

Child's Name : _____ Date of Birth _____ Age _____
Grade Entering in September 2020: _____ Does your child have any allergies or medical conditions? _____
If yes, please list: _____ Elementary School Attending: _____
Home Address: _____

Parent/Guardian 1: _____
Relationship: _____ Soc.Sec. # _____
Cell Phone: _____
Home Address if different from child's: _____
Employer: _____
Occupation: _____
Business Address: _____
Business Phone: _____
Email: _____

Parent/Guardian 2: _____
Relationship: _____ Soc.Sec. # _____
Cell Phone: _____
Home Address if different from child's: _____
Employer: _____
Occupation: _____
Business Address: _____
Business Phone: _____
Email: _____

Is there any Custody Agreement we should know about? _____ If so, please attach the legal documents to this enrollment form. 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.

Please list any persons NOT Authorized for Pick-Up: _____ Relationship to child: _____
Authorized Pick-up/Emergency Contact Name: _____ Relationship to child: _____
Home Address: _____ Phone number: _____

You may "mix and match" wrap around care w/ remote learning support day (ex: 1 remote learning support day + 1 wrap around). Please choose a minimum of 2 days. Please provide lunch, snacks, water. There is a \$50 non-refundable registration fee. School Age programming is for students entering K-2.
___ Afternoon Wrap Around Care - Student is bussed to BNS from Pine Beach or Beachwood Elementary School.
• Times are gauged on bus arrival to 4:30 (daily rate: \$32)
• Please choose days needed: ___ Monday ___ Tuesday ___ Wednesday ___ Thursday ___ Friday
___ Remote Learning Support Day. Student is dropped off & picked up by parent to BNS. Parent provides a computer device that may be connected to the BNS network. BNS staff will assist student w/ remote learning, Google meets, Homework submissions. Once this is completed, project based learning, outside time, board games etc. will complete the day.
• 2 time options available:
• Pick one: ___ School Day 9:00-3:00 (daily rate: \$45) ___ Extended Day 7:30-4:30 (daily rate: \$55)
• Please choose days needed: ___ Monday ___ Tuesday ___ Wednesday ___ Thursday ___ Friday
Any customized schedule outside of the schedules listed above will be billed out at \$9 per hour.

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 email address, you are authorizing BNS to send you school updates electronically. By providing us with your cell phone, you authorize BNS to communicate school info, closings, delays & emergencies via text messaging. 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. If accepted, I agree to pay the school age tuition based on the schedule I have chosen by the 1st of each month. I understand the school age tuition will be billed monthly according to the schedule I have chosen and will be based on billable days per month. I understand the monthly tuition will fluctuate but will be based on the daily rate/schedule chosen above. Tuition is still due if a child does not attend as we continue to pay our staff. There will be no refunds for absences. I will be held responsible for any late fees and/or returned check fees if applicable. Uncollected tuition is subject to be billed an additional 40% collection fee if referred to a Collection Agency. I have enclosed the non-refundable enrollment fee for the above child.

PARENT SIGNATURE _____ DATE _____