debit\_\_\_\_\_\_\_\_\_**

**TOTAL: \_\_\_\_\_\_\_\_\_\_\_\_**

**Happy Days Pre-School**

***2022/2023***

**STUDENT Application**

**211 Bay Shore Road**

**Bay Shore, NY 11706**

 **(631)665-5241 Fax: (631)665-1066 Email:office.church@optimum.net**

 **Website: www.bayshoreag.org**

**Basic Information**

**Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sex: Male Female**

 **First Name Last Name**

**Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birthday: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_**

 **Street City Zip Code**

**Home Phone: (\_\_\_\_\_) \_\_\_\_\_\_- \_\_\_\_\_\_\_\_\_\_**

**Previous Group Experience? \_\_\_\_\_\_\_\_\_\_\_\_\_\_ How did you hear about Happy Days: \_\_\_\_\_\_\_\_\_\_\_\_\_**

**\*\*\* Your child MUST BE TOILET TRAINED to enter our program. \*\*\***

**Medical Information**

**Physician’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number: (\_\_\_\_\_\_) \_\_\_\_\_\_-\_\_\_\_\_\_\_**

**If your child has had any of the following diseases, please list dates:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Bladder Condition** |  | **German Measles** |  | **Poliomyelitis**  |  |
| **Chicken Pox** |  | **Heart Condition** |  | **Rheumatic Fever** |  |
| **Diabetes**  |  | **Measles**  |  | **Scarlet Fever** |  |
| **Ear Conditions** |  | **Mumps** |  | **Tuberculosis** |  |
| **Epilepsy**  |  | **Pneumonia**  |  | **Whooping Cough** |  |

1. **Does your child have any play restrictions?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. **Does your child have any known allergies or asthma?** \_\_\_\_\_\_\_\_\_

 **If yes, please explain**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Has your child had any illnesses, injury or surgery during the past year?** \_\_\_\_\_\_\_\_\_

**If yes, explain & give dates**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Is your child taking medication on a regular basis? \_\_\_\_\_\_\_\_\_**

**If yes, please list\_\_\_\_\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Has your child ever been treated for a psychological or emotional disorder?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **If yes, please explain**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Any speech difficulties? \_\_\_\_\_\_\_\_\_\_ If yes, please explain\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
2. **Any eye/ear problems? \_\_\_\_\_\_\_\_\_\_\_ If yes, please** **explain\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent and Family Information**

**WE MUST HAVE UPDATED NUMBERS AT ALL TIMES IN CASE OF EMERGENCY!**

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_-\_\_\_\_\_\_\_**

 **Father’s Name**

 **Cell Phone: (\_\_\_\_) \_\_\_\_\_-\_\_\_\_\_\_\_**

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_-\_\_\_\_\_**

 **Mother’s Name**

 **Cell Phone: (\_\_\_\_) \_\_\_\_\_-\_\_\_\_\_\_\_**

**Email address:\_PLEASE PRINT CLEARLY:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Others Living in the Household:**

 **Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_\_\_\_**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_\_\_\_**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_\_\_\_**

**Language Spoken at home (other than English):\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Religious Affiliation? \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Emergency Names & Phone Numbers**

**WE MUST HAVE UPDATED NUMBERS AT ALL TIMES IN CASE OF EMERGENCY!**

**Names of people we can contact, other than parents. Parents will be called first.**

**1.) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home: (\_\_\_\_\_) \_\_\_\_\_-\_\_\_\_\_\_\_\_**

 **Cell: (\_\_\_\_\_) \_\_\_\_\_-\_\_\_\_\_\_\_\_**

 **Relative? \_\_\_\_ Yes \_\_\_\_ No Work: (\_\_\_\_\_) \_\_\_\_\_-\_\_\_\_\_\_\_\_**

**2.) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home: (\_\_\_\_\_) \_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_**

 **Cell: (\_\_\_\_\_) \_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_**

 **Relative? \_\_\_\_ Yes \_\_\_\_ No Work: (\_\_\_\_\_) \_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_**

**3.) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home: (\_\_\_\_\_) \_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_**

 **Cell: (\_\_\_\_\_) \_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_**

 **Relative? \_\_\_\_ Yes \_\_\_\_ No Work: (\_\_\_\_\_) \_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_**

Registration Requirements

* **Application must be returned by April 1st to insure September placement.**
* **Copy of birth certificate must be submitted with application for new enrollees.**
* **A complete Physical Examination, ear and eye exam, and immunization record must be submitted with application.**

 **Initial: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Sessions**

 **FULL DAY HOURS: 8:45-3:30**

 **HALF DAY HOURS: 8:45-11:45**

 **SESSIONS MONTHLY COST SELECT SESSION**

|  |  |  |  |
| --- | --- | --- | --- |
|  **TUES/THURS**  **2 DAYS** | **½ DAY $165.00****FULL DAY $ 300.00**  |  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **INITIAL \_\_\_\_\_\_\_\_\_\_\_\_** |
|  **MON/WED/FRI**  **3 DAYS** | **½ DAY $195.00****FULL DAY $350.00** |  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **INITIAL\_\_\_\_\_\_\_\_\_\_\_\_** |
|  **4 DAYS** | **½ DAY $210.00****FULL DAY $400.00** |  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **INITIAL\_\_\_\_\_\_\_\_\_\_\_\_** |
|  **MON—FRI** **5 DAYS** | **½ DAY $225.00****FULL DAY $450.00** |  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **INITIAL\_\_\_\_\_\_\_\_\_\_\_\_** |

**Students who are enrolled only in the AM or PM Sessions, who remain with their class during lunch time, will be charged an additional $5 per day for supervision.**

**Tuition Fees and Billing**

* **Annual tuition paid in full will receive a 5% discount if received by September 10th**
* **A 10 month payment plan is also accepted with payments beginning August 1st and ending May 1st**
* **A 25.00, NON-REFUNDABLE, registration fee MUST accompany application**.
* **All tuition payments on the payment plan are due on the first of the month.**
* **Textbooks must be PAID IN FULL at time of first monthly installment, August 1st.**
* **Any tuition payments NOT received by the 10th of the month will incur a $25.00 late fee.**
* **The charge for returned checks is also $25.00, & all future payments must be made by cash, credit card or money order.**
* **If you have two children attending, a 10% monthly discount is given to the second child.**

 **Initial:\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Before & After School Program**

***Before School Care hours: 7:00am-8:45am***

 ***After School Care: 3:30pm-5:00pm***

Monthly Rates are as follows.

(**No Makeup days**)

**Full Payment is added and due with monthly tuition**

|  |  |  |  |
| --- | --- | --- | --- |
| ***Please make your selection*** | ***Before & Afterschool*** | **Hours per month** | **Monthly****Rate** |
|  | ***5 Full Days***  | **80** | **$240** |
|  | ***5 AM’s*** | **40** | **$120** |
|  | ***5 PM’s*** | **40** | **$120** |
|  | ***4 Full Days*** | **64** | **$192** |
|  | ***4 AM’s*** | **32** | **$96** |
|  | ***4 PM’s*** | **32** | **$96** |
|  | ***3 Full Days*** | **48** | **$144** |
|  | ***3 AM’s*** | **24** | **$72** |
|  | ***3 PM’s*** | **24** | **$72** |
|  | ***2 Full Days*** | **32** | **$96** |
|  | ***2 AM’s*** | **16** | **$48** |
|  | ***2 PM’s*** | **16** | **$48** |
|  | ***1 Full Day*** | **16** | **$48** |
|  | ***1 AM*** | **8** | **$24** |
|  | ***1 PM*** | **8** | **$24** |

 **Initial:\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\*\*ANY PICK UPS MADE AFTER THE 5:00PM DEADLINE WILL INCUR A $50 CHARGE AS WE ARE NOT STAFFED AFTER 5:00PM\*\***

 **Initial:\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **I DO NOT WISH to enroll in the before & after school program:**

**Initial:\_\_\_\_\_\_\_\_\_\_\_\_\_\_**