

**Child's Information:** Name: \_\_\_\_\_ Male  Female  Birthdate: \_\_\_/\_\_\_/\_\_\_  
 Home Street Address: \_\_\_\_\_ City/Town \_\_\_\_\_ NJ Zip Code: \_\_\_\_\_ Phone #: \_\_\_\_\_  
 May we give out your address to classmates?  Yes  No Phone #?  Yes  No Email?  Yes  No  
 Does your child have any allergies, asthma or other medical conditions?  Yes  No Please List: \_\_\_\_\_  
 May we photograph your child for student portfolios/assessment documentation?  Yes  No  
 May we photograph your child for publicity purposes on our website & Facebook?  Yes  No

**Mother's Information:** Name: \_\_\_\_\_ Soc. Sec # \_\_\_\_\_  
 Address (if different from child's): \_\_\_\_\_  
 Cell Phone #: \_\_\_\_\_ Please provide your Cell Carrier so we may include you in our text messaging system: \_\_\_\_\_  
 Employer \_\_\_\_\_ Business Address \_\_\_\_\_  
 Occupation \_\_\_\_\_ Business Phone # \_\_\_\_\_  
 Email Address: \_\_\_\_\_

**Father's Information:** Name: \_\_\_\_\_ Soc. Sec # \_\_\_\_\_  
 Address (if different from child's): \_\_\_\_\_  
 Cell Phone #: \_\_\_\_\_ Please provide your Cell Carrier so we may include you in our text messaging system: \_\_\_\_\_  
 Employer \_\_\_\_\_ Business Address \_\_\_\_\_  
 Occupation \_\_\_\_\_ Business Phone # \_\_\_\_\_  
 Email Address: \_\_\_\_\_

**Authorized Pick-Up Information:** Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_  
 Home Street Address: \_\_\_\_\_ City/Town \_\_\_\_\_ NJ Zip Code: \_\_\_\_\_ Phone #: \_\_\_\_\_

**Marital Status:**  Married  Divorced  Separated  Widow  Not Married **Custody Agreement?**  Yes  No  
**NOTE:** It is legal for either parent to pick up a child unless we have a copy of a court order restricting visitation/pick-up. Please bring the original court papers regarding custody arrangements for us to copy in order for us to comply.  
**PERSONS NOT AUTHORIZED TO VISIT OR PICK UP CHILD:** \_\_\_\_\_ Relationship to child: \_\_\_\_\_

**Emergency Contact Information:** Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_  
 Home Street Address: \_\_\_\_\_ City/Town \_\_\_\_\_ NJ Zip Code: \_\_\_\_\_ Phone #: \_\_\_\_\_

**Summer Session 2020**

**Please Indicate Age Group**  
 BNS will confirm class placement depending on enrollment & status of potty learning.

Infant /Toddler (starting at 8 weeks)  
 Terrific Two's  
 Preschool  
 Pre-Kindergarten  
 Kindergarten - School Age

**Please Indicate School Day, Extended Day:**  
 Part Day (8:45-12:15) \*Preschool-School Age  
 School Day (8:45-3:00)  
 Extended Day (up to 9 hours)  
 10<sup>th</sup> Hour or any portion of an hour billed at \$8 per day

Drop off time: \_\_\_\_\_ A.M. to Pick up time: \_\_\_\_\_ P.M.

**Indicate Choice of Days:**  
 Choose a minimum of 2

Monday  
 Tuesday  
 Wednesday  
 Thursday  
 Friday

**Please Indicate Week**  
 Choose a minimum of 3 weeks

Week 1: June 22-26  
 Week 2: June 29-July 2 (closed 7/3)  
 Week 3: July 6-10  
 Week 4: July 13-17  
 Week 5: July 20-24  
 Week 6: July 27-31  
 Week 7: Aug 3-7  
 Week 8: Aug 10-24  
 Week 9: Aug 17-21

**Ballet Camps with Elizabeth Letrick**  
 9 am - 12 pm  
 \$150 per week

Frozen Princess Dance Camp:  
 Week of July 6 - 10 (ages 3-5)

Hawaiian Beach Dance Camp:  
 Week of August 3 - 7 (ages 3-5)

Bring a light snack, Ballet shoes not required.  
 \*Must be potty trained\*

**Checks for Ballet Camp are made payable to Elizabeth Letrick.**

I attest that all information is accurate & I have read the following school policies: Information to parents\*, school policy on expulsion\*, release of children\*, discipline\*, medication & communicable diseases\*, parent handbook\*. By providing us with your phone carrier, you authorize BNS to communicate school info, closings, delays & emergencies via text messaging. I have received a new Universal Health Record & understand the Universal Health Record & Immunizations must be updated **annually**. I understand all children must meet the NJ Minimum Immunization Requirements for School Attendance. In the event of a medical emergency I authorize school personnel to give/get emergency care for my child. In the event of a community disaster, I authorize Beachwood Nursery School Staff to evacuate my child. \*School Policies & Procedures available at [www.beachwoodnurseryschool.com](http://www.beachwoodnurseryschool.com). IF ACCEPTED, I AGREE TO PAY THE TOTAL SUMMER TUITION OF \$\_\_\_\_\_. 1<sup>st</sup> tuition payment is due 6/15/20. Additional payments are due 7/15/20 and 8/1/20. I will be held responsible for any LATE FEES or RETURN CHECK FEES if applicable. Uncollected tuition is subject to be billed an additional 40% collection fee if referred to a Collection Agency. ENCLOSED IS THE NON-REFUNDABLE REGISTRATION FEE for BNS Summer Enrichment Programs of \$\_\_\_\_\_ FOR ENROLLMENT for THE ABOVE CHILD.

PARENT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Office use only: Room # \_\_\_\_\_ Session \_\_\_\_\_ Building \_\_\_\_\_  
 Non-refundable Registration Fee of \$\_\_\_\_\_ Paid On \_\_\_/\_\_\_/\_\_\_ Ck# \_\_\_\_\_ Receipt # \_\_\_\_\_ Credit Card \_\_\_\_\_ Received by \_\_\_\_\_



**1. Child and Parents' /Guardians' Contract, Billing & Payment Information – One Agreement per Family**

Mother's Name \_\_\_\_\_ Father's Name \_\_\_\_\_  
 Mother's Soc. Security # [ ] [ ] [ ] - [ ] [ ] - [ ] [ ] [ ] [ ] \*REQUIRED\*  
 Father's Soc. Security # [ ] [ ] [ ] - [ ] [ ] - [ ] [ ] [ ] [ ] \*REQUIRED\* Date \_\_\_\_\_

Child(ren) Enrolling:  
 1<sup>st</sup> Child \_\_\_\_\_ Weekly Tuition \$ \_\_\_\_\_ Total Summer Tuition \$ \_\_\_\_\_  
 2<sup>nd</sup> Child \_\_\_\_\_ Weekly Tuition \$ \_\_\_\_\_ Total Summer Tuition \$ \_\_\_\_\_  
 3<sup>rd</sup> Child \_\_\_\_\_ Weekly Tuition \$ \_\_\_\_\_ Total Summer Tuition \$ \_\_\_\_\_

Non-refundable registration fee due at registration. The summer tuition is based on 44 days for a 9 week program, (closed July 3). Tuition is divided into **3 payments** for your convenience with the first payment due no later than June 15, 2<sup>nd</sup> payment due no later than July 15 & 3<sup>rd</sup> payment due no later than August 1. A **Late Fee of \$15** will be added after 1 week with no payment received for the billing dates above. \*Credit card payments will include a 2.75% processing fee.

**CHOICE OF TUITION SCHEDULE**

- Option #1: Summer Tuition in Three Equal Payments. Payment #1 due by June 15<sup>th</sup>, Payment #2 due by July 15<sup>th</sup> & Payment #3 due by August 1<sup>st</sup>.
- Option #2: Summer Tuition in 5 Payments. Biweekly payments: 5 payments due June 15<sup>th</sup>, July 1<sup>st</sup>, July 15<sup>th</sup>, August 1<sup>st</sup> & August 15<sup>th</sup>.
- Subsidy: Please check if you receive a child-care subsidy and attach a copy of the contract to this form. You are responsible for monthly copy and supplement charges not covered by the child-care subsidy, due to BNS June 15<sup>th</sup>, July 15<sup>th</sup> & August 1<sup>st</sup>.

**INDICATE PAYMENT METHOD SELECTION**

- A: In-person tuition payments by check, money order or cash
- B: Bill pay set up by you & your bank to send payments to Beachwood Nursery School
- C: Credit Card payment in person at the BNS office
- D: Enroll in Monthly Credit Card autopay plan to charge card on due dates specified above (with 2.75% credit card processing fee)

**2. Personal Guarantee – Agreement to Pay**

I/we understand that each parent/guardian of the child/children enrolled at Beachwood Nursery School must sign the Parent-School Agreement attesting that I/we are both jointly and separately liable for my/our child/children's current summer tuition and any unpaid balance from the school year. I/we understand past due tuitions referred to our collection agency will include collection fees of 40% of the claim amount plus court fees. **\*\*Both parents' signatures are required.\*\***

Signature of Mother/Guardian \*\* \_\_\_\_\_ Date \_\_\_\_\_ Signature of Father/Guardian \_\_\_\_\_ Date \_\_\_\_\_

**3. REQUIRED Back-Up Payment by Credit Card Agreement**

**AUTHORIZATION FOR BACK-UP PAYMENT OF TUITION VIA CREDIT CARD (REQUIRED)**

BNS requires a valid credit card set up as a back-up payment method for tuition payment. Your credit card information is stored safely and securely online in an online payment gateway, Tuition Express, managed by our center's Procure Software system. Back-up payment of your monthly payment or past due balance will be processed when tuition payments are not received by the 7<sup>th</sup> of the month, according to the tuition agreement, and will be charged to your credit card, with 2.75% processing fee and any applicable late fees.

I (we) hereby authorize *BEACHWOOD NURSERY SCHOOL, INC.* to store my credit card information in the Tuition Express system and to initiate a charge to the below-referenced credit card account when payment is past due and has not been made according to the above Parent-School Tuition Agreement. Current, valid credit card information must be maintained and updated as expiration dates or card numbers change.

**Back-Up Payment Credit Card Information**

Cardholder Name \_\_\_\_\_ Phone # \_\_\_\_\_ Cardholder Signature \_\_\_\_\_  
 Cardholder Billing Address \_\_\_\_\_ City & State \_\_\_\_\_ Billing Zip \_\_\_\_\_ Today's Date \_\_\_\_\_  
 Credit Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_ 3- or 4-digit Security Code \_\_\_\_\_

**4. Option for Automatic Recurring Monthly Payment by Credit Card**

**AUTHORIZATION FOR RECURRING MONTHLY CREDIT CARD PAYMENTS**



We offer the safety, convenience and ease of monthly payments by credit card through Tuition Express – an automatic payment processing system that allows on-time tuition and fee payments to be charged to your credit card. Your account information is stored securely in the Tuition Express/ Procure Software system.

I wish to set up 3 automatic recurring monthly payments according to the monthly payment plan schedule of June 15<sup>th</sup> of 2020, July 15<sup>th</sup> of 2020 and August 1<sup>st</sup> of 2020. Charges will be run on the dates mentioned above. Payments will include a 2.75% processing fee. I (we) hereby authorize *BEACHWOOD NURSERY SCHOOL, INC.* to initiate monthly credit card charges according to the completed Parent-School Tuition Agreement. Current, valid credit card information must be maintained and updated as expiration dates or card numbers change. To properly affect the cancellation of this agreement, I (we) are required to give 10 days' written notice.

**Credit Card Information for Recurring Monthly Charges**

Cardholder Signature \_\_\_\_\_ Today's Date \_\_\_\_\_

- Check here to apply all of the credit card information from Section 3 above for recurring monthly payments
- Complete below **ONLY** if monthly payment credit card info. is different from card listed above in Section 3

Cardholder Name \_\_\_\_\_ Phone # \_\_\_\_\_  
 Cardholder Billing Address \_\_\_\_\_ City & State \_\_\_\_\_ Billing Zip \_\_\_\_\_  
 Credit Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_ 3- or 4-digit Security Code \_\_\_\_\_