



# Student Information Form

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

Address \_\_\_\_\_

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

Recent grade completed or currently enrolled: \_\_\_\_\_ Sex:  Male  Female

Past school(s) attended: \_\_\_\_\_

Was this child born in the United States?  yes  no

*Please indicate the program for which you are enrolling your child.*

Grade \_\_\_\_\_  Academic Program 8:00am – 3:00pm  
 Academic Program + After School 8:00am – 6:00pm

Does this student have siblings that attend Primary Prep or Play & Learn School?  yes  no

If 'yes', please list the names \_\_\_\_\_

## Parent/Guardian Information #1

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

Name \_\_\_\_\_ Phone \_\_\_\_\_

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

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

e-Mail Address \_\_\_\_\_

## Parent/Guardian Information #2

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

Name \_\_\_\_\_ Phone \_\_\_\_\_

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

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

e-Mail Address \_\_\_\_\_

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

Enrollment Date \_\_\_\_\_ Program \_\_\_\_\_ Registration Paid \_\_\_\_\_ Reference \_\_\_\_\_

### FOR OFFICE USE ONLY

**Paperwork Secured:**  Birth Certificate  NJ Universal Health Form  Immunization Record  
 Signature for Handbook  Signed Tuition Agreement

## Primary Prep Elementary & Middle 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 \$ 500 (due upon registration)

Tuition in the amount of \$ TBD (Total of first three 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 \_\_\_\_\_



41 Tuers Avenue  
Jersey City, New Jersey 07306

## Emergency Medical Release

This information is used in the event of an emergency. If over the course of the school year this information changes, please notify the school immediately in writing so that your child's file can be updated.

### *Emergency Release & Dismissal Authorization*

In the event of an emergency, and I cannot be reached, the following person(s) can be contacted to assume responsibility for my child. Also, if I am unable to pick up my child at dismissal, the following person(s) may do so with my permission. Please list contacts other than Parents or Guardians. All contact persons must be able to present picture identification at the time of pick up.

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

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

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

### *Physician's Information*

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

Address \_\_\_\_\_

Phone \_\_\_\_\_

### *Emergency Medical Release*

In the event that my child, \_\_\_\_\_, requires emergency medical care and the staff of Primary Prep Elementary is unable to reach me, I authorize the school to seek emergency medical care as deemed necessary.

If possible, I would like my child taken to \_\_\_\_\_ Hospital.

Student's Name \_\_\_\_\_

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



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## Emergency Evacuation 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. This list will be kept by staff members as the first source of information.

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

### Guardian A

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

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

Home Address \_\_\_\_\_

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

### Guardian B

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

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

Home Address \_\_\_\_\_

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

Please provide a comprehensive list of family members or friends other than parents or guardians that may be contacted in case of emergency. 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 \_\_\_\_\_

*It is the responsibility of the Staff of Primary Prep 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.*

Student's Name \_\_\_\_\_

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