



Welcome to The Little School's 3 and 4 year old Programs!

Below is a checklist of forms you must sign and/or complete by the date indicated.

CHILD'S NAME: _____

- _____ Completed registration form
- _____ Signed Parent Consent form
- _____ Deposit and Registration Fee must be attached
- _____ Payment plan form
- _____ Emergency Contact/Dismissal Form
- _____ Signed Photo/Video Consent form
- _____ Medical Statement of Child in Child Care

YOU MUST SUBMIT ALL OF THE ABOVE INFORMATION, ALONG WITH REGISTRATION FEE AND NON-REFUNDABLE/NON-TRANSFERABLE DEPOSIT BEFORE YOUR CHILD CAN ATTEND OUR PROGRAM.

Annual medical forms are required by May 31, 2019. Forms are available on our website, kbls.org or in the office.

Thank you for your cooperation. We look forward to having your child in our school!

Kids' B.A.S.E. & The Little School



LITTLE SCHOOL PROGRAM - 3YO__ 4YO__ (please check class)
REGISTRATION PACKET 2019 - 2020

CHILD'S FIRST NAME _____ MIDDLE INITIAL _____ LAST NAME _____

ADDRESS _____

CHILD'S PREVIOUS SCHOOL(S) _____

CHILD'S BIRTH DATE _____ GENDER _____

ELEMENTARY SCHOOL CHILD WILL ATTEND _____

MOTHER'S NAME _____ **FATHER'S NAME** _____

HOME ADDRESS _____ HOME ADDRESS _____

HOME PHONE _____ HOME PHONE _____

EMPLOYER _____ EMPLOYER _____

BUSINESS ADDRESS _____ BUSINESS ADDRESS _____

BUSINESS PHONE _____ BUSINESS PHONE _____

CELL PHONE _____ CELL PHONE _____

E-MAIL ADDRESS _____ E-MAIL ADDRESS _____

MEDICAL OR OTHER CONDITIONS REQUIRING SPECIAL ATTENTION (e.g. Early Intervention Services, medical limitations on child's activities, allergies, medications, etc.) Please describe relevant condition(s). Specify intervention services or medications that child receives on a regular basis.

CHILDS DOCTOR: _____

ADDRESS: _____ **Tel #** _____

Please return with a 10% non-refundable/non-transferable deposit and \$60 Family Registration fee



PARENT CONSENT FORM

I consent to the enrollment of my child in the Little School program in which my child is enrolled. I have been advised of the policies regarding fees, and services provided by The Little School and the Office of Children and Family Services regulations under which it operates. I give permission to The Little School for the following:

1. To seek **emergency medical treatment** for my child in the event I cannot be reached.
2. To release my child to the people I have designated on my “**Dismissal/Emergency Contact Form**” if I am unable to pick him/her up on a daily basis.
*If someone other than those people designated by the parents will be picking up your child, The Little School must be notified **in writing** (i.e., note or via email). You can add names to this list at any time.*
3. To have my child participate in **field trips and on-site special events** under the supervision of The Little School staff. **Parents are required to pay an annual field trip/event fee of \$80 which will be billed.**
4. To have my name, address, telephone number and email address (es) shared with other families in the school directory and on my child’s class roster.
5. Give permission for my child’s photo to be used for various Little School purposes (see **Photo/Video Consent Form**)

I agree to pay for my child’s enrollment at the rate of:

Regular Programs

	Discount Cash/Check	Credit Card
_____ 5 Full Days (8:45am- 2:45pm 3s) (9:00am-3:00pm 4s)	\$16,337	\$16,756
_____ 5 Half Days (8:45am -1:00pm) (3s only)	\$13,082	\$13,417

Each program includes snack and lunch

Extended Programs

	Discount Cash/Check	Credit Card
_____ Breakfast Club (7:00am-8:45am)	\$1,810	\$1,856
_____ Extended Afternoons (Monday-Friday 2:45pm-6:30pm 3s)	\$2,171	\$2,227
_____ Extended Afternoons (Monday-Friday 3:00pm-6:30pm 4s)	\$2,171	\$2,227
_____ Breakfast Club and Extended Afternoons	\$3,981	\$4,083

Extended programs run Monday thru Friday

All programs operated by Kids’ B.A.S.E. & The Little School are non-refundable/non-transferable. The Little School requires a non-refundable/non-transferable 10% deposit and a registration fee upon receipt of acceptance into the school.

(A 1.5% per month late charge with a \$5 minimum late charge is applied for late payments.)



THE LITTLE SCHOOL POLICY STATEMENT

(Please read carefully)

The Little School is open to all children who reside in Scarsdale or are eligible to attend Scarsdale schools and a limited number of students outside of Scarsdale. The Little School admits children of any race, religion, color, national and ethnic origin who are entitled to all rights, privileges, programs and activities generally accorded or made available to students at the school.

1. For a child to be admitted to the program, the parents must complete and sign the forms presented by The Little School. These include: the **Registration Form**, the **Payment Agreement**, the **Policy Statement**, **Photo/Video Consent Form**, **Dismissal/Emergency Contact Form**, and the **Medical Form**, which must be signed by a physician. A doctor's preferred form may be substituted for the school medical form and must include an immunization chart and current annual physical.

NO CHILD WILL BE ADMITTED TO THE PROGRAM UNLESS ALL OF THE ABOVE FORMS HAVE BEEN SUBMITTED, AS REQUIRED BY LAW

2. To begin the program in September your child must be three or four years of age by December 31, 2019.
3. If your child will be absent you should notify the school **by 9:00am**. Parents are expected to arrange for their child to be picked up in the event the child shows signs of infectious disease or other illness while at The Little School.
4. The billing procedures for The Little School are as follows:
 - a. Bills will be sent at the beginning of May and November. Payments are due May 24, 2019 and November 22, 2019. A late charge of 1.5% with a minimum charge of \$5 will be applied monthly after the due date. No child can attend or continue to attend whose parents have not paid their bill.
 - b. The Little School tuition for the year is established when you register your child.
5. If your child is enrolled in The Little School Extended Afternoon program, **The Little School closes promptly at 6:30pm daily**. The program requires that all children be picked up **before 6:30pm**. The following LATE CHARGES will be imposed after 6:30pm:
First Time Late: \$25.00 Second Time Late: \$50.00 Third Time Late: \$75.00
AFTER THE THIRD TIME LATE (BEYOND 6:30PM) THE CHILD MAY BE DISMISSED FROM THE PROGRAM.
6. All lunches, breakfasts, and snacks provided by the Little School are approved by a nutritionist. The Little School provides lunch for all children. The Little School also provides a mid-morning snack. Due to the frequency of peanut oil and nut allergies in young children, peanut butter, peanut products and nut products of any type are not served at The Little School or permitted to be served to the children.



7. The Little School may administer medication only by a MAT trained staff member and only under specific written instructions signed by a physician and a parent. The instructions must accompany the medication in its original bottle/box from the pharmacy for each illness or prescription. The OCFS Medical Consent Form must be used for this purpose. Doctors preferred forms are not acceptable.
8. The Little School reserves the right to refuse an application or dismiss a child at any time. Accordingly, it is understood that if, in the opinion of The Little School staff, a child is unable to adjust to the program after a reasonable amount of time or otherwise requires a disproportionate share of staff attention, Kids' B.A.S.E. & The Little School reserves the right to dismiss the child from the program. **Contractual fees will be refunded on a prorated basis. The deposit and registration fee are retained under all circumstances.**
No refunds will be given for voluntary withdrawal of a child.
9. The Little School does not provide transportation and does not recommend one bus company over another. We do not have a monitor who supervises on private buses. It is the parents' responsibility to arrange transportation for their child. All questions and concerns should be communicated directly to the bus company you hire.
10. Full disclosure regarding your child's medical or special needs is mandatory. Failure to disclose your child's medical or special needs may result in forfeiture of your deposit and/or tuition if it is deemed your child cannot be reasonably accommodated at our program. **Any child receiving Early Intervention or CPSE services must include a copy of the IFSP or IEP with this packet.**
11. Teacher requests are not permitted. Class placement is based upon several criteria, none of which are guaranteed, as follows:
 - a) Gender – based upon enrollment, we try to blend each class with boys and girls
 - b) Learning style – your child will be placed with a teacher that best suits their learning style
 - c) If a sibling had a past experience with a teacher
 - d) Friend requests – we will try to honor **one mutual friend request**
 - e) We will try to place children in the fours with children who will attend the same elementary school

We agree to observe all rules of the program and to participate in activities at our own risk and in no way hold Kids' B.A.S.E. & The Little School, its officers, directors, and employees liable for accident or illness.

PARENT'S SIGNATURE

DATE



Tuition Payment Agreement

My child will attend The Little School Three's or Four's Program. This is my tuition plan for the 2019-2020 school year. I wish to use payment plan **A or B (Please circle)**. Either plan requires the same deposit and registration fee. I realize once I choose a plan that my payment schedule cannot be changed at any point during the school year.

Deposit due with registration – includes registration fee

Cash or Check	Credit Card	
\$1,694.	\$1,737.	5 Full Days
\$1,368.	\$1,403.	5 Half Days
\$ 181.	\$186.	Breakfast Club
\$ 217.	\$223.	Extended Afternoons
\$ 398.	\$408.	Breakfast Club and Extended Afternoons

Plan A. Payment in Full with cash or check: Due May 24, 2019

\$14,703.	5 Full Days
\$11,774.	5 Half Days
\$ 1,629.	Breakfast Club
\$ 1,954.	Extended Afternoons
\$ 3,583.	Breakfast Club and Extended Afternoons

Plan A. Payment in Full with credit cards: Due May 24, 2019

\$15,080.	5 Full Days
\$12,076.	5 Half Days
\$ 1,671.	Breakfast Club
\$ 2,004.	Extended Afternoons
\$ 3,675.	Breakfast Club and Extended Afternoons

Plan B. Payment Plan -- Payments are due with cash or check:

<u>May 24, 2019</u>	<u>November 22, 2019</u>	
\$8,168.	\$6,535.	5 Full Days
\$6,541.	\$5,233.	5 Half Days
\$ 905.	\$ 724.	Breakfast Club
\$1,085.	\$ 868.	Extended Afternoons
\$1,990.	\$1,592.	Breakfast Club and Extended Afternoons

Plan B. Payment Plan -- Payments are due with credit cards:

<u>May 24, 2019</u>	<u>November 22, 2019</u>	
\$8,378.	\$6,702.	5 Full Days
\$6,709.	\$5,367.	5 Half Days
\$ 928.	\$ 743.	Breakfast Club
\$1,113.	\$ 891.	Extended Afternoons
\$2,041.	\$1,633.	Breakfast Club and Extended Afternoons

If payments are received after May 25th and/or November 23rd, there will be a **1.5% per month** late charge with a **\$5 minimum** added to your bill. No child can attend or continue to attend whose parents have not paid their bill.

*****If you need a special payment arrangement, The Little School will make determinations on a case by case basis.*****

Thank you for your cooperation and promptness.

Signed _____
 Parent's Signature Date



DISMISSAL FORM

Child's Name: _____ Class: _____

Date: _____ Parent's signature: _____

This form will remain in effect for all programs that take place at Kids' B.A.S.E. & The Little School during the period July 1, 2019 – June 30, 2020

Please list all ADULTS (18 and older) authorized to pick up your child for dismissal purposes, in order of preference. Include any caregivers, car pool participants, or friends' parents to whom your child may be released.

Please print:

#1 - Name: _____

Relationship: _____

Cell #: _____

Email: _____

#2 - Name: _____

Relationship: _____

Cell #: _____

Email: _____

#3 - Name: _____

Relationship: _____

Cell #: _____

Email: _____

#4 - Name: _____

Relationship: _____

Cell #: _____

Email: _____

#5 - Name: _____

Relationship: _____

Cell #: _____

Email: _____

#6 - Name: _____

Relationship: _____

Cell #: _____

Email: _____

#7 - Name: _____

Relationship: _____

Cell #: _____

Email: _____

#8 - Name: _____

Relationship: _____

Cell #: _____

Email: _____



EMERGENCY CONTACT FORM

Child's Name: _____ Class: _____

Date: _____ Parent's signature: _____

This form will remain in effect for all programs that take place at Kids' B.A.S.E. & The Little School during the period July 1, 2019 – June 30, 2020

In the case of an emergency The Little School will contact the following people in this specific order. Please provide as much information as possible.

Please print:

#1 - Name: _____

Relationship: _____

Cell #: _____

Email: _____

#2 - Name: _____

Relationship: _____

Cell #: _____

Email: _____

#3 - Name: _____

Relationship: _____

Cell #: _____

Email: _____

#4 - Name: _____

Relationship: _____

Cell #: _____

Email: _____

#5 - Name: _____

Relationship: _____

Cell #: _____

Email: _____

#6 - Name: _____

Relationship: _____

Cell #: _____

Email: _____

#7 - Name: _____

Relationship: _____

Cell #: _____

Email: _____

#8 - Name: _____

Relationship: _____

Cell #: _____

Email: _____



PHOTO/VIDEO CONSENT FORM

(Effective July 1, 2019 – June 30, 2020)

I, _____ give permission for my child _____;
(PRINT parent's name) (PRINT child's name)

Yes

No

To be photographed and/or videotaped, and to allow any pictures or videos in which my child appears to be displayed throughout the school/classroom.

To be photographed and/or videotaped, and to allow any pictures or videos in which my child appears to be released for publication, in newspapers, brochures, or for the purposes of fund-raising, marketing, public relations or on our website.

To be photographed and to allow any pictures in which my child appears to be maintained in the School's private Website portal or other private account, where the photos will be available for parents who have the proper sign-in and password.

Parent's Signature

Date