

ZIMMER Enrollment Contract

for 2011-2012

between Zimmer Preschool & the Family of

Address: _____

To register your child, please return forms and fees. A space is guaranteed only upon receipt of forms and fees. Please fill out a separate form for each child.

ENROLLMENT AGREEMENT

I have read and accept the policies outlined in the Enrollment Booklet: the Terms of Agreement; the school's policies and procedures; the state-mandated "Information to Parents" document and the "Expulsion Policy".

Both parents must sign:

Mother's Signature _____ Date _____

Father's Signature _____ Date _____

METHOD OF PAYMENT:

- Credit/Debit; Check; Cash
Payment if full; Incremental Plan

SECURITY DEPOSIT

In lieu of a security deposit, we require that a credit card number be maintained on record until full annual tuition has been paid.

Card No: _____

Security Code: _____ Expires: ____/____/____

Sign: _____

PHOTOGRAPHS

We regularly post photos on our website & Facebook page without children's names. (We will not identify students without parental permission)

SCHOOL DIRECTORY & CHABAD E-MAIL LIST

I do / don't want my child's information included in the directory
I do / don't want to join the Chabad weekly e-mails

Please check off any box that is relevant to your tuition:

ANNUAL TUITION:

INFANTS & WALKERS

(6-17 months when enrolling)
Please see Infant Form for tuition info.

YOUNG TODDLERS (18-ms by Sept 1, 2011)

- 9:00 a.m. - 12:30 p.m. / Monday - Friday
2-day program \$3235 scholastic year
3-day program \$4410 scholastic year
5-day program \$6590 scholastic year

- 9:00 a.m. - 2:00 p.m. / Monday - Friday
2-day program \$4645 scholastic year
3-day program \$6295 scholastic year
5-day program \$9460 scholastic year

OLDER TODDLERS (27-ms by Sept, 2011)

- 9:00 a.m. - 12:30 p.m. / Monday - Friday
2-day program \$3000 scholastic year
3-day program \$4030 scholastic year
5-day program \$5410 scholastic year

- 9:00 a.m. - 2:00 p.m. / Monday - Friday
2-day program \$4250 scholastic year
3-day program \$5730 scholastic year
5-day program \$7600 scholastic year

PRESCHOOL (3-years by Sept 1, 2011)

- 9:00 a.m. - 2:00 p.m. / Monday - Friday
3-day program \$5640 scholastic year
5-day program \$7410 scholastic year

PREK (4-years by Sept 1, 2011)

- 9:00 a.m. - 2:00 p.m. / Monday - Friday
4-day program \$6670 scholastic year
5-day program \$7410 scholastic year

KINDERGARTEN (5-years by Sept 1, 2011)

- 8:30 a.m. - 2:00 p.m. / Monday - Friday
5-day program \$9500 scholastic year

REGISTRATION FEES

Applies only to scholastic program:

- For new students:
\$75 registration fee
For all students entering kindergarten:
\$150 Registration Fee
\$150 Book Fee
\$100 Program Fee

EXTENDED DAY (for school year):

Select hours & days to form your personalized schedule

To calculate Extended Day tuition: count Total Hours per week, multiply by \$6.50 per hour, multiply by 40 weeks (full scholastic year). This is added to School Tuition and is subject to the same Terms of Agreement.

BEFORE CARE (from 7:00 to 9:00am)

- Mon am - am (1-hour increments)
Tues am - am (1-hour increments)
Wed am - am (1-hour increments)
Thurs am - am (1-hour increments)
Fri am - am (1-hour increments)
Total Before Care Tuition: \$ _____

AFTER CARE (from 2:00 to 6:00Pm)

- Mon pm - pm (1-hour increments)
Tues pm - pm (1-hour increments)
Wed pm - pm (1-hour increments)
Thurs pm - pm (1-hour increments)
Fri pm - pm (1-hour increments)
Total Before Care Tuition: \$ _____

SPECIAL ARRANGEMENTS:

- Multiple Children discount
Payment in Full discount
Other

SUMMER PROGRAM:

June 27 - August 19, 2011

18 months* - 2.5 years: 9:00am - 12:30pm

- 3-day (Mon, Wed, Fri) \$105 per week
5-day (Mon-Fri) \$150 per week

18 months - 2.5 years: 9:00am - 2:00pm

- 3-day (Mon, Wed, Fri) \$205 per week
5-day (Mon-Fri) 9am 2pm \$295 per week

2.5 - 5 years: 9:00am - 2:00pm

- 3-day (Mon, Wed, Fri) \$175 per week
5-day (Mon-Fri) 9am 2pm \$250 per week

(Infants & Walker Program will open based on sufficient parental interest.)

Program runs for 8-weeks; registration is for a minimum of 2 consecutive weeks.

To calculate Total Summer Tuition: Select the program, and multiply that tuition by the amount of weeks you are enrolling.

For Extended Day options, see below.

EXTENDED DAY (for summer):

Select hours & days to form your personalized schedule

To calculate Extended Day tuition: count Total Hours per week, multiply by \$6.50 per hour, multiply by the amount of weeks you are enrolling. This is added to Total Tuition and is subject to the same Terms of Agreement.

BEFORE CARE (from 7:00 to 9:00am)

- Mon am - am (1-hour increments)
Tues am - am (1-hour increments)
Wed am - am (1-hour increments)
Thurs am - am (1-hour increments)
Fri am - am (1-hour increments)
Total Before Care Tuition: \$ _____

AFTER CARE (from 2:00 to 6:00Pm)

- Mon pm - pm (1-hour increments)
Tues pm - pm (1-hour increments)
Wed pm - pm (1-hour increments)
Thurs pm - pm (1-hour increments)
Fri pm - pm (1-hour increments)
Total Before Care Tuition: \$ _____

SPECIAL ARRANGEMENTS:

- Multiple Children discount
Payment in Full discount
Other

CHILD-RELEASE AUTHORIZATION

For the school to release the child to anyone other than his/her parents, written authorization must be given. Parent authorizes the following people to take child from school:

Person 1 _____

Phone _____

Relationship _____

Person 2 _____

Phone _____

Relationship _____

zimmer
Preschool at the Chabad Jewish Center



Your Child:

Child's Name _____

Hebrew Name _____

Is your child called by any other name? _____

Birth Date ____ / ____ / ____

Address _____

City _____ Zip Code _____

Phone () _____

APPLICATION FOR ADMISSION

Parents:

MOTHER'S NAME _____

First

Last

Hebrew

Occupation _____

Business Name _____ Business Phone _____

Address (if different to child's) _____

City _____ State _____ Zip _____ Phone _____

Cellular Phone _____ E-mail: _____

FATHER'S NAME _____

First

Last

Hebrew

Occupation _____

Business Name _____ Business Phone _____

Address (if different to child's) _____

City _____ State _____ Zip _____ Phone _____

Cellular Phone _____ E-mail: _____

Marital status of parents _____

Does someone other than the parent care for your child? _____

Name _____ Phone Number _____

Siblings:

Names and ages of siblings _____

Placement of child in family _____

CHILD'S NAME: _____ DATE: _____

PLEASE ATTACH A COPY OF YOUR CHILD'S IMMUNIZATION RECORD

It is the parents' responsibility to keep these forms up to date.

What past illnesses has your child had at what age?

Chicken pox ___ Scarlet fever ___ Diabetes ___ Mumps ___ Measles ___ Hepatitis ___ other _____

Does your child have any allergies? _____ Explain _____

Any problems in infancy, physical development, etc (use reverse side if necessary) _____

Has your child ever been hospitalized or had a serious illness? _____

If so, please explain _____

ADMINISTERING PRESCRIPTION OR PATENT MEDICINE

I authorize the preschool staff to administer prescription or patent medicine to my child as specified in written instructions.

MEDICAL EMERGENCIES

I authorize the director or director's designee to seek appropriate medical care for my child, if necessary.

A. In case of emergency, when neither parent can be reached, give names of two people who will take responsibility for your child.

Name _____

Name _____

Phone (Home) _____ (Business) _____

Phone (Home) _____ (Business) _____

Address _____

Address _____

Town _____

Town _____

Relationship to student _____

Relationship to student _____

B. If parents cannot be reached and emergency medical advice is needed, permission is given to the preschool staff to phone my child's doctor:

Doctor _____ Phone _____

Address _____ Town _____

Doctor's hospital affiliation _____

C. In case of medical emergency requiring immediate emergency care, I authorize the paramedics to take my child to the nearest hospital, if necessary. It is understood that I will hold Zimmer School harmless for the nature and outcome of any emergency medical treatment. It is also understood that I leave the decision of what constitutes an emergency to the sole direction of the staff.

D. FURTHER MEDICAL INFORMATION

Allergic reactions to medication _____

Medication child is taking on a regular basis _____

Any special medical circumstances _____

Mother's Signature _____ Date _____

Father's Signature _____ Date _____

MEDICAL INFORMATION

UNIVERSAL CHILD HEALTH RECORD

Endorsed by:
American Academy of Pediatrics, New Jersey Chapter
New Jersey Academy of Family Physicians
New Jersey Department of Health and Senior Services

SECTION I - TO BE COMPLETED BY PARENT(S)

Child's Name (Last)	(First)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth / /
Does Child Have Health Insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, Name of Child's Health Insurance Carrier		
Parent/Guardian Name	Home Telephone Number	Work Telephone/Cell Phone Number	
Parent/Guardian Name	Home Telephone Number	Work Telephone/Cell Phone Number	
<i>I give my consent for my child's Health Care Provider and Child Care Provider/School Nurse to discuss the information on this form.</i>			
Signature/Date		This form may be released to WIC. <input type="checkbox"/> Yes <input type="checkbox"/> No	

SECTION II - TO BE COMPLETED BY HEALTH CARE PROVIDER

Date of Physical Examination:	Results of physical examination normal?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Abnormalities Noted:	Weight (must be taken within 30 days for WIC)			
	Height (must be taken within 30 days for WIC)			
	Head Circumference (if <2 Years)			
	Blood Pressure (if >3 Years)			

IMMUNIZATIONS	<input type="checkbox"/> Immunization Record Attached
	<input type="checkbox"/> Date Next Immunization Due:

MEDICAL CONDITIONS

Chronic Medical Conditions/Related Surgeries • List medical conditions/ongoing surgical concerns:	<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached	Comments
Medications/Treatments • List medications/treatments:	<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached	Comments
Limitations to Physical Activity • List limitations/special considerations:	<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached	Comments
Special Equipment Needs • List items necessary for daily activities	<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached	Comments
Allergies/Sensitivities • List allergies:	<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached	Comments
Special Diet/Vitamin & Mineral Supplements • List dietary specifications:	<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached	Comments
Behavioral Issues/Mental Health Diagnosis • List behavioral/mental health issues/concerns:	<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached	Comments
Emergency Plans • List emergency plan that might be needed and the sign/symptoms to watch for:	<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached	Comments

PREVENTIVE HEALTH SCREENINGS

Type Screening	Date Performed	Record Value	Type Screening	Date Performed	Note if Abnormal
Hgb/Hct			Hearing		
Lead: <input type="checkbox"/> Capillary <input type="checkbox"/> Venous			Vision		
TB (mm of Induration)			Dental		
Other:			Developmental		
Other:			Scoliosis		

Name of Health Care Provider (Print)	Health Care Provider Stamp:
Signature/Date	