

Enrollment Information

Little Red House of Westchester, LLC

Student Information-

Name of Student: _____
Address: _____
Phone Number: _____
Birthday: _____

Mother's Information

Name: _____
Address: _____
Phone: _____
Work Phone: _____
Cell Phone: _____
Email: _____

Father's Information

Name: _____
Address: _____
Phone: _____
Work Phone: _____
Cell Phone: _____
Email: _____

Billing Email: _____

Emergency Contacts/Student Pickup

Please List additional People who you would like us to contact in the event there is an emergency and you cannot be reached. These contacts will also be authorized to pickup your child from our program.

Contact 1: _____ Phone Number _____ Relation _____
Contact 2: _____ Phone Number _____ Relation _____
Contact 3: _____ Phone Number _____ Relation _____

Parental/ Sibling Information -

Mother's Employer _____
Occupation _____
Best Number to reach mom at during school hours

Father's Employer _____
Occupation _____
Best Number to reach dad at during school hours

Sibling Name _____
School Attending _____
Age _____

Sibling Name _____
School Attending _____
Age _____

Medical Information

Student's Doctor _____
Doctor's Phone Number _____

Does your child have any allergies to foods or medications (please be specific)?

If your child has an allergic reaction to something, what is the procedure that you would like us to follow? Please note Epi Pens and other medications will require permission from a doctor.

Enrollment Plan – Please Circle

My Child Will Be Attending: FULL DAY or OTHER

Which Days Will Your Child Attend: MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY

Which Location Will Your Child Be Attending: 333 KEAR STREET (K1) or 322 KEAR STREET (K2)

What Is Your Child’s Start Date: _____

I want to be billed: WEEKLY BI-WEEKLY MONTHLY

What Color Sleeping Blanket: PINK BLUE TEAL

Instructions on securing a spot in our program for your child – Complete this Form and hand in with a deposit. No spots are guaranteed without a deposit. Once given to our school, deposits are non-refundable.

I understand and agree that by signing this form, I am giving Little Red House of Westchester, LLC permission to release my child to the emergency contacts/ student pickups listed above. If for some reason I wish to remove someone from this list, I must do so in writing.

In the event of a nuclear emergency at Indian Point, our meeting place will be John Jay High School. Our teachers and students will be transported by the county via emergency vans. By signing below, I give my permission for KI Potassium Iodine to be orally administered to my child to aid in protecting them from any leaked radiation. If I do not want my child to have this medication administered, I will notify the school in writing.

In the event of a medical emergency, I give Little Red House of Westchester, LLC permission to seek emergency care for my child. I understand that I am responsible for paying any medical costs associated with my child’s medical treatment. The school is not responsible for any medical related costs.

An up to date physical and immunization record is also required, not at time of registration, but does need to be handed in before your child’s first day in our program.

Your tuition will begin when your child is scheduled to start physically attending school. If you un-enroll prior to your start date, you are still responsible for the first 2 months of tuition. Example: If your child is scheduled to start in September and you give us notice at the end of August that your child will not be attending you will still be responsible for September and October’s tuition payments.

COVID-19 is an extremely contagious disease and an inherent risk of exposure to COVID-19 exists in any place where people are present. According to the Centers for Disease Control and Prevention, senior citizens and people with underlying medical conditions are especially vulnerable. By enrolling your child at the Little Red House of Westchester LLC, you assume all risks related to exposure to COVID-19.

I understand and agree that I am enrolling my child in the school named, Little Red House of Westchester, LLC and by doing so I am responsible for all tuition that is charged to my account. Absences in any way do not constitute tuition credits. If I choose to remove my child from the program, a minimum of 60 days notice is required. If I choose to change my child’s program to lesser days, a minimum of 60 days notice is also required.

Sleeping Blanket: \$25 – one-time fee

By signing below, I certify that all information above is correct. I also agree to all policies listed above.

Parent Signature: _____

Date: _____

Parent Signature: _____

Date: _____

Tuition 2020- 21

Full Day Rates

\$300/ 5 Days a Week	\$1250/ 5 Days a Month
\$255/ 4 Days a Week	\$1063/ 4 Days a Month
\$205/ 3 Days a Week	\$854/ 3 Days a Month
\$150/ 2 Days a Week	\$625/ 2 Days a Month

Additional Single Day \$60

Before School/ After School – Monthly Only

<u>Attends During Public School</u>	<u>Only Attends When Public Schools</u>
<u>Closures/Delays/ ½ Days</u>	<u>Are In Full Day Session</u>
\$604/ 5 Days a Week	\$500/ 5 Days a Week
\$521/ 4 Days a Week	\$440/ 4 Days a Week
\$438/ 3 Days a Week	\$370/ 3 Days a Week
\$313/ 2 Days a Week	\$270/ 2 Days a Week

Additional Single Day – Varies Based on Dismissal Time / Program

Before School Only Care – Monthly Only

\$175/ 5 Days a Week
\$150/ 4 Days a Week
\$125/ 3 Days a Week
\$90/ 2 Days a Week

Additional Single Day \$10

Payments Can Be Made Electronically Via the Following Methods

Chase Quick Pay – Use Email Address AnthonySindaco112@gmail.com

Venmo & Paypal – Use Email Address MelanieSindaco112@gmail.com

Zelle – Use Phone Number 845-893-6448

Electronic Payments are Preferred But if Necessary, Cash & Check Will Be Accepted

For monthly payers, tuition is due on the first of each month or the child's first day of regular attendance for the month before care is given. Weekly payers and Bi-Weekly payers are to pay on their child's first day of attendance for the week. Payments are due promptly on their specified due dates. A late fee of \$25 will be due for any monthly payments received after the 5th of each month or any weekly payments not received by the end of the week. Returned check fee is \$30. Late fees will automatically be deducted from your child's deposit and need not be added to your child's bill unless your deposit becomes depleted. Deposits are non-refundable as this is our security that you will be giving us two full month's notice before you leave our program. If for some reason you leave a deposit and then do not start our program, then you are still responsible for the first two months of tuition payments minus your deposit amount. Deposits are applied to a child's final month of care and will be credited off of your child's final tuition payment only if a minimum of two-month notice is given. If you do not give 60 days of notice and decide not to bring your child back to our program, you are still responsible for your outstanding bill and none of your deposit will be used as a credit to this amount. Billing is done paperless through email so a billing email needs to be on file. A sibling discount of 10% is allowed and will be applied when you have multiple children enrolled. Discount is applied to the least expensive tuition on a sibling discount. By signing this form, you are agreeing to pay the Little Red House of Westchester, LLC the above tuition rates and are liable for payment in full regardless of vacation, sick or otherwise missed days. I understand and agree that I am enrolling my child in the school named Little Red House of Westchester, LLC.

Parent/ Guardian Signature _____

Date _____

Sleeping/ Napping Arrangements

Child's Name _____

Birthday: _____

Parent's Name _____

Contact Number: _____

My Child has permission to sleep in the following way:

My child has permission to sleep on a: **MAT COT CRIB**

I understand that sleeping arrangements require for an infant to sleep on his or her back. If I prefer a different sleeping position for my infant, I must provide a signed note from a medical provider that requires this sleeping position to take place for my child.

Please Circle:

I do I do not give permission for my child to nap or sleep in a room where an awake adult is not present. I understand that the doors to all rooms must be open, the caregiver must remain on the same floor, as the children and functioning electronic monitor must be in any room where children are sleeping and an awake adult is not present.

I do I do not give permission for my child, if in overnight or evening care to allow the caregiver to sleep while my child is sleeping.

I understand that if my child is not able to nap, time and space will be provided for quiet play and that my child will not be forced to rest for long periods of time.

Signature of parent: _____

Date: _____

Signature of Provider: _____

Date: _____

