

# GREENTREES SCHOOL 2020-21 REGISTRATION FORM

## NYS OCFS ENROLLMENT FORM

FOR OFFICE USE ONLY  
 APP FEE rec. \_\_\_\_\_  
 REG FEE rec. \_\_\_\_\_

OCFS-LDSS-0792

|   |   |  |  |                             |
|---|---|--|--|-----------------------------|
| <b>PHOTO OF CHILD</b><br>(Optional)   | Registration Date: _____  |  | Birth Certificate: _____                                 |                             |
|   | Child's Full Name: _____  |  | Date of Birth: _____ / ____ / ____                       | Gender: _____               |
|   | Preferred Name/Nickname: _____                                    |  |  |                             |
|   | Child's Home Address: _____                                       |  |  |                             |
| Name of Person Enrolling Child: _____   |   | Relationship to Child: _____                                       |  |                             |
| Phone Number(s) of Person Enrolling Child: ( ) - _____  |   | Address of Person Enrolling Child (if different than child): _____ |  |                             |
| Email Address: _____  |   |  |  |                             |
| <b>EMERGENCY CONTACT NAME/ADDRESS/PHONE NUMBER</b>  |   |  | <b>Authorized to Pick Up</b>                             |                             |
| Primary Contact: _____  |   |  | <input type="checkbox"/> Yes <input type="checkbox"/> No |                             |
| _____   |   |  | <input type="checkbox"/> Yes <input type="checkbox"/> No |                             |
| _____   |   |  | <input type="checkbox"/> Yes <input type="checkbox"/> No |                             |
| Transportation: <input type="checkbox"/> Yes <input type="checkbox"/> No  |   | Status: ____ Married    ____ Divorced    ____ Single    ____ Other |  |                             |
| Primary Language Spoken at Home: _____  | Other Children in your family who have attended Greentrees: _____ | Elementary School that your child will attend: _____               |  |                             |
| Mother's Name: _____  | Cell #: _____   | Work #: _____  |  |                             |
| Father's Name: _____  | Cell #: _____   | Work #: _____  |  |                             |
| <b>Check boxes below to indicate if your child has any special needs/services:</b> <input type="checkbox"/> None<br><input type="checkbox"/> Early Intervention/Special Education <input type="checkbox"/> Occupational Therapy <input type="checkbox"/> Speech/Language <input type="checkbox"/> Physical Therapy<br><input type="checkbox"/> Allergies (list): _____<br><input type="checkbox"/> Other: _____ |   |  |  |                             |
| Please provide information here <b>AND</b> discuss with your child care provider:   |   |  |  |                             |
| Child's Primary Care Physician's Name/Group: _____  |   | Phone Number: ( ) - _____  |  |                             |
| Preferred Hospital: _____   |   | Phone Number: ( ) - _____  |  |                             |
| Child's Dental Care: _____  |   | Phone Number: ( ) - _____  |  |                             |
| <b>Child health insurance information is available by calling toll-free 1-800-698-4543 or the NYS Health Marketplace website: <a href="https://nystateofhealth.ny.gov/">https://nystateofhealth.ny.gov/</a></b>   |   |  |  |                             |
| <b><u>TODDLER PROGRAM</u></b> ___ Full Day: 9 am - 3:30 pm    ___ Morning: 9 am - 11:45 am    ___ Afternoon: 12:45 pm - 3:30 pm<br>Please circle:    5 Days    4 Days    3 Days - M, W, F    2 Days - T, Th   |   |  |  |                             |
| <b><u>NURSERY PROGRAM</u></b> ___ Full Day: 9 am - 3:30 pm    ___ Morning: 9 am - 11:45 am    ___ Afternoon: 12:45 pm - 3:30 pm<br>Please circle 3, 4 or 5 days:    Mon.    Tues.    Wed.    Thurs.    Fri.    # of days _____  |   |  |  |                             |
| <b><u>PRE-K PROGRAM</u></b> (full day program: 9 am - 3:30 pm)<br>Please circle 3, 4 or 5 days:    Mon.    Tues.    Wed.    Thurs.    Fri.    # of days _____   |   |  |  |                             |
| <b>AGREEMENTS</b>   |   |  |  |                             |
| ● I consent to emergency medical treatment for my child.  |   |  | <input type="checkbox"/> Yes                             | <input type="checkbox"/> No |
| ● I consent for my child to take part in neighborhood trips (i.e., library, park and playground) away from the program under proper supervision.  |   |  | <input type="checkbox"/> Yes                             | <input type="checkbox"/> No |
| ● I understand the program may need additional permissions for situations such as transportation, medication, release of information, and field trips.  |   |  | <input type="checkbox"/> Yes                             | <input type="checkbox"/> No |
| ● I provided information on my child's special needs to the program to assist in caring for my child.   |   |  | <input type="checkbox"/> Yes                             | <input type="checkbox"/> No |
| ● I understand the program must give parents, at the time of enrollment of a child, a written policy statement as required by regulations.  |   |  | <input type="checkbox"/> Yes                             | <input type="checkbox"/> No |
| ● I agree to review and update this information whenever a change occurs and at least once every year.  |   |  | <input type="checkbox"/> Yes                             | <input type="checkbox"/> No |
| ● <b>I have read and agree to the Terms of Enrollment stated on the back of this form.</b>  |   |  | <input type="checkbox"/> Yes                             | <input type="checkbox"/> No |
| SIGNATURE – PARENT OR PERSON(S) LEGALLY RESPONSIBLE: _____  |   |  | DATE:    /    /  |                             |

# Terms of Enrollment

1. **At registration, a \$150 application fee and a registration payment equal to one tuition payment installment is required. This registration fee represents your last tuition payment installment. If you are requesting transportation, please include the bus fee in the registration payment.**
2. **Your first (#1) tuition payment installment is due on the month your child's program begins.** All remaining payment installments are due on the first of each month. The tuition payment installment that is due on May 1<sup>st</sup> (#9), must be received NO LATER THAN May 15<sup>th</sup>. Your child may not attend the remainder of the school year, including graduation, if this installment payment is not paid by the date noted above.
3. **Tuition Payment Options:** 1) Tuition may be paid in ten equal payments (this represents the entire school year, September - June). 2) It can be paid in full. There is a savings to pay in full. This will only be quoted **once the registration fee is received.** The pay in full option is available to 4- and 5-day programs only. When paying using the tuition payment installment program, you understand that you are responsible for ALL equal payments which are due at the beginning of a month with the last installment having been paid at registration. Payment may be made in cash or check (sorry no credit cards). **No concessions regarding payments can be made for emergency closings, circumstances beyond our control, inclement weather closings, illness, or absences due to family travel or vacations.** Sorry, there can be no substitution days or make-up days. We cannot switch a child's scheduled days (days are NOT interchangeable) if the child is out or if we are closed.
4. **If you need to terminate your child's enrollment,** you must inform the school administration in writing forty-five (45) days prior to the first day of the school year for your registration fee to be refunded. This is the only time a registration fee will be refunded. The application fee is non-refundable. If you need to withdraw your child from school for any reason within 45 days of school starting, you must inform the school administration in writing thirty (45) days prior to your child's last day of school. **If, during the school year you withdraw your child and have not followed this policy, the balance of the tuition must be paid in full.** No exceptions. Also, your registration fee will not be refunded, and it cannot be used toward payment for your child's last thirty days.
5. **Please submit all change requests and special requests in writing.** No "special offer" rates will be applied once you have registered for school for the year. You are permitted one program change at the rate you registered for. Rates are subject to change if economic conditions warrant.
6. Additional discounts (combining more than one discount per family) cannot be given when registering during "special savings" or at any time. This includes sibling discounts.
7. Greentrees is a non-denominational school. We welcome all children to attend and benefit from our program. **All children are required to meet with the Director prior to registration.**
8. In the event, that your child fails to adjust to school at any time, the school administration reserves the right to terminate the child's enrollment. At the discretion of the administration and depending on circumstances, the child may be permitted to re-enroll at a later date. No other refund shall be made.
9. Children 18 months - two years eight months and under and/or not toilet trained are considered toddlers. Children two years nine months and over and/or in the process of toilet training are considered of nursery age.
10. Greentrees reserves the right to decline any application. In the interest of the school and the children, the parents of the child herewith enrolled will respect and observe the rules and regulations of the school, which have been developed for the benefit of the children. The administration reserves the right to make any necessary changes.
11. **You must inform the school of all allergies, illness and/or special needs your child may have.** The school may provide medical attention for your child in case of emergency at Northwell Health in Syosset when you or your child's physician cannot be reached.
12. If photographs are taken of your child, you hereby grant permission to the Greentrees Country Day School and Camp to use these photographs for promotional purposes (for ex. advertising, Twitter, FB and social networking) presently and in the future. Greentrees assumes no responsibility for the content or actions of the Shutterfly website. You are aware of the risks and assume them on your child's behalf.
13. In the event, that you have asked us to provide your child(ren) with transportation, you agree to accept Huntington Coach Corporation and their rules and regulations as a means of transportation. Transportation must be for a minimum of 3 months and must start at the beginning of a month. If you drop transportation prior to the conclusion of the 3-month period, you are still responsible for these payments. Prorated refunds for time not "used" do not exist. No refunds or credits will be given when dropping transportation after April 1<sup>st</sup>.
14. The Greentrees Country Day School and Camp reserves the right to terminate this agreement at the discretion of the Directors.
15. There is a \$25.00 late charge if a school tuition payment is received after the 15th of the month. If a check is returned to us by the bank, there is a \$35.00 charge. We cannot re-deposit a returned check. If a check is returned a second time, you will be required to pay the tuition in cash or a certified check along with an additional \$35.00 charge.
16. I agree that any dispute concerning, relating, arising out of, or referring to the subject matter of this contract shall be resolved exclusively by binding arbitration in Nassau County, New York according to the then existing commercial rules of the American Arbitration Association and the substantive laws of New York State.

We are licensed by OCFS.

The Nassau County Department of Health inspects and certifies our premises.