



255 Halstead Avenue, Harrison, NY 10528

914-315-6366

info@imagymnasium.net

**Preschool and Kindergarten Prep  
Enrollment Form September 2021 - June 2022**

**Student Profile**

Child's Name \_\_\_\_\_ DOB \_\_\_\_\_ Age \_\_\_\_\_ Gender \_\_\_\_\_

Allergies and Dietary Restrictions \_\_\_\_\_

Behavioral and Medical Conditions \_\_\_\_\_

**Family Profile**

Parent 1 Name \_\_\_\_\_ Relationship to Student \_\_\_\_\_

Home Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Parent 2 Name \_\_\_\_\_ Relationship to Student \_\_\_\_\_

Home Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Parent(s) is/are:  Married;  Separated;  Divorced;  Single Parent

**Emergency Contact and Release Information**

Contact 1 Name \_\_\_\_\_ Relationship to Student \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Contact 2 Name \_\_\_\_\_ Relationship to Student \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Contact 3 Name \_\_\_\_\_ Relationship to Student \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

**Emergency Consent**

Physician Name \_\_\_\_\_ Physician Phone Number \_\_\_\_\_

In the event a child is ill or needs medical attention, Imagymnasium will attempt to notify a parent and/or emergency contact. If the parent and/or emergency contact are unable to be reached, the representative will call the physician indicated and to follow the physician’s instructions. If it is impossible to contact the physician, the representative of the Imagymnasium program may make whatever arrangements seem necessary. I agree to assume the financial responsibility for any diagnosis, treatment, and/or medication deemed necessary. To the best of my knowledge, all information given is accurate and complete. I hereby consent to, and authorize the necessary procedures that have been stated above.

**How did you hear about us:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

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

**Check the appropriate program:**

**2-Year-Old Program: Morning**

Session Time: **9:00am - 11:30am**

2 Days/Week (Tuesday and Thursday)-----\$3,230

3 Days/Week (Monday, Wednesday, Friday)-----\$3,930

5 Days/Week (Monday - Friday)-----\$5,280

\*\*\*\*\*

**3-Year-Old Program: Morning**

Session Time: **9:00am - 11:45am**

2 Days/Week (Tuesday and Thursday)-----\$3,250

3 Days/Week (Monday, Wednesday, Friday)-----\$3,950

5 Days/Week (Monday - Friday)-----\$5,300

\*\*\*\*\*

**4-Year-Old Program - Kindergarten Prep: Morning**

Session Time: **9:00am - 11:45am**

5 Days/Week (Monday - Friday)-----\$5,300

\*\*\*\*\*

**3-Year-Old Program: Afternoon**

Session Time: **12:15pm - 2:30pm**

3 Days/Week (Monday, Wednesday, Friday)-----\$3,400

5 Days/Week (Monday - Friday)-----\$4,550

\*\*\*\*\*

**4-Year-Old Program - Kindergarten Prep:**

Session Time(s): **12:15pm - 2:30pm**

5 Days/Week (Monday - Friday)-----\$4,550

**Payment Terms**

**Payment:** Non-refundable \$200 registration fee\*\* is due with your enrollment form. You may pay the annual fee by choosing one of our various payment plans.

**Payment plans:**

- Single payment, due August 5th, 2021
- Two payments, first payment due August 5th, 2021, second payment due January 5th, 2022
- Five payments, first payment due August 5th, 2021, following due October 5th, 2021, December 5th, 2022, February 5th, 2022, April 5th, 2022
- Ten payments, first payment due August 5th, 2022, following payments due the 5th of every month

**Taxes:** Taxes are not included and will be added to the tuition.

**\*\*There will be no refunds on the registration fee**

**Signature:** \_\_\_\_\_

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

**Payment**

- Cash
- Check
- Credit Card (see below)

<b>Name on Credit Card</b>	
<b>Credit Card Number</b>	
<b>Expiration Date</b>	<b>Billing Zip Code</b>

**Signature:** \_\_\_\_\_

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