

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Withdrawn _____	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 **2019-2020** 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 9/01/19**, 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 12/01/19**)

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

3 Day Programs (**4 years old by 12/01/19**)

_____ 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:

Name

Date of Birth

Others living in the home:

Name

Relationship

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: _____

IMMUNIZATION POLICY

New York State requires all children entering preschool to submit a doctor's form showing that their immunizations are up to date. All health forms must be received before your child enters The Beagle School.

I have read the above statement and am aware of The Beagle School immunization Policy

X _____
Signature

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, that is included in tuition cost, 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
(child's name)
trips with The Beagle School. There will be at least one chaperone per seven children.
There will be at least one chaperone per five children for toddlers.

X _____
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? _____

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 _____

Cries easily _____

Stubborn _____

Negative _____

Has difficulty sharing _____

Relates well to peers _____ Has problems with peers _____

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)? This does not include 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 **2019-2020 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 **\$50 nonrefundable** registration fee (one per family) and the deposit in the amount of **\$100**. 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 1, 2019**, in writing, of your decision to not place your child in the above referenced program.

First Tuition Payment: The 1st tuition payment is due to The Beagle School no later than **August 1st, 2019**. Failure to do so will forfeit your child's position in the referenced program.

Tuition: You are responsible for the **2019-2020** school year's tuition. Tuition payments are due on the 15th of each month (with the exception of the August payment). Tuition may be paid in one lump sum, quarterly (August, October, January, and April), or monthly.

Late Payments: A fee of **\$20.00** will be added if a payment is received after the 25th of the month. The 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 2019-2020 school year's tuition.*

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

Thank you,

Jessica Todtenhagen
Director

I agree to the above terms and conditions.

X _____ Date _____
signature

Parent or Guardian of _____