

# Spring Academy - Registration Form

10 North Road, Warren 07059

115 E. Grove Street, Westfield

Tel: 908-301-6168

Child's Name		Child's other Name, if available		Date of Birth	
Mailing Address:			City		Zip
Gender		Emergency phone #		Previous Day Care Facility attended	
Mother's Name		Mother's cell phone		Mother's home Phone	
Mother's Employer name					
Mother's work phone#:					
Mother's Email Address:					
Father's Name		Father Cell phone		Father's home Phone #:	
Father's Employer name					
Father's work phone#:					
Father's Email Address:					
Friend or relative to be notified in case of emergency if both parents are unavailable – Name, address, phone# and relationship					
Allergies or medical problem of any sort:					
Child's Physician			Physician's Phone#:		
Date to start			Program (FD/HD/# of days)		
Parent Signature					
Please tell us more about your child					

# Spring Academy's Tuition Policy Agreement

1. Registration fee and annual material fee (\$200) applies to all students. In addition, those children who are enrolled in Kindergarten have an annual book fee due. If you child enrolls in other optional programs, there is a monthly fee as well.
2. In addition to the fees listed above, registration requires payment of one month tuition as a deposit which will be applied to your last month's tuition balance, and prepayment of first month tuition.
3. Payment terms: tuition could be paid annually (5% discount) or semi-annually (3% discount), **upon registration.**
  - 3a. Monthly tuition payments for 1<sup>st</sup> month is due upon registration, and first of every month thereafter, with the last payment being made on June 1<sup>st</sup> (for June's tuition minus the one month deposit, if your child is not coming back). Tuition is not subject to prorating for illness, holidays, emergency snow closings, or vacations.
4. If your payment schedule is monthly, tuition is due on the first of every month (except for 1<sup>st</sup> month). Please refer to the Late Fee details as specified on 'Tuition Schedule agreement'. Please make check payable to "Spring Academy", and print your child's full name in the memo section of your check. You could also use online bill pay or pay via Brightwheel account (instructions will be given out)
5. Your child may have the opportunity to participate in a special program or field trip. This may result in an additional fee due before the day of the event and may require completion of a specific permission slip.
6. There is \$30.00 returned check charge assessed to all checks that are returned from the bank. A family is allowed 2 returned items, all payments after that must be made with cash or money order.
7. Please refer to 'Tuition Schedule Agreement' in the next page, for Late Fees, school year schedule and delinquent accounts policy.
8. Aftercare ends at 6:00pm. A fee will be charged for any child not picked up before the school's regular closing time. This charge is \$15.00 per every 15 minutes. You will need to pay it in cash immediately to the daycare assistant upon picking up your child. Spring Academy will however extend 1 courtesy credit.

We certify that we have read, understood and will accept all of the terms and conditions described in the 'Tuition Policy Agreement'.

Father/Legal Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Mother/Legal Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

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

# Tuition Schedule Agreement

I understand and agree that my child will be attending Spring Academy on the following schedule

for the \_\_\_\_\_ School Year:

Age Group/Classroom \_\_\_\_\_ Completed by school Director

Tuition for this schedule is: \$ \_\_\_\_\_ **due** \_\_\_\_\_ Completed by school Director

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

## Drop in & Pick Up Schedule:

DAY	HOURS	
Monday	from _____ to _____	The times your child is dropped off and picked up is <b>VITAL</b> to our staffing needs.
Tuesday	from _____ to _____	
Wednesday	from _____ to _____	Please provide these times
Thursday	from _____ to _____	
Friday	from _____ to _____	

It is understood that students are entered for the full year and no deductions will be made either for absence, dismissal or withdrawal at any time during the school years. PLEASE NOTE: NO REFUND OF ANY PORTION OF TUITION SHALL BE MADE FOR ANY REASON. EVEN IF YOUR CHILD LEAVES THE SCHOOL DURING THE YEAR. THIS MEANS THAT PAYMENT FOR THE FULL YEAR'S TUITION IS EXPECTED EVEN IF YOUR CHILD ATTENDS ONLY A PORTION OF THE YEAR. Tuition is due in advance. For the convenience of payments, other payment arrangements may be made, and if the student starts in the middle of the school year, tuition could be prorated upon the starting date. I understand that full tuition payment is due per the payment schedule specified above.

Late fees will apply on a daily basis up till 15 days past due. I agree to pay a \$5.00 Late Fee for each day after my scheduled tuition payment date. After 15 days of delinquent tuition payment the School reserves the right not to accept your child in attendance. In the event that my account becomes delinquent for more than 30 days, I also agree to pay a finance charge of 3% per month on any balance due, as well as collection costs, court costs, attorney fees, and interest fees accrued with the collection of this account. The above stated fees will also apply to any extended hour charges billed to my account.

I have received a copy and read the terms outlined in the Registration Packet. I have already discussed all concerns I have regarding the Registration Packet with the Director and / or her designee. Furthermore, I understand and agree to the terms as outlined in the Registration Packet.

Parents' / Guardians' Signatures: \_\_\_\_\_

Parents' / Guardians' Print Names: \_\_\_\_\_

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

School's Authorized Signature: \_\_\_\_\_ Date \_\_\_\_\_



Dear Parent:

In keeping with New Jersey's child care center licensing requirements, we are obliged to provide you, as the parent of a child enrolled at our center, with this informational statement.

The statement highlights, among other things: your right to visit and observe our center at any time without having to secure prior permission; the center's obligation to be licensed and to comply with licensing standards; and the obligation of all citizens to report suspected child abuse/neglect/ exploitation to the State Central Registry Hotline (877) NJ ABUSE/ (877) 652-2873.

Attached after the licensing requirements are also Spring Academy policies, including tuition policy, sick policy, Positive discipline policy, photo release policy, general liability waivers, etc.

Please read the statement and this handbook carefully and, if you have any questions, feel free to contact me at: 908-360-5188.

Sincerely,

*Jill Ji*

Jill Ji  
Owner/Director  
Spring Academy

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Please complete and return this portion to the center. (Please print)

Name of Child: \_\_\_\_\_

Name of Parent(s): \_\_\_\_\_

I have read and received a copy of the Information to Parents statement prepared by the Office of Licensing, Child Care & Youth Residential Licensing, in the Department of Children and Families, as well as other forms such as Dismissal policy, Management of Communicable Disease, Sick policy, Expulsion policy, Positive Disciplinary policy, Photo Release policy, Social Media policy, policies by Spring Academy.

By signing below, I also agree that, to my knowledge, all of the above stated information is accurate.

- Yes, we have received, read and understand the Spring Academy Handbook and policy, and agree to abide by the Academy's policies as so described.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_