

Tuition Information 2022

REGISTRATION FEE: \$150.00 includes 1 child; additional children \$50 School Age: \$75.00 per child

The annual tuition is based on the **Beachwood Nursery School Calendar of 185 days** for a 5-day program, 109 days for a 3-day M/W/F program and 76 days for a 2-day program. Parents may add the Early Learning Center (ELC) additional days of child care during November, December and April breaks when the nursery school is otherwise closed. We also offer a summer program. Regular school year tuition does not include charges for days our school is not open for holidays, vacation weeks or snow days. Up to 3 make-up days for BNS snow days will be added to the calendar at the end of the school year if needed. No deductions may be made for absences, illness, family vacations, or emergency closings as the school maintains the continuous cost of staff salary and program expense.

Tuition is divided into 10 equal payments for your convenience and to save on monthly billing. The first payment is due August 1st for September tuition in order to maintain your child's name on a class list, along with signed Tuition Policy & Agreement, and all medical forms. The next month's tuition must be received prior to the first day of attendance. Thereafter, tuition is due the first week of each month, September to May for a total of 10 payments. A refund of tuition will be provided when four weeks' written notice of withdrawal is provided; failure to provide notice in writing will result in forfeiture of tuition. Tuition does not include fees for field trips, extra-curricular activities, student books, developmental screenings or assessments.

We are requiring families to choose one of the following options for tuition payments:

- Pay online with credit card at BNS parent portal at MyProcure.com (No fee for online credit card payments)
- Bill pay set up by you with your bank to automatically send checks made out to Beachwood Nursery School
- Tuition payment by check/money order mailed to 1014 Pinewald Road, Beachwood, NJ 08722, or payment by cash may be dropped off at morning screening and drop off.

A late fee of \$30 will be assessed if tuition is received after the 7th of the month. Children may not attend school if tuition is in arrears after the 15th of the month. Non-payment of tuition is cause for immediate disenrollment from our program. Past due balances must be paid within 30 days or the account will be referred to Collections. The collection agency has advised us that additional costs of 40% may be added to any claim to cover collection fees and court costs. Returned checks will be assessed a service fee of \$25, and must be replaced with cash or a money order within 7 days. Future payments must be made in cash.

Schedule changes must be E-mailed with a two-week notice for office approval. We do not issue monthly billing statements unless tuition is late. Occasional hourly care is available; please call the office to inquire about availability.

ELC scheduled child care days must be pre-paid in advance; register online through your MyProcure.com account. We need a minimum of ten children attending each ELC session.

A Late Pick-up Fee of \$10 for each 15 minutes past our closing time will be billed. We will terminate services if parents continue picking up late.

Summer programming begins after the school year ends and provides the continuity of care and learning children need over the summer. We bill the summer program separately allowing for a flexible schedule. A summer registration/activity fee is due at time of registration and is done through your MyProcure.com account. Summer tuition may be paid in two payments during June and July. School is closed the last week of August.

*Our **Wait List Policy** for Infants, Toddlers and Twos requires a non-refundable \$150. Fee with a completed enrollment form for the first three families. The wait list fee insures the family's commitment to our school. When the school calls to notify a family of an opening, the family may accept or reject the opening. Rejecting the opening will place the family at the bottom of the wait list. If the family rejects a second opening, the family will be removed from the wait list and forfeits the wait list fee.*

***New Infants:** If you are currently expecting a child, a tuition payment is due Aug. 1st for September. Please put the estimated birthdate and anticipated start date on the enrollment form. We will only hold an infant opening for a maximum of 4 weeks after the start of school in September without a tuition payment. If your infant does not start the school year by October 1st, you will be required to pay 50% tuition for October and/or November to continue holding your infant's class placement. Beginning December, full tuition will be due each month to continue holding the child's class placement.*

BEACHWOOD NURSERY SCHOOL and LEARNING CENTER MONTHLY TUITION FOR 2022 (as of Jan 2022)

A non-refundable registration fee of \$150 for the first child & \$50 for each additional child is due at enrollment for Infants through Pre-K children; school-age registration is \$75 per child. Monthly Tuition is divided into 10 equal payment prepaid prior to the first of each month beginning August to May.

TUITION FOR INFANTS, TODDLERS AND TWOS: (Total # of BNS school days: 185 for 5-day program)

	76	109	112	150	185
BNS Calendar	2 T/TH	3 MWF	Any 3	4 days	5 days
School Day (6 hrs)	414.00	594.00	610.00	785.00	927.00
Full Day (7-9 hrs)	463.00	661.00	679.00	888.00	1048.00
10th Hour (For all age groups)	83.00	119.00	123.00	164.00	202.00

TUITION FOR PRESCHOOL & PRE-KINDERGARTEN: (Must be 3 or 4 by October 1st & successfully toilet trained)

BNS Calendar	2 T/TH	3 MWF	Any 3	4 days	5 days
Morning Half-day 9-11:30	245.00	351.00	-----	-----	447.00
School Day (6 hrs)	409.00	565.00	580.00	719.00	807.00
Full Day (7-9 hrs)	435.00	605.00	636.00	790.00	908.00

TUITION FOR SCHOOL AGE CHILDREN: (For Kindergarten, first & second grade alumni; 180 days per Toms River Schools Calendar)

	(AM) 6:30-9:15 am	7:30-9:15 am	8:30-9:15 am	(PM) 3:45-5:00 pm
2 days	203.00	130.00	56.00	92.00
3 days	283.00	180.00	77.00	129.00
4 days	391.00	249.00	107.00	178.00
5 days	486.00	319.00	133.00	222.00

EARLY LEARNING CENTER (ELC) PRE-ARRANGED CARE DAYS*

(Additional tuition applies per day; subject to min. enrollment per day of 10 families)

	<u>7:30 am-4:30 pm</u>	<u>Early Dismissal Days 1:45/2:00-3:45 pm</u>
Infant, Toddler & Twos	65.00	
Preschool, Pre-K	60.00	
School Age	60.00	20.00

IMPORTANT INFORMATION:

- Our extended day is any 9 hours between **6:30 AM and 5:00 PM**.
- Beachwood Nursery School Calendar for Infants-Pre-K begins **September 6th, 2022 and the tentative last day will be June 20th, 2023**. The BNS Calendar observes some holidays & vacation weeks during Nov., Dec. and April that are similar to the Toms River Schools calendar. The School Age program has a separate 180-day calendar beginning **September 6th, 2022**. See BNS Preliminary Calendar for details (& www.trschools.com for Toms River School calendar). No credit is given for illness or family vacations as we still have the expense of salaries and operating costs.
- Up to 3 make-up snow days may be added to the end of the school year based on BNS's snow/weather closures. Closings are listed on 92.7WOBM Storm Watch and on Facebook: www.Facebook.com/BeachwoodNurserySchool
- Occasional hourly child care is \$11.00 per hour or any part of an hour. (The Lunch hour is available for ½ day children.)
- Please take advantage of our on-line payment system through **MyProcare.com**. We also take credit cards by phone and checks. Please make checks payable to BEACHWOOD NURSERY SCHOOL using blue or black ink only.
- Early Dismissals by the elementary schools for School Age Children must be prearranged in advance and will be billed at \$20.00 per afternoon session.
- An updated universal health form must be completed every school year & signed by a health care provider.
- Your first tuition payment, along with the signed Tuition Policy & Agreement and all medical forms, must be received by AUGUST 1st.**
- In August, teachers will contact each family to schedule a personal orientation for parent & child.

2022-2023 School Year Calendar – Beachwood Nursery School

2022

Tuesday, Sept. 6	First Day of School for Infant-Pre-K Students and School Age Students
Monday, Sept. 26	Rosh Hashanah - BNS Open for Infants-Pre-K (<i>*Optional School Age ELC Care</i>)
Wednesday, Oct. 5	Yom Kippur - BNS Open for Infants-Pre-K (<i>*Optional School Age ELC Care</i>)
Monday, Oct. 10	Columbus Day - BNS Open for Infants-Pre-K (<i>*Optional School Age ELC Care</i>)
Monday-Friday, Nov. 7-11	Convention Week Break - BNS Closed and TRSchools Closed (<i>**Optional pre-registered ELC Care for all ages may be available this week 7:30-4:30, pending min. enrollment and Covid restrictions</i>)
Wednesday, Nov. 23	BNS Closing Early at 3:00 pm (<i>***School Age children arrive from elementary school early dismissal and must be picked up by 3:00 pm closing</i>)
Thursday-Friday, Nov. 24-25	Thanksgiving Holiday Break - BNS Closed
Wednesday, Dec. 7	<i>*Optional School Age PM ELC Care for elementary school professional day early dismissal</i>
Saturday, Dec. 24-Mon, Jan. 2	Holiday Break - BNS Closed
Tuesday-Friday, Dec. 27-30	<i>**Optional pre-registered ELC Care for all ages may be available these days 7:30-4:30, pending min. enrollment and Covid restrictions</i>

2023

Monday, Jan. 2	New Year's Day Observed - BNS Closed
Wednesday, Jan. 11	<i>*Optional School Age PM ELC Care for elementary school professional day early dismissal</i>
Monday, Jan. 16	Martin Luther King Jr. Day - BNS Open for Infants-Pre-K (<i>*Optional School Age ELC Care</i>)
Monday, Feb. 20	Presidents' Day Weekend - BNS Closed
Wednesday, Mar 8	<i>*Optional School Age PM ELC Care for elementary school professional day early dismissal</i>
Friday, Apr. 7 - Fri, Apr. 14	Spring Break - BNS Closed
Monday, Apr. 10 - Fri, Apr. 14	<i>**Optional pre-registered ELC Care for all ages may be available this week 7:30-4:30, pending min. enrollment and Covid restrictions</i>
Monday, May 29	Memorial Day - BNS Closed
Wednesday, Jun 7	<i>*Optional School Age PM ELC Care for elementary school professional day early dismissal</i>
Monday, Jun. 19	Juneteenth - BNS Open for Infants-Pre-K (<i>*Optional School Age ELC Care</i>)
Tuesday, Jun. 20****	Tentative Last Day of School (<i>****Last day may be later if BNS snow day(s) take place</i>)
	(<i>Other pre-arranged School Age ELC half days may be available for TRSchools elementary school parent conferences expected November-January 2023</i>)
Monday, Jun. 26, 2023	Tentative First Day of Summer Program



Parent-School Tuition Policy & Agreement (Rev. Jan 2022)

Early Childhood Education Program

*Required to Complete Online Registration

1. Child and Parents'/Guardians' Contract, Policies Agreement, Billing & Payment Information (only one per family required)

Date _____

Parent/Guardian 1 Name _____ Parent 2 Name _____

Parent 1 Soc. Security # - - Parent 2 Soc. Security # - -

REQUIRED *REQUIRED*

Address _____

Street Address City/Town State Zip Code

Child 1 Name _____ Program/Class _____ Weekly Schedule _____

Child 2 Name _____ Program/Class _____ Weekly Schedule _____

Child 3 Name _____ Program/Class _____ Weekly Schedule _____

NON-REFUNDABLE Registration Fee paid at enrollment \$ _____ Date _____ Ck./Receipt # _____ MyProcure.com _____ CC _____

First Tuition Payment \$ _____ Date _____ Ck./Receipt # _____ MyProcure.com _____ CC _____

The **annual** school-year tuition for Infants through Pre-K is based on the Beachwood Nursery School's Calendar of 185 days for a 5-day program, 109 days for a 3-day MWF program, and 76 days for a 2-day T/Th program; the Early Learning Calendar option includes additional days of childcare for Infants-Pre-K not included in the BNS Calendar of 185 days in 2022. The School Age Program consists of up to 180 days. School-year tuition is an annual tuition which may be paid in full or in 10 equal payments beginning August 1st for the month of September and ending May 1st for the month of June. Tuition for each month is due in advance. **However**, tuition received after the 15th of the current month of attendance will incur a **\$25.00 late payment fee**. If payment is not received by the 30th of the current month of attendance, your child may not continue attending school until payment for **two consecutive** months is received. Habitual lateness in payments will be cause to dis-enroll your child from BNS. (A return check charge is \$30.00). Registration and tuition for the **Summer Program** are optional and in addition to the school-year program. The total summer tuition is the sum of *weekly* tuition amounts and divided into two payments due June 15th & July 15th.

CHOICE OF TUITION SCHEDULE

- Option #1: School-Year Tuition in Ten Equal Monthly Payments. Due the 1st of the month one month ahead. First Tuition Payment due by August 1st; and covers tuition for school dates in September. This is the first of 10 payments. Remaining balance paid in 9 more monthly payments on Sept. 1st, Oct. 1st, Nov. 1st, Dec. 1st, Jan. 1st, Feb. 1st, Mar. 1st, Apr. 1st and May 1st.
- Option #2: School-Year Tuition payment in 2 Payments on Aug. 1st and Jan. 1st. Option #3: ONLY enrolling in Summer Program.

CUSTOM OPTIONS

- 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 copay and supplement charges not covered by the child-care subsidy.
- We cannot hold a class placement for any children (Infants-Pre-K) without payment of 50% tuition for each month delayed:

INDICATE PAYMENT METHOD SELECTION

Start Date-

- A: Pay online with credit card at BNS's Parent Portal at www.MyProcure.com (No fee for online credit card payments)
- B: Bill pay set up by you and your bank to automatically send checks made out to Beachwood Nursery School
- C: Tuition payments by check/ money order mailed to 1014 Pinewald Road, Beachwood, NJ 08722

2. School Closure

A credit of 50% tuition will be applied to your account according to your child's regular weekly schedule if BNS is required to close a classroom due to COVID exposure following guidance from the Dept. of Health. (If a child is unable to attend school due to quarantining or COVID exposure other than from BNS, a credit will not be issued). Our goal is to minimize closure by the many procedures and strategies to reduce contact/exposure/spread so that only that individual classroom will be required to follow the State of NJ/Health Dept. recommended closure procedure. If the entire school is mandated to close by the State of NJ, Dept. of Children & Families, Office of Licensing, NJ Dept. of Health, Ocean Cty. Dept. of Health, or if our local school district closes due to a public health emergency for a period of two calendar weeks or less, there will be no tuition refunds or credits.

3. Receipt of Information, Policies Agreement and Personal Guarantee to Pay

- I/We understand that each parent/guardian of the child/children enrolled at Beachwood Nursery School must sign the Parent-School Policy attesting that I/we are both jointly and separately liable for my/our child/children's school-year tuition, and if applicable summer tuition, as well as any unpaid balances.
 - I/We each acknowledge, by signing below, that I/we have each read and agree to the tuition fee policy, school policies, handbook(s), and Office of Licensing Information to Parents and Policies on Communicable Disease/Medication, Expulsion, Release, Technology/Social Media, provided online at www.beachwoodnurseryschool.com/policies-procedures.
 - I have received a Universal Health Form & understand it needs to be submitted annually along with a record of immunizations (or School Age Health Statement).
 - In the event of a medical emergency and a responsible person cannot be reached, 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.
 - I/We understand past due tuitions referred to our collection agency will include collection fees not to exceed 40% of the claim amount.
- **Both parents' signatures are required.**

Signature of Parent/Guardian 1**

Date

Signature of Parent/Guardian 2 **

Date

APPENDIX H

**UNIVERSAL
CHILD HEALTH RECORD**

Endorsed by: American Academy of Pediatrics, New Jersey Chapter
New Jersey Academy of Family Physicians
New Jersey Department of Health

SECTION I - TO BE COMPLETED BY PARENT(S)					
Child's Name (Last) (First)		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		Date of Birth / /	
Does Child Have Health Insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, Name of Child's Health Insurance Carrier			
Parent/Guardian Name		Home Telephone Number () -		Work Telephone/Cell Phone Number () -	
Parent/Guardian Name		Home Telephone Number () -		Work Telephone/Cell Phone Number () -	
I give my consent for my child's Health Care Provider and Child Care Provider/School Nurse to discuss the information on this form.					
Signature/Date				This form may be released to WIC. <input type="checkbox"/> Yes <input type="checkbox"/> No	
SECTION II - TO BE COMPLETED BY HEALTH CARE PROVIDER					
Date of Physical Examination:			Results of physical examination normal? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Abnormalities Noted:			Weight (must be taken within 30 days for WIC)		
			Height (must be taken within 30 days for WIC)		
			Head Circumference (if <2 Years)		
			Blood Pressure (if >3 Years)		
IMMUNIZATIONS		<input type="checkbox"/> Immunization Record Attached <input type="checkbox"/> Date Next Immunization Due: _____			
MEDICAL CONDITIONS					
Chronic Medical Conditions/Related Surgeries • List medical conditions/ongoing surgical concerns:		<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached		Comments	
Medications/Treatments • List medications/treatments:		<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached		Comments	
Limitations to Physical Activity • List limitations/special considerations:		<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached		Comments	
Special Equipment Needs • List items necessary for daily activities		<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached		Comments	
Allergies/Sensitivities • List allergies:		<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached		Comments	
Special Diet/Vitamin & Mineral Supplements • List dietary specifications:		<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached		Comments	
Behavioral Issues/Mental Health Diagnosis • List behavioral/mental health issues/concerns:		<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached		Comments	
Emergency Plans • List emergency plan that might be needed and the sign/symptoms to watch for:		<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached		Comments	
PREVENTIVE HEALTH SCREENINGS					
Type Screening	Date Performed	Record Value	Type Screening	Date Performed	Note if Abnormal
Hgb/Hct			Hearing		
Lead: <input type="checkbox"/> Capillary <input type="checkbox"/> Venous			Vision		
TB (mm of Induration)			Dental		
Other:			Developmental		
Other:			Scoliosis		
<input type="checkbox"/> I have examined the above student and reviewed his/her health history. It is my opinion that he/she is medically cleared to participate fully in all child care/school activities, including physical education and competitive contact sports, unless noted above.					
Name of Health Care Provider (Print)			Health Care Provider Stamp:		
Signature/Date					

Instructions for Completing the Universal Child Health Record (CH-14)

Section 1 - Parent

Please have the parent/guardian complete the top section and sign the consent for the child care provider/school nurse to discuss any information on this form with the health care provider.

The WIC box needs to be checked only if this form is being sent to the WIC office. WIC is a supplemental nutrition program for Women, Infants and Children that provides nutritious foods, nutrition counseling, health care referrals and breast feeding support to income eligible families. For more information about WIC in your area call 1-800-328-3838.

Section 2 - Health Care Provider

1. Please enter the date of the physical exam that is being used to complete the form. Note significant abnormalities especially if the child needs treatment for that abnormality (e.g. creams for eczema; asthma medications for wheezing etc.)

- **Weight** - Please note pounds vs. kilograms. If the form is being used for WIC, the weight must have been taken within the last 30 days.
- **Height** - Please note inches vs. centimeters. If the form is being used for WIC, the height must have been taken within the last 30 days.
- **Head Circumference** - Only enter if the child is less than 2 years.
- **Blood Pressure** - Only enter if the child is 3 years or older.

2. **Immunization** - A copy of an immunization record may be copied and attached. If you need a blank form on which to enter the immunization dates, you can request a supply of Personal Immunization Record (IMM-9) cards from the New Jersey Department of Health, Vaccine Preventable Diseases Program at 609-826-4860. The Immunization record must be attached for the form to be valid.

- "Date next immunization is due" is optional but helps child care providers to assure that children in their care are up-to-date with immunizations.

3. **Medical Conditions** - Please list any ongoing medical conditions that might impact the child's health and well being in the child care or school setting.

a. Note any significant medical conditions or major surgical history. **If the child has a complex medical condition, a special care plan should be completed and attached for any of the medical issue blocks that follow.** A generic care plan (CH-15) can be downloaded at www.nj.gov/health/forms/ch-15.dot or pdf. Hard copies of the CH-15 can be requested from the Division of Family Health Services at 609-292-5666.

b. **Medications** - List any ongoing medications. Include any medications given at home if they might impact the child's health while in child care (seizure, cardiac or asthma medications, etc.). Short-term medications such as antibiotics do not need to be listed on this form. Long-term antibiotics such as antibiotics for urinary tract infections or sickle cell prophylaxis should be included.

PRN Medications are medications given only as needed and should have guidelines as to specific factors that should trigger medication administration.

Please be specific about what over-the-counter (OTC) medications you recommend, and include information for the parent and child care provider as to dosage, route, frequency, and possible side effects. Many child care providers may require separate permissions slips for prescription and OTC medications.

c. **Limitations to physical activity** - Please be as specific as possible and include dates of limitation as appropriate. Any limitation to field trips should be noted. Note any special considerations such as avoiding sun exposure or exposure to allergens. Potential severe reaction to insect stings should be noted. Special considerations such as back-only sleeping for infants should be noted.

d. **Special Equipment** - Enter if the child wears glasses, orthodontic devices, orthotics, or other special equipment. Children with complex equipment needs should have a care plan.

e. **Allergies/Sensitivities** - Children with life-threatening allergies should have a special care plan. Severe allergic reactions to animals or foods (wheezing etc.) should be noted. Pediatric asthma action plans can be obtained from The Pediatric Asthma Coalition of New Jersey at www.pacnj.org or by phone at 908-687-9340.

f. **Special Diets** - Any special diet and/or supplements that are medically indicated should be included. Exclusive breastfeeding should be noted.

g. **Behavioral/Mental Health issues** - Please note any significant behavioral problems or mental health diagnoses such as autism, breath holding, or ADHD.

h. **Emergency Plans** - May require a special care plan if interventions are complex. Be specific about signs and symptoms to watch for. Use simple language and avoid the use of complex medical terms.

4. **Screening** - This section is required for school, WIC, Head Start, child care settings, and some other programs. This section can provide valuable data for public health personnel to track children's health. Please enter the date that the test was performed. Note if the test was abnormal or place an "N" if it was normal.

- For lead screening state if the blood sample was capillary or venous and the value of the test performed.
- For PPD enter millimeters of induration, and the date listed should be the date read. If a chest x-ray was done, record results.
- Scoliosis screenings are done biennially in the public schools beginning at age 10.

This form may be used for clearance for sports or physical education. As such, please check the box above the signature line and make any appropriate notations in the Limitation to Physical Activities block.

5. Please sign and date the form with the date the form was completed (note the date of the exam, if different)

- Print the health care provider's name.
- Stamp with health care site's name, address and phone number.