

Please sign & return Application to the office. The NYS Child Medical Statement is due prior to the first day of school.

B.E.S.T. LEARNING CENTER

2017/2018

525 Veterans Memorial Highway
Smithtown, NY 11787

Phone: 631-864-4064 Fax: 631-864-4056
www.bestlearningcenter.com

Office Use Only

Cash ___ Check # _____
Amount paid \$ _____
Date paid _____
Reg. Fee \$ _____
Month paid for _____
Teacher _____
Monthly Tuition \$ _____
Start date _____

Name of Child: _____

Present Address: _____

Phone: _____ (street) _____ (city) _____ (state/zip)
D.O.B. _____ Boy ___ Girl ___ Nickname _____

Please Check and Circle all that apply:

AGE **SESSION** **DAYS** (according to BEST calendar)

___ **Infant/Toddler Care** (6-18 months)

___ **2 Days** ___ **3 Days** ___ **5 Days** (Please Circle Days) **M T W Th F** (up to 10 hours per day)

___ **Step-up 2 year old Full Day class** (18 months as of Sept.) **Full Day (9-4)** ___ **TTH** ___ **MWF** ___ **M-F**

___ **2½ year old Full Day class** **Full Day (9-4)** ___ **TTH** ___ **MWF** ___ **M-F**

___ **2 year old Half Day class** **AM (9-12)** ___ **TTH** ___ **MWF** ___ **M-F**

___ **3 year old class** ___ **Full Day (9-4)** ___ **AM (9-12)** ___ **PM (1-4)** ___ **TTH** ___ **MWF** ___ **M-F**
___ **Mini Day (10-3)** ___ **TTH** ___ **MWF** ___ **M-F**

___ **4 year old class** ___ **Full Day (9-4)** ___ **AM (9-12)** ___ **PM (1-4)** ___ **TTH** ___ **MWF** ___ **M-F**
___ **(Pre-K)** ___ **Mini Day (10-3)** ___ **TTH** ___ **MWF** ___ **M-F**

___ **4 year old Accelerated Pre-Kindergarten Full Day (9-4) M-F Class** (pending Pre-K screening process)

___ **Lunch Bunch (for AM or PM classes): (12:00pm – 1:00pm)** ___ **TTH** ___ **MWF** ___ **M-F**

___ **Extended Care Needs:** ___ **AM Hours** ___ **PM Hours** **M T W Th F**
(Please write the times you will need for AM & PM Extended Care) (Please circle days)

___ **Elementary Age Extended Care: Elementary School** ___ **Grade** ___
___ **AM Hours** ___ **PM Hours** **M T W Th F**
(Please write the times you will need for AM & PM Extended Care) (Please circle days)

Father's name: _____ Occupation: _____

Employer's name, address: _____

Daytime Phone: _____ Cell Phone: _____ Email: _____

Mother's name: _____ Occupation: _____

Employer's name, address: _____

Daytime Phone: _____ Cell Phone: _____ Email: _____

Parents: Married ___ Never married ___ Separated ___ Divorced ___ Parent Deceased ___

Other children in family: _____ Ages: _____

Applicant lives with: _____ School District that you reside in: _____

Has your child attended pre-school prior to this year? ___ what school and how long? _____

How were you referred to B.E.S.T. Learning Center? _____

CHILD'S FULL NAME: _____ DATE: _____

Has your child ever been screened for any support services such as Speech, OT, PT, etc.? If so, when _____

Is your child receiving any services now? _____ If so: what services, how often and through what agency? _____

Person to notify for emergency: _____ Phone: _____

Medication and/or health problems: _____

Allergies or Illnesses: _____ EpiPen : Yes ___ No ___

Operations, accidents, hospital experiences: _____

Please provide full and accurate health information to ensure child's safety and well-being.

EMERGENCY NOTIFICATION

Persons, other than parents, authorized to be called in case of emergency or sickness:

Name _____ Relationship to child _____

Address: _____ Phone # home: _____ wk: _____

Name _____ Relationship to child _____

Address: _____ Phone # home: _____ wk: _____

Name _____ Relationship to child _____

Address: _____ Phone # home: _____ wk: _____

Name _____ Relationship to child _____

Address: _____ Phone # home: _____ wk: _____

Child's Physician: _____ Phone #: _____

It is the responsibility of the parent or legal guardian that a **child does not attend school when ill** and that in the event that a child should become ill during school hours the parent will provide transportation from the facility immediately.

Persons authorized to pick up the child: All of the above: Yes _____ No _____

Any person picking up a child for the first time must go to the office to show identification. A note should be sent to school with your child authorizing your child's release. If the pick-up arrangements are made after the child is already at school a phone call must be made by a parent and picture identification is required. **Under no circumstances will a child be released to anyone not known to the school without identification and authorization from the parents or guardian.**

UNAUTHORIZED PICK UP INFORMATION

Name _____ Relationship to child _____

Reason why this person cannot pick up _____

Please note that if the above named person is a parent or legal guardian we may be forced to release your child to their custody unless legal documentation stating otherwise has been submitted to us. We will make every attempt to contact you prior to releasing your child.

PERMISSION TO RECEIVE EMERGENCY MEDICAL CARE

I give permission for the Director or Acting Director to take whatever steps may be necessary to obtain emergency medical care if warranted. These steps may include, but are not limited to, the following:

1. Attempt to contact a parent or guardian.
2. Attempt to contact child's physician.
3. Attempt to contact a parent or guardian through any of the persons listed on the emergency information form.
4. If we cannot contact you or your child's physician we will do any and all of the following: (a) call another physician, (b) call an ambulance, (c) have the child taken to an emergency hospital, in the company of a staff member.
5. Any expenses incurred under 1-4 above, will be paid by the child's family.
6. The school will not be responsible for anything that may happen as a result of false information given at the time of enrollment.

Signed _____ (Mother) Date: _____

Signed _____ (Father) Date: _____

All children are required to have a complete physical annually and must meet the minimum requirements of the New York State Department of Health Immunization Guidelines. Children are not permitted to attend school until all required documents are completed and signed.

Minimum Immunization Requirements for School Attendance according to NYS Law

By 6 months of age or by 1st Day of School:

- | | |
|--|--------------------------|
| 3 Diphtheria Toxoid/Tetanus Toxoid/Pertussis (DTP) | 3 Rotavirus |
| 3 OPV (Polio) | 3 Hepatitis B |
| 3 HIB (before 15 months or 1 HIB after 15 months) | 3 Pneumococcal Conjugate |

Given between 12-15 months but by 15 months:

- Varicella
- 1 MMR (1 Measles, 1 Mumps, 1 Rubella)
- TB test (physician's discretion)
- Lead Screening at 1 and 2 years

Children must wear appropriate clothing and footwear at all times. Children must wear safe and sturdy rubber soled shoes, preferably sneakers. Please refrain from sending the children to school in "croc" style shoes, flip flops and sandals. Children wearing inappropriate footwear will not be permitted to participate in recess or gym activities. Children without weather appropriate clothing may not be permitted to participate in outdoor activities.

____ I authorize B.E.S.T. Learning Center to post school activity photographs that may include my child on the B.E.S.T. Learning Center website, www.bestlearningcenter.com, brochures and advertising.

____ I Do Not authorize B.E.S.T. Learning Center to post school activity photographs that may include my child on the B.E.S.T. Learning Center website, www.bestlearningcenter.com, brochures and advertising.

CHILD'S FULL NAME: _____ DATE: _____

Schedule and Requirements for Registration

Early In-School Priority Registration- begins December 1, 2016 (for our presently enrolled students only)

- \$75.00 Registration fee and \$300.00 Deposit towards June 2018 – total due with submitted application is \$375.00.
- Balance of June 2017 tuition is due in full by March 1, 2017 to ensure placement in our program.

Open Registration- begins January 1, 2017 (open to all):

- \$75.00 Registration fee and June 2017 tuition in full are due with submitted application.
- All registration is contingent upon availability. You may request to be placed on our waiting list if the class is unavailable.
- All registration fees and tuition deposits are non-refundable (including June tuition in full) with no exceptions and may not be applied to any other billings.
- Applications must be complete with policies and procedures and all required signatures.
- Tuition is based on a yearly amount divided into 10 equal monthly payments. There are no reductions or make-up days for shorter months or school closings.
- A 10% discount is applied to the lesser tuition for siblings.
- A 5% discount is offered on a full year's tuition paid in full by September 10th. A discount is not available for late registrants that begin after September 10th.
- All tuition is due on the 1st of each month and will incur a late fee of \$20.00 after the 10th of each month. We do not send bills or reminders until your payment is late.
- Extended care is calculated at the rate of \$7.00 per hour, for each hour that is started. A statement will be sent home at the beginning of the following month. All students attending our extended care program are required to pay a \$100.00 deposit. Our program closes at 6:00PM. Any child picked up after 6pm will be charged \$1.00 per minute.
- A returned check is subject to a \$30.00 penalty fee.
- Elementary students attending B.E.S.T. Learning Center for before and after school care must complete an application, provide proof of immunization and submit a \$75.00 registration fee with a \$100 deposit fee towards their June 2018 extended care billing.
- All children must have a current medical form (with all required immunizations) on file prior to the 1st day of school or they can not start school.
- B.E.S.T. Learning Center has the discretion to refuse new or continued admission, without refunds, if necessary. B.E.S.T. Learning Center reserves the right to dismiss any child from our program that in any way compromises the overall classroom routine to the point of serious disruption that impacts other children in our care. This is to include aggressive or abusive behavior, both physically and verbally. There will be no refunds for any reason under any circumstances.

Please read and sign the parental agreement below and return with your completed application, general information form, all emergency forms, and the New York State Medical Form.

PARENTAL AGREEMENT WITH B.E.S.T. LEARNING CENTER

- ❖ *I have read and agree to comply with all rules and regulations of B.E.S.T. Learning Center regarding tuition, fees, attendance, health, transportation, clothing and other items specified in the above statements, the Policies & Procedures agreement and any of the school literature issued by the school throughout the year.*
- ❖ *I assume full responsibility for my child's transportation to and from B.E.S.T. Learning Center. I will drop-off and pick up my child at his classroom and will pick up my child promptly in the event of illness or emergency closing.*
- ❖ *I give permission for my child to use all the play equipment, participate in all activities, field trips, evaluations and pictures connected with B.E.S.T. Learning Center.*
- ❖ *I will call the school if someone other than those designated in my child's application will be picking up my child from school and that person will be prepared to show identification.*
- ❖ *I acknowledge that B.E.S.T. Learning Center has cameras throughout the building and grounds.*
- ❖ *I have read, completed and signed all required forms from B.E.S.T. Learning Center necessary for my child's enrollment.*
- ❖ *I acknowledge that all registration fees and tuition paid are non-refundable and may not be applied to other billings.*
- ❖ *I understand that B.E.S.T. Learning Center operates on its own, independent school calendar.*

Date: _____	Signed _____ (Mother or Legal Guardian)
Date: _____	Signed _____ (Father or Legal Guardian)

CHILD'S FULL NAME: _____ DATE: _____

GENERAL INFORMATION

What type of play or activity would you describe as your child's favorite? _____

Does your child have any imaginary playmates? _____

Does your child usually play alone or with other children? _____

Does your child have any fears that we should be aware of? _____

Describe your child's sleeping habits (naps, bedtime): _____

Describe your child's eating habits (full day children): _____

My child is: Completely potty trained _____ In pull-ups _____ Not yet begun potty training _____

Note: All children enrolled in our 3 year old classes must be completely potty trained to start school.

Does your child dress independently? _____

Does your child have a relationship with both parents? _____ Any Stepparents? _____

Is there anything happening in your child's life (divorce, separation, new stepparent, new sibling, illness or death of someone that they have a relationship with, etc.) that may affect their emotions or behaviors? _____

Has your child ever been screened for any support services such as Speech, OT, PT, etc.? If so, when _____

Is your child receiving any services now? _____ If so: what services, how often and through what agency?

What would you like your child to gain from our program at B.E.S.T. Learning Center? _____

Please use this space to provide any information which may be useful to us to ensure your child the BEST: _____
