

ENROLLMENT AGREEMENT 2020-2021

The undersigned applicant is the parent or legal guardian of

(name of a child)			
and the applicant agre	es to pay tuition (Sep	ptember through Jumy.	The application has been accepted ane) of US \$ and to wing Programs are:
Program 1:	9a.m12p.m.	5 days a week	\$8,386.00
Program 2:	9a.m-3:30p.m.	3 days a week 4 days a week 5 days a week	\$12,355.00

Program 3: 9a.m.- 5p.m 3 days a week \$9,993.00

4 days a week \$13,324.00

5 days a week \$16,655.00

Kindergarten Program:9a.m. - 3:30p.m. 5 days a week \$17,100.00

9a.m. - 5:00p.m. 5 days a week \$18,311.00

In order to register your child for 2020-2021 school year, please, comply with the following registration/payment plan:

- a non-refundable registration fee of \$150;
- a completed application packet with medical forms;
- a confirmation of the space availability;
- 1st tuition installment is due with application or by April 15th, 2020;
- 2nd tuition installment is due September 15th, 2020;
- 3rd final tuition installment is due November 15th, 2020.

^{*}Early drop off and late pick up are available upon request.



Payments received 3 business days later than the due date are subject to a \$50 late fee. Any returned check is subject to a \$25 returned check fee.

Extra hours*: \$17 (Students enrolled in regular program only)

* Parents interested in **Extra hours** should first check the availability of the program. The space is limited because of the State mandated regulations for the number of students per classroom.

All tuition and deposit payments are non refundable.

Prospect Academy reserves the right to discharge any child who, in the opinion of the Director is destructive to himself, herself or others or is not sufficiently mature to benefit from the program at Prospect Academy.

The applicant assumes full responsibility for the child in connection with any field trips and for any injuries on such trips or at Prospect Academy or otherwise and hereby releases, indemnifies and holds harmless Prospect Academy and their designees, employees, heirs at law and assignees from any and all costs and liabilities arising from such trips and/or such injuries.

Admission Policy and Responsibility of the Parents:

The applicant will ensure that the child has all current immunizations required by the State of New York, and will provide the Director before the beginning of the school year with documents confirming the child's immunizations and general health, a copy of the child's birth certificate, and the signed enrollment agreement as well as other information as the Director may require. The parents agree to provide necessary medications with all required completed and updated forms, breakfast, lunch and an afternoon snack, updated information on the child and to comply with OCFS Rules and Regulations.

This contract is valid for the academic school year September 8th, 2020 through June 25th, 2021.

Parent/Guardian	-	Date
Accepted by:		
Prospect Academy	-	Date



Child's Full Name	Nickname				
Birth Date:	Date of Enrollment				
Address:					
	State				
Home Phone	Languages spoken at home				
Days of week enrolled	Hours enrolled				
Mother's Full Name					
Mother's Cell Phone					
Mother's Home Phone					
Mother's E-Mail:					
Mother's Address:					
City	State	Zip Code			
Mother's Employer					
Employer's Address	City		State		
Mother's Occupation:	Work Phone:	Work Phone:			
Father's Full Name:					
Father's Cell Phone:	Father's Home Pho	Father's Home Phone:			
Father's Address:					
Father's Employer:					
Employer's Address:	City		State		
Father's Occupation:	Work Phone:		ext.:		
Siblings	Birtho	day			
Siblings	Birthday				



Emergency Contact's and Persons Authorized to remove child from home

Primary Emergency Contact (other tha	an parents/guardian):
Name	
	Cell Phone:
Relationship to Child:	
Secondary Emergency Contact (other	
Name	
	Cell Phone
Relationship to Child	
Person(s) authorized to pick up chil	d (Besides parents/guardians or emergency contacts):
#1	
(With prior notice from parent/guardia	
Daycare References:	
Has your child ever been in daycare be	efore? Name of Previous Provider
Prospect Academy will not be respo	nsible for paying for the child's health care.
•	Phone:
	Phone:
	Policy #
9. Any special health conditions:	
Emergency Release.	
Consent to Emergency First Aid & Tra	ansportation:
I hereby give my permission that my c	child, may be given emergency treatment by Prospect Academy.
I also give permission for my child to	be transported by car or ambulance to an emergency center for treatment.
Parent/Guardian Signatures:	Date



Consent to Medical Care and Treatment.

In the event that I cannot be contacted immediately, medical or surgical treatment can be administered to my child in the case of an accident or emergency, as prescribed by a treating physician.

Parents/Guardians Signatures:	Date:
Consent to Over-the-Counter (OTC) medications.	
All OTC medications must be provided by parents, signed with a child's name	and kent in DA office
	and kept in 1 A office.
I approve medications listed below:	
Sunscreen	
Bug spray	
I do not want any OTC meds given to my child.	
Parent/Guardian Signature:	Date:
Media consent:	
YES, I hereby give my permission to Prospect Academy to take phot	tographs and video of my child and my
child's work and post it on PA projects and PA social media: FB, Instagram, Tw	vitter and Website.
NO, I hereby do not give my permission to Prospect Academy to take	e photographs and video of my child.
A reminder: parents may only post pictures of their own children on social media. Please	e do not use images of other
children without their parent's permission.	
Parent/Guardian Signature:	Date:

NEW YORK STATE OFFICE OF CHILDREN AND FAMILY SERVICES

CHILD IN CARE MEDICAL STATEMENT

To Be Completed By Licensed Physician, Physician Assistant or Nurse Practitioner

To be completed by		iyololali, i iiyol	0.4	otanic on it	a. 00 c		
Name of Child:			Date of Birt		h:	Date of Examination: / /	
Immunizations requir	ed for entry in	nto day care					
Medical Exemption Ti	-	-	ed child is	such that on	e or more	9	
of the immunizations v							
exempt immunization(s				•	, 0		
Diphtheria, Tetanus and	1 st Date	2 nd Date	3 rd Date	4 th	Date	5 th Date	
Pertussis (DPT) Diphtheria	1 1	/ /	/ /		/ /	1 1	
and Tetanus and acellular Pertussis (DTaP)							
T CITAGOIO (D TAI)	1 st Date	2 nd Date	3 rd Date	⊿ th	Date		
Polio (IPV or OPV)	/ /	/ /	J J				
Haemophilus influenzae	1 st Date	2 nd Date	3 rd Date	15		t Date (if given on or after	
type B (Hib)	/ /	/ /	/ /	15	months of a	age)	
						<u> </u>	
Pnuemococcal Conjugate (PCV) for those born on or	1 st Date	2 nd Date	3 rd Date	-	Date		
after 1/1/08)	/ /	/ /	/ /		/ /		
Hanatitia D	1 st Date	2 nd Date	3 rd Date				
Hepatitis B	1 1	1 1	1 1				
Measles, Mumps and Rubella (MMR)	1 st Date / /	2 nd Date / /					
Varicella (also known as	1 st Date	2 nd Date					
Chicken Pox)	1 1	1 1					
Other Immunizations Hepatitis A Type of Immunization:	s may include	e the recomme		cines of R	otavirus	Date:	
••		1 1				1 1	
Type of Immunization:		Date: / /	Type of Immunization:			Date: / /	
Type of Immunization:		Date: / /	Type of Immunization:		Date:		
Tests							
Tuberculin Test Date:	1 1	Mantoux Results:	☐ Positiv	ve 🗌 Negat	ive	mm	
		_		•			
TB Tests are at the physician's discretion. Acceptable tests include Mantoux or other federally approved test. If positive, or if x-ray ordered, attach physician's statement documenting treatment and follow-up.							
in positive, of it x-ray orde	reu, allacii pirys	ician s statement ut	cumenting t	realinent and	i ioliow-up	•	
Lead Screening Date:	1 1						
Attach lead level stateme							
Lead Screening (Include		Results)					
		-	/ . 11			No. 200	
1 year / /	<u> </u>		mcg/dL	_		capillary	
2 years / /			mcg/dL	□ venous	s L	Capillary	
Most recent date of lead screening (if different from above):							
	Result:		mcg/dL		s 🗆 C	☐ Capillary	
Per NYS law, a blood le	ad test is requi	red at 1 and 2 yea					
If the child has not been							
give the parent information			n, and reter	the parent to	uleir nea	itii care provider or the	

OCFS-LDSS-4433 (Rev. 06/2019) CHILD IN CARE MEDICAL STATEMENT (continued)

Health Specifics				Co	mments	
Are there allergies? (Specify)	☐ Yes	□No				
Is medication regularly taken? (Specify drug and condition)	☐ Yes	□No				
Is a special diet required? (Specify diet and condition)	☐ Yes	□No				
Are there any hearing, visual or dental conditions requiring special attention?	☐ Yes	□No				
Are there any medical or developmental conditions requiring special attention?	☐ Yes	□No				
On the basis of my findings as indicated a that: he/she is free from contagious and coday care.						
Signature of Examiner Please Print Name					Address	
			City, State, Zip			
Title			() - Pho	ne	/ / Date