

# FRIENDS ACADEMY- INFANT PROGRAM ENROLLMENT APPLICATION

Please fill in all information. Home, work and cell phone numbers and emergency contact information are essential. Parent signatures are required. It is important we receive your e-mail address to receive FA correspondence.

SCHOOL YEAR

### CHILD INFORMATION:

LAST NAME	<input type="text"/>
FIRST NAME	<input type="text"/>
DATE OF BIRTH	<input type="text"/>
AGE ON 9/1/2019	<input type="text"/>
STREET ADDRESS	<input type="text"/>
TOWN	<input type="text"/>
ZIP CODE	<input type="text"/>
HOME PHONE	<input type="text"/>
PHYSICIAN NAME/ OFFICE PHONE	<input type="text"/>

**DAYS/SESSION SELECTION:** *The programs schedule (opening & closings) correspond with the Friends Academy school calendar, and snow days/emergency closings as per Head of School*

3 Days Full Day Session-7:30 am to 5:00pm /Please circle desired days [M],[T],[W],[TH],[F]

5 Days Full Day Session-7:30 am to 5:00pm

*(Refer to the Rate Schedule for Fees)*

**\*\*\*Ask us about our Summer Program\*\*\***

### PARENT/GUARDIAN INFORMATION 1:

LAST NAME	<input type="text"/>
FIRST NAME	<input type="text"/>
STREET ADDRESS	<input type="text"/> <i>(Complete only if different from child)</i>
TOWN	<input type="text"/>
ZIP CODE	<input type="text"/>
HOME PHONE	<input type="text"/>
CELL PHONE	<input type="text"/>
E-MAIL ADDRESS	<input type="text"/>

OCCUPATION

WORK ADDRESS

WORK PHONE

**PARENT/GUARDIAN INFORMATION 2:**

LAST NAME

FIRST NAME

STREET ADDRESS

*(Complete only if different from child)*

TOWN

ZIP CODE

HOME PHONE

CELL PHONE

E-MAIL ADDRESS

OCCUPATION

WORK ADDRESS

WORK PHONE

**PARENTS STATUS**

*(M=Married, S=Single, D=Divorced)*

If Divorced, who has  
legal custody?

May the non custodial  
parent pick up child?

*(Y= Yes, N= No)*

Send Bills To Home  
or Other

*(If Other, please Specify below)*

Name & Address

**EMERGENCY CONTACT:**

NAME

STREET ADDRESS

TOWN

HOME PHONE

WORK PHONE

CELL PHONE

**The Child will be released ONLY to the parents/guardians specified on this enrollment form, and the following person(s):**

NAME

STREET ADDRESS

TOWN

PHONE

NAME

STREET ADDRESS

TOWN

PHONE

**ADDITIONAL COMMENTS:** *Allergies, etc.*

**\*Print and Fax Enrollment Form to the Business Office at 516-465-1723. You will be contacted upon receipt. Questions/Inquiries can be directed to:**

Karen Galvin	516-676-0393	Program Director
Vicky Schultz	516-676-0393	Program Asst. Director
E-Mail	<a href="mailto:Karen_Galvin@fa.org">Karen_Galvin@fa.org</a>	
E-Mail	<a href="mailto:Victoria_Schultz@fa.org">Victoria_Schultz@fa.org</a>	

***Enrollment Deposit & Terms: 10% of the annual tuition is required with the enrollment form to hold your child's place in the program. The deposit will be forfeited if you remove your child from the program or reduce your child's enrollment schedule. The deposit is required for enrollment and will be refunded if these conditions are met on the last billing of the school year in June.***

***I understand the obligation to pay the tuition and fees and no portion will be refunded upon withdrawal from the school. No credits or refunds will be given for school closings, illness, vacations or any other absence. If there is an error in billing I shall notify the school as soon as possible or within 30 days of billing date.***

***I agree to the all the enrollment terms, rate schedule tuition and fees and school calendar:***

Parent 1 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent 2 Signature: \_\_\_\_\_ Date: \_\_\_\_\_