



LEARNING ON VACATION (LOV) ENROLLMENT APPLICATION

2017 - 2018

**Lunch is now included
in all LOV Enrollments!**

SELECT WEEKS	
Week 1	February 20th - 23rd, 2018 <input type="checkbox"/>
Week 2	June 11th - 15th, 2018 <input type="checkbox"/>
Week 3	June 18th - 22nd, 2018 <input type="checkbox"/>

Child's Name Boy Girl Birthdate

Street Address

City Zip Code Home Phone

Parent 1 Name..... Parent 2 Name.....

Parent 1 Work #..... Parent 2 Work #.....

Parent 1 Cell #..... Parent 2 Cell #

Parent 1 Email Parent 2 Email

Doctor's Name Doctor's #

Allergies.....

Emergency Persons (authorized to pick up in the event you cannot be reached):

Name Home Phone Cell

Name Home Phone Cell

PROGRAM

GRADE	<input type="checkbox"/> TODDLER	<input type="checkbox"/> NURSERY	<input type="checkbox"/> PRE K	<input type="checkbox"/> KINDERGARTEN
9:00am to 3:15pm	5 Days a Week	3 Days a Week	Circle Days	
Any 3 Weeks	<input type="checkbox"/> \$2,295	<input type="checkbox"/> \$1,595	M T W TH F	
Any 2 Weeks	<input type="checkbox"/> \$1,695	<input type="checkbox"/> \$1,195	M T W TH F	
1 Week	<input type="checkbox"/> \$995	<input type="checkbox"/> \$695	M T W TH F	

TRANSPORTATION (Select One)

NSDS Bus Roundtrip (included) NSDS Bus AM, Parent Pick Up PM (5% Credit)

Parent Drop Off/Pick Up (10% Credit) Parent Drop Off AM, NSDS Bus PM (5% Credit)

DEPOSIT & BALANCE

Deposit of \$150/week selected due on enrollment (example: 2 weeks = \$300). Full balance due for each session 30 days prior to the start of that session.

PAYMENT METHOD

Check Enclosed Check Number..... Payment Amount

VISA **MasterCard** **AMEX** **Discover** Payment Amount

Card Number Expiration Date

Cardholder's Name Billing Address

Cardholder's Signature City, State, Zip

Charge this Credit Card before the beginning of each enrolled session

eCheck - Get 1% Tuition Credit for each eCheck Payment Payment Amount

Account Number Account Type: **Savings** **Checking**

Routing Number Billing Address

Account Holder's Name City, State, Zip

Debit this eCheck account before the beginning of each enrolled session

TERMS OF AGREEMENT & PERMISSIONS

I understand that the obligation to pay the tuition and fees is unconditional and no portion will be refunded or canceled notwithstanding the subsequent absence, withdrawal, or dismissal from the school. Failure to complete the Learning On Vacation session results in the forfeiture of all discounts, and balance due will be at the full, non-discounted rate. I also understand that no refunds or cancellation of tuition and fees will be made for school closings or transportation delays. No credit for extended vacations will be given. Program changes made after the first day of Learning On Vacation will be billed at 10% over the non-discounted rate.

I understand that payment of tuition is due upon receipt of statement. If there is an error in the billing statement, I shall notify the school within 30 days. I understand non-payment of tuition will cancel the school's services.

- (1) I agree to allow North Shore Day School to transport my child to and from school. I assume full responsibility for my child from my home to the transportation vehicle and vice versa.
- (2) I hereby grant permission for my child to be taken on educational field trips, and to have eye and hearing testing at school.
- (3) In the event that neither I nor my family physician can be contacted in an emergency, I grant permission for North Shore Day School to bring my child to the emergency room of North Shore Hospital at Glen Cove.
- (4) I hereby grant permission for photographs to be taken of my child and the School has the right to utilize these photographs in school brochures, on their website (password protected) and display material.
- (5) I understand that North Shore Day School reserves the right to cancel this contract at any time with its sole liability, limited to a prorated refund of tuition.
- (6) I understand that there is a New York State law requiring a record of immunization on file before my child attends school and will send the physical prior to the first day of school.

Parent's Signature Date



85 Crescent Beach Road, Glen Cove, NY 11542

Telephone: (516) 676-0190 • Fax: (516) 609-0821

www.northshoredayschool.com

info@northshoredayschool.com

