

The Beagle School  
115 Regent Street  
Saratoga Springs, NY 12866  
(518) 587-7507



For Office Use	
Date Rcvd _____	
Reg Fee Rcvd _____	Dep Rcvd _____
Confirmation Sent _____	
Withdrawn _____	
Deposit Returned: Date: _____	Ck _____

Application for enrollment in **2017-2018** school year. Date of application \_\_\_\_\_  
**Please indicate a second choice if possible.**  
**Child program age dates are strictly adhered to.**

Circular St. Little Explorers Programs (**2 years old by 9/30/17**, but may not turn 4 during the school year)

\_\_\_\_\_ Mon/Wed 9:30-11:30  
\_\_\_\_\_ Tues/Thurs 9:30-11:30

2 Day Voyagers Programs (**3 years old by 12/01/17**)

\_\_\_\_\_ Tues/Thurs AM 9:00-12:00  
\_\_\_\_\_ Tues/Thurs PM 12:40-3:40

3 Day Programs (**4 years old by 12/1/17**)

\_\_\_\_\_ Discoverers Mon/Wed/Fri AM 9:00-12:00  
\_\_\_\_\_ Beyond Beagle Mon/Wed/Fri PM 12:40-3:40

Name of Pupil \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Name child likes to be called \_\_\_\_\_ Date of birth \_\_\_\_\_

Mailing address \_\_\_\_\_ Home Phone \_\_\_\_\_

\_\_\_\_\_  
(city, state, zip)

Parent/Guardian Name \_\_\_\_\_ Parent/Guardian Name \_\_\_\_\_

Employer \_\_\_\_\_ Employer \_\_\_\_\_

Business Address \_\_\_\_\_ Business Address \_\_\_\_\_

Occupation \_\_\_\_\_ Occupation \_\_\_\_\_

Work Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

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

Does the child reside with both parents? Yes \_\_\_\_\_ No \_\_\_\_\_

If not, with whom does the child live? \_\_\_\_\_ Relationship \_\_\_\_\_

List other children in the family:

<u>Name</u>	<u>Date of Birth</u>
_____	_____
_____	_____
_____	_____

Others living in the home:

<u>Name</u>	<u>Relationship</u>
_____	_____
_____	_____

Does your child have previous school experience? Yes \_\_\_\_\_ No \_\_\_\_\_  
Where? \_\_\_\_\_

Is there a language other than English spoken at home? \_\_\_\_\_

### **MEDICAL CONDITIONS**

Allergies (specify) \_\_\_\_\_

List serious injuries and/or illnesses \_\_\_\_\_

Surgery (specify dates and kind of surgery) \_\_\_\_\_

Frequent ear infections? \_\_\_\_\_ Frequent respiratory infections? \_\_\_\_\_

Are there any health problems that would require care on the part of the school? \_

Explain: \_\_\_\_\_

## FIELD TRIPS

Field trips are scheduled to enhance the curriculum. Outings are planned to the park, library, museums and live children's productions in nearby communities. An activity fee covers the expenses for most excursions. Parents are asked to help out by driving to and from local destinations. For trips out of our immediate area, buses are leased and parents are asked to chaperone. Our Two Year Old program is not involved in the same field trips. However, their classes do have a couple of outings during the year.

## FIELD TRIP PERMISSION

I have read the paragraph above and am aware of The Beagle School Policy regarding field trips.

I hereby give my child \_\_\_\_\_ permission to attend field trips

(child's name)

with The Beagle School. There will be at least one chaperone per seven children. For toddlers there will be at least one chaperone per five children.

\_\_\_\_\_  
Signature

**The following information is not used to determine acceptance to programs at The Beagle School.** This gives parents an opportunity to share some information about their child and helps the staff to better understand the individuality of each child. Some items may not pertain to your child. Please fill in whatever is appropriate.

Has your child had any previous testing you feel would be beneficial for the teachers to know about?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, where and with whom? \_\_\_\_\_

How many hours a day does your child watch television? \_\_\_\_\_

At what time does your child usually go to bed? \_\_\_\_\_

Does your child have a nap? \_\_\_\_\_

How would you describe your child's speech? Please check.

Is difficult to understand \_\_\_\_\_

Has difficulty expressing him/herself \_\_\_\_\_

Uses baby talk \_\_\_\_\_

Uses complete sentences \_\_\_\_\_

Speaks clearly \_\_\_\_\_

What words best describe your child?

Shy \_\_\_\_\_

Cooperative \_\_\_\_\_

Aggressive \_\_\_\_\_

Happy \_\_\_\_\_

Affectionate \_\_\_\_\_

Assertive \_\_\_\_\_

Nervous \_\_\_\_\_  
Negative \_\_\_\_\_

Cries easily \_\_\_\_\_  
Has difficulty sharing \_\_\_\_\_

Stubborn \_\_\_\_\_

Relates well to peers \_\_\_\_\_ Has problems with peers \_\_\_\_\_  
Responds to discipline \_\_\_\_\_

Does your child have responsibilities at home? Yes \_\_\_\_\_ No \_\_\_\_\_

Please describe \_\_\_\_\_  
\_\_\_\_\_

Have there been any circumstances in your child's life that may have had an unusual influence on him/her, such as a divorce, death of a family member, hospitalization for a serious illness, a long separation from home, or any other experience?

\_\_\_\_\_  
\_\_\_\_\_

Does your child have a behavior or special issue we should be aware of?

Fears (specify) \_\_\_\_\_  
Coordination \_\_\_\_\_  
Sleep disorders \_\_\_\_\_  
Toileting difficulties \_\_\_\_\_  
Others \_\_\_\_\_

Does your child use the following at home?

Scissors \_\_\_\_\_ Paint \_\_\_\_\_ Crayons \_\_\_\_\_ Play-doh \_\_\_\_\_  
Paste/glue \_\_\_\_\_ Blocks \_\_\_\_\_ Puzzles \_\_\_\_\_ Books of his/her own \_\_\_\_\_

Please indicate your previous experience at The Beagle School:

New Parent \_\_\_\_\_

Do you have any Beagle School immediate family alumni (siblings or child is child of former Beagle student)? (excluding summer camp enrollment)

Yes \_\_\_\_\_ No \_\_\_\_\_ What year, relationship, and child name? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Why have you chosen to enroll your child here? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

How did you hear about The Beagle School? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Do you have any other concerns or difficulties you feel we should know about? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Thank you!

## THE BEAGLE SCHOOL FINANCIAL AGREEMENT

We look forward to enrolling your child, \_\_\_\_\_, in our **2017-18 program**. This enrollment agreement sets forth the terms and conditions of your child's enrollment, which are as follows:

**Deposit:** To reserve a position in the \_\_\_\_\_ program, you must return this financial agreement to The Beagle School signed with a deposit in the amount of \$\_\_\_\_\_.also adding in the **\$50** registration fee (one per family) no later than \_\_\_\_\_. The deposit will be applied toward the tuition payment.

**Deposit Forfeiture:** You will forfeit your deposit if you fail to notify The Beagle School before **April 1st, 2017**, in writing, of your decision to not place your child in the above referenced program.

**Tuition:** You are responsible for the **2017-18** school year's tuition. Tuition payments are due August 1st, October 1st, January 1st & April 1st. If you need to make payment arrangements, call our director.

**First Tuition Payment:** The 1st tuition payment is due to The Beagle School no later than **August 1st, 2017**. Failure to do so will forfeit your child's position in the referenced program.

**Late Payments:** A fee of **\$20.00** will be added if a payment is received after the 10th of the month. Such late fee must be paid when that tuition payment is made.

**Expulsion for Non-Payment:** The Beagle School may expel a student when a tuition payment, including the late fee, is not delivered to The Beagle School within 20 days of the tuition payment's due date.

**Refunds:** Please give The Beagle School as much notice as possible if you intend to withdraw. If your child is withdrawn from The Beagle School you will be refunded on a pro-rated basis, if, and when, a new student fills your child's position. *If your child's spot is not filled, there will be no refund and you are responsible for the 2017-18 school year's tuition.*

If you agree with such terms and conditions, please sign below and return this agreement with your deposit.

Thank you,

Fran Rauchwerger  
Executive Director

I agree to the above terms and conditions.

\_\_\_\_\_ Date \_\_\_\_\_

Parent or Guardian of \_\_\_\_\_