



STUDENT APPLICATION AND TUITION AGREEMENT FORM N.J.A.C. 10:122-6.8

**VIAQUENTI SOHO WEST (837 JERSEY AVE).
ACADEMIC YEAR: 2017-2018.**

First Day of Enrollment: _____

Please, select the class in which you are enrolling 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.
Infants 3 months to 1 year old	N/A	<input type="checkbox"/> \$21,780 (monthly \$1,815)	<input type="checkbox"/> 2 Days a week \$16,500 (monthly \$1,375) <input type="checkbox"/> 3 Days a week \$19,140 (monthly \$1,595) <input type="checkbox"/> 5 Days a week \$23,760 (monthly \$1,980)
Early Preschool 1 to 2 years old	<input type="checkbox"/> \$14,200 (monthly \$1,420)	<input type="checkbox"/> \$16,950 (monthly \$1,695)	<input type="checkbox"/> \$19,150 (monthly \$1,915)
Preschool 2 to 3 years old	<input type="checkbox"/> \$13,200 (monthly \$1,320)	<input type="checkbox"/> \$15,950 (monthly \$1,595)	<input type="checkbox"/> \$18,150 (monthly \$1,815)
Pre-K 3 to 5 years old	N/A	<input type="checkbox"/> \$15,400 (monthly \$1,540)	<input type="checkbox"/> \$17,600 (monthly \$1,760)
Kindergarten & Elementary Grades	N/A	<input type="checkbox"/> 15,400 (monthly \$1,540)	<input type="checkbox"/> \$17,600 (monthly \$1,760)
After School 3:30pm-6:00pm	<input type="checkbox"/> All Classrooms \$4,150 (monthly \$415)		

STUDENT INFORMATION

Student's Name: _____ Male Female
 Birthday: _____ Present Age: _____ Age in Sep/Nov 2017: _____
 Address: _____ 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 will 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 and Infants are 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 Viaquenti.
5. Class placements are determined by the child's age on the first day of the Academic Year in September, with the exception of Kindergarten and elementary grades that have an age cutoff date on November.
6. The prices are based on a full academic year of: **a)** 10 months (September to June) for Early Preschool to Elementary. **b)** 12 months (September to August) for Infant classroom. Please note that the school requires a commitment for the full academic year.
7. 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. If I/We am not re-enrolling the Tuition Deposit will ONLY be applied as a credit to the last two months of my/our child's tuition after the 1st full academic year: **a)** In a 10 months Academic Year my/our deposit will be applied to May & June, **b)** In a 12 months Academic Year my/our deposit will be applied to July & August. **Note:** Absolutely no credits will be made towards the tuition of summer camp or any other program.
8. If my/our child is accepted I/We am/are aware that before beginning to the first day at School, I/we shall submit all paperwork listed in the student's check list. My/our child enrollment at the School shall be conditioned upon the full finished of all requirements.
9. At the time of enrolment, I/We must submit a yearly non-refundable student's material fee of: **a)** Infants to Pre-k: \$110 for After School program; \$220 for Half Day program, \$275 for Full Day and Extended Day programs. **b)** Kindergarten and elementary grades: \$190 for After School program; \$445 for Full Day and Extended Day programs. **Note:** 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. After school enrichment classes are not included in the tuition or discounts.
11. I/We agree to pay in advance each month's tuition. Tuition is due in advance by the 25th of each month (i.e. May tuition is due April 25th); this is the day that tuition payment will be withdrawn.
12. I/We authorize the school to automatically withdraw the payments due in the invoices. I/We will choose between the Recurring Payment Plans (RPP): **a)** RPP: ACH; with this option I/we will receive a \$5 credit per month. **b)** RPP: Personal credit card; with this option I/we will be charged a \$50 fee per month.
13. 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. **b)** For late pickups or early drop off, a fee of a \$1 per minute will be charged when my/our child is picked or dropped off outside of their scheduled time. **c)** Returned payment from automatic withdrawal, a fee of \$12. The school will send a new invoice adding the fee and the next day will rerun the automatic withdrawal.
14. 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.
15. Early drop off at 7:30a.m. is available at no additional charge.

- 16.** Delayed pick up at 6:30 p.m. This service is offered on a month to month basis and is available for an additional charge of \$75 per month. I/We understand that the school needs at least two students enrolled for this service.
- 17.** I/We agree to comply with all school policies/requirements and understand that the school reserves the right to change them at any time without my/our approval. I/We acknowledge that all the Submission Instructions/Terms & Conditions in previous Student Application/Re-Enrollment & Tuition Agreement Forms are valid unless a specific clause is modified by this form.
- 18. Discounts:** More than 1 discount may not be combined, if your family is eligible for more than 1 discount you will need to indicate which discount you would like to be applied. The following discounts only can be applied for the Academic Year 2017-2018. Please choose one if apply: **a)** 50% discount will be applied to the siblings' tuition of any student who enrolls in our Kindergarten or elementary grades (both students must be enrolled at the school). **b)** 10% discount will be applied to the tuition if more than one sibling is enrolled in the school. **c)** 5% discount will be applied to the tuition if a full year payment is made, enrollment must begin in September. **d)** Other: _____
 _____ (please attach the form).

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**:

Name: _____ Signature: _____ Date: _____

Parent/Guardian **2**:

Name: _____ Signature: _____ Date: _____