

Child

First _____ Middle _____ Last _____ Gender: Male __ Female __
School Name _____ Grade _____ Birth date ____ / ____ / ____ Age: ____
Street Address _____
Town/City _____ State _____ Zip code _____ Child's Home Phone _____

Child

First _____ Middle _____ Last _____ Gender: Male __ Female __
School Name _____ Grade _____ Birth date ____ / ____ / ____ Age: ____
Street Address _____
Town/City _____ State _____ Zip code _____ Child's Home Phone _____

Child

First _____ Middle _____ Last _____ Gender: Male __ Female __
School Name _____ Grade _____ Birth date ____ / ____ / ____ Age: ____
Street Address _____
Town/City _____ State _____ Zip code _____ Child's Home Phone _____

Parent/Guardian - Contact Information

Parent/Guardian #1

First _____ Last _____ Ms. Mrs. Mr. Other _____
Street Address _____
Town/City _____ State _____ Zip Code _____ Home Phone _____ Work Phone _____
Cell phone _____ FAX _____ E-mail _____
Occupation _____ Employer _____

Parent/Guardian #2

First _____ Last _____ Ms. Mrs. Mr. Other _____
Street Address _____
Town/City _____ State _____ Zip code _____ Home Phone _____ Daytime phone _____
Cell phone _____ FAX _____ E-mail _____
Occupation _____ Employer _____
Child lives with: _____
Person responsible for payment _____

Emergency Contact Information – Alternate Pickup/Release

Emergency Contact #1

First Name _____ Last Name _____ Home Phone _____ Work Phone _____
Cell Phone _____ Email _____ Relation to child _____

Emergency Contact #2

First Name _____ Last Name _____ Home Phone _____ Work Phone _____
Cell Phone _____ Email _____ Relation to child _____

Please list those people including in addition to parents/guardians who are permitted to pick up your child:

1: _____ 2: _____ 3: _____

Medical

Please list any medical problems, including any requiring maintenance medication (i.e. Diabetic, Asthma, Seizures).

Medical Problem

Required treatment

_____	_____
_____	_____
_____	_____

Is your child presently being treated for an injury or sickness, or taking any form of medication for any reason?

Yes__ No__ If yes, explain: _____

Is your child allergic to any type of food or medication?

Yes__ No__ If yes, explain: _____

Does your child require a special diet?

Yes__ No__ If yes, explain: _____

The purpose of the above listed information is to ensure that medical personnel have details of any medical problem which may interfere with or alter treatment.

I understand that I will be notified in the case of a medical emergency involving my child. In the event that I cannot be reached, I authorize the calling of a doctor and the providing of necessary medical services in the event my child is injured or becomes ill.

Parent's/Guardian's Initials _____

I understand that Fruiggie & Light and Peace Learning (Sowing Seeds Early Learning Program) will not be responsible for the medical expenses incurred, but that such expenses will be my responsibility as parent/guardian.

Parent's/Guardian's Initials _____

TUITION INFORMATION :

Days: Monday-Friday (3 and 4 days also available)

Time: 9am-4pm (Full time)
9am-12pm (Part time)
1pm-4pm (Part Time)

Early Drop off:

8am-9am

\$10 per day (\$15 on the day of)

After School Program:

4pm-6pm

\$15 per day (\$20 on the day of)

***\$50 Non-refundable Registration Fee**

PLEASE CONTACT US AT SOWINGSEEDSEARLYLEARNING@GMAIL.COM OR CALL US AT 347-480-3223 or 347-512-3926

Day Program Tuition (Ages 2-4):

5 Day	4 Day	3 Day
Full Day (9am-4pm):	Full Day (9am-4pm):	Full Day (9am-4pm):
\$70/Day \$350/Wk \$1400/Month	\$70/Day \$280/Wk \$1120/Month	\$70/Day \$210/Wk \$840/Month

***Drop in Fee: \$90/Day**

Day Program Tuition (Ages 5-7):

5 Day	4 Day	3 Day
Full Day (9am-4pm):	Full Day (9am-4pm):	Full Day (9am-4pm):
\$35/Day \$175/Wk \$700/Month	\$35/Day \$140/Wk \$560/Month	\$35/Day \$105/Wk \$420/Month

***Drop in Fee: \$50/Day**

After School Program Tuition:

5 Day	4 Day	3 Day
(4pm-6pm):	Full Day (9am-4pm):	Full Day (9am-4pm):
\$15/Day \$75/Wk \$280/month	\$15/Day \$60/Wk \$240/month	\$15/Day \$45/Wk \$180/month
Pick Up service + After School \$25/Day \$125/ Wk \$500/month	Pick Up service + After School \$25/Day \$100/ Wk \$400/month	Pick Up service + After School \$25/Day \$75/ Wk \$300/month

Drop in Fee: \$20/day

***PLEASE NOTE:** The cost for students picked up before 4pm for after care will be \$35. Please email us at sowingseedsearlylearning@gmail.com for more information.

Payment Plans available:
(Payment spit into 3 increments of total tuition)
-1st payment September 12, 2018
-2nd payment October 29, 2018
-3rd payment November 26, 2018
(If interested in payment plan, please call 347-480-3223)

Homeschool Information:

IHIP: \$75
Quarterly Reports: \$75

Deadlines:

-September 5, 2018 Last Day for Early Bird Special
-September 10, 2018 Last Day to cancel and receive refund
-September 12, 2018 Full tuition payment is required

Discounts available:

1. Receive 10% off for Early Bird Special until September 5, 2018
2. Receive \$50 off combined tuition when you refer a friend or family.
4. Receive 10% off for sibling discount.

Please circle how you heard about the Sowing Seeds Early Learning Program.

Walk-in _____ Website _____ School/Event (Please name) _____ Word of Mouth _____ Flyer _____
Online Advertisement _____ Print Advertisement _____ Other _____

Payment Options

Please check one:

1.

___ Credit Card ___ Master Card ___ Visa Card ___ Discover ___ Amex

Total amount to charge today: _____

Name on credit card: _____

Signature: _____

Credit Card Number: _____

Expiration Date: _____

Security Code: _____

Date: _____

2.

___ Cash ___ Check ___ Paypal (Please include PayPal email) _____
___ Scholarship

Terms of Agreement

Deposit and Payment Policy:

A non-refundable \$50 registration fee is required at the time of registration. A non-refundable \$250 Deposit is required to hold a seat. Full tuition payment is due on September 12, 2018. Remaining tuition payment received after that date will result in automatic cancellation of your child’s enrollment in the program with a loss of all fees paid to date. Registrations received after September 12, 2018 is required to pay all fees and full tuition at the time of registration. Please contact 347-480-3223 for payment plans.

Refund and cancellation Policy:

Due to our small class size, cancellations must be made within the first week from your initial payment/deposit, up until September 12, 2018. Refunds will be issued for payment (excluding the \$250 deposit) for cancellations made within 1 week of registration in writing as long as the week doesn’t exceed September 12, 2018. No refunds will be permitted after September 12, 2018. Cancellations and changes made after September 12, 2018, will incur a late cancellation fee of \$35/day. Only credit will be granted for cancellation made on or after September 12, 2018, in which the credit will go towards another week (permitted the space is available) or future classes with Fruiggie and/or Light and Peace Learning Center. No refunds or reduction of fees will be granted due to days missed, illness, absence, vacations, or change in family circumstance during the program session.

Photo Release

I hereby give permission for my child to be photographed during the **Fruiggie & Light and Peace Learning (Sowing Seeds Early Learning Program)** . I understand the photos will be used to keep a journal of activities, to share during power point presentations and/ or reports to our donors and for promotional purposes including flyers, brochures, newspaper and on the internet. I understand that although my child’s photograph may be used for advertising, his or her identity will not be disclosed, I do not expect compensation and that all photos are the property of Fruiggie & Light and Peace Learning Center (Sowing Seeds Early Learning Program) and its affiliates.

Parent’s/Guardian’s Initials _____

Transportation Release

I hereby give permission for the transportation of my child for official **Fruiggie & Light and Peace Learning (Sowing Seeds Early Learning Program)** activities by modes of transportation agreed to by the camp organizers.

Parent’s/Guardian’s Initials _____

Fruiggie & Light and Peace Learning (Sowing Seeds Early Learning Program) and its co-organizers are not responsible for lost or damaged personal property. All scheduled events are subject to change. I understand that no fees will be refunded or transferred unless a child is unable to participate due to an accident or illness per physician orders. Children’s’ photos and quotes may be used for publicity purposes. In case of an emergency, and if a family physician cannot be reached, I hereby authorize my child to be treated by Certified Emergency Personnel (i.e. EMT, First Responder, and/or Physician).

Guardian Signature: _____ Date: _____

Printed Name of Parent/Guardian: _____