



**STUDENT APPLICATION FORM
N.J.A.C. 10:122-6.8**

**VIAQUENTI THE VILLAGE (285 NEWARK AVE).
ACADEMIC YEAR: 2016-2017.**

ENROLLMENT INFORMATION

First Day of Enrollment: _____

Please, select the class in which you are rolling your child.

CLASSROOM/AGES	HALF DAY 7:30a.m. - 12:00p.m.	FULL DAY 7:30a.m. - 3:30p.m.	EXTENDED DAY 7:30a.m. - 6:00p.m.
Early Preschool 1 to 2½ years old	<input type="checkbox"/> \$12,000 (monthly \$1,200)	<input type="checkbox"/> \$14,500 (monthly \$1,450)	<input type="checkbox"/> \$16,500 (monthly \$1,650)
Preschool 2½ to 3½ years old	<input type="checkbox"/> \$12,000 (monthly \$1,200)	<input type="checkbox"/> \$14,500 (monthly \$1,450)	<input type="checkbox"/> \$16,500 (monthly \$1,650)
Pre-K 3½ to 5 years old	N/A	<input type="checkbox"/> \$14,000 (monthly \$1,400)	<input type="checkbox"/> \$16,000 (monthly \$1,600)
After School 3:30pm-6:00pm	All Classrooms <input type="checkbox"/> \$3,750 (monthly \$375)		

STUDENT INFORMATION

Student's Name: _____ Male Female

Birthday: _____ Present Age: _____ Age in Sep 2016: _____

Home Address: _____ Home Phone: _____

City: _____ State: _____ Zip: _____

FAMILY INFORMATION

✓ **Parent/Guardian 1.** Name: _____

Cell Phone: _____ E-Mail: _____

Home Address: _____ Home Phone: _____

City: _____ State: _____ Zip: _____

Employer: _____ Hours of Employment: _____

Work Address: _____ Work Phone: _____

City: _____ State: _____ Zip: _____

✓ **Parent/Guardian 2.** Name: _____

Cell Phone: _____ E-Mail: _____

Home Address: _____ Home Phone: _____

City: _____ State: _____ Zip: _____

Employer: _____ Hours of Employment: _____

Work Address: _____ Work Phone: _____

City: _____ State: _____ Zip: _____

MEDICAL INFORMATION

✓ Pediatrician's Name: _____ Phone: _____

Address: _____

✓ Dentist's Name: _____ Phone: _____

Address: _____

✓ Health insurance: Yes No. Company/HMO: _____

Group Number: _____ Identification # _____

✓ My child has the following medical Problems: _____

✓ My child is taking the following medicine(s) : _____

✓ My child has the following allergies: _____

✓ My child has the following special needs: _____

EMERGENCY CONTACT LIST

If I/We cannot be reached:

Name: _____ Phone: _____ Relation: _____

Name: _____ Phone: _____ Relation: _____

CHILD PICKING UP/VISITING AUTHORIZATION (N.J.A.C. 10:122-6.5(A)1)

Only the following people are hereby authorized to pick up my/our child from Viaquenti Academy in my/our absence (must be at least 18 years old). I/We understand that if anyone who is not listed needs to pick up my/our child me/us MUST call and email AHEAD with information to confirm the release. Picture ID will be needed to confirm that person’s identity in any case.

If I/We want to withdraw the authorization of any person(s) authorized by me, I/We must do so in writing. Until it does so all authorized person(s) will be understood as authorized to pick up my/our child from Viaquenti Academy.

Person(s) in emergency contact list are authorized (Yes No) to picking up/visiting the child.

✓ Name: _____ Relation: _____

Home Address: _____ Phone: _____

City: _____ State: _____ Zip: _____

✓ Name: _____ Relation: _____

Home Address: _____ Phone: _____

City: _____ State: _____ Zip: _____

PERSON(S) PROHIBITED FROM PICKING UP/VISIT THE CHILD:

Name: _____ Relationship: _____

Name: _____ Relationship: _____

If a noncustodial parent is not included among those people authorized to pick up/visit the child and/or a person(s) is prohibited from pick up/visit the child, please explain below and attach a copy of appropriate court order. _____

For any change in child picking up/visiting authorization or prohibition please fill the "Child Picking Up/Visiting Authorization - Update ".

How did you find out about our school? _____

SUBMISSION INSTRUCTIONS / TERMS AND CONDITIONS

1. I/We state that I/we are the parent(s)/guardian(s) having legal custody of the above child (referred as the "Student" or "Child") and attest that the information on this application is accurate. I/we hereby enroll the Student in Viaquenti Academy (referred to as the "School") for this Academic Year.
2. I/We am/are to complete and submit a Student Application Form with a non-refundable fee of \$50 to put my/our child on the list for enrollment.
3. I/We will be notified to sign up for a Playgroup Evaluation. My/Our child shall participate in at least

1 Playgroup Evaluation to determine his/her eligibility. My/our child is not officially admitted until after a Playgroup Evaluation (Early Preschool is exempt).

4. Students applying for Early Preschool are required to enroll in one of our summer camp programs or in our After School program for at least one month. This policy is meant to help transition first time students into the school.
5. Class placements are determined by the child's age on the first day of the Academic Year in September.
6. The prices are based on a full Academic Year of 10 months (September to June). Please note that the school requires a commitment for the full Academic Year.
7. I/We agree to pay in advance each month's tuition. Tuition is due in advance by the 25th of each month (i.e. October tuition is due September 25th).
8. If my/our child is accepted I/We must submit a Tuition Deposit equal in amount to 2 months of tuition to secure my/our child's spot in the classroom. This tuition deposit is non-refundable and non-transferable (i.e. If I/we decide to withdraw my/our child from the school at any point before the end of the Academic year, the deposit will be nonrefundable). If I/We am not re-enrolling the Tuition Deposit will ONLY be applied as a credit to the last 2 months (May and June) of my/our child's tuition after the 1st full academic year. **Note:** Absolutely no credits will be made towards the tuition of summer camp or any other program.
9. At the time of acceptance, I/We must submit a yearly non-refundable student's material fee of: **a)** \$100 for After School, **b)** \$200 for Half Day and **c)** \$250 for Full Day and Extended Day. Extended Day students do not have to pay the After School tuition or material fee; this is included in the Extended Day tuition and material fee.
10. I/We am/are aware that I/We will be charged a fee for: **a)** Late payment, a fee of 5% of the monthly tuition will be charged when payment is received after the 25th of the month (if the 25th falls on a weekend, tuition will be due the following Monday). **b)** For late pickups, a fee of a \$1 per minute will be charged when my/our child is picked up after 6:00 pm. **c)** Return check, a fee of \$12 will be charged when the bank return any check; I/we shall resubmit the payment ASAP with a new check.
11. I/We understand that there will be no reductions in payments for child's absences from the School. Tuition payments are for each month including the days in which the School may be closed for holidays, staff training or inclement weather.
12. Early drop off at 7:30a.m. is available at no additional charge.
13. Discounts for this Academic Year: **a)** Families will have a 10% discount on tuition if more than one sibling is enrolled in the school. **b)** A 5% discount will apply if a full year payment is made, enrollment must begin in September with a full payment for the Academic Year. **Note:** More than 1 discount option may not be combined, if my/our family is eligible for more than 1 discount I/we will need to indicate which discount I/we would like to be applied.

By signing this form, I/we certify covenant that I/we have read the above terms and conditions and fully understand and agree to abide by all the conditions and terms of this Agreement.

Parent/Guardian **1**: Initials:_____ Signature:_____ Date:_____

Parent/Guardian **2**: Initials:_____ Signature:_____ Date:_____