

learningandfundaycare.com
info@learningandfundaycare.com
(347) 256-6703



learningandfundaycare
215 East 6th Street
New York, NY 10003

APPLICATION FOR ADMISSION (NO FEE)

DATE _____

CHILD'S INFORMATION

Name: _____ Birth Date: _____ M F

Address: _____ City: _____ Zip: _____

Start Day: _____ Days Attending: _____ Full-time Part-Time After School

Child's Physician: _____ Physician's Phone Number: _____

Physician's Address: _____ City: _____ Zip: _____

Is your child on medication: _____ What kind? _____

Does your child have any allergies? _____

Child lives with: Both Parents Mother Father Other

Siblings (Name, ages): _____

Has your child attended school before? _____ Name of last school: _____

Describe your child: _____

Is your child toilet trained? _____ Describe assistance needed and words used _____

Does your child eat alone or needs partial help? _____

PARENT 1/GUARDIAN

Name: _____ Occupation: _____

Employer Address: _____ City: _____ Zip: _____

E-Mail Address: _____ Work Phone: _____

Home Phone: _____ Cell Phone: _____

PARENT 2/GUARDIAN

Name: _____ Occupation: _____

Employer Address: _____ City: _____ Zip: _____

E-Mail Address: _____ Work Phone: _____

Home Phone: _____ Cell Phone: _____

IN ADDITION TO PARENTS/GUARDIANS, WHO IS PERMITTED TO PICK UP YOUR CHILD?

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

IN CASE OF EMERGENCY, CONTACTS: _____

Any additional information about your child that could help us make the most positive experience for your child? _____

How did you hear about Learning and Fun Daycare? _____

Signature of Parent/Guardian: _____ Date: _____

learningandfundaycare.com
info@learningandfundaycare.com
(347) 256-6703



learningandfundaycare
215 East 6th Street
New York, NY 10003

Learning and Fun Daycare Tuition Agreement

Agreement date this _____ day of _____, 2016 between Learning and Fun Daycare (“School”) and _____ (“Parents”)

Where Parent desire their child _____ to become a pupil at the School, and School accepts child as a pupil for the school year 2016-2017. Parent shall pay

School monthly payments: \$_____ are to be made on or before the 1st of each month.

The first month payment is due and payable upon execution of this Agreement.

Parents and School agree to the following:

LATE PAYMENT FEES – Late payments will be subject to a 10% late fee. Students will not be allowed to remain in the School if the accounts becomes in arrears. Checks returned for non-sufficient funds will be subject to a \$45 fee.

LATE PICK UP FEES – A late fee of \$5 for every 5 minutes is due if child is not picked up on time. Police will be notified if child in not picked up by 7:00pm.

ABSENCES – Full tuition is expected for any absences. This includes, but is not limited to: sick days, vacation, federal holidays/ school recess and weather closings.

WITHDRAWAL / ENROLLMENT CHANGE – A one month written notice is required for all withdrawals. A two-week written notice is required for all enrollment changes.

MANDATORY FORMS – The following forms are required before your child can be dropped off at the school: Medical Requirements for New School Entrants – Signed by Physician or Nurse Practitioner and current as per NY State Dept. of Health, Child Health Examination Form, Enrollment Agreement (This form), Parent Manual Sign Off.

Enrollment is determined on a first come, first served basis with priority given to returning students and siblings. There will be a family discount of 10% if more than one child enrolled. This discount applies to full-time children only.

The school requires a deposit of one month to hold a space for your child for the upcoming session or semester. Deposit will be applied to your last month's tuition. If the contract is breached, deposit is non-refundable.

Please select days that you would like your child to attend.

Schedule	Monday	Tuesday	Wednesday	Thursday	Friday
Full Day 7:30am-6:30pm					
Extended Day 8:00am-3:00pm					
Half Day 8:00am-12:00pm					
After School Program 3:00pm-6:00pm					

I understand that I must give a one month notice to withdraw my child from Learning and Fun Daycare once the registration process has begun. In the case of withdrawal I will be responsible for one month's tuition whether or not my child attends.

Print Name: _____ Relationship to child: _____

Signature of Parent/Guardian: _____ Date: _____

Learning and Fun Daycare: _____ Date: _____