



STUDENT ENROLLMENT FORM
N.J.A.C. 10:122-6.8
VIAQUENTI SOHO WEST (837 JERSEY AVE).
SUMMER CAMP: 2017

Student's Name: _____ Age in Sep 2016 _____

Home Address: _____ Home Phone: _____

City: _____ State: _____ Zip: _____

Please, select the summer camp(s) in which you are enrolling your child.

Sessions & due dates	Summer 1 July 3 - July 28 Due date: May 1st	Summer 2 July 31 st –August 25 th Due date: June 1st	Summer Camp Special If you pay for the 2 sessions by March 1 st .
Infants 3 months to 1yr old	Infant classes continue their Academic Year through the summer. Please submit Academic Year Registration form.		
Early Preschool 1 to 2 yrs old	<input type="checkbox"/> Half day \$1,275 <input type="checkbox"/> Full day \$1,525 <input type="checkbox"/> Extended day \$1,725	<input type="checkbox"/> Half day \$1,275 <input type="checkbox"/> Full day \$1,525 <input type="checkbox"/> Extended day \$1,725	Summer 1 & 2 <input type="checkbox"/> Half day \$2,422.5 <input type="checkbox"/> Full day \$2,897.5 <input type="checkbox"/> Extended day \$3,277.5
Preschool 2 to 3 yrs old	<input type="checkbox"/> Half day \$1,275 <input type="checkbox"/> Full day \$1,525 <input type="checkbox"/> Extended day \$1,725	<input type="checkbox"/> Half day \$1,275 <input type="checkbox"/> Full day \$1,525 <input type="checkbox"/> Extended day \$1,725	Summer 1 & 2 <input type="checkbox"/> Half day \$2,422.5 <input type="checkbox"/> Full day \$2,897.5 <input type="checkbox"/> Extended day \$3,277.5
Pre-K 3 to 5 yrs old	<input type="checkbox"/> Full day \$1,500 <input type="checkbox"/> Extended day \$1,700	<input type="checkbox"/> Full day \$1,500 <input type="checkbox"/> Extended day \$1,700	Summer 1 & 2 <input type="checkbox"/> Full day \$2,850 <input type="checkbox"/> Extended day \$3,230
Kindergarten	<input type="checkbox"/> Full day \$1,500 <input type="checkbox"/> Extended day \$1,700	<input type="checkbox"/> Full day \$1,500 <input type="checkbox"/> Extended day \$1,700	Summer 1 & 2 <input type="checkbox"/> Full day \$2,850 <input type="checkbox"/> Extended day \$3,230
Elementary Grades	<input type="checkbox"/> Full day \$1,500 <input type="checkbox"/> Extended day \$1,700	<input type="checkbox"/> Full day \$1,500 <input type="checkbox"/> Extended day \$1,700	Summer 1 & 2 <input type="checkbox"/> Full day \$2,850 <input type="checkbox"/> Extended day \$3,230

Half day: 7:30a.m. - 12:00p.m. / Full day: 7:30a.m. - 3:30p.m. / Extended day: 7:30a.m. - 6:00p.m.

Please submit this form with the deposit(s) no later than Wednesday, March 1st 2017.

- ✓ If your child is currently enrolled in one of Viaquenti Academy's programs please fill out **ONLY** pages 1 and 2 of this form with a non-refundable deposit of \$500 for each session.
- ✓ If your child is **NOT** currently enrolled in one of Viaquenti Academy's programs; you need to complete **A FULL** Student Enrollment Form for summer camp 2016 with a non-refundable registration fee of \$50 and a non-refundable deposit of \$500 for each session.

Viaquenti Soho West is closed from August 28th to September 1st 2017.

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 summer camp 2017.
2. I/we understand that if the deposit is not submitted with this form then my/our child's spot will not be saved. Moreover I/we understand that if tuition is not submitted by the session's tuition due date my/our child's spot will be given up to the next family on the waiting list.
3. I/we understand that my/our deposit is nonrefundable and nontransferable, it can only be applied to the specific summer camp session it was submitted for (i.e. if I/we submit a deposit for Session I but end up not attending Session I the deposit cannot be applied to Session II, it will only be applied to Session I).
4. Class placements are determined by the child's age on the first day of the Academic Year (Sep. 2016).
5. I/We understand that there will be no reductions in payments for child's absences including vacations from the School. Tuition payments are for each session including the days in which the School may be closed.
6. I/We am/are aware that I/We will be charged a fee for: **a)** For late pickups, \$1 per minute will be charged when my/our child is picked up after 6:00 pm. **b)** Return check, \$12 will be charged when the bank return any check; I/we shall resubmit the payment ASAP with a new check.
7. Early drop off at 7:30a.m. is available at no additional charge.
8. Discount for this summer camp 2017: **a)** If you pay for 2 sessions (summer 1 & 2) in one payment you will get a 5% discount, enrollment must be for the two sessions and the payment shall be submitted by the due date. **b)** Families will have a 10% discount on tuition if more than one sibling is enrolled in the school. **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(s)/Guardian(s):

Name: _____ Signature: _____ Date: _____

Name: _____ Signature: _____ Date: _____

STUDENT INFORMATION

Student's Name: _____ Male Female

Birthday: _____ Present Age: _____ Age in Sep 2015: _____

THIS FORM MUST BE RETURNED

2016-2017

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? _____