



**St. John's Little Learners
REGISTRATION FORM 2018-2019**

Child's Name: _____ Birth Date: _____ Sex: _____

Nickname: _____ Food Allergies, Medical Conditions, Special Needs: _____

School District of other than Locust Valley: _____ Nanny/Au-pair Name: _____

Mother's Name: _____ Home Address: _____

Cell Phone #: _____ Home Phone #: _____ Email: _____

Mother's Occupation: _____ Work Number: _____

Father's Name: _____ Home Address (if different): _____

Cell Phone #: _____ Home Phone # (if different): _____ Email: _____

Father's Occupation: _____ Work Number: _____

CHECK APPROPRIATE PROGRAM: *Please be advised that once you select a specific program option, adjustments cannot be made unless we have an available opening. Students will be placed at the "sole discretion" of the Director.***

2-year old program options (Must be 2 by December 1, 2018):

2 half-days (Tuesday, Thursday)	9:00 a.m. to 12:00 p.m.	_____	\$3155.00
3 half-days (Monday, Wednesday, Friday)	9:00 a.m. to 12:00 p.m.	_____	\$4235.00
4 half-days (Days to be determined)	9:00 a.m. to 12:00 p.m.	_____	\$5225.00
5 half-days (Monday-Friday)	9:00 a.m. to 12:00 p.m.	_____	\$6215.00

3-year old program options (Must be 3 by December 1, 2018):

3 half-days (Monday, Wednesday, Friday)	9:00 a.m. to 12:00 p.m. _____	12:15 p.m. to 3:15 p.m. _____	\$4235.00
4 half-days (Days to be determined)	9:00 a.m. to 12:00 p.m. _____	12:15 p.m. to 3:15 p.m. _____	\$5225.00
5 half-days (Monday-Friday)	9:00 a.m. to 12:00 p.m. _____	12:15 p.m. to 3:15 p.m. _____	\$6215.00

4-year old program options (Must be 4 by December 1, 2018):

5 half-days (Monday-Friday)	9:00 a.m. to 12:00 p.m. _____	12:15 p.m. to 3:15 p.m. _____	\$6215.00
-----------------------------	-------------------------------	-------------------------------	-----------

TUITION AGREEMENT A \$300.00 NON-REFUNDABLE deposit and a \$30.00 application fee (new children only) MUST accompany ALL registration forms. *This is a contract, please read carefully before signing.*

Between _____
(Full names of both parents) (Please print clearly)

(Address) (City) (State) (Zip Code)

And St. John's Little Learners, 325 Lattingtown Road Locust Valley, N.Y. 11560.

PLEASE CHECK ONE PAYMENT PLAN:

- _____ 1. Annually - Payment due in full by August 1, 2018
- _____ 2. Semi-Annually - 2 equal payments due August 1, 2018 and January 1, 2019
- _____ 3. Ten equal payments – payments due August 1, 2018 through May 1, 2019

Payment Method: _____ Cash _____ Check (payable to St. John's Little Learners)

All payments are due on the 1st of the month of your payment plan. However, if your payment has not been received to St. John's Little Learners by the 5th of the month it will be considered late and we will automatically charge you a \$40 late fee. A return check fee of \$35.00 will be charged for any checks that are returned. No deductions can be made for absences due to illness, vacation, inclement weather and/or withdrawal for a portion of the year. If the Director should feel that a student is not benefiting from the program experience, his/her withdrawal will be requested and a pro-rated portion of the student's tuition will be refunded. The deposit of \$300.00 will be deducted from the final payment. All other fees are **NON-REFUNDABLE**. I agree to pay my child's tuition as stated above. I understand that tuition payments are due by the above dates. I understand that paying on time is my obligation. I understand the obligation that I have to St. John's Little Learners and I intend to fulfill this obligation. It is agreed that the Parent/Guardian is responsible for the full tuition.

Parent or Guardian Signature: _____ **Date:** _____