



***Welcome to The Little School's 2 year old Program!***

*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 (available on our website, [kbls.org](http://kbls.org))

**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.**

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*Annual medical forms are required by May 31, 2024. Forms are available on our website, [kbls.org](http://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 2 YEAR OLD PROGRAM**  
**REGISTRATION PACKET 2024 - 2025**

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 participation of my child in the Little School program in which my child is enrolled. I agree to pay the rates as indicated on the rate sheet. 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 Form** or **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. Appropriate identification will be required.*
3. To have my child participate in **on-site special events** under the supervision of The Little School staff.  
**Parents are required to pay a special event fee of \$40 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 Half Days MORNINGS M – F (8:45am-11:15am)	\$12,147	\$12,458
_____ 5 Full Days M – F (8:45am – 2:45pm)	\$18,806	\$19,289
_____ 5 Half Days AFTERNOONS M-F (11:30am – 2:00pm) includes lunch	\$13,510	\$13,856

### Extended Programs

	Discount Cash/Check	Credit Card
_____ Breakfast Club (7:00am-8:45am)	\$2,201	\$2,258
_____ Extended Afternoons (Monday-Friday 2:45pm-5:30pm)	\$2,704	\$2,774

Extended programs run Monday thru Friday

**We reserve the right to cancel any program because of lack of enrollment.**

**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 residing 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 **Tuition Payment Agreement**, the **Policy Statement**, **Photo/Video Consent Form**, **Dismissal Form**, **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 record 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 two years of age by December 31, 2024.
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. Monthly statements will be sent to any family where there is a balance on the account. Payments are due May 23, 2024 and November 21, 2024. 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 if their tuition is past due.
  - b. The Little School tuition for the year is established and billed when you register your child.
5. The program requires that all children be picked up promptly at your assigned dismissal times. The following LATE CHARGES will be imposed:  
**First Time Late: \$25.00                      Second Time Late: \$50.00                      Third Time Late: \$75.00**  
**AFTER THE THIRD TIME LATE THE CHILD MAY BE DISMISSED FROM THE PROGRAM.**
6. All lunches and snacks provided by the Little School are approved by a nutritionist. 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 Medication Consent Form** must be used for this purpose. Doctors preferred Medication Form is not acceptable for this purpose.



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.** By signing below, I understand that attendance at The Little School is a full school year commitment.

**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.**

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.

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PARENT'S SIGNATURE

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DATE



Tuition Payment Agreement

My child will attend The Little School Two Year Old Program. This is my tuition plan for the 2024-2025 school year. I wish to use payment plan **A** or **B** (*Please check*). The payments below reflect all amounts due under the plan you selected. Please note that the \$60 registration fee is not included below and should be added to your deposit. I realize once I choose a plan that my payment schedule cannot be changed at any point during the school year. There is only one registration fee per family.

Dear Parents,

Your statement will reflect the full tuition for the program year. Payments will continue to be due in the same fashion as before with a deposit of 10% plus the application fee due with the registration documents, 50% due as a second payment and 40% due as the third and final payment. If you chose Plan A, there is only one additional payment after the deposit. The actual payment schedule is below:

**2 Year-Old Programs**

Registration fee \*\$60/\*\*\$62 **per family** and Special Events fee of \*\$40/\*\*\$41 **per child** is due with deposit and not included in the amounts be

Full Tuition	5 Days Mornings 8:45am-11:15am */**	5 Full Days 8:45am-2:45pm */**	5 Half days Afternoons 11:30am-2:00pm */**	Breakfast Club 7am-9am */**		Extended Afternoons 2:45pm-5:30pm */**
	12,147 / 12,458	18,806 / 19,289	13,510 / 13,856	2,201 / 2,258		2,704 / 2,774

**Plan A Payment - Plan A requires the following two payments**

Due Date	5 Days Mornings 8:45am-11:15am */**	5 Full Days 8:45am-2:45pm */**	5 Half days Afternoons 11:30am-2:00pm */**	Breakfast Club 7am-9am */**		Extended Afternoons 2:45pm-5:30pm */**
Deposit	1,215 / 1,246	1,881 / 1,929	1,351 / 1,386	220 / 226		270 / 277
23-May-2024	10,932 / 11,212	16,926 / 17,360	12,159 / 12,470	1,981 / 2,032		2,434 / 2,496

**Plan B - Plan B requires the following three payments**

Due Date	5 Days Mornings 8:45am-11:15am */**	5 Full Days 8:45am-2:45pm */**	5 Half days Afternoons 11:30am-2:00pm */**	Breakfast Club 7am-9am */**		Extended Afternoons 2:45pm-5:30pm */**
Deposit	1,215 / 1,246	1,881 / 1,929	1,351 / 1,386	220 / 226		270 / 277
23-May-2024	6,073 / 6,229	9,403 / 9,644	6,755 / 6,928	1,101 / 1,129		1,352 / 1,387
21-Nov-2024	4,859 / 4,983	7,523 / 7,715	5,404 / 5,542	880 / 903		1,082 / 1,109

\*Cash or Check

\*\*Credit Card

If payments are received after May 23<sup>rd</sup> and/or November 21<sup>st</sup>, 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.\*\*\***

Please make checks payable to "KBLs". Thank you for your cooperation and promptness.

Signed \_\_\_\_\_ Date \_\_\_\_\_  
Parent Signature



## 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, 2024 – June 30, 2025

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 provide a photo ID for all persons on this form.**

Please print:

#1 - Name: \_\_\_\_\_

**MOTHER** \_\_\_\_\_

Cell #: \_\_\_\_\_

Email: \_\_\_\_\_

#2 - Name: \_\_\_\_\_

**FATHER** \_\_\_\_\_

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, 2024 – June 30, 2025

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: \_\_\_\_\_

**MOTHER** \_\_\_\_\_

Cell #: \_\_\_\_\_

Email: \_\_\_\_\_

#2 - Name: \_\_\_\_\_

**FATHER** \_\_\_\_\_

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, 2024 – June 30, 2025)*

Kids' B.A.S.E. & The Little School (KBLS) captures and uses photos and videos of students in a variety of ways throughout the school year. These uses, as outlined below, enable the school to highlight the vibrant nature of KBLS, the achievements of our students, faculty and staff, and the positive impact our school has on our students and the community at large.

KBLS has adopted a Digital Media Policy that governs the school's use of publicly disseminated student photographs and videos, a copy of which is available on our website at [KBLS.org](http://KBLS.org). The Digital Media Policy outlines the procedures KBLS will follow when publicly disseminating photos and videos via social media or any other form of public communications outside of the KBLS community.

*Please review the information below and respond to each paragraph. Forms will be kept on file in the office and changes can be made at any time.*

I, \_\_\_\_\_ give permission for my minor child \_\_\_\_\_  
 (PRINT parent/guardian's name) (PRINT child's name)

to be photographed and/or videotaped, and for KBLS to use such photographs or videos in which my child appears as follows (initial as appropriate):

	Yes	No
To be displayed throughout the school (e.g., hallways and in classrooms).	_____	_____

To be maintained in a private Internet account (e.g., Class DoJo), where photos and/or videos will only be available for parents who have the proper sign-in and password.	_____	_____
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To be released for public dissemination, including publication in newspapers, brochures, or on KBLS's website for informational purposes or for the purposes of fundraising, marketing or public relations.	_____	_____
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To be posted on social media (e.g., Facebook and/or Instagram).	_____	_____
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By signing this Photo/Video Consent Form, I agree that I have read and understand the Digital Media Policy that has been made available to me and which will govern my consent granting KBLS permission to use photographs and/or videos of my child as I have indicated above.

\_\_\_\_\_  
 Parent/Guardian's Signature

\_\_\_\_\_  
 Date