



STUDENT ENROLLMENT FORM FOR SUMMER CAMP: 2019.
N.J.A.C. 10:122-6.9

Student's Name: _____ Male Female
 Birthday: _____ Present Age: _____ Age in Sep 2018: _____
 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 1 - July 26 Tuition Due date: May 1 st	Summer 2 July 29 - August 24 Tuition Due date: June 1 st	Summer Camp Special If you pay for the 2 sessions in one payment. T. Due date: May 1 st
Infants 3 months to 18 months	<input type="checkbox"/> Infant classes continue their Academic Year through the summer. <input type="checkbox"/> Please submit Academic Year Registration form.		
Early Preschool 1 to 2 yrs old	Half day \$1,495 Full day \$1,770 Extended day \$1,990	Half day \$1,495 Full day \$1,770 Extended day \$1,990	Summer Camp 1 & 2 Half day \$2,840.5 Full day \$3,363 Extended day \$3,781
Preschool 2 to 3 yrs old	<input type="checkbox"/> Half day \$1,395 <input type="checkbox"/> Full day \$1,670 <input type="checkbox"/> Extended day \$1,890	<input type="checkbox"/> Half day \$1,395 <input type="checkbox"/> Full day \$1,670 <input type="checkbox"/> Extended day \$1,890	Summer Camp 1 & 2 <input type="checkbox"/> Half day \$2,790 <input type="checkbox"/> Full day \$3,340 <input type="checkbox"/> Extended day \$3,780
Pre-K 3 to 5 yrs old	<input type="checkbox"/> Full day \$1,640 <input type="checkbox"/> Extended day \$1,860	<input type="checkbox"/> Full day \$1,640 <input type="checkbox"/> Extended day \$1,860	Summer Camp 1 & 2 <input type="checkbox"/> Full day \$3,116 <input type="checkbox"/> Extended day \$3,534
Kindergarten & Elementary Grades	<input type="checkbox"/> Full day \$1,640 <input type="checkbox"/> Extended day \$1,860	<input type="checkbox"/> Full day \$1,640 <input type="checkbox"/> Extended day \$1,860	Summer Camp 1 & 2 <input type="checkbox"/> Full day \$3,116 <input type="checkbox"/> Extended day \$3,534

Half day: 7:30a.m. - 12:00p.m. / Full day: 7:30a.m. - 3:30p.m. / Extended day: 7:30a.m. - 6:00p.m.
Extended Pick Up- 6:30pm is available for a \$75 fee per summer session

Early submission discount: If you pay for the full summer by March 1st you will receive a \$200 credit
Please submit this form with the deposit(s) no later than Friday, March 30th 2018.

- ✓ If your child is currently enrolled in any 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's programs; you need to complete the FULL Enrollment Form (pages 1 to 4) with a non-refundable deposit of \$500 per session and non-refundable \$50 registration fee. You also shall submit all paperwork listed in the student's check list before the first day at School. The enrollment shall be conditioned upon the full finished of all requirements.

The deposit/tuition will be made by (Please select one): check Smart Care electronic withdraw

Viaquenti Academy will be closed from August 26th to August 30th 2019.

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 2019.
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 previous Academic Year (Sep. 2018).
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 is closed.
6. I/We agree to pay in advance the tuition for each session by the due date of each session (i.e. summer camp 1 tuition is due May 1st); this is the day that tuition payment will be withdrawn (or day I must submit the check).
7. If I chose to pay by electronic withdraw, hereby I/We authorize the School to automatically withdraw the amounts I/we owe by the due date. I/We will choose between the Recurring Payment Plans (RPP): **a) Samrt Care electronic payment b) RPP: Personal credit card**; with this option I/we will be an additional fee. **Note:** The deposits are due at the time of submitting this form.
8. I/We am/are aware that I/We will be charged a fee for: **a)** 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. **b)** Returned payments, a fee of \$12 charged by our Bank. The school will send a new invoice adding the fee and the next day will rerun the automatic withdrawal (for check payments: I/we shall resubmit the payment ASAP with a new check.)
9. Early drop off at 7:30a.m. is available at no additional charge.
10. Extended 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.
11. 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 and Tuition Agreement Forms are valid unless a specific clause is modified by this form.
12. **Bus service: TBD.** Students who are enrolled in extended day AND are eligible by state law to use booster seat or secured by a seat belt only (Legislation - P.L. 2015, c.50) may use our bus service for a non-refundable fee. (First come, first serve and other Conditions apply).
13. **Discount for this summer camp 2019:** **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 pay shall be submitted by the due date of Summer 1. If you pay both summer session by March 1st you will get a \$200 discount.
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: _____

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? _____