

Little Promises Academy

Application for Admissions



LITTLE PROMISES ACADEMY

319 Quaker Church Road
Randolph, NJ 07869
973-895-9700

Dear Parents and Caregivers,

Thank you for your interest in Little Promises . We believe that children thrive on the hands on combination of fun and learning. Our program will promote your child's ability to develop his or her skills in athletics, arts and crafts, science and nature, cooking, music and dance and more.

Enclosed please find our school application for admission, hours of operation and tuition fees. Please complete this application entirely and return to the above address.

Thank you,

Nellie Westpy
Director
Little Promises Academy

CHILD'S NAME: _____

Enrollment Options (1/2 day or full day options):

5 days a week- Monday – Friday

3 days a week- Monday, Wednesday, Friday (subject to availability)

Desired number of days per week child will attend the Academy:

First Choice: _____

Second Choice: _____



LITTLE PROMISES ACADEMY
Application for 2016/2017 Admission

CHILD INFORMATION

Child's Name _____

Name child is usually called _____

Birth date _____ Gender _____

Home Address _____

Email _____

Home Telephone Number _____

Child's school/childcare experience, including past and present schools.

Name of school	Street Address	Zip code	Year/Grade
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If there are any other siblings in the family, please give their names and ages if attending same school.

PARENT/LEGAL GUARDIAN INFORMATION

PARENT/LEGAL GUARDIAN _____ Relationship _____

SS# _____ E-mail _____

Primary number _____ Secondary number _____

Education _____

Occupation _____ Current Position _____

Name and address of employer _____

Telephone _____ Extension _____

How did you hear about our school

ADDITIONAL FAMILY OR CAREGIVERS PICK UP ROSTER

Name _____ Relationship _____

Home Phone _____ Cell Phone _____

In what way would you like to see Little Promises influence your child's growth and development throughout the next year?

What experience, if any, does your child have being in a group setting/structured environment?

What is presently your child's favorite/ strongest interest?

What type of activities does your child find the most challenging?

What areas of your child's personal development are you most pleased with?

What areas of your child's personal development do you have any questions/concerns about?

- I agree to pay tuition according to the payment option(s)

_____ annual payment

_____ 10 monthly payments

- I understand that there is no deduction or reimbursements in tuition for my child's absences due to illness, vacation, or other family matters including withdrawal.
- Payments are due on the 1st of the month from August 1 through May 1. Any payments received after the 5th of the month will be considered late and will incur a \$25.00 late charge. Any payments received after the 10th of the month will incur an additional \$25.00 late charge.
- Two late payments per year may result in termination of my child from the academy.
- A service charge of \$30.00 will be charged for any returned checks, payable immediately.
- Termination of this contract for any non-medical emergency will result in an additional \$250.00 early termination fee.

I, the enrolling parent/legal guardian, have read the above tuition agreement as well as the Little Promises handbook of school regulations and fully understand it and agree to comply with the requirements to assure my child's continuing enrollment.

Parent/Legal Guardian's signature _____

Date _____

Little Promises Academy Application for Returning Families



LITTLE PROMISES ACADEMY
Application for 2016/2017 Admission for returning families

CHILD INFORMATION

Child's Name _____

Birth date _____ Gender _____

Home Address _____

Home Telephone Number _____

Mom cell _____ Dad cell _____

Email _____

If there are any other siblings in the family, please give their names and ages if attending same school. (5% Discount for sibling)

Desired number of days:

3 Full days

5 Half/ Full days

******3 1/2 days are only available to families who are presently enrolled in this program******

First Choice: _____

Second Choice: _____

There is a \$75.00 registration fee for all returning families. (Special promotions do not apply)

LITTLE PROMISES ACADEMY

- I agree to pay tuition according to the payment option(s)

_____ annual payment

_____ 10 monthly payments

- I understand that there is no deduction or reimbursements in tuition for my child's absences due to illness, vacation, or other family matters including withdrawal.
- Payments are due on the 1st of the month. Any payments received after the 5th of the month will be considered late and will incur a \$25.00 late charge. Any payments received after the 10th of the month will incur an additional \$25.00 late charge.
- Two late payments per year may result in termination of my child from the academy.
- A service charge of \$30.00 will be charged for any returned checks, payable immediately.
- Termination of this contract for any non-medical emergency will result in an additional \$250.00 early termination fee.

I, the enrolling parent/legal guardian, have read the above tuition agreement as well as the Little Promises handbook of school regulations and fully understand it and agree to comply with the requirements to assure my child's continuing enrollment.

Parent/Legal Guardian's signature _____

Date _____