

**CENTRAL QUEENS Y**  
**EARLY CHILDHOOD CENTER – 2018-19**  
**2 Year Old, Born 2016 (must be 24 Months to enter class)**  
**3 Year Old, Born 2015**

Referred by: \_\_\_\_\_

Child's Full Name \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_  
 Birthdate \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_  
 \_\_\_\_\_  
 Zip Code \_\_\_\_\_

\_\_\_\_\_ Father's Name \_\_\_\_\_ Cell Phone \_\_\_\_\_ Bus. Phone \_\_\_\_\_ e-mail address \_\_\_\_\_

\_\_\_\_\_ Mother's Name \_\_\_\_\_ Cell Phone \_\_\_\_\_ Bus. Phone \_\_\_\_\_ e-mail address \_\_\_\_\_

Father's/Mother's address if different than child's) \_\_\_\_\_

Person to call in emergency (other than parents) \_\_\_\_\_ Phone # \_\_\_\_\_

Relationship to Child \_\_\_\_\_ Cell # \_\_\_\_\_

**ENROLLMENT CONTRACT – 2018-19**

The Central Queens Y and \_\_\_\_\_, hereinafter referred to as Applicant, hereby agree to the enrollment of Applicant's child, \_\_\_\_\_ in the Early Childhood Center, hereinafter referred to as the School, upon the following express terms and conditions:

**I. Applicant hereby enrolls his/her child for the 2018-19 program year, it being understood that the school year commences mid-September 2018 and ends mid-June 2019. Parents will receive a calendar indicating the days that the school will be closed, whether for Jewish or other holidays. Please select by checking choice:**

**SCHEDULE:**

**2-Year Olds:**

\_\_\_\_\_ 5 full days a week ..... (8:45 am – 3:00 pm)..... \$13,000

**3-Year Olds:**

\_\_\_\_\_ 5 half days a week ..... (8:45 am – 12:30 pm)..... \$ 8,295

\_\_\_\_\_ 5 full days a week ..... (8:45 am – 3:00 pm)..... \$11,445

**Extended Care:**

\_\_\_\_\_ Early Stay..... (7:30 am – 8:45 am)..... \$1,995

\_\_\_\_\_ Late Stay..... (3:00 pm – 6:00 pm)..... \$3,229

\_\_\_\_\_ Full Extended Care..... (7:30 am – 6:00 pm)..... \$4,384

**II. PAYMENTS:**

The required first tuition payment and schedule of balance of payments is included. **PLEASE ENCLOSE A CHECK PAYABLE TO "CENTRAL QUEENS Y"** for the amount of the first tuition installment for the class you select. Applicant will be held responsible for any bank fees due to bounced checks. Payments can also be made by credit card or cash.

**III. ADMISSION TO PROGRAM**

Admission to the program is not final until the applicant has submitted all documentation and it has been reviewed by the school. Children who are entering the Early Childhood Center for the first time must come in person to meet with the Early Childhood Director or designated staff member. Children who have been evaluated and/or are receiving intervention or support services must supply the evaluation(s) and description of services to the school. Any evaluations and/or support services that are made or begun after enrollment must also be supplied to the Early Childhood Director. Further documentation may be required at the discretion of the school. Any applicant whose child is not admitted will receive a full refund.

#### **IV. WITHDRAWAL:**

A. In all cases of withdrawal before the start of school and up until June 15, 2018, a refund shall be made less a charge of \$250. After June 15, 2018, applicants will be charged for the prorated cost of the first month of school in that class.

B. In all cases of withdrawal after the start of school, tuition fees shall be paid for the month following written notification of the student's removal from class, and in addition there will be a service charge of \$250.

C. There will be no refund with withdrawal after March 31, 2019.

D. In the event the child is unable to adjust to the school program within a reasonable time, such inability to adjust to be determined by the Director of the Early Childhood Center, this child shall be withdrawn, and the obligation to pay tuition fees in accordance with this contract shall cease, except that prorated tuition fees for the time used plus a \$250 administration fee shall be paid.

E. In the event the child is unable to attend school because of an extended illness, then, at the discretion of the Early Childhood Center Director, the child may be withdrawn with at least 30 days notice in writing without further obligation on the part of the Applicant, except that the \$250 administration fee and tuition fees to the end of the month during which withdrawal takes place, shall be paid.

V. It is understood and agreed that no fee deductions are to be made, or credits allowed for absence or withdrawal on account of illness or any cause whatsoever, except as herein above stated.

VI. The final decision that a child cannot be served in the Early Childhood Center is to be made by the Early Childhood Center Director or the Central Queens Y Director only.

VII. Parents will be informed of their child's placement before September 2018. Placement is at the discretion of the Director. Particular classrooms or staffing of rooms cannot be guaranteed at the time of application.

VIII. Applicant hereby gives permission to the School for his/her child to participate in all trips taken by his/her group.

IX. Applicant hereby gives permission to the School for use of photographs and videos for purpose of publicity, publication and/or display on behalf of the Agency.

X. Applicant agrees to have his/her child examined by the family physician and to submit the health certificate (supplied by the school) before entering the child in school, meeting the requirements set forth by the New York City Department of Health. Any exemption from required immunizations or other medical treatment must be filed with child's medical record. **No child will be allowed to begin school without the health certificate.**

XI. If Early Childhood Center services cannot be provided as a result of an act of nature, a local or national emergency, or any conditions that in the opinion of the Y jeopardizes the safety of the children, no compensation or make-up days will be provided. The Central Queens Y reserves the right to cancel or alter programs and/or fees as necessary.

**IT IS EXPRESSLY UNDERSTOOD AND AGREED BY THE PARTIES HERETO THAT THE PRIVILEGE OF PAYING TUITION INSTALLMENTS IS EXTENDED ONLY AS A CONVENIENCE AND DOES NOT IN ANY WAY VARY THE OBLIGATION OF THE APPLICANT TO PAY THE TUITION IN FULL, EACH INSTALLMENT AUTOMATICALLY DUE ON THE DATE STATED WITHOUT BILLS BEING SENT BY THE Y. THE SCHOOL HEREBY MAKES IT KNOWN TO THE APPLICANT THAT HIS/HER CHILD IS BEING ACCEPTED FOR THE ENTIRE YEAR, AND THAT THE TUITION STATED IS PAYMENT FOR A PLACE IN THE SCHOOL AND NOT FOR THE PERIOD OF ATTENDANCE.**

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**Director, Early Childhood Center**

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**Date**

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**Applicant**

# Central Queens Y Early Childhood Center

## PAYMENT SCHEDULE - 2018-2019

### 2 YEAR OLDS

<b>Tuition</b>	<b><u>5 Full Days</u></b>
	<b>\$13,000</b>

#### SCHEDULE OF PAYMENT IS AS FOLLOWS:

1. 1st Tuition Installment ( <b>DUE NOW</b> )	\$ 500.00
2. July 1, 2018 – 2nd Tuition Installment	\$ 1800.00
3. August 1, 2018 – 3rd Tuition Installment	\$ 1800.00
4. September 1, 2018 – 4th Tuition Installment	\$ 1800.00
5. October 1, 2018 – 5th Tuition Installment	\$ 1800.00
6. November 1, 2018 – 6th Tuition Installment	\$ 1800.00
7. December 1, 2018 – 7th Tuition Installment	\$ 1800.00
8. January 1, 2019 – 8th Tuition Installment	\$ 1700.00

### 3 YEAR OLDS

<b>Tuition</b>	<b><u>5 Full Days</u></b>	<b><u>5 Half Days</u></b>
	<b>\$11,445</b>	<b>\$8,295</b>

#### SCHEDULE OF PAYMENT IS AS FOLLOWS:

1. 1st Tuition Installment ( <b>DUE NOW</b> )	\$ 500.00	\$ 500.00
2. July 1, 2018 – 2nd Tuition Installment	\$ 1,564.00	\$ 1,114.00
3. August 1, 2018 – 3rd Tuition Installment	\$ 1,564.00	\$ 1,114.00
4. September 1, 2018 – 4th Tuition Installment	\$ 1,564.00	\$ 1,114.00
5. October 1, 2018 – 5th Tuition Installment	\$ 1,564.00	\$ 1,114.00
6. November 1, 2018 – 6th Tuition Installment	\$ 1,564.00	\$ 1,114.00
7. December 1, 2018 – 7th Tuition Installment	\$ 1,564.00	\$ 1,114.00
8. January 1, 2019 – 8th Tuition Installment	\$ 1,561.00	\$ 1,111.00

### EXTENDED CARE

Early Stay Only: Add \$399 to first 5 Payments.

Late Stay Only: Add \$646 to first 5 Payments.

Full Extended Care: Add \$877 to first 5 Payments.

## CENTRAL QUEENS Y-- EARLY CHILDHOOD CENTER 2018-19 APPLICATION

This form must accompany your Early Childhood Center Contract. This form will be reviewed prior to acceptance. We may request an interview with the parent(s) and child to determine placement and acceptance in the program. For children who are enrolled in the program, this information will be shared with the child's teacher.

Child's Name \_\_\_\_\_ Nickname \_\_\_\_\_

Birthdate \_\_\_\_\_ \_\_\_ Boy \_\_\_ Girl

Address: \_\_\_\_\_

\_\_\_\_\_ Zip \_\_\_\_\_ Home Phone \_\_\_\_\_

Parents:

Father \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

Same address as above: \_\_\_ Yes \_\_\_ No Occupation: \_\_\_\_\_

Mother \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

Same address as above: \_\_\_ Yes \_\_\_ No Occupation: \_\_\_\_\_

Siblings: Please list siblings and birthdate (DOB) (use back of form for additional siblings)

Name: \_\_\_\_\_ DOB: \_\_\_ Name: \_\_\_\_\_ DOB: \_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_ Name: \_\_\_\_\_ DOB: \_\_\_

If parents are working, who cares for child? (Name) \_\_\_\_\_

(Relationship) \_\_\_\_\_ Caregiver cell phone: \_\_\_\_\_

Others living in the home:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Was child adopted/fostered? \_\_\_\_\_ At what age? \_\_\_\_\_

What has child been told about this? \_\_\_\_\_

### **Early Experiences:**

At what age did your child: Sit up unassisted? \_\_\_\_\_ Crawl? \_\_\_\_\_ Walk? \_\_\_\_\_

Is child toilet trained? YES NO Somewhat (explain) \_\_\_\_\_

Using diapers at night? YES NO At nap time? YES NO

Does child suck his/her thumb? YES NO Use a pacifier? YES NO

### **Speech**

At what age did your child start using words (any language)? \_\_\_\_\_

What languages are spoken in your home? \_\_\_\_\_

What languages does your child understand? \_\_\_\_\_

What languages does your child speak? \_\_\_\_\_



**CONFIDENTIAL MEDICAL INFORMATION**

This Medical form and any attachments will be kept confidential and will not be shared during the application process. If your child has been evaluated, we require that you provide a confidential copy of the evaluation to the director of the program. Upon placement in the class, this information will only be shared with the child's teacher to insure safety as well as appropriate services and programming for your child. Our practice is guided by Federal HIPPA standards.

**Evaluations and Services:** Has your child ever received the following?

**Speech and Language Evaluation** YES NO Where? \_\_\_\_\_ When? \_\_\_\_\_

Results: \_\_\_\_\_

**Hearing Evaluation** YES NO Where? \_\_\_\_\_ When? \_\_\_\_\_

Results: \_\_\_\_\_

**Vision Evaluation** YES NO Where? \_\_\_\_\_ When? \_\_\_\_\_

Results: \_\_\_\_\_

**Developmental Screening/Evaluation** YES NO Where? \_\_\_\_\_ When? \_\_\_\_\_

Results: \_\_\_\_\_

**Psychological Evaluation** YES NO Where? \_\_\_\_\_ When? \_\_\_\_\_

Results: \_\_\_\_\_

**Occupational Therapy** YES NO Where? \_\_\_\_\_ When? \_\_\_\_\_

Results: \_\_\_\_\_

**Physical Therapy** YES NO Where? \_\_\_\_\_ When? \_\_\_\_\_

Results: \_\_\_\_\_

Any other evaluations or services your child has received?

\_\_\_\_\_

**Medical History**

• How would you describe your child's health? EXCELLENT GOOD FAIR POOR

• Has your child had a history of the following:

• Chronic Ear infections YES NO How frequent? \_\_\_\_\_

• Describe treatment: \_\_\_\_\_

• Allergies YES NO

• What is your child allergic to? \_\_\_\_\_

• Describe treatment or medications for allergies \_\_\_\_\_

• Accidents or Hospitalizations YES NO Explain \_\_\_\_\_

• Serious Illnesses YES NO Explain \_\_\_\_\_

Is there any other medical information you think is important regarding your child?

\_\_\_\_\_

List any medications your child is currently taking \_\_\_\_\_

\_\_\_\_\_

I understand that failure to provide accurate information may be grounds to terminate the school contract.

Signature \_\_\_\_\_ Date \_\_\_\_\_