

brookhaven country preschool

long island avenue yaphank, new york 11980 924-4033

infant/toddler enrollment agreement

date _____

child's last name _____ first _____ date of birth _____

address _____ town _____ zip _____

home phone _____ parent's business phone _____

in emergency call _____ email _____

sessions

half days (please indicate days)

2 _____
3 _____
4 _____
5 _____

full days (please indicate days)

2 _____
3 _____
4 _____
5 _____

I agree upon registration to the following:

1. Pay a registration fee of \$75.00 (non refundable) for new registrants only.
2. A \$100.00 deposit is payable at the time of enrollment and will be credited towards the first 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.
3. 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.
4. It is understood that all photography at or by the school may be used for promotional purposes.
5. 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 _____