

Please return completed and signed Application with signed Policies & Procedures Form.  
The NYS Child Medical Form is due by the first day of school.

# B.E.S.T. LEARNING CENTER

2020/2021

525 Veterans Memorial Highway  
Smithtown, NY 11787

Phone: 631-864-4064 Fax: 631-864-4056  
www.bestlearningcenter.com

Office Use Only

Cash  Check#  CC   
Amount paid \$ \_\_\_\_\_  
Date paid \_\_\_\_\_  
Reg. Fee \$ \_\_\_\_\_  
Month paid for \_\_\_\_\_  
Monthly Tuition \$ \_\_\_\_\_  
Teacher \_\_\_\_\_  
Start date \_\_\_\_\_

Name of Child: \_\_\_\_\_

Present Address: \_\_\_\_\_

(street) (city) (state/zip)  
Phone: \_\_\_\_\_ D.O.B. \_\_\_\_\_ Boy  Girl  Nickname \_\_\_\_\_

**INFANTS and TODDLERS (3-18 months)** (Please circle days – 2, 3 or 5 Days)

Monday Tuesday Wednesday Thursday Friday Hours: \_\_\_\_\_

**2-YEAR-OLD CLASSES**

\_\_\_\_ 2-year-old AM Half Day class AM (9-12pm)  TTH  MWF  M-F  
\_\_\_\_ Step-up 2-year-old Full Day class (18 months as of Sept.) Full Day (9-4)  TTH  MWF  M-F  
\_\_\_\_ 2½-year-old Full Day class Full Day (9-4)  TTH  MWF  M-F

**3-YEAR-OLD CLASSES**

\_\_\_\_ 3-year-old AM Half Day class AM (9-12pm)  TTH  MWF  M-F  
\_\_\_\_ 3-year-old PM Half Day class PM (1-4pm)  TTH  MWF  M-F  
\_\_\_\_ 3-year-old Mini Day class Mini Day (10-3)  TTH  MWF  M-F  
\_\_\_\_ 3-year-old Full Day class Full Day (9-4)  TTH  MWF  M-F

**4-YEAR-OLD PRE-K CLASSES**

\_\_\_\_ 4-year-old AM Half Day class AM (9-12pm)  TTH  MWF  M-F  
\_\_\_\_ 4-year-old PM Half Day class PM (1-4pm)  TTH  MWF  M-F  
\_\_\_\_ 4-year-old Mini Day class Mini Day (10-3)  TTH  MWF  M-F  
\_\_\_\_ 4-year-old Full Day class Full Day (9-4)  TTH  MWF  M-F  
\_\_\_\_ 4-year-old Accelerated Pre-Kindergarten class Full Day (9-4)  M-F Class  
(pending Pre-K screening process)

**Lunch Bunch: (12:00pm – 1:00pm – added onto an AM or PM class)**  TTH  MWF  M-F

**EXTENDED CARE**

\_\_\_\_ **TUITION PLUS PLAN: Flat monthly rate with UNLIMITED Extended Care**

\_\_\_\_ **HOURLY EXTENDED CARE: Pay hourly rate for Extended Care each month.**

Extended Care Needs: \_\_\_\_\_ AM Hours \_\_\_\_\_ PM Hours  M T W Th F   
(Please write the times you will need for AM & PM Extended Care) (Please circle days)

Elementary Age Extended Care: Elementary School \_\_\_\_\_ Grade \_\_\_\_\_  
\_\_\_\_\_ AM Hours \_\_\_\_\_ PM Hours  M T W Th F   
(Please write the times you will need for AM & PM Extended Care) (Please circle days)

CHILD'S FULL NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

Father's name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Employer's name, address: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Mother's name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Employer's name, address: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Parents: Married \_\_\_ Never married \_\_\_ Separated \_\_\_ Divorced \_\_\_ Parent Deceased \_\_\_\_\_

Other children in family: \_\_\_\_\_ Ages: \_\_\_\_\_

Applicant lives with: \_\_\_\_\_ School District that you reside in: \_\_\_\_\_

Person to notify first for emergency: \_\_\_\_\_ Phone: \_\_\_\_\_

Allergies or Illness: \_\_\_\_\_ EpiPen : Yes \_\_\_ No \_\_\_

Operations, accidents, hospital experiences: \_\_\_\_\_

**(Please provide full and accurate health information to ensure your child's safety and well-being.)**

Has your child attended preschool prior to this year? \_\_\_\_\_ What school and how long? \_\_\_\_\_

Has your child ever been screened for any support services such as Speech, OT, PT, etc.? If so, when \_\_\_\_\_

Is your child receiving any services now? \_\_\_\_\_ If so: what services, how often and through what agency? \_\_\_\_\_

How were you referred to B.E.S.T. Learning Center? \_\_\_\_\_

### **EMERGENCY NOTIFICATION**

Persons, **other than parents**, authorized to be called in case of emergency or sickness:

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

Address: \_\_\_\_\_ Phone # home: \_\_\_\_\_ wk: \_\_\_\_\_

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

Address: \_\_\_\_\_ Phone # home: \_\_\_\_\_ wk: \_\_\_\_\_

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

Address: \_\_\_\_\_ Phone # home: \_\_\_\_\_ wk: \_\_\_\_\_

Child's Physician: \_\_\_\_\_ Phone #: \_\_\_\_\_

It is the responsibility of the parent or legal guardian that a **child does not attend school when ill** and that in the event that a child should become ill during school hours the parent will provide transportation from the facility immediately.

**Persons authorized to pick up the child: All of the above: Yes \_\_\_\_\_ No \_\_\_\_\_**

Any person picking up a child for the first time must go to the office to show identification. A note should be sent to school with your child authorizing your child's release. If the pick-up arrangements are made after the child is already at school a phone call must be made by a parent and picture identification is required. **Under no circumstances will a child be released to anyone not known to the school without identification and authorization from the parents or guardian.**

**PERMISSION TO RECEIVE EMERGENCY MEDICAL CARE**

I give permission for the Director or Acting Director to take whatever steps may be necessary to obtain emergency medical care if warranted. These steps may include, but are not limited to, the following:

1. Attempt to contact a parent or guardian.
2. Attempt to contact child's physician.
3. Attempt to contact a parent or guardian through any person listed on the emergency information form.
4. If we cannot contact you or your child's physician, we will do any and all of the following: (a) call another physician, (b) call an ambulance, (c) have the child taken to an emergency hospital, in the company of a staff member.
5. Any expenses incurred under 1-4 above, will be paid by the child's family.
6. The school will not be responsible for anything that may happen as a result of false information given at the time of enrollment.

Signed _____	(Mother)	Date: _____
Signed _____	(Father)	Date: _____

**All children are required to have a complete physical annually and must meet the minimum requirements of the New York State Department of Health Immunization Guidelines. Children are not permitted to attend school until all required documents are completed and signed.**

**Minimum Immunization Requirements for School Attendance according to NYS Law**

**By 6 months of age or by 1<sup>st</sup> Day of School:**

- |  |   |
|--|---|
| 4 Diphtheria Toxoid/Tetanus Toxoid/Pertussis (DTP) | 3 Rotavirus (recommended, but not required) |
| 3 OPV (Polio)                                      | 3 Hepatitis B                               |
| 3 HIB (before 15 months or 1 HIB after 15 months)  | 3 Pneumococcal Conjugate                    |

**Given between 12-15 months but by 15 months:**

- Varicella
- 1 MMR (1 Measles, 1 Mumps, 1 Rubella)
- TB test (physician's discretion)
- Lead Screening at 1 and 2 years

Children must wear appropriate clothing and footwear at all times. Children must wear safe and sturdy rubber soled shoes, preferably sneakers. Please refrain from sending the children to school in "croc" style shoes, flip flops and sandals. Children wearing inappropriate footwear will not be permitted to participate in recess or gym activities. Children without weather appropriate clothing may not be permitted to participate in outdoor activities.

\_\_\_\_ I authorize B.E.S.T. Learning Center to post school activity photographs that may include my child on the B.E.S.T. Learning Center website, [www.bestlearningcenter.com](http://www.bestlearningcenter.com), brochures and advertising.

\_\_\_\_ I Do Not authorize B.E.S.T. Learning Center to post school activity photographs that may include my child on the B.E.S.T. Learning Center website, [www.bestlearningcenter.com](http://www.bestlearningcenter.com), brochures and advertising.

\_\_\_\_ I authorize B.E.S.T. Learning Center to post school activity photographs that may include my child on the B.E.S.T. Learning Center Facebook Page.

\_\_\_\_ I Do Not authorize B.E.S.T. Learning Center to post school activity photographs that may include my child on the B.E.S.T. Learning Center Facebook Page.

**Schedule and Requirements for Registration**

**Early In-School Priority Registration-begins in December, 2019(for our presently enrolled students only)**

- \$100.00 Registration fee and \$300.00 Deposit towards June 2021 – total due with submitted application is \$400.00.
- Balance of June 2021 tuition is due in full by March 1, 2020 to ensure placement in our program.

**Open Registration – begins January of 2020 (open to all):**

- \$100.00 Registration fee and June 2021 tuition in full are due with submitted application.
- All registration is contingent upon availability. You may request to be placed on our waiting list if the class is unavailable.
- **All registration fees and tuition deposits are non-refundable (including June tuition in full) with no exceptions and may not be applied to any other billings.**
- **Applications must be complete with signed Policies and Procedures and all required signatures.**
- Tuition is based on a yearly amount divided into 10 equal monthly payments. There are no reductions or make-up days for shorter months or school closings.
- **Payments may be made with cash, check or by credit card. We accept Visa and Mastercard. There is a 3% surcharge for credit card payments.**
- **A 10% discount is applied to the lesser tuition for siblings.**
- A 5% discount is offered on a full year's tuition paid in full by September 10<sup>th</sup>.
- **A returned check is subject to a \$40.00 penalty fee.**
- **All tuition is due on the 1<sup>st</sup> of each month and will incur a late fee of \$25.00 after the 10<sup>th</sup> of each month. We do not send bills or reminders until your payment is late.**
- **Students attending B.E.S.T. Learning Center for preschool can choose an Extended Care Option:**  
**TUITION PLUS EXTENDED CARE is billed at a FLAT MONTHLY RATE with UNLIMITED EXTENDED CARE**  
**Or HOURLY EXTENDED CARE is billed at the rate of \$10.00 per hour**, for each hour that is started and a statement will be sent home at the beginning of the following month.  
 The Extended Care Rate Option that is chosen is contingent on the full school year and can not be changed month to month.
- **Extended Care for Elementary students attending B.E.S.T. Learning Center for before &/or after school care only** is calculated at the rate of \$10.00 per hour, for each hour that is started. Parents must complete an application, provide proof of immunizations and submit a \$100.00 registration fee with a \$100 deposit fee towards June 2021 billing for each child enrolled.
- All students attending our extended care program are required to pay a \$100.00 deposit. Our program closes at 6:00pm. Any child picked up after 6pm will be charged \$1.00 per minute.
- **All children MUST have a current medical form (with all required immunizations) on file by the 1<sup>st</sup> day of school.**

**B.E.S.T. Learning Center has the discretion to refuse new or continued admission, without refunds, if necessary. B.E.S.T. Learning Center reserves the right to dismiss any child from our program that in any way compromises the overall classroom routine to the point of serious disruption that impacts other children in our care. This is to include aggressive or abusive behavior, both physically and verbally. There will be no refunds for any reason under any circumstances.**

Please read and sign the parental agreement below and return with your completed application, signed Policies and Procedures Form, all emergency forms and the New York State Medical Form.

**PARENTAL AGREEMENT WITH B.E.S.T. LEARNING CENTER**

- ❖ *I have read and agree to comply with all rules and regulations of B.E.S.T. Learning Center regarding tuition, fees, attendance, health, transportation, clothing and other items specified in the above statements, the Policies & Procedures agreement and any of the school literature issued by the school throughout the year.*
- ❖ *I assume full responsibility for my child's transportation to and from B.E.S.T. Learning Center. I will drop-off and pick up my child at his classroom and will pick up my child promptly in the event of illness or emergency closing.*
- ❖ *I give permission for my child to use all the play equipment, participate in all activities, field trips, evaluations and pictures connected with B.E.S.T. Learning Center.*
- ❖ *I will call the school if someone other than those designated in my child's application will be picking up my child from school and that person will be prepared to show identification.*
- ❖ *I acknowledge that B.E.S.T. Learning Center has cameras throughout the building and grounds.*
- ❖ *I have read, completed and signed all required forms from B.E.S.T. Learning Center necessary for my child's enrollment.*
- ❖ *I acknowledge that all registration fees and tuition paid are non-refundable and may not be applied to other billings.*
- ❖ *I understand that B.E.S.T. Learning Center operates on its own, independent school calendar.*

Date: _____	Signed _____	
		(Mother or Legal Guardian)
Date: _____	Signed _____	
		(Father or Legal Guardian)