Chenango Valley
NURSERYSCHOOL

ENROLLMENT AGREEMENT 2024-2025

Pre-School Program (3 yrs. by December 1)

Completion of this agreement is required for enrollment.
This form will enable us to better understand your student and meet their needs.

ENROLLMENT INFORMATION

STUDENT INFORMATION

Child's First Name	Child's Middle Name	Child's Last Name	Child's Nickname
Date of Birth / Sex	Child's Primary Language	Parent/Guardian/Sponsor Primary Language	
Child's Home Address	City	State	Zip
School District You Presently Reside In:			

Class Preference: 2-Day | Tue/Thu Tuition: $1,700/year ($170/month)	AM 9:00-11:30 FULL	PM 12:30-3:00 ☐
Class Preference: 3-Day | Mon/Wed/Fri Tuition: $1,900/year ($190/month)	AM 9:00-11:30 FULL	PM 12:30-3:00 ☐

Always check classes in order of preference (1, 2, etc.)

FAMILY INFORMATION

Parent/Guardian/Sponsor	Relationship To Child	Home Phone	Cell Phone
Home Address (If Different From Above)	City	State	Zip
Home Email	Employer Name	Work Phone	
Employer Address	City / State	Zip	Work Hours

Other Parent/Guardian/Sponsor	Relationship To Child	Home Phone	Cell Phone
Home Address (If Different From Above)	City	State	Zip
Home Email	Employer Name	Work Phone	
Employer Address	City / State	Zip	Work Hours

STUDENT EMERGENCY CONTACT/RELEASE INFO (DO NOT INCLUDE PARENTS/GUARDIANS/SPONSORS LISTED ABOVE)

Please notify CVNS if an Emergency Release Contact will pick up your child on a given day.
For the safety of your child, we request that all authorized pick-up persons with whom staff is not familiar provide a photo ID at the time of pickup.

Person 1	Relationship To Child	Home Phone	Cell Phone
Home Address	City	State	Zip
Home Email	Employer Name	Work Phone	
Employer Address	City / State	Zip	Work Hours

Person 2	Relationship To Child	Home Phone	Cell Phone
Home Address	City	State	Zip
Home Email	Employer Name	Work Phone	
Employer Address	City / State	Zip	Work Hours

Person 3	Relationship To Child	Home Phone	Cell Phone
Home Address	City	State	Zip
Home Email	Employer Name	Work Phone	
Employer Address	City / State	Zip	Work Hours

The persons designated in this section will be contacted by us if you cannot be reached in the event of a medical or other emergency. Our staff will only release your child to you or to those persons listed above. If you want a person who is not identified above to pick up your child, you must notify our staff in advance, in writing. Your child will not be released without prior authorization.

PARENT INITIAL _____ STAFF INITIAL _____ DATE _____

ENROLLMENT AGREEMENT 2024-2025 | Pre-School Program

MEDICAL INFORMATION

Child's Name	Date of Birth

STUDENT MEDICAL

Is your child toilet trained?	◻ Yes ◻ No	Explain…
Does your child have any special medical conditions?	◻ Yes ◻ No	Explain…
Does your child have any chronic illnesses?	◻ Yes ◻ No	Explain…
Does your child have diabetes?	◻ Yes ◻ No	If yes, please attach care instructions from your physician.
Does your child have asthma?	◻ Yes ◻ No	If yes, please attach care instructions from your physician.
Does your child have any special dietary needs?	◻ Yes ◻ No	Explain…
Is your child able to fully participate in all activities?	◻ Yes ◻ No	Explain…
Does your child have any physical restrictions?	◻ Yes ◻ No	Explain…
Does your child function at the level of other children in his/her age group?	◻ Yes ◻ No	Explain…

Please list a brief history of your child's serious injuries and hospitalizations.

ALLERGIES (PLEASE LIST)

Medication Allergies	Reaction	Food Allergies	Reaction
Bee Stings Allergies	**Reaction**	**Respiratory Allergies**	**Reaction**
Other Allergies	**Reaction**	Are any of these allergies life-threatening?	◻ Yes ◻ No

Please attach care instructions from your physician for any life-threatening allergies.

MISCELLANEOUS SCREENINGS & TESTS (PLEASE CHECK ALL THAT APPLY AND ADD THE DATE OF LAST SCREENING)

Vision ◻		Developmental ◻	
Hearing ◻		Aptitude ◻	
Speech ◻		Educational ◻	
		Other ◻	

Is your child currently receiving Early Intervention (EI) or CPSE Services? ◻ Yes ◻ No If yes, what?

To the best of my knowledge the information contained above is accurate.

PARENT INITIAL _____ STAFF INITIAL _____ DATE _____

ENROLLMENT AGREEMENT 2024-2025 | Pre-School Program

MEDICAL INFORMATION CONTINUED

Child's Name	Date of Birth

STUDENT'S MEDICAL CARE PROVIDERS

Primary Physician's Name	Primary Physician's Practice Name	Phone	
Physician's Practice Address	City	State	Zip
Preferred Hospital/Clinic For Emergency Care	City	State	
Dentist's Name	Dentist's Practice Name	Phone	
Dentist's Practice Address	City	State	Zip

CHILD'S IMMUNIZATION HISTORY (PLEASE ATTACH A COPY OF YOUR CHILD'S IMMUNIZATION RECORDS)

Immunizations are required by our state. Below is a list of immunizations that your child may have received:
Hepatitis B, Measles, Pneumococcal Disease, Varicella (Chickenpox), Diphtheria, Mumps, Polio, Tetanus, Haemophilus Influenzae Type B (Hib), Pertussis (Whooping Cough), Rubella
Please attach a copy of your child's immunization records.

ADDITIONAL MEDICAL POLICIES

	INITIAL
1. Prior to enrollment, I must provide CVNS with updated medical and immunization information for my child. This information is to be kept current and updated in accordance with state child care regulations.	
2. I agree to provide information to CVNS about my child's conditions, illnesses, allergies or other needs.	
3. If my child becomes ill with a reportable contagious disease, I understand that he/she will not be able to return until I bring in a physician's note stating that he/she is no longer contagious.	
4. If my child becomes ill during his/her time at CVNS, the staff will contact me to pick up my child. I will arrange for pick up as soon as possible after being contacted. If I cannot be reached, the staff will contact those listed in the *Child Emergency Contact and Release*.	

EMERGENCY MEDICAL AUTHORIZATION & CONSENT

	INITIAL
In case of a medical emergency, the staff will attempt to contact me, those listed in the *Child Emergency Contact and Release*, and lastly my physician.	
In case of a medical emergency, I agree that my child may receive first aid and/or CPR.	
In case of a medical emergency, I permit the transportation of my child to a local hospital or other urgent care facility, if necessary, by paramedics or other emergency personnel.	
In case of a medical emergency, I will be responsible for the emergency medical expenses.	
In case of an accidental ingestion of a poisonous substance, I consent to my child being treated as directed by the Poison Control Center.	

Your child's safety is our number one priority.
Chenango Valley Nursery School will not release children from the program without the above information in writing.

Primary Parent/Guardian/Sponsor Signature	Date

ENROLLMENT AGREEMENT 2024-2025 | Pre-School Program

RATE AGREEMENT, OTHER AGREEMENTS & CONTRACT APPROVAL

Child's Name	Date of Birth

HOURS OF OPERATION

Regular operating hours are: AM Classes 9:00-11:30, PM Classes 12:30-3:00, except closings for various holidays, and inclement weather as described in the Parent Handbook. Please consult the current calendar for holidays. There is no reduction in tuition as a result of closures.

The procedure to notify families should severe weather or other conditions prevent the program from opening on time or at all will be announced on Facebook as well as a notification on Remind. If it becomes necessary to close early, we will contact you or someone listed in the *Emergency Contact and Release*, and it will be your responsibility to arrange for your child's early pick up.

FEE POLICY

The first Pre-School payment of $170 (2-Day)/$190 (3-Day) is due July 1, 2024 (you may also pay in full). Tuition is due first business day of the month by cash (please place in envelope w/coupon for tracking purposes) or check (made payable to Chenango Valley Nursery School). Checks can be mailed to: Chenango Valley Nursery School, 740 River Rd, Binghamton NY 13901

	INITIAL
Tuition is not subject to discounts for holidays, emergency closures (i.e., weather, covid), or absence other than hospitalization, or absence at the request of a doctor (a written doctor's note is required to receive credit).	
I agree to pay the full tuition in advance of services rendered.	
I agree to pay the full tuition fee even if my child is absent for one or more days.	
A late fee of $10.00 is due if tuition is not received on time.	
A non-refundable registration fee of $50.00 ($15.00 for each additional child) is due yearly.	
Accounts more than two weeks in arrears may result in immediate termination of service.	
My child may have the opportunity to participate in a field trip that may have an additional fee due before the day of the event.	
All returned checks or ACH transactions (automatic debits) will be charged a fee of $25.00.	
A month written notice is required for any child being withdrawn from the program.	
A receipt for income tax purposes ☐ will ☐ will not be provided.	

HANDBOOK ACKNOWLEDGEMENT

	INITIAL
I understand and agree that it is my responsibility to read and familiarize myself with policies and procedures outlined in the Parent Handbook and agree to abide by them.	
I understand that it is my responsibility to go directly to management with any questions I may have regarding the policies and procedures and information contained in this Enrollment Agreement.	
Information contained in the Parent Handbook may be subject to change.	

MEDIA RELEASE

	INITIAL
Occasionally, photos are taken of the children at CVNS for use within our school, website, social media and/or newsletters. Please indicate that you authorize the use and reproduction of photographs of your child in conjunction with the program.	

CONTRACT APPROVAL

I certify that I have read, understand, and accept all terms and conditions described in this Enrollment Agreement.

Primary Parent/Guardian/Sponsor Signature	Date	Staff Signature	Date