**brookhaven country preschool**

**DIVISION OF BROOKHAVEN HORIZONS, INC.**

**79 LONG ISLAND AVENUE YAPHANK, NEW YORK 11980 631-924-4033 E-MAIL LOIS@BROOKHAVENDAYCAMP.COM**

**ENROLLMENT AGREEMENT (3-5 years old)**

**DATE\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**CHILD’S LAST NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_FIRST\_\_\_\_\_\_\_\_\_\_\_\_D.O.B. \_\_\_ /\_\_\_/\_\_\_\_\_\_\_**

**ADDRESS\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_TOWN\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ZIP\_\_\_\_\_\_**

**MOM’S CELL #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DAD’S CELL #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**MOM’S BUSINESS #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DAD’S BUSINESS #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**EMERGENCY #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_RELATIONSHIP\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**HOME PHONE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_E-MAIL**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SESSIONS – PLEASE INDICATE SESSION DESIRED**

**MORNING – 9:00 – 11:45 AFTERNOON – 1:15 – 4:00 FULL DAY 7:00 – 6:00 (INCLUDES 10 HRS.)**

**( ) 5 DAYS ( ) 5 DAYS ( ) 5 DAYS**

**( ) 4 DAYS (INDICATE DAYS) ( ) 4 DAYS (INDICATE DAYS) ( ) 4 DAYS (INDICATE DAYS)**

**M\_\_\_ T\_\_\_ W\_\_\_ TH\_\_\_ F\_\_\_**

**( ) 3 DAYS – M/W/F ( ) 3 DAYS – M/W/F ( ) 3 DAYS (INDICATE DAYS)**

**( ) 2 DAYS – T/TH ( ) 2 DAYS – T/TH ( ) 2 DAYS (INDICATE DAYS)**

**M\_\_\_ T\_\_\_ W\_\_\_ TH\_\_\_ F\_\_\_**

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**MOM’S BUSINESS #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DAD’S BUSINESS #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**( ) 2 DAYS – T/TH ( ) 2 DAYS – T/TH ( ) 2 DAYS (INDICATE DAYS)**

**M\_\_\_ T\_\_\_ W\_\_\_ TH\_\_\_ F\_\_**

**I agree upon registration to the following:**

* **Pay a registration fee of $100.00. (Non-refundable) For new registrants only.**
* **A $100.00 deposit, in addition to the registration fee, is payable at the time of enrollment and will be credited towards the first month’s payment. A monthly fee of $\_\_\_\_\_\_\_\_ is due on or before the first of each month. I also agree to pay a $25.00 late fee should my payment be made after the 10th of the month.**
* **I understand that no refunds will be made for school closings, illness absences or withdrawals and that Brookhaven Country Preschool has the right to terminate this agreement at any time for any reason.**
* **My child has permission to be taken on field trips without further consent.**
* **It is understood that all photography at or by the school may be used for promotional purposes.**
* **In case my family physician cannot be contacted in an emergency, I grant permission for Brookhaven Memorial Hospital to provide a physician.**

**Date\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature of Parent\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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