112 Glen Head Road *   Glen Head, NY 11545 *   516 - 674 - 4037 / FAX: 674 - 4056 *   www.littlescholarsdayschool.com

<u>**Registration Form**</u>

Child's Name: _____ **Date of Birth:** _____

Address: _____ **Home Phone:** _____ **E-Mail:** _____

Mother's Name: _____ **Business Phone:** _____ **Cell:** _____

Father's Name: _____ **Business Phone:** _____ **Cell:** _____

<u>Little Scholar's Programs:</u>

• **Infant (4 Months - 18 Months)**
• **Toddlers (18 Months - 36 Months),**
• **Nursery & Pre - K (3 Years - 5 Years)**
• **Before & After UPK Care (4 Years - 5 Years)**
• **Half Day (4 Hours)**
• **Full Day (8 Hours)**
• **Extended Day (8+ Hours)**

Program / Days Selected:_____

To reserve your Childs spot in our facility, please include one month tuition which acts as a retainer / registration fee (non refundable). Half of this retainer / registration fee is applied towards your Child's initial registration with the other half applied to your Childs final month of enrollment. Payment is for a place in the school and not for the period of attendance. Tuition is due the 1st of the month with a 5 day grace period. Tuition is due regardless of school closings, days absent, vacations, holidays, and or snow days. This also includes emergency closings beyond our control, such as a pandemic. There are no refunds for those days and we are unable to provide for make up days. Tuition, retainer, and registration fees are non-refundable. Little Scholars reserves the right to request a student to withdraw if we are unable to meet the child's needs, if the child is disruptive, displays dangerous behavior (no refunds), or due to non-payments, which I the parent agree to pay any legal fees incurred in the collection process. Little Scholars is not responsible for a child during unscheduled arrival or dismissal time unless prior notice. No child will be admitted without an updated medical file, or without paid tuition. It is the parents' / guardians' responsibility to inform the school of any changes in the Child Profile Packet.

Sign below to grant Little Scholars permission to use any photographs / videos taken during this program for social media or promotional purposes (Optional):

_____   _____
Parent/Guardian Signature   **Date**

_____   _____
Parent/Guardian Signature   **Date**

Additional Notes:

_____

_____

_____

_____

_____

_____

_____

Sign Below To Complete Registration:

_____   _____
Parent/Guardian Signature   **Date**

_____   _____
Parent/Guardian Signature   **Date**