



Phyl's Academy Preparatory School

3520 Tilden Avenue, Brooklyn, New York, 11203, (718) 469-9400 Fax (718) 284-1438

Early Childhood Program

Child's name (last) _____ (first) _____ (middle) _____

Date of Birth ____ / ____ / ____ Age ____ / ____ Male Female SSN _____
(M) (D) (Y) (Years) (Months)

Home address _____ Apt # _____

City _____ State _____ Zip Code _____ Home telephone _____

Mother's Information

Name _____

SSN _____

Home address (if different from student)

Apt # _____ City _____ State _____ Zip _____

Home phone (if different from student) _____

Occupation _____

Employer _____

Employer's address _____

Business phone _____ Ext _____

E-Mail _____

For Emergency Use Only:

Cell phone _____

Father's Information

Name _____

SSN _____

Home address (if different from student)

Apt # _____ City _____ State _____ Zip _____

Home phone (if different from student) _____

Occupation _____

Employer _____

Employer's address _____

Business phone _____ Ext _____

E-Mail _____

For Emergency Use Only:

Cell phone _____

Send all school mailings to: (check one) Both Parents Father Mother

Emergency Contact Information (Two people other than parents)

1. Full name _____

Relationship _____

Address _____

Home phone _____

Business phone _____

2. Full name _____

Relationship _____

Address _____

Home phone _____

Business phone _____

(please complete back)

Student Information

Was your child born in the United States? Yes No (Country of Birth) _____

Name of person(s) other than parent authorized to pick up child _____

Name of physician _____ Phone _____

Health condition(s) of which the staff should be aware _____

Physical condition(s) of which the staff should be aware _____

Emotional concern(s) of which the staff should be aware _____

Learning concern(s) of which the staff should be aware _____

Life-threatening allergies No Yes (describe) _____

Allergies to foods or juices No Yes (describe) _____

Is your child currently under a doctor's care for an ongoing condition? No Yes (describe) _____

Any permanent disability or chronic or recurring illness? No Yes (describe) _____

Is there any activity in which your child cannot participate? No Yes (describe) _____

Submit a copy of student's birth certificate and a completed medical examination form with this registration package.

Signature _____ Relationship _____

Please do not write below this line

Date Form Returned _____ Grade Applying To: _____

Medical Received Yes No, Expected _____ Birth Certificate Received Yes No

Sibling Plan at rate of \$ _____ Sibling's Name & Grade _____

Registration Fee _____ Insurance Fee _____ Deposit _____

Tuition Payment _____

Total Paid _____ Paid With Automatic ACH Debit Zelle Credit Card / Debit Card
 Certified Check / Money Order

Receipt # _____ \$ _____ Transaction Code: _____

Certified Check / Money Order # _____ \$ _____

Amt. Charged \$ _____ Receipt # _____

Balance Due _____ Date Balance Paid _____ Method _____

Receipt # _____ \$ _____ Transaction Code: _____

Room Assignment _____ Actual Date of Entry _____

Special Notes _____

Early Childhood Program Information

1. **Age**— To attend our Early Childhood Programs, students must be at least 2.9 years old for admission.
2. **Hours**— M—F, 8:00 a.m. to 3:00 p.m. It is recommended that all Early Childhood students be in school by 9:30am.
For the 2020—2021 school year, our daily service schedule is:
School Day -- 9:00 a.m. to 3:00 p.m.
Extended Day -- 3:00 p.m. to 5:30 p.m.

Please note with new safety guidelines for COVID-19, parents are not permitted to go into the building further than the lobby unless absolutely necessary. We are setting up virtual activities in advance of school so children can be acclimated before their first day of school. Young students will be taken to class by a staff member.

3. **Dismissal and Pick Up Time**— All students must be picked up on time by dismissal at 3:00 pm, or be enrolled in the Extended Day program. With safety guidelines for COVID-19 it is imperative that children are picked up on time, and it is also possible that Extended Day services may be suspended. Since parents are not permitted into the building, students will be brought to the exits where parents are waiting outside for pick up. Students who are not enrolled in the Extended Day Program and are not picked up by dismissal will be charged a daily rate of \$35.00 for the afternoon.

Students enrolled in the Extended Day Program must be picked up by 5:30 p.m. Students who are late will be required to pay a late pick up fee of \$20.00 for the first fifteen minutes late, and then \$1.00 for each minute late thereafter.

Please note: In the event that a child is left beyond closing time and we are unable to contact a parent, we will try to get in touch with the emergency contact people listed in the student's file. If we are unable to contact anyone, we are required by New York State Law to take the child to the nearest precinct – the 67th precinct on Snyder Avenue. *Habitual lateness will result in expulsion.*

4. **Pick Up Guidelines**—Students may be picked up by designated people or bus services as follows:

Designated Pick Up People—Students will be permitted to leave with only designated pick up people indicated in the student's file. If you need an emergency pick up from an individual not listed in the file, you must contact the administrative office in advance, provide ID information, and be available for a return call from us at the time of pick up. The person picking up the child must have valid picture ID to be eligible as an emergency pick up person.

Private Busing - We do not provide transportation to and from school. If your child travels by a school bus service, please make sure that the driver has current liability insurance and uses appropriate car seats. Be sure to inform the office of which bus service your child uses and be able to provide all driver information to the school on request. Please keep the name of your driver and his/ her phone number available to you at all times. We will not relay any messages to your driver. Phyl's Academy will assume no responsibility for your choice of driver or communication with him or her.

5. **Medical** - All students must have a complete & valid medical, submitted no later than the first day your child attends school.
6. **Emergency** - All students must have valid Emergency Contact numbers, different from their parents' or guardians' numbers.
7. **Lunch**— For new safety protocols, no outside foods are allowed on premises. Students are required to participate in the Day Time Meal Plan, which is USDA approved. It includes a healthy breakfast and a nutritious lunch daily. There is no charge for the meal plan, but parents are required to complete the lunch forms annually prior to the start of the school year. Meals and snacks will not contain any nuts, nut butters, pork or shellfish. There will be vegetarian, hot and cold options daily.

Please note: Exceptions will be made for students with severe food allergies, vegans or those on documented special medical diets. These students will need to bring in supporting documents, and their own lunch and snacks to facilitate their safety and particular dietary needs. These meals must not include peanuts, tree-nuts or shellfish products. We have students who are severely allergic to nuts & cannot be in the same vicinity as nuts or nut products. No birthday parties or outside party foods will be permitted except those supplied by the school for special events.

8. **Uniform**— Our school uniform is optional for students in the Early Childhood Program.

Early Childhood Payment Plan

Grades	Registration Fee	Insurance Fee	Materials Fee	Total Enrollment Fee
Nursery and Pre-K	175.00	200.00	175.00	\$550.00

Please indicate which payment plan you are using this school year (check your choice):

- Monthly:** I understand that I am required to pay the enrollment fee at registration and the first month's fee of \$1,350.00 is due the first day my child attends the program.
- Siblings Monthly: (2 children enrolled in the Early Childhood Program)** The monthly tuition for my 2 children is \$2,680.00. I understand that I am required to pay the grade appropriate enrollment fee for each child at registration and the first month's fee of \$2,680.00 is due the first day my children attend school. **(For more than 2 children enrolled in this program please see office staff for payment agreement and contract.)**
- Siblings (An Early Childhood student with a sibling or siblings in Kindergarten to Grade 5):** **Please see office staff for payment agreement and contract.**

All monthly payments must be made by the 10th of each month. Fees paid after the 10th will incur a \$35 late fee. Fees paid after the 15th will incur a \$50 late fee.

Any student whose bill is not paid in full by the end of the month will not be allowed to attend school the following month.

All children must be picked up on time. The school day ends at 3:00 pm. Children who are not enrolled in the Extended Day Program and are still in school after 3:00 p.m. are charged \$35.00 for the afternoon. (Please inquire as to whether extended day is available during COVID-19.)

The Extended Day Program costs \$430.00 per month. This program is from 3:00 pm to 5:45 pm. There are no weekly rates. Please register for the Extended Day program if you need services after 3:00 pm.

Withdrawals -- Once you have registered in the program you will be held responsible for the entire monthly fee. We do not hold spaces for students who are absent for more than two weeks. You are required to notify the office in writing if you are withdrawing your child from the program. You may also notify us by calling the office. If your child is withdrawn from the school and you did not notify the office you are required to pay for his/ her space.

I, _____, have read and fully understand the contents of this Payment Plan.
(Print Parent's/ Guardian's Name)

I agree to make the appropriate payments in accordance with the terms of this payment contract. I understand that Phyl's Academy reserves the unquestionable right to suspend or expel my child if my account is delinquent. I understand that payments paid by Automatic ACH debit, certified check, credit card, money order and via Zelle are preferred. I fully understand and agree to abide by all the stipulations of this contract.

Signature _____ Date _____

Please read, initial each section & sign this Early Childhood contract.

I understand that in case of medical emergency, every effort will be made to contact the parent/guardian. If I cannot be reached, I give permission to Phyl's Academy to secure the proper treatment for my child in a hospital or at a physician as indicated. _____

I understand that my child can arrive no earlier than 8:00 am and **I agree** to pick up my child on time by 3:00 p.m or for students in the Extended Day Program by 5:45 p.m. _____

I understand that lateness will result in a penalty fee of \$20.00 for the first fifteen minutes late, and then \$1.00 for each minute late thereafter. I also understand that habitual lateness will result in expulsion from the school. _____

I understand that in following safety protocols for COVID-19, parents and/or visitors will not be permitted past the school lobby except for emergencies. _____

I understand that tuition is payable by Automatic ACH debit or Credit Card. All payments made by Credit Card are charged a 3.5% processing fee. _____

I understand that the school reserves the unquestionable right to suspend or expel from school any student whose account is delinquent. I understand that all monthly payments must be made by the 10th of each month. Fees paid after the 10th will incur a \$35 late fee. Fees paid after the 15th will incur a \$50 late fee. **I understand that any student whose bill is not paid in full by the end of the month will not be allowed to attend school the following month.** _____

I understand that the administration reserves the unquestionable right to disallow readmission of any student on the grounds of delinquent payment history. _____

I understand that skates, skate sneakers or skate boards are not allowed in the building or surrounding premises of Phyl's Academy. I am aware that Phyl's Academy will not accept responsibility for any injuries to anyone wearing skates, skate sneakers or riding skate boards. _____

I understand that students are not permitted to chew gum at any time. _____

I understand that smoking, firecrackers, firearms or weapons of any kind are not permitted on premises. _____

I understand that the staff, students or approved photographers may take pictures of or videotape the children. These images may be used to celebrate school activities, promote school events, newsletters, yearbooks, blogs, & website. No additional notice will be given for such use of student images. _____

I understand that occasionally an image may be selected to appear in public advertisements like local newspapers or television. In such case, additional notice will be given for parental approval prior to use. I understand that I reserve the right to accept or refuse the use of these images for public advertisements. _____

I understand that Phyl's Academy will always put safety first and is taking all safety/sanitary measures as outlined by the state and CDC. I know that despite these measures, COVID-19 remains a risk when physically attending any public space, including Phyl's Academy. I am aware of the associated risks of choosing to send my child/children to school. I agree that in the event of an unlikely but possible case of COVID-19 on premises or within the school community, I will not hold Phyl's Academy, its owners, staff, students, parents, or family members responsible for same. I understand that in such an event, the school will temporarily close for the state mandated time to sanitize the premises. _____

I understand that in the event of natural or other disasters, that Phyl's Academy will follow all guidelines as outlined by the respective authorities for safety, closings, curfews, stay at home orders and safe re-openings. _____

I, _____, am the Parent / Guardian of _____.
(Print Parent's / Guardian's Name) *(Print Child's Name)*

have read and agree to abide by the terms of this contract.

Parent's/ Guardian's Signature _____ **Date** _____