



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 5th 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. Please fill in relationship to child.

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 _____