



Easton Learning Adventures Preschool

115 Main Street, North Easton, MA 02356
(508) 230-7445

Registration Form 2019-2020 School Year

Child's Name: _____ Date of Birth: _____ Gender: _____

Parent Names: _____

Address: _____ Age as of September 2019 _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Infant:	<input type="checkbox"/>	Toddler:	<input type="checkbox"/>	3 Year Old:	<input type="checkbox"/>	Days:	_____
4 year old:	<input type="checkbox"/>	Pre-K:	<input type="checkbox"/>	Times:		_____	_____

I agree to abide by the following regulations while my child is enrolled at Easton Learning Adventures Preschool (ELAP). I understand ELAP's policies and regulations may be changed and it is my responsibility to read and understand all memos and correspondence distributed through the mail or via my child's cubby.

1. If I choose to withdraw my child from ELAP, I will notify the Business Office, in writing, one month in advance of my child's final date of attendance. I understand that I am responsible for all tuition costs and associated fees during my child's attendance at school and all tuition fees incurred if I fail to notify the Business Office of my child's withdrawal in writing. Should I choose to re-register my child at any time, I understand that I will be required to pay the non-refundable registration fee again.
2. No credit will be given for absences due to illness, family vacation, or when ELAP must close due to severe weather conditions.
3. Annual tuition rates are divided into 10 equal installments, taking into consideration five week months, holidays and vacations. The first installment payment is non-refundable and due upon registration. The remaining tuition payments are due the 1st of each month, beginning in September.
4. There is a \$25 late fee for each payments received after the 7th of the month in which they are due.
5. I will be given a handbook with all ELAP policies and parental rights and responsibilities. I understand that it is my responsibility to review the handbook and contact the office with any questions I may have.
6. Each child scheduled to stay past 1p.m. will be given a 45 minute rest/quiet time as required by law.
7. I will be called to pick up my child from school if he/she becomes ill. Children absent from ELAP with a contagious illness may not return to school without a signed statement from his/her physician. ELAP reserves the right to deny attendance to a child if he/she appears ill or has a contagious illness.
8. In the event of an emergency, ELAP has permission to administer first aid and/or obtain emergency medical treatment which would be in the best interest of my child.
9. Should the directors and teachers decide that ELAP's program is not appropriate for my child, I will be notified and proper procedures will be taken, based on the situation.

* Registration for the school year starting in the fall of 2019

*** A \$75 registration fee must be included with this form along with a \$200 deposit. This deposit will be put towards your first month's installment. Both of these payments are non-refundable and non-transferable.**

* A \$25 schedule change fee will be billed for changes made after the start of 2019-2020 school year.

I have read the terms and conditions above. By signing this form, I agree to abide by them.

Signature: _____

Date: _____

For Office Use Only:

Received: _____ Check #: _____

Entered: _____ Amount: _____

Employee Initials: _____