

Suburban Hills School

School:
41 Oakdale Road
Chester, New Jersey 07930
Tel: (908) 879-4140
Fax: (908) 879-4549

Accounting:
172 Speedwell Avenue
Morris Plains, New Jersey 07950
Tel: (973) 590-2583
Fax: (973) 998-9820

Application for Enrollment

Requested Date of Entrance _____

Child's Full Name	Nickname to be used	Sex:		
Address	Town	Zip:		
Telephone ()	Date of Birth	Entrance Age	Yrs	Mos
Parent's Name	Occupation			
Company Name and Address	e-mail address			
Office Telephone ()	Cell Phone ()			
Parent's Name	Occupation			
Company Name and Address	e-mail address			
Office Telephone ()	Cell Phone ()			
Child's Doctor Name	Town	Telephone ()		

Local person to be contacted in case of emergency if parent cannot be immediately located.
Be sure to update these numbers frequently.

Name	Telephone ()
Address	Relationship to Child
Name	Telephone ()
Address	Relationship to Child

Other members of household (brothers, sisters, grandparents, nanny, etc.)

Name	Relationship to Child
Name	Relationship to Child
Name	Relationship to Child

Program Hours: Half Day: 9:00 to 12:00 _____ Full Day: 9:00 to 3:45 _____ Extended Day: 7:00 to 6:30 _____
Hours other than those listed above: _____

Indicate days per week: Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday _____

Lunch Buddies: Yes _____ No _____

please complete both sides of this application

Has your child had any previous group experience? Yes ___ No ___

If yes, when:

Where:

How did you hear about Suburban Hills School?

Please list in detail any physical limitations or special needs that your child may have
(For example, allergies, medical conditions, toilet trained)

Note: All applicants will be required to sign a release form prior to enrollment

Please advise any further information or concerns which might be important for the care of your child.
All information will be held confidential.

Suburban Hills School Financial Policy

In order to enroll your child, a \$70 registration fee and a tuition deposit equal to one month of your scheduled tuition must accompany this application. Payment of the registration fee and tuition deposit secure a place for your child and are nonrefundable. The tuition deposit will be applied to your final month at this school. If you intend to withdraw your child from school for one month or more, we must be given 30 days notice and the tuition deposit will not be refunded. The registration fee is an annual fee which will be billed in September of each year.

The school offers the convenience of monthly tuition payments rather than on a semester basis. We will issue invoices on or about the 23rd of the month and your tuition is due in advance on the first of every month. If a child attends school for any part of the month, you are responsible for the entire month's tuition. We must receive 30 days notice of anticipated schedule changes. No credit or refund will be given in the event of illness, withdrawal, or dismissal. No credit will be given for school holidays, snow days or days when the school is closed. All returned checks are subject to a \$50 fee per incident and all late payments are subject to a \$30.00 late fee after the 10th day of the month.

In the event of a default in payment, the undersigned will pay Suburban Hills School all collection costs, an attorney's fee of 40% of the amount due, and a service charge of 1.5% per month on the entire balance due.

Parent's Signature _____

Date _____

Medical Emergency - Administration of Medication

I authorize Suburban Hills School to call an emergency ambulance in case of accident or acute illness and allow possible emergency care if I am not immediately available. If it be necessary that my child be administered any type of medication while at school, I hereby absolve Suburban at Chester, LLC of any responsibility for any ill effects that may occur from administration of said medication. Such medication will only be administered by Suburban Hills School personnel at my daily written request and will be that which has been prescribed for my child by a physician or one capable of purchase without a prescription.

Parent's Signature _____

Date _____

Field Trips

With prior notification and written authorization, I hereby consent to have my child participate in supervised trips away from school grounds.

Parent's Signature _____

Date _____

Photograph Release

I authorize Suburban Hills School to use photographs that may contain my child(ren) ___yes ___ no

Parent's Signature _____

Date _____