

2020/2021 Harbor Light Preschool Registration

<u>Student</u>					
Student's Last Name:		Student's Firs	t Name:		_
Student's Birth Date/	/	St	udent Age:		
() Boy () Girl					
In what school year do you	anticipate you	child beginni	ng Kindergarter	n? (ex. 2022/202	23)
What school do you anticip	ate your child v	will be attendi	ng for kindergar	ten?	
Mailing Address					
Street					_
City	Stat	e:	Zip Code:_		
Tel: ()					
Preferred Days (circle all that apply)	Monday	Tuesday	Wednesday	Thursday	Friday
There is a	maximum of ti	hree days enro	ollment for our t	wo's program.	

Additional Programs: (circle all that apply)

Breakfast Bunch 8:15a-9:15a	Monday	Tuesday	Wednesday	Thursday	Friday
Breakfast Bunch 8:45a-9:15a	Monday	Tuesday	Wednesday	Thursday	Friday
Enrichment 12:30p-2:00p	Monday	Tuesday	Wednesday	Thursday	Friday
TLC 2:00p-4:30p	Monday	Tuesday	Wednesday	Thursday	Friday

Please make a copy of this page if you are registering more than one child.



ALL SCHOOL MAILINGS WILL BE E-MAILED TO YOUR LISTED E-MAIL ADDRESS UNLESS ALTERNATIVE ARRANGEMENTS ARE REQUESTED

Mother/Guardian			
Parent's Last:	Parent's First:		
Cell: ()	Home: ()		
Work: ()			
Email Address:			
Mailing Address (If different from stude	ent)		
Street			
City/State:	Zip Code:		
Work Address			
Street			
City/State:	Zip Code:		
Father/Guardian Parent's Last: Cell: () Home: () Work: () Email Address:			
Mailing Address (If different from student)			
Street			
City/State:			
Work Address			
Street			
City/State:	Zip Code:		
Please check email you prefer for billing:			
Mom email () Dad email () Both () other ()			



Emergency Contacts (other than parent/guardian) We must have 2 on file.

1st Emergency Contact:	2nd Emergency Contact:
Name:	Name:
Phone:	Phone:
email:	email:
Relationship to the Child:	Relationship to the Child:
Does this individual have permission to pick-up	Does this individual have permission to pick-up
the child from school? YES NO	the child from school? YES NO
Healthcare Contacts:	
Pediatrician's	<u>Dentist's</u>
Name:	Name:
Practice:	Practice:
Address:	Address:
Phone:	Phone:



Terms and Conditions

- Acceptance Policy
 - By submitting an application on behalf of a child, each parent and/or guardian signing the registration accepts and agrees to comply with all Harbor Light rules and regulations.
- Applications will be accepted as a first come first serve basis, as determined by the date a
 completed application is received at the Harbor Light office. <u>Applications that do not include</u>
 the required deposit (\$300) are not considered complete.
- When an application and deposit for enrollment is accepted by Harbor Light Foundation, a place is reserved for the child. If for any reason enrollment is cancelled by a parent/guardian within 30 days of receiving the registration form, a refund will be issued. THERE WILL BE NO REFUNDS AFTER THE 30 DAYS.
- Insurance- The full terms of insurance coverage (including exclusions) may be obtained from the Harbor Light Preschool office.
- While every effort is made to safeguard a student's personal belongings, including but not limited to, clothing and equipment, Harbor Light is not responsible for the loss, damage or theft of a student's personal belongings while a student attends school. It is highly recommended that each student have their names on their belongings.
- Tuition- Tuition includes all activities and materials while at Harbor Light. All tuition payments
 must be paid by following the terms of the Enrollment Agreement. Please note, the first
 payment of the preschool payment cycle is due in June 2020 for the 2020/2021 school year. The
 subsequent 9 payments of the 10 payment agreement will begin in August 2020 and continue
 through April 2021.



I, the parent/guardian of the student on this file, give my consent for Harbor Light Preschool staff, to contact the above named physician or dentist (if applicable) if my child has a medical/dental emergency. I understand that if my child's physician or dentist is not available, another physician or dentist may be contacted on an emergency basis. I also give my consent for Harbor Light Preschool
staff to seek medical attention in an emergency at (preferred hospital or
walk-in center) or the closest facility determined by the Emergency Responders. I will be responsible
for all medical charges to and at the medical facility. Harbor Light, my child's preschool, has my permission to transport my child if necessary, when my child is in care.
Payment: You will receive an invoice via email from info@harborlightfoundation.org (intuit) where you will have the ability to make your payments directly through your invoice. You may also bring a check
to the office after receiving your invoice.
Signing this form states that you, the parent(s)/guardian(s) have read, discussed and understand the Harbor Light Preschool Handbook and (this includes but is not limited to) the Harbor Light Behavior
Management Policy and Discipline Policy.
The provisions outlined on this form have my approval.
Parent's Signature:
Date:
Parent's Signature:
Date:
Please enclose a check payable to Harbor Light Foundation, Inc. for \$300 which will serve as a deposi for registration. This deposit is non-refundable after 30 days and will be applied towards your child's tuition.
Please Return Application and Payments to:

Harbor Light Foundation, Inc.
4670 Congress Street

Fairfield, CT 06824



Enrollment Agreement

I am enrolling my child	at Harbor Light Preschool
Academy at 4670 Congress St. for the 2020-2021 s	school year.
	tration fee of \$300. This deposit will be applied to not paying tuition in full). The first installment will be starting again in August 2020 (there is no July
(initial) I agree to pay tuition in 10 equal ins 2021.	stallments beginning June 1, 2020 through April 1,
(initial) Based upon my current enrollment, After credit for the security deposit, my 10 equal in 2021 will be	my yearly tuition will be stallments beginning June 1, 2020 through April 1,
(initial) I have read and agree to the full co	ntents of the HLPA Parent Handbook.
(initial) I have read the Behavior Manageme	ent Plan outlined in the parent handbook.
I have read, fully understand and agree to all of the Preschool Academy.	e policies and regulations in place at Harbor Light
 Mother/Guardian/Date	Father/Guardian/Date