



REGISTRATION PACKET

2017-2018

www.BrickellPreschool.com

305-373-8303

Registration

Please complete the following forms and return them to our office to begin the enrollment process. All sections must be completed. If you have any questions as you fill out the packet, please contact us.

Checklist

- Enrollment Forms
- Tuition Contract and Payment Method
- Enrollment Fee
- Medical and Emergency Information
- School Health Forms from your Pediatrician (Medical and Immunization)
- Copy of your child's birth certificate (New Students)
- Copy of parents' government issued photo ID (New Students)
- Copy of government issued photo ID for each designated adult for pickup

The school calendar and parent's handbook will be mailed after registration is processed and all outstanding fees and documents are completed.

Enrollment Contract

Your Child

Child's Name _____ Last Name _____

Jewish Name _____ D.O.B. _____

Address _____ City _____ Zip _____

Parents

Father's Name _____ e-mail _____

Phone _____ Cell _____

Occupation _____ Business Phone _____

Business Address _____

Is father Jewish? Yes No If yes, by: Birth or Choice

Mother's Name _____ e-mail _____

Phone _____ Cell _____

Occupation _____ Business Phone _____

Business Address _____

Married Separated Divorced – how long _____

Is mother Jewish? Yes No If yes, by : Birth or Choice

Family

Language spoken at home _____

Name and ages of siblings _____

_____ Placement of child in family _____

Parent's Signature: _____

Date: _____

Tuition Contract 2017-2018

Child's Name: _____

Annual Registration Fee..... \$350 **Material Fee:** \$50

Tuition Fee ...Payments Due on the 1st of every month, beginning on August 1st, and ending on May 1st.

Please check one:

| Program | Tuition | 10 Monthly Payments |
|--|----------|---------------------|
| <input type="radio"/> Infant Class, Ages 9 -18 months 5 Full Days (8:30am-3:30pm)* | \$10,000 | \$1000 |
| <input type="radio"/> Toddler and Pre-Montessori, Ages 18 months- 3 years 5 Half Days (8:30am-12:30pm) | \$7,200 | \$720 |
| <input type="radio"/> Toddler and Pre-Montessori, Ages 18 months- 3 years 5 Full Days (8:30am-3:30pm)* | \$8,800 | \$880 |
| <input type="radio"/> Montessori, Ages 3-6 5 Full Days (8:30am - 3:30pm)* | \$9,500 | \$950 |

The child must be of age by September 1st to join a group. *Friday hours 8:30-2:30pm

Extended Day

| | |
|--|---|
| <input type="checkbox"/> Early Care 8:00 am 8:30am | <input type="checkbox"/> After Care 3:30 pm – 4:30 pm |
|--|---|

The non-refundable registration fee holds a place until August 1, 2017. Unless the school receives written notice of withdrawal of the contract by this date, the family will be held responsible for tuition payments. Tuition payment is non-refundable.

Students are entered into the Preschool of the Arts under an enrollment **contract** for the entire school year. Voluntary early withdrawal has to be submitted in writing prior to the first of the month, and 30% of the remaining tuition payment is due.

Payments:

Tuition - Payments are processed on August 1, 2017 through May 1, 2018

Postdated Checks (enclose all checks)

Visa Master Card Amex CC# _____

Exp. _____ / _____ CVV: _____

Parent's Signature: _____ Date: _____

Medical and Emergency Information

Child's Name: _____ Date: _____

A- Emergency Alternate Contacts

In case of emergency, when neither parent can be reached, please list two contacts who will take responsibility for your child.

1. Name _____ Relationship to child _____

Phone () _____ () _____

2. Name _____ Relationship to child _____

Phone () _____ () _____

B- Doctor's Information

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

Family Doctor's Name _____

Address _____

Doctor's Office Phone _____

Allergies or Medical Problems _____

Are there any conditions or behaviors that require special attention, medication or a special diet?

C- Emergency Care Authorization

In case of medical emergency requiring immediate emergency care, I give consent to transport my child by ambulance to the nearest hospital and administer the appropriate care.

Parent's Signature: _____ Date: _____

Insurance Company Covering Child: _____

Policy Number: _____ Expiration Date: _____

Child's Name: _____

Authorization for Pickup:

I authorize the following people to pick my child up from school without prior notice. Please attach a photo id for each person listed below.

Name: _____ Relationship to child: _____

Name: _____ Relationship to child: _____

Password: *Initial:* _____

Circumstances may occur when you will need someone that is not listed above to pick your child up from this facility. When these circumstances arise, you will call and inform us of your instruction. Informing us of your password will enable us to carry out your instructions.

Password: _____

Hours of Operation: *Initial:* _____

Preschool of the Arts is open Monday through Friday. Our program hours are from 8:30 am to 3:30 p.m. (Friday until 2:30) with extended care offered from 8:00 a.m. until 4:30 pm. (Friday until 3:30). Please be prompt. If a staff member must stay beyond 15 minutes from the time your child is scheduled to leave, you will be charged a \$25 late fee.

Physical Activity: *Initial:* _____

Your child will partake in indoor and outdoor physical activity for at least 45 minutes each day. Please send your child to school with appropriate clothing for the weather, such as sweaters and rain gear. Children are to wear closed toe, supportive shoes. **No flip flops or open back shoes allowed.** When we experience inclement weather, we will partake in indoor gross motor play. Children will be encouraged, but never forced, to participate in the physical activities.

Food Related Activities: *Initial:* _____

I allow my child to participate in food related activities such as baking conducted at school.

Picture Permission: *Initial:* _____

I give permission for my child's photo to be used for display and public relations purposes. As well as for my child's photo to be posted on the Brumer Preschool of the Arts website.

I have read the above information and I understand and consent to all the aforementioned.

Parent's Signature: _____ Date: _____



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