



Application Information

4 East Henrietta Road
Rochester, NY 14620
(585) 461-4250
www.EBNS.org

Thank you for selecting Ellwanger-Barry Nursery School for your child. For your application to be considered, please be sure to:

1. Fill in the Application form. Incomplete applications cannot be considered.
2. Read and sign the Parent/Guardian Agreement.
3. Pay the \$30 application fee at the time you submit the application. Applications submitted without the fee cannot be considered. Checks should be made payable to **EBNS**. The application fee is non-refundable. If you are accepted your application fee will be credited toward your tuition. Mail the completed application, Parent/Guardian Agreement, and fee to the registrar at the following address:

Christen Kelley
139 Asbury St
Rochester, NY 14620

4. You will be contacted by the registrar upon receipt of your application. Please note that applications will be processed in the order they are received. If your application is received after the classroom capacity has been met, your child will be put on a wait list.
5. If your child is offered a spot in one of our classes, you will receive an acceptance letter when your application is processed and a tuition bill along with other pertinent forms in May. If your child is placed on the wait list, you will be contacted immediately if a spot becomes available. Please feel free to contact the registrar, Christen Kelley, at any time (christenkelley@hotmail.com or 585-313-1550).
6. Be sure all previous tuition charges at EBNS have been paid in full. Applications cannot be considered if there are outstanding tuition payments.
7. EBNS is a preschool program for 3, 4 and 5 year olds. As such, students must be 3 years old by December 1st. We also request that all students be toilet-trained or in the process. Please note that the 3-day program is especially suited to the needs of 4 and 5 year olds.

Annual Tuition Information for 2012-2013*:

	<u>2 Days</u>	<u>3 Days</u>
Dollar Cost	\$770 + \$50 in fund raising	\$1150 + \$50 in fund raising
Time Involvement	Parent Helper days and Board/Committee Responsibility	Parent Helper days and Board/Committee Responsibility

A discount is available for families with two students attending concurrently.

EBNS is a small school and our budget is tight. We strive to keep tuition as affordable as possible so that our preschool is available to as many families as possible. If you have the means to make an additional donation to the school, please consider doing so. You will receive a receipt for your tax-deductible contribution. Your donation will help to provide additional supplies, help fund larger improvement projects, or go toward our scholarship fund. Forward your donation to the treasurer with a note so that s/he can send you a tax receipt.

* Limited scholarships are available based on financial need. Call our treasurer, Rachel Larson at 585-730-5101 for details and an application.



Application For Admission

4 East Henrietta Road
Rochester, NY 14620
(585) 461-4250
www.EBNS.org

Date: _____

Child's Name _____ Birth Date _____ Sex (circle one): M F
Address _____ ZIP _____ Phone _____
Parent/Guardian _____
Email Address _____

The following information must be completed in order for your child to be registered:

Parent/Guardian Name: _____ Phone: Home _____
Address _____ Cell _____
Occupation _____ Work _____

Parent/Guardian Name: _____ Phone: Home _____
Address _____ Cell _____
Occupation _____ Work _____

Pediatrician's Name _____ Phone _____

Dentist's Name _____ Phone _____

Names and phone numbers of two other people who may be reached in an emergency:

Name _____ Phone _____
Name _____ Phone _____

Toilet Trained: Yes _____ No _____ In the process _____

Please check one:
_____ New child
_____ Returning child
_____ New child but returning family

Program Desired – Please check one:
_____ 2 days (Tues. & Thurs.); class for 3 year olds
_____ 3 days (Mon., Wed. & Fri.); class for 4 year olds

Sibling information: Please list the names and ages of your preschooler's siblings.

How did you hear about EBNS? (Check all that apply.)
_____ Alumni
_____ Genesee Valley Parent Magazine
_____ South Wedge Planning Committee's "The Wedge"
_____ 19th Ward "Update 19"
_____ Internet Search finding EBNS website
_____ Other: _____



Parent/Guardian Agreement

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Child's Name: _____ T/TH or MWF

The parents of the children enrolled administer this school. Parent cooperation is the single most important factor in making it a success. Please consider each of the following statements carefully before you sign this agreement. You must sign the agreement for your application to be considered. Please send one copy of this form to the registrar along with your application and application fee, and keep the other copy for yourself.

1. We understand that if we are a returning family, all previous tuition bills for EBNS must be paid in full before our application will be considered.
2. Our child may enter into the activities of Ellwanger-Barry Nursery School and has our permission to take walking field trips as decided by the teacher.
3. We will make our own arrangements for transportation of our child to and from school and for field trips.
4. Payment of tuition (Please check one.):
_____ We will pay the entire tuition by June 1st. (This option eases our bookkeeping responsibilities.)
_____ We will pay the tuition as follows: 50% by June 1st, 35% by October 1st, & 15 % by January 1st.
_____ We would like to work with the treasurer to set up an alternative payment schedule.

If your tuition payment is not received within 30 days of the day it is due, services may be terminated.

5. Classroom assistance: We understand that this is a cooperative nursery school and agree to assist the teacher in the classroom as often as required. The frequency is determined by enrollment.
6. In order for the school to meet its operating expenses, it is necessary for all families to take part in fundraising events. We will be responsible for raising \$50.00 for the school during the course of the year either through participation in fundraising events or through direct contributions.
_____ We will participate in fundraising events and raise \$50.00 for EBNS.
_____ We will contribute \$50.00 directly to EBNS.
7. We will provide a snack and drink for the children when it is our turn to assist.
8. We will serve on committees to provide the services that are necessary to run the school.
9. We will complete the Confidential Student Information form and return it to the teacher by September 1st. This form is important; it provides information that will help the teacher deal effectively with your child. Please send the form to the school separately with "Confidential for Teacher" noted on the envelope. Note: You will receive this form with your first tuition bill in May.
10. We will have our child examined by a doctor and will return the completed Physician's Report to the school registrar by September 1st. Please note: All students are required to be immunized in compliance with Public Health Law 2164 unless exempted for religious or medical reasons. Any questions regarding immunization should be directed to the registrar. You will receive this form with your first tuition bill in May. If your child has a physical scheduled before then, feel free to contact the registrar to obtain a copy of this form.

11. Emergency Medical Care: For the purposes of this agreement, emergency first aid is defined as care that is necessary to stabilize an illness or injury (for example, stopping bleeding or cleaning a wound). Definitive Care is defined as care that is necessary for the complete resolution of an illness or injury (for example, suturing of a wound or setting of a broken bone). If your child is injured or becomes injured while attending school, the teacher and his/her designee will attempt to notify us as soon as possible. However, we agree that emergency first aid may be given, even before we are notified, if the teacher deems it necessary. If, in the teacher's opinion, immediate medical attention is not necessary, we understand that our child will be isolated from the other children and kept as comfortable as possible until he/she can be picked up by us or our designee.

If, in the teacher's opinion, our child needs immediate medical attention, we understand that our preferences for physician and medical facility will be honored only if time allows. If the situation is urgent, we agree that our child should be taken to the closest appropriate medical facility, accompanied by the teacher or his/her designee, and given emergency first aid as determined by the medical staff there. Definitive Care will not be given until we have decided that it should be given. We accept full responsibility for any costs, including transportation costs, which are incurred for emergency first aid under these circumstances.

- 12. If we decide to withdraw our child from EBNS, we will notify the teacher and the Board Chairperson, and we will be responsible for any and all unpaid tuition.
- 13. We understand that if the teacher feels it is necessary for our child to be withdrawn from the class or the school, it would be acted upon through a confidential understanding between the teacher, the Board of Directors, and us.
- 14. We are responsible for all collection agency fees incurred by EBNS to collect unpaid tuition and for any fees associated with our check(s) being returned for insufficient funds.
- 15. We give our permission to EBNS to use photographs and/or video clips of our child for promotional purposes.

Please sign, date, and return with your application:

Parent/Guardian

Date

Parent/Guardian

Date