PONDS VALLEY PRESCHOOL

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

ENROLLMENT APPLICATION (2027-2028)

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 1st and 4's students must be fully potty-trained.)

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 2028 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 a second child & will receive a 10% reduction in tuition for a second child. **All medical forms 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 sign the "Parent Receipt of Information" form 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 any public emergency. 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 _____

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/Asthma/Eczema (if food allergy, please supply allergy action form) Y/N

If yes for allergies, please specify_____

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?_____

***4's students must be fully potty-trained.**

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Financial Policy

I hereby contract enrollment for my child_____ at Ponds Valley Preschool for the 2027/2028 school year, September 2027 through June 2028.

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, Facebook/Instagram/Website Photo permission 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 $10 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.

Repeated late pick-up will incur late pick-up fees. After the first occurrence there is a $5 late charge imposed for being ten minutes late, and an additional $10 charge for fifteen minutes, beyond 15 minutes families will be charged the hourly rates of the teachers who remain with the child until picked up.

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 any public emergency.

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, 2027. 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 and the flu vaccine 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 in the class directory. *Please circle one:* YES NO

_____
Print Name

_____ _____
Signature Date

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.

_____

child's name

_____

parent's/guardian's name

_____ _____

signature ***date***

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Facebook/Instagram/Website Photo Permission 2027/2028

During the school year we may be photographing your child's school activities. The photos may be used for our Facebook page, Instagram, our website, childrens' projects and/or the yearbook. Childrens' names are never posted on social media.

Please choose one of the following options:

_____Yes, I give permission for individual and group photos of my child to be posted on the Ponds Valley Preschool Facebook page, Instagram and/or website.

_____No, I do not give permission for photos of my child to be posted on the Ponds Valley Preschool Facebook page, Instagram and/or website.

Child's name_____

Parent's Signature _____

Date:_____