



1789 Mandarin Road Naples, FL. 34102
(239) 263-2620
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REGISTRATION FORM 2018-2019 SCHOOL YEAR

REGISTRATION CHECKLIST:

1. Complete registration form
2. Complete *Tuition Express form to process registration and tuition fees
3. Existing families \$250 non-refundable registration/supply fee per child
 New families \$350 non-refundable registration/supply fee per child
4. (2) Non-refundable monthly tuition installments: *1st due upon registration, 2nd due May 1st*, will be processed through Tuition Express.
5. Allergies Yes No If yes please indicate allergy: _____
6. State of Florida Student Health examination (DH3040 form)
 State of Florida Certificate of Immunization (DH680 form)

*Current families do not need to fill out Tuition Express unless a change needs to be made.

* Enrollments received after May 1st would require both tuition installments paid upon registering.

PLEASE PRINT CLEARLY.

Date: _____

Part I: General Information

Child's Last Name: _____ Child's First Name: _____

Child's Preferred Name: _____ Date of Birth: ____ / ____ / ____

Child's Age as of Sept 1, 2018: _____ Child is a Boy Girl Applying for which age group: _____

HOME ADDRESS OF CHILD:

Number: _____ Street: _____ City: _____

State: _____ Zip code: _____ Phone 1: _____ Phone 2: _____

PARENTS ARE:

Married / Separated / Divorced / Father deceased / Mother deceased / Single Parent / Child is adopted

Child lives with: _____ Relationship to child: _____

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Part II: Contact Information

	Parent / Guardian #1	Parent / Guardian #2
Title	<input type="checkbox"/> Miss <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Mr. <input type="checkbox"/> Dr. <input type="checkbox"/> Other:	<input type="checkbox"/> Miss <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Mr. <input type="checkbox"/> Dr. <input type="checkbox"/> Other:
Name		
Home Address		
Home Phone		
Cell Phone		
Email		
Employer		
Business Address		
Position		
Business Phone		

Additional Persons Authorized to Pick Your Child Up & Emergency Contacts (other than parent/guardian):

Important: Child will be released only to the parent or legal guardian, and persons listed below. The following people will also be contacted and are authorized to remove your child from the facility in case of illness, accident or emergency if the parent or legal guardian cannot be reached. Please introduce us to the persons authorized to pick up your child. For the safety of your child, please notify teachers (verbally and in writing) of who will be picking up your child. We will request a photo ID from someone listed below whom we have not previously met before releasing your child to them in addition to adding them into the procare fingerprint check in/out stations.

Full Name	Cell Phone	Home Phone	Business Phone	Relationship to Child

My signature below attests that my child may be released to the above persons.

Printed Name of Parent / Legal Guardian

Signature of Parent / Legal Guardian

Date

Part III: School Schedule & Tuition Pricing

Preschool of the Arts offers Half Day, Full Day, and Extended Day schedule options.

- ❖ **Half Day:** 9:00am – 12:30pm
- ❖ **Full Day:** 9:00am – 3:00pm

Schedules for Ages 19 months – 3 years old

- 19-26 mo. by 9/1 – Tiny Da Vinci
- 26-36 mo. by 9/1 – Mini Monet/Mini Morisot
- 3 – years old by 9/1 – Cute Cassatt/Little Van Gogh

* Preschool of the Arts reserves the right to adjust classroom age range according to the needs of the children

X	Days	Hours	Annual Tuition	Quarterly payments	10 Monthly Payments ▲
	Two Half Days (Tu/Th)	9:00 – 12:30	\$ 5,350	\$1,337.50	\$ 535.00
	Two Full Days (Tu/Th)	9:00 – 3:00	\$ 6,350	\$1,587.50	\$ 635.00
	Three Half Days <input type="checkbox"/> (MWF) or <input type="checkbox"/> (Tu/Th/F)	9:00 – 12:30	\$ 6,500	\$1,625.00	\$ 650.00
	Three Full Days <input type="checkbox"/> (MWF) or <input type="checkbox"/> (Tu/Th/F)	9:00 – 3:00	\$ 8,600	\$2,150.00	\$ 860.00
	Four Half Days (M-Th)	9:00 – 12:30	\$ 7,700	\$1,925.00	\$ 770.00
	Four Full Days (M-Th)	9:00 – 3:00	\$ 10,000	\$2,500.00	\$ 1,000.00
	Five Half Days (M-F)	9:00 – 12:30	\$ 8,850	\$2,212.50	\$ 885.00
	Five Full Days (M-F)	9:00 – 3:00	\$ 12,000	\$3,000.00	\$ 1,200.00

4-year old group / Pre-K Picasso

X	Days	Hours	Annual Tuition	Quarterly payments	10 Monthly Payments ▲
	Five Half Days (M-F)	9:00 – 12:30	\$ 8,850	\$ 2212.50	\$ 885.00
	*Five Full Days (M-F)	9:00 – 3:00	\$ 12,000	\$ 3,000.00	\$ 1,200.00

❖ Extended day schedules:

- Option 1:** 7:30am – 5:30pm
- Option 2:** 9:00am – 5:30pm
- Option 3:** 7:30am – 4:00pm

Flat rate fee/ Full-time extended care pricing * Please see page 5 for more extended care options

X	Days	Hours	Annual Tuition	Quarterly payments	10 Monthly Payments ▲
	Five Full Days (M-F)	7:30 – 5:30	\$15,000	\$ 3,750.00	\$ 1,500.00
	Five Full Days (M-F)	9:00 – 5:30	\$14,000	\$ 3,500.00	\$ 1,400.00
	Five Full Days (M-F)	7:30 – 4:00	\$14,000	\$ 3,500.00	\$ 1,400.00

*Priority given to families applying for Five full or half days.

▲ Non-refundable registration fee (one-time payment) and non-refundable 2 monthly tuition installments are due to secure placement. 1st tuition installment is due upon registration, and 2nd installment is due May 1, 2018. Remaining balance of annual tuition fee is due in EIGHT (8) equal monthly installments starting on August 1, 2018, and ending on March 1, 2019.

or FOUR (4) quarterly payments. The first payment due at the time of enrollment, SECOND (2) payment due July 1st, 2018, THIRD (3) payment due November 1st, 2018, and FOURTH (4) payment due March 1st, 2019.

* VPK is available for all four-year-olds born on or before September 1, 2014 who reside in Florida and will attend Kindergarten the following fall. The VPK voucher is available for children who are enrolled for 5 full days. Please refer to the attached letter for more information regarding VPK enrollment.

* Included in the annual tuition fee are weekly enrichment classes taught by professionals (My Gym, Gardening, Science, Yoga, Spanish, Music, Market Place and Art) as well as morning and afternoon snacks, a bi-weekly cooking class, Friday challah baking, and a campus security guard.

My annual tuition is \$ _____

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Part IV: Schedule Change Policy

Increasing or Decreasing your Child's Schedule

If a parent should desire to change a child's schedule in any way, whether it is to add days or an afternoon, it is necessary for the parent to speak with the Admissions Director to make the necessary payment for the change in schedule if there is space in the desired class, please note space is limited. Parents need to provide a 30-day notice in writing to decrease their child's schedule and are responsible for the full payment of the original tuition amount until the next billing cycle of 30 days. After 30 days, the parents can continue paying the adjusted tuition amount. There is no reimbursement on any tuition paid for a schedule change. The 30-day notice is required both for families who wish to decrease the daily hours or number of days each week that their child attends school.



Initials

Part V: Tuition Payment Method

Payment Method (please check only ONE option): Tuition Express form on page 9

- Monthly Tuition Express checking or *credit card option \$_____
- Quarterly Tuition Express checking or *credit card option \$_____
- Pay In Full \$_____

Parents understand and agree that NO PORTION OF THE TUITION AND FEES PAID TO PRESCHOOL OF THE ARTS SHALL BE REFUNDED.

- 1) Registration fee (non-refundable) and TWO (2) monthly tuition installments (non-refundable) to secure placement. 1st tuition installment due upon registration, and 2nd installment is due May 1, 2018.
- 2) EIGHT (8) monthly tuition payments in the amount of \$_____ (monthly fee) on the first of each month, starting on August 1, 2018, and ending on March 1, 2019.
- 3) FOUR (4) quarterly payments in the amount of \$_____. The first payment due at the time of enrollment, SECOND (2) payment due July 1, 2018 THIRD (3) payment due November 1, 2018, and FOURTH (4) payment due March 1, 2019.

**Please note that a 3% processing fee will be applied to anyone choosing to use a credit card.*

Part VI: Lunch Sign Up & Payment Method

Optional Lunch Payment Policy

Healthy, homemade, kosher lunches are available for your child all year long! The cost for this option is \$7.00 per meal if paid monthly. For on-the-day requests or lack of pre-payment, meals provided by Preschool of the Arts will be charged at \$9.00 per meal. Register and pay for the entire year and receive a 10% discount, or pay monthly.

Week One*

Monday: Grilled cheese, oven roasted potatoes, seasonal fruit and vegetable
Tuesday: Chicken nuggets, sweet potato fries, seasonal fruit and vegetable
Wednesday: Lollipop Chicken, rice, grilled veggie, and seasonal fruit
Thursday: Spaghetti and meatballs, seasonal fruit, and stir fry vegetable
Friday: Cheese pizza, seasonal fruit and vegetable

Week Two*

Monday: Macaroni and cheese, seasonal fruit and vegetable
Tuesday: Sweet and sour chicken with rice, seasonal fruit, and grilled vegetable
Wednesday: Turkey hot dogs, chicken noodle soup, seasonal fruit and vegetable
Thursday: Hamburger, baked potato, seasonal veggie, and seasonal fruit
Friday: Cheese pizza, seasonal fruit and vegetable

*menus subject to change

Lunch Sign Up

- Yes, I'm interested in the lunch program
- No thank you, I'm not interested at this time
- Please see the sign-up sheet located in the welcome packet upon registration if you are interested.

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Part VII: School shirts and Extended care

Preschool of the Arts Shirts

Each student will receive **one** Preschool of the Arts t-shirt that is included in the supply fee. Shirts are to be worn on Fridays, field trips and special events. Additional T-shirts are available \$12/shirt.

My child's t-shirt size is:

- 2T
- 3T
- 4T
- XS Youth
- S Youth

In addition to the one Preschool of the Arts shirt, I would like to purchase _____ extra shirts.

Extended Care Payment Policy

Extended care is available to all of our students.

Annual, monthly and daily sign up options are available for extended care. Daily rates are \$12 per hour. Due to staffing, advance notice is preferred, however we do understand that situations may arise that would require on the day notice. This includes precare and aftercare.

Please note that we have options to sign up for annual extended care, or on a month to month basis.

Extended Care Sign Up

Extended care is offered from 7:30am-9:00am and 3:00pm-5:30pm for a discounted fee. Please see the chart below for hours and pricing.

Extended care Monthly fees:

✓	7:30 – 9:00 a.m.	\$150
✓	8:00 – 9:00 a.m.	\$100
✓	3:00 – 4:00 p.m.	\$100
✓	3:00 – 4:30 p.m.	\$150
✓	3:00 – 5:00 p.m.	\$200
✓	3:00 – 5:30 p.m.	\$250

If you are interested in signing up for extended care, please indicate below. You will find the sign-up sheet located in the welcome packet for you to fill out and submit to the office.

- Yes, I'm interested in signing up for pre-care
- Yes, I'm interested in signing up for after-care
- Yes, I'm interested in signing up for pre and after-care
- No thank you, I'm not interested in extended care at this time

Part VIII: Medical Information

Child's Full Legal Name

Child's Date of Birth

Child's Physician

Physician's Telephone

Child's Dentist

Dentist's Telephone

Please list any allergies, medical conditions, developmental delays or medications currently being taken, including dietary requirements, allergies to medication, or any other limitations.

I hereby give permission in the event of an emergency for the Director, the Acting Director, or a Teacher at Preschool of the Arts, to take whatever steps may be necessary for the medical care of my child, _____. I understand that in order for Preschool of the Arts to assume responsibility of my child, I, or the person(s) whom I have designated to drop off and pick up my child, must sign my child in at the time of arrival and out at the time of departure. I understand that unless there is a need for immediate action, the order of the steps taken will follow, but will not be limited to, the outline below:

1. The parent/guardian will be called. **Note:** If the parent/guardian is unavailable, the emergency contact persons designated by the parent/guardian will be called.
2. Child's physician will be called.
3. If these efforts are unsuccessful, the following steps will be taken (order may vary depending on the situation):
 - a. Another physician will be called.
 - b. The child will be taken to the nearest emergency room accompanied by a staff member.
 - c. An ambulance will be called to take the child to the nearest emergency room accompanied by a staff member.

If I cannot be reached in the event of an emergency, I give consent for a Preschool of the Arts staff member to transport my child to the nearest emergency facility, or to have my child transported by ambulance. I give consent to any emergency facility or physician to administer any necessary medical treatment to my child as the situation may warrant it. I further understand that I am responsible for any and all costs associated with any and all medical treatments for my child.

Parent/Guardian confirms that they will hold Preschool of the Arts and its staff harmless from any liability which might arise from this consent. Parent/Guardian agrees to reimburse Preschool of the Arts for any medical expenses that may arise while child is in our care.

IMPORTANT: In order for Preschool of the Arts to assume responsibility for my child, I understand that I must sign my child in and out by utilizing the procare software fingerprint system.

Printed Name of Parent / Legal Guardian

Signature of Parent / Legal Guardian

Date

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Part IX: Student Profile – Background Information

(Please feel free to add additional pages if necessary)

Child born prematurely? Yes No If YES, how many months early? _____

Child's place of birth: _____

Languages spoken at home: _____

List child's siblings and their ages: _____

Please list any other members of your household (pets, too!) by name, age and relationship:

If child is adopted, list age at time of adoption _____ Is child aware of adoption? _____

Is your child potty trained? _____ If in progress, explain: _____

Describe assistance needed and words used:

Does your child nap? _____ If yes, what time? _____

If no, will your child be able to rest quietly with books for at least a half hour each afternoon? _____

Does your child take a bottle at nap time? _____ Does your child take a pacifier at nap time? _____

My child wakes up in the morning at _____ am, and goes to sleep at night at _____ pm

Has your child previously attended preschool? _____ If so, where? _____

Please describe any health issues that we should be aware of:

Please describe any special dietary needs that we should be aware of and describe your child's appetite:

What methods of behavior control are used in your home?

Does your child benefit from any sort of therapy? _____

If yes, please describe so that we may continue to reinforce the skills:

Please describe any serious operation or accident your child may have had:

Please list all medications your child takes on a regular basis and the associated conditions:

Please describe any special medical, physical or emotional needs that the school and staff should be aware of:

What are your child's favorite activities? _____

What does your child enjoy doing with Mother? _____

What does your child enjoy doing with Father? _____

Does your child play well alone? _____ In groups? _____

Please circle the adjectives below that best describe your child:

- | | | | |
|-----------|-------------|--------------|---------------|
| Happy | Aggressive | Friendly | Moody |
| Clumsy | Dependent | Stubborn | Impulsive |
| Fearful | Quiet | Good-natured | Even-tempered |
| Attentive | Sympathetic | Shy | Outgoing |

Do you think your child will display separation anxiety on his/her first day at preschool?

As a parent, what do you feel you can do to avoid an unpleasant first day at preschool?

Part X: Tuition Express Form



**Automated Payment Processing
Safe – Convenient – Easy**

We are excited to offer the safety, convenience and ease of Tuition Express® — a payment processing system that allows secure, on-time tuition and fee payments to be made from either your bank account or credit card.

ELECTRONIC FUNDS TRANSFER AUTHORIZATION FOR BANK ACCOUNT and CREDIT CARD

I (we) hereby authorize (business name) _____ to initiate credit card charges to the below-referenced credit card account (Section A) OR, initiate debit entries to my (our) checking or savings account, indicated below (Section B). To properly affect the cancellation of this agreement, I (we) are required to give 10 days written notice. _____ (initial) Credit union members: please contact your credit union to verify account and routing numbers for automatic payments. Check with the center for accepted credit card types.

A 3% processing fee will be added to credit card transactions

COMPLETE ONE SECTION ONLY

SECTION A (Credit Card) Please note: We DO NOT accept American Express

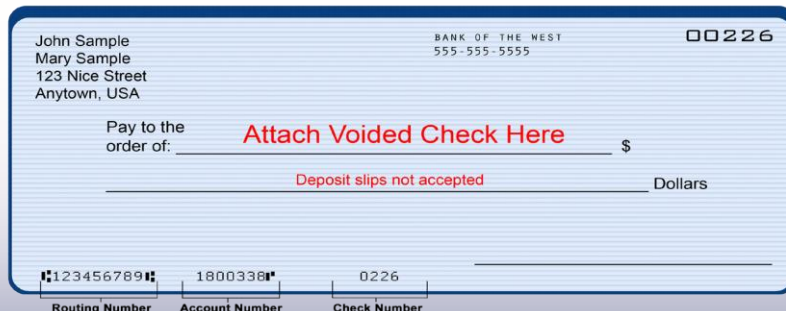
Cardholder Name	Phone #
Cardholder Address	City State Zip
Account Number	Expiration Date Security code
Cardholder Signature	Date

SECTION B (Bank Account)

Your Name	Phone #
Address	City State Zip
Bank or Credit Union Name	Bank or Credit Union Address City State Zip
Routing Transit Number (see sample below)	Account Number (see sample below) <input type="checkbox"/> Checking <input type="checkbox"/> Savings
Authorized Signature	Date

For Official Use Only

Date Received
Employee Signature



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2018-2019 School Year Registration