



1789 Mandarin Road Naples, FL. 34102

(239) 263-2620

www.NaplesPreschoolOfTheArts.com

NaplesPreschoolOfTheArts@gmail.com

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facebook.com/NaplesPreschoolOfTheArts

## REGISTRATION FORM 2020-2021 SCHOOL YEAR

*11-19 Months Old (by September 1)*

### REGISTRATION CHECKLIST:

1. ☐ Complete registration form
2. ☐ Complete \*Tuition Express form to process registration and tuition fees
3. ☐ Existing families \$250 non-refundable registration/supply fee per child  
☐ New families \$350 non-refundable registration/supply fee per child
4. ☐ (2) non-refundable tuition installment: 1<sup>st</sup> due upon registration, 2<sup>nd</sup> due April 1<sup>st</sup>
5. ☐ Allergies Yes ☐ No ☐ If yes please indicate allergy: \_\_\_\_\_
6. ☐ State of Florida Student Health examination (DH3040 form)  
☐ State of Florida Certificate of Immunization (DH680 form)
7. ☐ My child is fully immunized in accordance with vaccination requirements for his/her age.

Note: POTA does NOT accept personal / religious exemptions.

\*Current families do not need to fill out Tuition Express unless a change needs to be made.

\*Enrollments received after April 1<sup>st</sup> would require both tuition installments paid upon registering.

PLEASE PRINT CLEARLY.

Date: \_\_\_\_\_

### Part I: General Information

Child's Last Name: \_\_\_\_\_ Child's First Name: \_\_\_\_\_

Child's Preferred Name: \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Child's Age as of Sept 1, 2020: \_\_\_\_\_ Child is a ☐ Boy ☐ Girl Applying for which age group: \_\_\_\_\_

HOME ADDRESS OF CHILD:

Number: \_\_\_\_\_ Street: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip code: \_\_\_\_\_ Phone 1: \_\_\_\_\_ Phone 2: \_\_\_\_\_

PARENTS ARE:

Married / Separated / Divorced / Father deceased / Mother deceased / Single Parent / Child is adopted

Child lives with: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

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## Part II: Contact Information

	Parent / Guardian #1	Parent / Guardian #2
<b>Title</b>	<input type="checkbox"/> Miss <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Mr. <input type="checkbox"/> Dr. <input type="checkbox"/> Other:	<input type="checkbox"/> Miss <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Mr. <input type="checkbox"/> Dr. <input type="checkbox"/> Other:
<b>Name</b>		
<b>Home Address</b>		
<b>Home Phone</b>		
<b>Cell Phone</b>		
<b>Email</b>		
<b>Employer</b>		
<b>Business Address</b>		
<b>Position</b>		
<b>Business Phone</b>		
<b>Fax</b>		

- Email address provided are used for receiving weekly POTA newsletters and daily tadpoles communication with teachers

### Additional Persons Authorized to Pick Your Child Up & Emergency Contacts (other than parent/guardian):

Important: Child will be released only to the parent or legal guardian, and persons listed below. The following people will also be contacted and are authorized to remove your child from the facility in case of illness, accident or emergency if the parent or legal guardian cannot be reached. Please introduce us to the persons authorized to pick up your child. For the safety of your child, please notify teachers (verbally and in writing) of who will be picking up your child. We will request a photo ID from someone listed below whom we have not previously met before releasing your child to them in addition to adding them into the procare fingerprint check in/out stations.

Full Name	Cell / Home Phone	Email address	Address	Relationship to Child

My signature below attests that my child may be released to the above persons.

\_\_\_\_\_  
Printed Name of Parent / Legal Guardian

\_\_\_\_\_  
Signature of Parent / Legal Guardian

\_\_\_\_\_  
Date

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## Part III: School Schedule and Tuition Pricing

Preschool of the Arts offers Half Day, Full Day, and Extended Day schedule options.

- ❖ **Half Day:** 8:30am – 12:30pm
- ❖ **Full Day:** 8:30am – 3:00pm

Toddler group (11 months- 19 months by 9/1) / Cheery Chagall

\* Preschool of the Arts reserves the right to adjust classroom age range according to the needs of the children

X	Days	Hours	Annual Tuition	Quarterly payments	10 Monthly Payments ▲
	Four Half Days (M-Th)	8:30 – 12:30	\$10,750.00	\$2,687.50	\$1,075.00
	Four Full Days (M-Th)	8:30 – 3:00	\$13,250.00	\$3,312.50	\$1,325.00
	Five Half Days (M-F)	8:30 – 12:30	\$12,000.00	\$3,000.00	\$1,200.00
	Five Full Days (M-F)	8:30 – 3:00	\$15,800.00	\$3,950.00	\$1,580.00

### ❖ Extended day schedules:

**Option 1:** 7:30am – 5:30pm

**Option 2:** 8:30am – 5:30pm

**Option 3:** 7:30am – 4:00pm

**Flat rate fee/ Full-time extended care pricing** \* Please see page 5 for more extended care options

X	Days	Hours	Annual Tuition	Quarterly payments	10 Monthly Payments ▲
	Five Full Days (M-F)	7:30 – 5:30	\$18,500.00	\$4,625.00	\$1,850.00
	Five Full Days (M-F)	8:30 – 5:30	\$17,500.00	\$4,375.00	\$1,750.00
	Five Full Days (M-F)	7:30 – 4:00	\$17,500.00	\$4,375.00	\$1,750.00

\*Priority given to families applying for full time care.

**\* Included in the annual tuition fee are weekly enrichment classes taught by professionals (Gardening, Art, Yoga, Music, and Market Place) as well as morning and afternoon snacks, a bi-weekly cooking class, Friday challah baking, and a campus security officer.**

▲ Non-refundable registration fee (one-time payment) and non-refundable 2 monthly tuition installments are due to secure placement. 1<sup>st</sup> tuition installment is due upon registration, and 2<sup>nd</sup> installment is due April 1, 2020. Remaining balance of annual tuition fee is due in EIGHT (8) equal monthly installments starting on August 1, 2020 and ending on March 1, 2021.

or FOUR (4) quarterly payments. The first payment due at the time of enrollment, SECOND (2) payment due July 1<sup>st</sup>, 2020, THIRD (3) payment due November 1<sup>st</sup>, 2020, and FOURTH (4) payment due March 1<sup>st</sup>, 2021.

**My annual tuition is \$ \_\_\_\_\_**

## Part IV: Schedule Change Policy

### Increasing or Decreasing your Child's Schedule

If a parent should desire to change a child's schedule in any way, whether it is to add days or an afternoon, it is necessary for the parent to speak with the Admissions Director to make the necessary payment for the change in schedule if there is space in the desired class, please note space is limited. Parents need to provide a 30-day notice in writing to decrease their child's schedule and are responsible for the full payment of the original tuition amount until the next billing cycle of 30 days. After 30 days, the parents can continue paying the adjusted tuition amount. There is no reimbursement on any tuition paid for a schedule change. The 30-day notice is required both for families who wish to decrease the daily hours or number of days each week that their child attends school.



Initials

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## Part V: Payment Method & Lunch Sign Up

**Payment Method (please check only ONE option):** Tuition Express form on page 9

- ☐ Monthly Tuition Express checking or \*credit card option \$\_\_\_\_\_
- ☐ Quarterly Tuition Express checking or \*credit card option \$\_\_\_\_\_
- ☐ Pay In Full \$\_\_\_\_\_

**Parents understand and agree that NO PORTION OF THE TUITION AND FEES PAID TO PRESCHOOL OF THE ARTS SHALL BE REFUNDED.** 

\_\_\_\_\_  
initials

- 1)** Registration fee (non-refundable) and TWO (2) monthly tuition installments (non-refundable) to secure placement. 1<sup>st</sup> tuition installment due upon registration, and 2<sup>nd</sup> installment is due April 1, 2020.
- 2)** EIGHT (8) monthly tuition payments in the amount of \$\_\_\_\_\_ (monthly fee) on the first of each month, starting on August 1, 2020, and ending on March 1, 2021.
- 3)** FOUR (4) quarterly payments in the amount of \$\_\_\_\_\_. The first payment due at the time of enrollment, SECOND (2) payment due July 1, 2020 THIRD (3) payment due November 1, 2020, and FOURTH (4) payment due March 1, 2021.

**\*Please note that a 3% processing fee will be applied to anyone choosing to use a credit card.**

### Optional Lunch Payment Policy

Healthy, homemade, kosher lunches are available for your child all year long! The cost for this option is \$7.00 per meal if paid monthly. For on-the-day requests or lack of pre-payment, meals provided by Preschool of the Arts will be charged at \$9.00 per meal. Register and pay for the entire year and receive a 10% discount or pay monthly.

#### Week One\*

Monday: Grilled cheese, oven roasted potatoes, seasonal fruit and vegetable  
Tuesday: Chicken nuggets, sweet potato fries, seasonal fruit and vegetable  
Wednesday: Orange Chicken, rice, spaghetti squash, and seasonal fruit  
Thursday: Spaghetti and meatballs, seasonal fruit, and stir fry vegetable  
Friday: Cheese pizza, seasonal fruit and vegetable

#### Week Two\*

Monday: Macaroni and cheese, seasonal fruit and vegetable  
Tuesday: Sweet and sour chicken with rice, seasonal fruit, and grilled vegetable  
Wednesday: Turkey hot dogs, chicken noodle soup, seasonal fruit and vegetable  
Thursday: Hamburger, baked potato, lettuce and sliced tomato, and seasonal fruit  
Friday: Cheese pizza, seasonal fruit and vegetable

\*menus subject to change

### Lunch Sign Up

- ☐ Yes, I'm interested in the lunch program
- ☐ No thank you, I'm not interested at this time
- Please see the sign-up sheet located in the welcome packet upon registration if you are interested.

Part VI: School shirts and backpacks

Preschool of the Arts Shirts and Backpacks

Each student will receive **one** Preschool of the Arts t-shirt and **one** POTA backpack that is included in the supply fee. Shirts are to be worn on Fridays, and special events. Additional T-shirts and backpacks are available \$12/each.  
My child's t-shirt size is:

- ☐ 2T (sizes run small)
- ☐ 3T

In addition to the one Preschool of the Arts shirt, I would like to purchase \_\_\_\_\_ extra shirts.

Part VII: Extended care

Extended Care Payment Policy

Extended care is available to all of our students.  
Annual, monthly and daily sign up options are available for extended care. Daily rates are \$14 per hour. Due to staffing, advance notice is preferred, however we do understand that situations may arise that would require on the day notice. This includes precare and aftercare.  
Please note that we have options to sign up for annual extended care, or on a month to month basis.

Extended Care Sign Up

Extended care is offered from 7:30am-8:30am and 3:00pm-5:30pm for a discounted fee. Please see the chart below for hours and pricing.

Extended care Monthly fees:

✓	7:30 – 8:30 a.m.	\$125
✓	8:00 – 8:30 a.m.	\$75
✓	3:00 – 4:00 p.m.	\$125
✓	3:00 – 4:30 p.m.	\$200
✓	3:00 – 5:00 p.m.	\$250
✓	3:00 – 5:30 p.m.	\$300

If you are interested in signing up for extended care, please indicate below. You will find the sign-up sheet located in the registration packet for you to fill out and submit to the office.

- ☐ Yes, I'm interested in signing up for pre-care
- ☐ Yes, I'm interested in signing up for after-care
- ☐ Yes, I'm interested in signing up for pre and after-care
- ☐ No thank you, I'm not interested in extended care at this time

Part VIII: Medical Information

Child's Full Legal Name	Child's Date of Birth
Child's Physician	Physician's Telephone
Child's Dentist	Dentist's Telephone

Please list any allergies, medical conditions, developmental delays or medications currently being taken, including dietary requirements, allergies to medication, or any other limitations.

I hereby give permission in the event of an emergency for the Director, the Acting Director, or a Teacher at Preschool of the Arts, to take whatever steps may be necessary for the medical care of my child, \_\_\_\_\_. I understand that in order for Preschool of the Arts to assume responsibility of my child, I, or the person(s) whom I have designated to drop off and pick up my child, must sign my child in at the time of arrival and out at the time of departure. I understand that unless there is a need for immediate action, the order of the steps taken will follow, but will not be limited to, the outline below:

1. The parent/guardian will be called. **Note:** If the parent/guardian is unavailable, the emergency contact persons designated by the parent/guardian will be called.
2. Child's physician will be called.
3. If these efforts are unsuccessful, the following steps will be taken (order may vary depending on the situation):

a. Another physician will be called.

b. The child will be taken to the nearest emergency room accompanied by a staff member.

c. An ambulance will be called to take the child to the nearest emergency room accompanied by a staff member.

If I cannot be reached in the event of an emergency, I give consent for a Preschool of the Arts staff member to transport my child to the nearest emergency facility, or to have my child transported by ambulance. I give consent to any emergency facility or physician to administer any necessary medical treatment to my child as the situation may warrant it. I further understand that I am responsible for any and all costs associated with any and all medical treatments for my child.

Parent/Guardian confirms that they will hold Preschool of the Arts and its staff harmless from any liability which might arise from this consent. Parent/Guardian agrees to reimburse Preschool of the Arts for any medical expenses that may arise while child is in our care.

**IMPORTANT:** In order for Preschool of the Arts to assume responsibility for my child, I understand that I must sign my child in and out by utilizing the procare software fingerprint system.

Printed Name of Parent / Legal Guardian	Signature of Parent / Legal Guardian	Date
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## Part IX: Student Profile – Background Information

(Please feel free to add additional pages if necessary)

Preschool of the Arts is designed as a continuous early childhood program from age 11 months through 5 years. The scope and sequence of our classes are specially developed to build on the skills and curricula from the previous years. To best allow our students to experience the full benefits of our program, we prioritize families who are seeking to continue with us through Pre-K graduation. It is also vital for the relationships between the children that there be an element of consistency and continuation between the preschool classes.

Is a continuous early childhood program important to you?

\_\_\_\_\_

Do you intend to enroll your child at Preschool of the Arts through Pre-K graduation? If not, please explain.

\_\_\_\_\_

Child born prematurely? ☐ Yes ☐ No If YES, how many months early? \_\_\_\_\_

Child's place of birth: \_\_\_\_\_

Languages spoken at home: \_\_\_\_\_

List child's siblings and their ages: \_\_\_\_\_

Please list any other members of your household (pets, too!) by name, age and relationship:

\_\_\_\_\_

If child is adopted, list age at time of adoption \_\_\_\_\_ Is child aware of adoption? \_\_\_\_\_

Is your child potty trained? \_\_\_\_\_ If in progress, explain: \_\_\_\_\_

Describe assistance needed and words used:

\_\_\_\_\_

\_\_\_\_\_

Does your child nap? \_\_\_\_\_ If yes, what time? \_\_\_\_\_

If no, will your child be able to rest quietly with books for at least a half hour each afternoon? \_\_\_\_\_

Does your child take a bottle at nap time? \_\_\_\_\_ Does your child take a pacifier at nap time? \_\_\_\_\_

My child wakes up in the morning at \_\_\_\_\_ am, and goes to sleep at night at \_\_\_\_\_ pm

Please describe any fears your child may have:

\_\_\_\_\_

\_\_\_\_\_

Please describe any health issues that we should be aware of:

\_\_\_\_\_

\_\_\_\_\_

Please describe any special dietary needs that we should be aware of and describe your child's appetite:

\_\_\_\_\_

\_\_\_\_\_

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What methods of behavior control are used in your home?

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Does your child benefit from any sort of therapy? \_\_\_\_\_

If yes, please describe so that we may continue to reinforce the skills:

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Please describe any serious operation or accident your child may have had:

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Please list all medications your child takes on a regular basis and the associated conditions:

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Please describe any special medical, physical or emotional needs that the school and staff should be aware of:

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What are your child's favorite activities? \_\_\_\_\_

What does your child enjoy doing with Mother? \_\_\_\_\_

What does your child enjoy doing with Father? \_\_\_\_\_

Does your child play well alone? \_\_\_\_\_ In groups? \_\_\_\_\_

### **PHYSICAL DEVELOPMENT**

Does your child:

\_\_\_\_ sit with support \_\_\_\_ sit unassisted \_\_\_\_ crawl forward/backward \_\_\_\_ stand \_\_\_\_ walk with assistance

\_\_\_\_ walk unassisted \_\_\_\_ run \_\_\_\_ go up steps \_\_\_\_ go down steps

Please check which words describe your child.

\_\_\_\_ affectionate \_\_\_\_ demanding \_\_\_\_ playful \_\_\_\_ overactive \_\_\_\_ calm \_\_\_\_ good disposition \_\_\_\_ shy \_\_\_\_ angry

\_\_\_\_ stubborn \_\_\_\_ hard to comfort \_\_\_\_ curious \_\_\_\_ sad \_\_\_\_ likes people \_\_\_\_ confident \_\_\_\_ fearful \_\_\_\_ joyful

\_\_\_\_ fearless \_\_\_\_ other \_\_\_\_\_

Do you think your child will display separation anxiety on his/her first day at preschool?

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As a parent, what do you feel you can do to avoid an unpleasant first day at preschool?

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## Parental Agreement Form

Please check the "YES" box to indicate your agreement.

Preschool of the Arts at Chabad Naples Jewish Community Center Policy Statements	Yes
1. I give permission to have my child's photograph and/or video footage of my child used for preschool publicity purposes.	
2. I am aware that my child will receive am and pm snacks. I understand that if I choose not to purchase Preschool of the Arts' fresh, hot lunches, I am responsible for sending my child with a nutritious, balanced, peanut-free lunch from home. I know that all packaged goods must have a kosher symbol.	
3. I understand that my child's water cup or bottle must be labeled with first and last name.	
4. I grant my child permission to participate in all activities and to use the equipment at the center.	
5. I know that I cannot drop my child off before 8:30am (unless my child is signed up for precare) and that I will sign my child in by checking in to the Procure system.	
6. I understand that when picking up my child I should be timely, and that I must sign out by checking out with the Procure system. I understand that if I am late to pick up my child, a \$12 late fee will be applied to my tuition bill.	
7. I agree that it is the responsibility of both the parents and the staff to keep an open line of communication.	
8. I will review the parent handbook, and I agree to comply to policies and procedures of Preschool of the Arts.	
9. I have read and reviewed Preschool of the Arts' disciplinary policies and feel them to be effective in handling my child.	
10. I understand that if after a reasonable period of time my child is not able to adjust to the demands of the group and schedule, or if there are special needs that Preschool of the Arts is not able to meet, I may be asked to provide support such as a therapist or a shadow, which would be incurred as a parental expense.	
11. I understand the significance of parent involvement, and will do my utmost to attend school functions, fundraisers, field trips and family events scheduled throughout the school year.	
12. I grant my child permission to participate in the fire/inclement weather drills.	
13. I agree to have my contact information including address, email address and phone numbers published in the staff/student directory.	
14. I understand that I must send in laundered naptime essentials every Monday, in a Preschool of the Arts bag. (ONLY for children staying until 3 pm excluding Pre-K).	
15. I have read and reviewed the health policies and understand when it is appropriate to keep my child home and to alert the school of any contagious illness.	
16. I understand that if I withdraw from the program, I must give 30 days' notice in writing or I will be responsible for the full amount of the following month's tuition.	
17. I understand that Preschool of the Arts reserves the right to exclude any pupil temporarily or permanently at any time if the Preschool Director deems such action advisable, either in the best interest of the pupil or the school.	
18. I understand that I must notify the school if my child will be tardy or absent from school.	
19. I understand that my child <b>must be</b> completely toilet trained prior to enrollment in the 3-year-old classroom.	
20. I understand that tuition must be processed on the 1st of the month. I understand that payment made after the 1st of the month or a bounced check will incur a \$35 late fee per week.	
21. I understand that no portion of the preschool tuition is refundable at any time. I understand that tuition paid to Preschool of the Arts cannot be applied as a credit towards any other program	
<b>DCFS Required Documentation</b>	
22. I have returned a health form (3040) and an immunization form (680 or 681).	
23. I have received the Know Your Child Care Facility brochure. (CF/PI 175-24)	

- Sections 7.1 and 7.2, of the DCFS Child Care Facility Handbook, require a current physical examination (Form 3040) and immunization record (Form 680 or 681) within 30 days of enrollment.
- Section 7.3, of the DCFS Child Care Facility Handbook, requires that parents receive a copy of the Child Care Facility Brochure, "Know Your Child Care Facility" (CF/PI 175-24).
- Section 2.8, of the DCFS Child Care Facility Handbook, requires that parents are notified in writing of the disciplinary and expulsion policies used by the child care facility.

Your signature below indicates that you have received program information in the checklist above, understand and have completed the Parental Agreement Form and agree to comply with the standards and regulations set forth by Preschool of the Arts.

\_\_\_\_\_  
Printed Name of Parent / Legal Guardian

\_\_\_\_\_  
Signature of Parent / Legal Guardian

\_\_\_\_\_  
Date

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**Office use only:**

- Submittal date:
- Procare:
- Lunch:
- Extended care:
- T-shirt size:
- Tadpoles:
- Constant contact:
- Health card:
- ASQ:
- Information sheet:
- Allergy sheet:
- Class roster:

**Part X: Tuition Express Form**



## Automated Payment Processing Safe – Convenient – Easy

We are excited to offer the safety, convenience and ease of Tuition Express® — a payment processing system that allows secure, on-time tuition and fee payments to be made from either your bank account or credit card.

### ELECTRONIC FUNDS TRANSFER AUTHORIZATION FOR **BANK ACCOUNT** and **CREDIT CARD**

I (we) hereby authorize (business name) \_\_\_\_\_ to initiate credit card charges to the below-referenced credit card account (Section A) OR, initiate debit entries to my (our) checking or savings account, indicated below (Section B). To properly affect the cancellation of this agreement, I (we) are required to give 10 days written notice. \_\_\_\_\_ (initial) Credit union members: please contact your credit union to verify account and routing numbers for automatic payments. Check with the center for accepted credit card types.

A 3% processing fee will be added  
to credit card transactions

#### COMPLETE ONE SECTION ONLY

##### SECTION A (Credit Card)

Cardholder Name	Phone #		
Cardholder Address	City	State	Zip
Account Number	Expiration Date	Security code	
Cardholder Signature	Date		

##### SECTION B (Bank Account)

Your Name	Phone #		
Address	City	State	Zip
Bank or Credit Union Name	Bank or Credit Union Address	City	State Zip
Routing Transit Number (see sample below)	Account Number (see sample below)	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings
Authorized Signature	Date		

#### For Official Use Only

Date Received

Employee Signature

John Sample Mary Sample 123 Nice Street Anytown, USA	BANK OF THE WEST 555-555-5555	00226
Pay to the order of:	Attach Voided Check Here	\$
Deposit slips not accepted		Dollars
123456789	1800336	0226
Routing Number	Account Number	Check Number

A service of



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## **2020-2021 School Year Registration**