

Long Grove Country School ** **

Program Title

Preschool Registration 2020-2021

<u>Time</u>

	8:45/9am-11:30am/11:45	oam: Presc	nooi	I
Child's Name: Address:		Nick Name:	Bir	thday:
Mother's Name: Mother's Email: Father's Name: Father's Email: Gender:		Home Phone: Mother's Cell: Phone: Father's Cell:		
Please list your child	's dominant hand:			
	re offered Monday through Fr nch will bring a cold lunch fror			•
Please select prefere Length of Day: Half-Day Morning: Pick Up: 11:30am-11:45			Drop-O	ff: 8:45am-9:00am
Please Check One Da	ays per Week	Preferred Day(s) of the Week		Half-Day AM Monthly Tuition
\sqcup	3 Dave	Tuocday Modnoeday & Thureday	,	¢222

Tuesday, Wednesday, & Thursday

\$322

3 Days



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Student Pick-Up

Long Grove Country School will be running programs and classes continually throughout the day. We ask that you are respectful of pick-up times for your child. Students will only be released to individuals with a photo ID. Please send your child to school with a written note if your child will be picked up by someone other than yourself.

Plea 1.	se list any individuals authorized to pick up your child fro Relationship to Ch		Phone
2.	Relationship to Ch	hild	Phone
3.	Relationship to Ch	hild	Phone
Tuiti	ion Policy: Tuition is assessed annually. It is only tied to on may be paid annually, by semester, or monthly. se let us know your preferred payment option: Mon	nthly Semesterly	Annually
	 Tuition Discount Options A 10% discount is given for each sibling. There is a 10% discount for any tuition paid by June 30th. This includes monthly, semesterly, or annual tuition payments. Any discounted payments and prepayments are non-refundable. ELearning will be available if schools close for any reason. Credits will be issued for Extended Care payments if schools are required by order of the Governor. There is a 5% discount for any tuition paid in full by August 15th. Any discounted payments and prepayments are non-refundable. 	 fee for all checks return There is no refund for reason including vacati pandemic/national disa Regular tuition is due for Tuition may be prorated 	sters or moving. or weeks with holidays. d to the end of the current e if a family moves or if a

Payments Plans:

- Annual Payment Plans: Payment is due by August 15.
- □ **Monthly Payment Plans:** The monthly payment plan is due on the 15th day of the month prior month. For example, September Tuition is due on August 15th.
- □ **Semester Payment Plans:** The first payment is due on or before August 15. The second payment is due by January 15.

Release and Waiver of Claims

In consideration of my child's enrollment in Long Grove Country School and/or Long Grove Country Camp, we agree to release and hold harmless and indemnify Long Grove Country School and/or Long Grove Country Camp, its agents and employees, from and against all damages, liabilities, losses and expenses (including attorney's fees) arising out of or resulting from any claims, causes of action or demands whatsoever, made by us or by any other person or entity on the behalf of the child's participation in Long Grove Country School and/or Camp to the extent permitted by law, except for acts of omissions involving willful or wanton conduct by a director, officer, employee or agent of Long Grove Country School and/or Camp, and we hereby waive any and all such claims, demands and causes of action.



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Photograph Release

We permit Long Grove Country School and/or Camp to use photographs, films, videotapes and other facsimiles of the child taken during and/or camp (and related activities) in its brochures, newspapers, slide presentations and any other publications concerning promoting Long Grove Country School and/or Camp.

Classes Assignment

Long Grove Country School reserves the right to assign students to a specific classroom if this is in the best interest of the child or consolidate classes if attendance is low due to illness, enrollment or other factors to encourage socialization and/or individual development.

Vaccines & Immunization

Long Grove Country School requires all students to provide the state required immunizations for their child. This form should be available at your Pediatrician's office and must be submitted before your child may start school or summer camp.

<u>Birth Certificate:</u> State licensing requires a certified copy of the enrolled child's birth certificate to be copied by the school before attending school.

\$100 (per family) non-refundable registration fee is due upon registration.

Name of Child(ren):

Parent or Guardian's Name:

Parent or Guardian's Signature and
Date:



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Health Information & Emergency Treatment and Release

As a parent and/or guardian, I authorize the treatment by a qualified and licensed medical doctor of the following minor in the event of a medical emergency which in the opinion of the attending physician, may endanger his/her life, cause disfigurement, physical impairment or undue discomfort if delayed. This authority is granted after reasonable effort has been made to reach me and is in effect for the duration of the minor's care by Long Grove Country School.

Name of child/minor: Name of child/minor:			Birthdate:			-
Address		City		State	Zip	_
Mom's Home Phone		Cell		Work		
Dad's Home Phone		Cell		Work		_
Specific allergie	es, chronic ill	nesses, o	ther medica	l or ed	ucation concer	ns:
In the case of an emergency operents, the following people			ool will contact the	child's pa	arents. If unable to con	itact the
1.	Relationship	o to Child		Phone		_
2.	Relationship	o to Child		Phone		-
3	Relationship	o to Child		Phone		- -
Long Grove Country School has without prior notice from the par				nor(s) at aı	ny time to the people liste	ed above
This form is signed with the sole all responsibilities for any fees in					stances in my absence.	I assume
Physician's I	Name					
Physican's A	Address & Phone					
Policy Holde	r's Name					
Insurance P	rovider					
Policy Numb	er .					
Parent Signature	Date		Parents Signatu	re	Date	
		_				



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Student Information

Child's Name:	Nick Name:	Birthday:
Mother's Name:	Phone:	
Father's Name:	Phone:	
Who does your child live with?:	□Both □Mom □Dad	
Please list any brothers and sisters of your o	Age	Grade
Name	Age	Grade
Name	Age	Grade Grade
name	Age	Grade
What are your goals for your child in presch	ool?	
Please let us know some areas of special int (Animal, Dinosaurs, Princesses, Trains, Sports,	_	
What does your child like doing when he/she	e is not at school?	
What are your child's strengths?		
Please list any preschools or classes your c to these situations.	hild has experienced and	his/her reaction

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Does your child have any fears?
Please list parents' Occupations, Place of Employment and Hours of work.
Does your family celebrate any special holidays or traditions?
Please tell us about your child and any additional information we should know. Please include any developmental concerns and/or special custody arrangements: