

**PONDS VALLEY PRESCHOOL**  
**341 Ramapo Valley Rd, Oakland, NJ**  
**201-337-5609**  
(info@pondsvalleypreschoolnj.com)

**ENROLLMENT APPLICATION (2023-2024)**

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
(Last) (First)

Street Address \_\_\_\_\_ Town \_\_\_\_\_ Zip \_\_\_\_\_

Preferred Phone Contact Number \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

Parent/Guardian's Name \_\_\_\_\_ Cell phone \_\_\_\_\_

Parent/Guardian's Name \_\_\_\_\_ Cell phone \_\_\_\_\_

Email \_\_\_\_\_

**Circle Choice in Each Category:** (students must be class age by October 1<sup>st</sup>)

Child's Class:      2 Year (am only)      3 Year      4 Year

Session:              A.M. (9:00-12:00)              FULL (9:00-2:45)

Days:      Mon.      Tues.      Wed.      Th.      Fri.

Registration Fee (Non-refundable):              \$75 \_\_\_\_\_

Book Fee (3's \$10 / 4's \$20 )              \_\_\_\_\_

Art Supply Fee (\$10)              \_\_\_\_\_

First Tuition Installment (June Deposit)              \_\_\_\_\_

**Total Due for Registration:**              \_\_\_\_\_

**Please Note:** A child is registered upon confirmed receipt of this application, the registration fee, and the first tuition installment. **The second tuition installment is due the first week of school.** Monthly tuition is due on or before the first of the month. Families registering more than one child may waive the registration fee for the second child & will receive a 10% reduction in tuition for second child . **All medical form must be completed and signed by your health care provider before your child begins school in September.** Also, please review the **policies/general information on our website (pondsvalleypreschoolnj.com).** After reviewing information please print "Parent Receipt of Information" form, sign it, and bring it with your registration. No credit or make-up days will be allowed for absences due to illness, withdrawal, religious or legal holidays, snow days, personal vacations or days off on our school calendar. This includes closure of school by Federal, State, or local authority in response to the ongoing pandemic. For tuition rates please contact us at 201-337-5609.

Signature \_\_\_\_\_

Date \_\_\_\_\_

(Please see reverse side)

Persons authorized to pick up your child (**other than parents**):

Name	Town	Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____

**EMERGENCY INFORMATION**

Persons to be called (**other than parents**) in case of emergency:

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Child's health care provider \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

**Permission Form**

**First Aid:** In the event of an emergency, I give permission to the staff of Ponds Valley Preschool to give and/or authorize any first aid treatment deemed necessary for my child.

**Emergency Care:** In the event of an emergency in which I cannot be reached, the health care provider listed above and the local hospital are hereby authorized to provide any emergency care deemed necessary for my child.

**Health Record Transfer:** In the event of an emergency, I hereby authorize the school to transfer my child's health record to the local hospital.

**Emergency Evacuation:** In the event of an emergency evacuation, I give permission for my child to walk to Valley Middle School in Oakland.

**I have read, and agree to, the above statements.**

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

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**Financial Policy**

I hereby contract enrollment for my child \_\_\_\_\_ at Ponds Valley Preschool for the 2023/2024 school year, September 2023 through June 2024.

I have provided a check for the total amount due at registration along with my registration packet containing the Enrollment Application, Family and Social Form, the Parent Receipt of Information, and this Financial Policy. I understand that the registration fee is non-refundable.

Tuition for all students is due the first of each month. Ponds Valley Preschool reserves the right of refusal to class if tuition is not received. Should tuition be received after the tenth of the month, Ponds shall charge a \$5 late fee. If a check is returned from the bank all returned check fees will be the responsibility of the account holder. Additionally, any collection agency costs incurred due to a delinquent account will be the responsibility of the account holder.

Before care, extra sessions, or additional lunch fees are not included with regular tuition, and will be billed separately at the end of each month.

Ponds Valley Preschool reserves the right to refuse or discontinue enrollment of a child when the association is not conducive to the welfare of the school, its teachers, and/or the other children, as determined by the Preschool Board of Directors. The Board reserves the right to dismiss any child from the school upon non-payment of tuition on time or for any other reason. Please refer to the Expulsion Policy for additional information.

No credit or make-up days will be allowed for absences due to illness, withdrawal, religious or legal holidays, snow days, personal vacations or days off on our school calendar. This includes closure of school by Federal, State, or local authority in response to the ongoing pandemic.

I contract for the 10-month school program where tuition is paid in ten monthly installments. If I choose to withdraw prior to the end of the school year, my June deposit is no longer refundable after September 30, 2023. I may appeal this fee in writing to the Ponds Valley Preschool Board of Directors whose decision is final.

All Health Forms must be returned by the first day of school. Students must have all state required vaccinations in order to attend Ponds Valley Preschool.

**Class Directory:** My child's name, address, phone number, and school schedule may (Yes) or may not (No) be included on the class directory. *Please circle one:*      YES              NO

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Ponds Valley Preschool**  
**Family & Social History**

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

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

Parent 1 Cell # \_\_\_\_\_ Parent 2 Cell # \_\_\_\_\_

Parent/Guardian 1 \_\_\_\_\_ Occupation \_\_\_\_\_

Business Phone \_\_\_\_\_ Business Name & Add. \_\_\_\_\_

Parent/Guardian 2 \_\_\_\_\_ Occupation \_\_\_\_\_

Business Phone \_\_\_\_\_ Business Name & Add. \_\_\_\_\_

Marital Status: Married \_\_\_\_\_ Separated \_\_\_\_\_ Other \_\_\_\_\_

Siblings/Other Household Members:

Name	Age	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____

Do you have pets? \_\_\_\_\_ type? \_\_\_\_\_ names? \_\_\_\_\_

Child's previous group experience: \_\_\_\_\_

Languages (other than English) spoken at home \_\_\_\_\_

Holidays celebrated at home: \_\_\_\_\_

Describe your child's personality \_\_\_\_\_

Physical limitations \_\_\_\_\_ Speech delays \_\_\_\_\_

Allergies/Eczema (if foods, please fill out food allergy form also) \_\_\_\_\_

Has vision been tested? Y / N \_\_\_\_\_ Has hearing been tested? Y / N \_\_\_\_\_

When did your child start to talk? \_\_\_\_\_ Does your child like to talk? \_\_\_\_\_

Does your child nap every day? \_\_\_\_\_ At what time? \_\_\_\_\_

Is your child toilet trained? \_\_\_\_\_ Daytime, night, and/or naptime? \_\_\_\_\_

Does your child ask to go to the bathroom? \_\_\_\_\_ If so, how? \_\_\_\_\_

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**Ponds Valley Preschool**

341 Ramapo Valley Rd.

Oakland, NJ 07436

201-337-5609

**Parent Receipt of Information Form**

General Information Letter

Information to Parents Document

Emergency Information

Policy on the Release of Children

Policy on the Use of Technology, Social Media and Methods of

Parental Notification

Positive Guidance & Discipline Policy

Policy on Communicable Disease Management

Expulsion Policy

Health Policy

Vaccination Policy

**I have reviewed and printed the information/policies listed above which are posted on our website [pondsvalleypreschoolnj.com](http://pondsvalleypreschoolnj.com).**

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***Child's name***

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***Parent's/Guardian's name***

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***Signature***

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***Date***