



2024/25 Early Childhood Program Registration

Child's Name _____ DOB _____ Age _____ School Year **2024/2025**

Select Program _____ Toddlers _____ 2-Year Old _____ 3-Year Old _____ 4-Year Old Program

Parent Name _____ Email _____

Home Address _____ Cell Phone _____

Emergency Notification

Name _____ Phone _____ Relationship _____

Please indicate any food allergies, medical conditions, or any other information we should be aware of.

Rye Reads Learning Center, 30 Elm Place, Rye, NY 10580 for 3s and 4s
43 Theodore Fremd, Rye, NY 10580 for Toddlers and 2s

	Program ___ Toddlers ___ 2s ___ 3s ___ 4s	Morning 9:00 am– 11:45 am	Afternoon Adventure 12:15 pm – 2:45 pm	Morning/ Afternoon Adventure* 9:00 am – 2:45 pm	Circle days in attendance.	Monthly Fees for Morning or Afternoon	Monthly Fees for Morning and Afternoon
5 days					M T W TH F	\$ 975.00	\$ 1650.00
4 days					M T W TH F	\$ 850.00	\$ 1425.00
3 days					M T W TH F	\$ 675.00	\$ 1150.00
2 days					M T W TH F	\$ 525.00	\$ 825.00

*Morning and Afternoon Adventure includes Lunch Bunch**

ADD-ONS FOR DAYS INDICATED ABOVE

	Lunch Bunch	Monthly Fees	Early Drop- Off	Monthly Fees
5 days		\$400.00		\$400.00
4 days		\$320.00		\$320.00
3 days		\$240.00		\$240.00
2 days		\$160.00		\$160.00

Registration Fee Policies

Registration for the 2024 calendar year (January – December) is confirmed upon receipt of this signed registration form and a one-month non-refundable deposit which will be credited to your first month's fees. No pro-rate or refunds for missed days. Invoices will automatically be sent on the 15th of each month. Payment is due by the 30th of the month. A 30-day written cancellation notice is required.

PARENT SIGNATURE _____ DATE _____

Parent Consent Form

I consent to the enrollment of _____ (child's name). I permit the following:

1. To seek emergency medical treatment for my child if I cannot be reached.
2. To allow my child to be photographed and to allow any pictures in which my child appears to be released for publication in newspapers, brochures, fundraising or public relations.
3. To release my child to any of the following people if I am unable to pick him/her up providing I notify the teacher-in-charge/Program Manager (please include names and phone numbers):

Name _____ Cell Phone _____

POLICY STATEMENT APPLICABLE TO ALL PROGRAM REGISTRATIONS

1. Rye Reads LLC Programs are tutoring programs open to all applicants.
2. Unless otherwise noted, sessions will meet by the 2024/25 Rye School District calendar.
3. If your child will be absent from Rye Reads LLC, you must contact your child's teacher or the Program Manager at (347) 738-1080 by 8:00 AM on the day of the absence.
4. Parents will be expected to arrange for their child to be picked up in the event the child shows signs of infectious disease or other illness while at Rye Reads LLC.
5. All children must be picked up by the parent who has registered the child or by an individual designated on the Parent Consent Form, or by another individual authorized by the parent, provided the parent has notified the Director, Office Manager, or Teacher-in-charge. We request this authorization in writing and ID is required at the time of pick-up.
6. Children must be picked up by time. Dismissal begins 10 minutes before the end of class.
7. Rye Reads LLC does not provide a snack daily, but children may bring their own. Please indicate on the registration form if there are any food allergies, so we can inform other parents of food restrictions.
8. Rye Reads LLC may not administer medication of any kind.
9. Rye Reads LLC recognizes the need to protect our children and requests consent to photograph the children during our special events. Rye Reads LLC will take all steps to ensure these images are used solely for the purposes they are intended.
10. We agree to observe all rules of the program and to participate in activities at our own risk and in no way hold Rye Reads LLC, its officers, directors, and employees liable for accidents or illness.