



# Play & Learn School

41 Tuers Avenue  
Jersey City, NJ 07306

Preschool Payment Plan  
**School Copy**  
Retained for Student File

The rates for the 2025 -2026 school year will increase by 2.5 - 5%.

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

## 2024-2025 Pre-Kindergarten Program

*Please check your child's program.*

### Educational Day

8:00am -3:00pm

Monday – Friday

\$8950.00 per year

10 consecutive monthly payments of **\$895.00** to be paid July through April (due the 1<sup>st</sup> of each month).  
(See Tuition Agreement regarding Non-Refundable Payments)

### After Care

3:00pm – 6:00pm

\$2000.00 per year

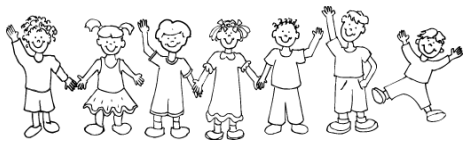
One payment of \$200.00 due by the 1<sup>st</sup> of each month.

### Other Related Fees

Returning Students Non Refundable Registration Fee	\$400.00 per year
New Students Non Refundable Registration Fee	\$500.00 per year
Late Payment Fee	\$ 25.00 per incident
Returned Check Fee	\$ 25.00 per check
Early Care (7:00-8:00am)	\$ 35.00 per week

I have enrolled my child in the above named program and agree to pay in accordance with the chosen payment option. This payment schedule will remain in effect unless a change is agreed upon by both myself and the Director. I am aware of the program times for which I am enrolling my child as well as the fees that pertain to late payment and late pick up.

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



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## Child Information Form

### Child's Information

Child's Name \_\_\_\_\_ Birth Date \_\_\_\_\_  
first name middle name last name

Street \_\_\_\_\_ Sex  Male  Female

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Was the child born in the United States?  Yes  No, birthplace: \_\_\_\_\_

Is this your child's first time in a preschool setting?  Yes  No

If this is not your child's first preschool, where was he/she previously enrolled? \_\_\_\_\_

Ethnic Group:  American Indian or Alaska Native  Asian  Pacific Islander  Black, non-Hispanic  Hispanic  White, non-Hispanic

Does the child speak English?  Yes  No Language(s) Spoken at Home \_\_\_\_\_

### Parent/Guardian Information #1

Relationship to Child:  Mother  Father  Other: \_\_\_\_\_

Name \_\_\_\_\_

Home Phone \_\_\_\_\_ Mobile Phone \_\_\_\_\_

Address (if different from child) \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Primary Language:  English  Spanish  Other \_\_\_\_\_

### Parent/Guardian Information #2

Relationship to Child:  Mother  Father  Other: \_\_\_\_\_

Name \_\_\_\_\_

Home Phone \_\_\_\_\_ Mobile Phone \_\_\_\_\_

Address (if different from child) \_\_\_\_\_

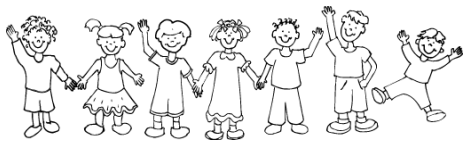
Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Primary Language:  English  Spanish  Other \_\_\_\_\_

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

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_



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## Blanket Permission for Outdoor Activities

As part of the center's curriculum, the children are required to spend some time outdoors. Weather permitting; the children may use the outdoor play area. The children may also take walks in the neighborhood.

By signing below, you give permission for your child to take neighborhood walks and to use the center's outdoor play area at the staff's discretion.

This permission does not include any scheduled field trips. Permission for field trips will be given prior to each event.

## Receipt of Parent Handbook

Parent/Guardian Initials

By signing below, I acknowledge that I have received a copy of the Play & Learn School Parent Handbook. The handbook includes program guidelines and important information for parents. The handbook also includes the center's Discipline Policy, Policy on the Release of Children, Policy on the Management of Illness/Communicable Diseases, and the Information to Parents Statement that is mandated by the Division of Youth and Family Services. Parent Handbooks remain the property of Play & Learn School and must be returned upon withdrawal from the program.

## Photograph Permission

Parent/Guardian Initials

During the school year photos are taken of the children while at play. These photos are used in the classroom as part of the curriculum. Play & Learn also seeks parent permission to use these photographs for promotional purposes (i.e. brochures, advertisements, web page, etc.). Photos will be used in a professional manner.

- Please check one:  Photos of my child at school may be used for promotional purposes.  
 Photos of my child at school may not be used for promotional purposes.

## Custody Documentation

None

The following people are **PROHIBITED** from picking up my child:

Name \_\_\_\_\_

Name \_\_\_\_\_

Name \_\_\_\_\_

School Use:

Court Order Received  N/A

Court Order Received  N/A

Court Order Received  N/A

If a non-custodial parent is not included among those persons authorized by the custodial parent to pick up the child, please explain below and attach a copy of the appropriate court order.

\_\_\_\_\_  
\_\_\_\_\_

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

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_



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## Emergency Contact List

In the event of an emergency and you are unable to be reached, staff members may need to make contact with family members or friends to pick up your child. As stated in the center's Parent Handbook, A child may be released only to the child's custodial parent(s) or person(s) authorized by the custodial parent(s) if the custodial parents cannot be reached. Staff members will keep this list as the first source of information.

Please provide the following information about the child's parents or guardians. Please complete all items:

Parent/Guardian #1     Mother     Father     Other: \_\_\_\_\_

Name \_\_\_\_\_ Home# \_\_\_\_\_ Work# \_\_\_\_\_

Work Address \_\_\_\_\_

Other contact information: \_\_\_\_\_

\_\_\_\_\_

Parent/Guardian #2     Mother     Father     Other: \_\_\_\_\_

Name \_\_\_\_\_ Home# \_\_\_\_\_ Work# \_\_\_\_\_

Work Address \_\_\_\_\_

Other contact information: \_\_\_\_\_

\_\_\_\_\_

Please provide a comprehensive list of family members or friends other than parents or guardians that may be contacted in case of emergency. Emergency contacts must be at least 18 years old. It is very important to maintain a current list of these individuals.

Name \_\_\_\_\_ Phone # \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone # \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone # \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone # \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone # \_\_\_\_\_ Relationship \_\_\_\_\_

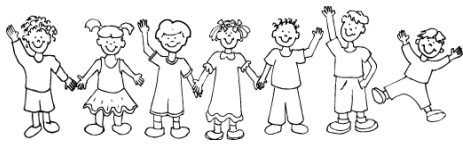
Name \_\_\_\_\_ Phone # \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone # \_\_\_\_\_ Relationship \_\_\_\_\_

**The above named persons are authorized to assume responsibility for my child in the event that a parent or guardian cannot be reached.** It is the responsibility of the Staff of Play & Learn to check picture identification for these person(s). *A child will not be dismissed to a person that is unable to show proper picture identification.*

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

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_



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## Emergency Medical Release

In the event that my child requires emergency medical treatment and the staff of Play & Learn School is unable to contact a parent or guardian, I authorize the staff to seek the necessary medical treatment for my child.

I (we) state that we are the parent(s)/guardian(s) having legal custody of the below named child and attest that the following information is correct. I (we) authorize the center's director or director's designee to obtain emergency treatment for my child. I consent to an x-ray examination, anesthetic, medical or surgical diagnosis or treatment, and hospital care to be rendered to the minor at a recognized medical facility, under the general or special supervision of a licensed physician or surgeon.

The following steps will be followed in an emergency:

1. The parent/guardian will be contacted immediately.
2. The child's physician will be contacted.
3. We will attempt to contact parent/guardian through all of the emergency persons listed on the Emergency Contact List.
4. If the staff cannot contact a parent/guardian or the child's physician, the staff may do any or all of the following:
  - a. Call for emergency first aid assistance/transportation.
  - b. Call another physician.
  - c. Have the child transported to an emergency hospital in the company of a staff member.

## Physician's Information

Physician's Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

## Child's Medical Insurance Information

No Medical Coverage

Insurance Company/HMO \_\_\_\_\_

Group Number \_\_\_\_\_ Identification Number \_\_\_\_\_

Witness to Signature \_\_\_\_\_ Date \_\_\_\_\_

## Special Needs

None

Allergy / Asthma \_\_\_\_\_

Dietary Restrictions \_\_\_\_\_

Other \_\_\_\_\_

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

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

## Play & Learn School Tuition Agreement

**TUITION** – The School Year is from the first day of school to the last day of school, as reflected on the school calendar. You agree to pay tuition and fees for your child for the entire school year (or, if your child is starting after the first day of school, from the starting date) through the last day of school, subject to the Early Withdrawal policy set forth below. You may pay tuition as shown on the Fee Schedule.

**TUITION DUE/LATE CHARGES** – Tuition and fee payments are due and payable at the times stated on the Fee Schedule. Tuition is considered late/delinquent after the 5<sup>th</sup> day of the month. Late charges will be assessed as reflected on the Fee Schedule. If tuition and any other outstanding charges are not paid within 5 days of notification to you, attendance at the school will no longer be permitted until tuition is paid in full for the past due amount and current period.

**RETURNED CHECKS** – A \$25.00 service charge will be assessed for a check returned for any reason. In addition, a late charge will be assessed as reflected on the Fee Schedule. After two returned checks, you must make all payments by money order, certified check, or cash.

**EARLY WITHDRAWAL** – Withdrawal from the school **during the school year** requires at least 2 weeks advance notice. If two week’s written notice is not received, payment for the following month will be assessed. A refund of any payment is subject to an Administrative Fee of \$75.00. Student records will not be released until all accounts have been settled. Withdrawal **prior to the start of the school year** is subject to the NON-REFUNDABLE PAYMENT terms shown below.

**HOLIDAYS** – Tuition and fees are calculated on an annual basis, without reduction for holidays, vacations, snow days, absences or illness.

**HOURS/BEFORE-AFTER CARE/LATE PICK-UP CHARGES** – The hours of the school are shown on the Fee Schedule. For students not registered for After Care, a late pick-up fee of \$6.00 is charged for every hour or part hour that your child stays after the finish of his/her program up until 6:00pm. Parents arriving after 6:00pm will be charged a late pick-up fee of \$10.00 for every 15 minutes. This fee is to be paid directly to the attending staff member. Excessive late pick-ups, as determined by the director, will result in removal from the program.

**FAMILY DISCOUNTS** – Families with more than one child enrolled will receive a discount for each additional child as shown on the Fee Schedule.

### **NON REFUNDABLE PAYMENTS**

**Registration fee \$\_\_\_\_\_ (due upon registration)**

**Tuition in the amount of \$\_\_\_\_\_ (Total of first 3 Installments)**

In the space provided below, please complete the information for the person who will be responsible for making tuition payments and receiving school related materials.

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

I have read and understand the financial obligation stated on both sides of this sheet.

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