

215 Boulevard ▪ Mountain Lakes, NJ 07046 ▪ (973) 263-1818 ▪ fax (973) 331-9459
www.theacademyforchildren.org theacademy@optonline.net

"The direction in which education starts a 'child' will determine his future life." Plato

Enroll NOW for the 2020-2021 School Year

We welcome you to The Academy for Children.

Class size is limited. Please enroll today to ensure your space.

Please refer to the Enrollment Checklist below. All Forms must be turned in to satisfy your child's enrollment application.

Once received, The Academy will number the application in the order in which it is received.

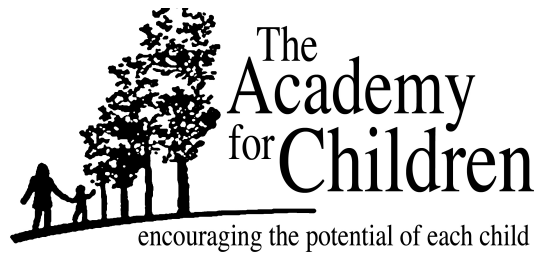
Acceptance is made on a first come – first served basis. Remember, class size is limited.

Enrollment Requirement Checklist

- If You Are a Returning Academy Student:
 1. Enrollment Application Form
 2. Tuition Deposit: \$500 (towards first deposit)
 3. Application Fee: \$150 per child or \$150 per family
 4. Before & After School Program Form (if needed)

- If You Are a New Academy Student:
 1. Enrollment Application Form
 2. Tuition Deposit: \$500 (towards first deposit)
 3. APPLICATION FEE: \$200
(Waived if you refer new student who enrolls): Student Name: _____
 4. Intake Form (both sides)
 5. Before & After School Program Form (if needed)

Upon acceptance, a welcome packet will be sent to complete your enrollment.



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2020-2021 Program Fees - 10 Month Program

September through June, Flexible Schedule-Full & Half Days

Monday through Friday: 9:00am to 11:30 or 12:00 Noon to 2:30pm

- Siblings receive a 10% discount only when registered at the same time as first student. The discount is applied to the tuition of the child who attends fewer days. The first child pays regular installment payment amounts.
- Any payments made by VISA, AMEX or MasterCard will include a 4% convenience fee.
- Application Fee: (Waived if you refer a new student who enrolls)
 - \$200 for each student applying to The Academy for the first time
 - \$150 for each child who has attended The Academy's Program last year
 - \$150 if enrolling 2 or more RETURNING students (no more than \$150 per family of returning students)

Upon Enrollment: \$500 Deposit	May 15, 2020 1 st Installment less \$500 Deposit	Sept 15, 2020 2 nd Installment	Nov 15, 2020 3 rd Installment	Jan 15, 2021 4 th Installment	Mar 15, 2021 5 th Installment
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Two Year Old Program Tuition Schedule:

Your selected # of half days - # of half day sessions	Tuition Installment
2	\$800
3	\$1200
4	\$1400
5	\$1600

Tuition Schedule with "Lunch with friends" Offered Monday through Friday 11:30-12:00 Noon

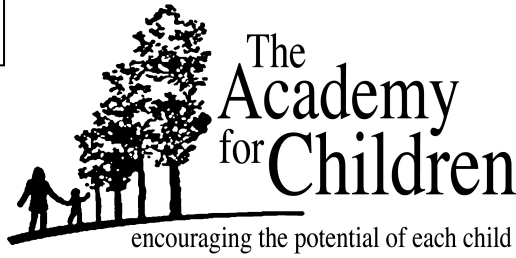
Your selected # of half days - # of half day sessions	Tuition Installment
2	\$1000
3	\$1500
4	\$1700
5	\$1900

2½-5 Years Old - Rising Fives & Kindergarten Program Tuition Schedule:

Your selected # of half days # of half day sessions (Total of AMs &/or PMs)	Tuition Installment
3	\$1200
4	\$1400
5	\$1600
6	\$1800
7	\$2000
8	\$2200
9	\$2400
10	\$2600

The Academy for Children admits students regardless of sex, race, and religious beliefs, or national or ethnic origin to all rights, privileges, programs and activities available to the school

Date/Time Received/Number#
 _____/____/____



Office Use Only
 Student's Name: _____
 Enrollment Date: _____
 Age at Enrollment: _____

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2020-2021 Enrollment Application Form
 September through June, Flexible Schedule-Full & Half Days

Child's Name _____ Today's Date _____

Please check box to left indicating the Program in which you wish to enroll your child.

TWO YEAR OLD PROGRAM: check your enrollment selections below

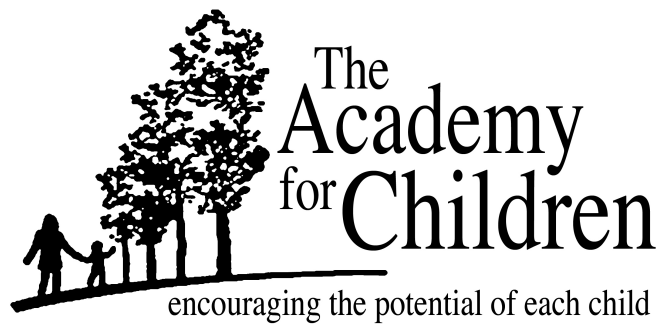
<input type="checkbox"/>	<ul style="list-style-type: none"> • Minimum selections: 2 half days per week 	AM Classes: 9-11:30/12					# of half days
		M	T	W	R	F	
	AM						
		Total # of half days:					_____
	<ul style="list-style-type: none"> • LUNCH WITH FRIENDS 11:30-12 (if younger than 3yrs as of October 2019) 						Total # of lunch days: _____

2 1/2 - 5 YEAR OLD and **RISING FIVES & KINDERGARTEN PROGRAM :
check your enrollment selections below

<input type="checkbox"/>	<ul style="list-style-type: none"> • Minimum selections: 3 half days per week • Maximum selection: 5 AMs & 5 PMs (or 5 full days) 	AM Classes: 9-11:30 (lunch 11:30 no charge if over 3 by 10/2019)					# of half days
		M	T	W	R	F	
	AM						
	PM						
		Total # of half days:					_____

****RISING FIVES AND KINDERGARTEN PROGRAM MUST SELECT 5 FULL DAYS**

TUITION INCLUDES: Sept-June (10 month) full school year program, art, music & movement, computer, foreign language, individualized curriculum, differentiated education, core curriculum, creative arts, creative play, very small class size, parent education & involvement, physical education and outdoor play.



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Before & After School Enrichment Programs 2020-2021

Early Morning Enrichment Program

Mon-Fri 8:00-8:30-9am

Specific Enrichment Activities and Fun to start your child's day!

Little Tykes & You

Thursdays 9:15-10:00am

Play, Sing, Explore, Fun and Learning (12-24 months)

Dance Caravan

Tuesdays 2:30-3-3:30 pm

A dance & performance program for boys and girls Ages 3-K

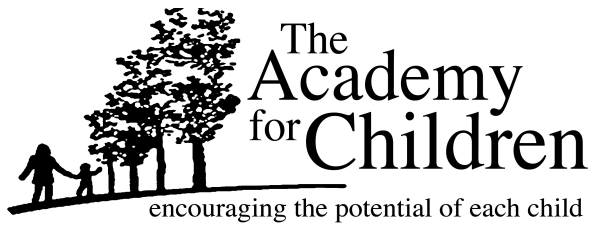
Academy Kids on the Move

Mon, Wed, Thu, Fri 2:30-3:30pm

The Academy is excited to announce that we have partnered with the Reebok Foundation Program and Presidential Youth Fitness Program to create our very own "Academy Kids on the Move." Each class consists of active/aerobic warm-ups, stretching, balance skills, eye hand coordination and movement skills: (running, kicking, catching, throwing, jumping) ending with cool down activities and nutritional instruction.

Offering different activities and games daily!

Choose 1, 2, 3 or 4 afternoons.



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Before & After School Program Form

Child's Full Name: _____ Date: _____

- **Before & After School Program Fees are Determined by Total # of Sessions chosen below:**
- **10% Sibling Discount** only when registered at the same time as 1st student. The discount is applied to tuition of the child who attends fewer days. The first child pays regular payment amounts.
- **The Before & After Annual School Tuition is paid through 5 amortized installments due:**
 * May 15th, Sept. 15th, Nov 15th & Jan 15th, Mar 15th

Little Tykes: 9:15-10am weekly: Look for upcoming registration on website

Before School Early Morning Enrichment: Monday - Friday: 8:30-9am

Program (Minimum of 2 morning sessions)	Time of Each Session	Monday	Tuesday	Wednesday	Thursday	Friday	Total Sessions
Early Morning Enrichment	8-8:30	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	8:30-9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Total # of Sessions: _____							

Your selected # of sessions	Installment	Your selected # of sessions	Installment
1	\$100	6	\$600
2	\$200	7	\$700
3	\$300	8	\$800
4	\$400	9	\$900
5	\$500	10	\$1000

Daily Fees Per Session: sessions may be selected on specific dates for \$15 each session

After School Programs

Dance Caravan: Tuesdays 2:30-3:30 pm, Watch for flyer and information about the Fall/Winter and Spring girls & boys classes.

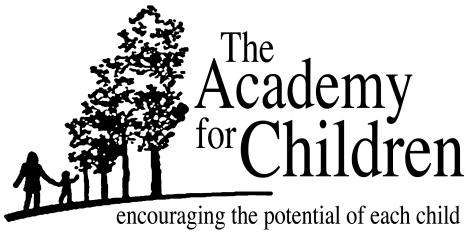
Academy Kids on the Move: Mon, Wed, Thu, Fri 2:30-3:30pm, Choose 1, 2, 3 or 4 afternoons.

Program September-June	Time of Each Session	Monday	Tuesday	Wednesday	Thursday	Friday	Total Sessions
Academy Kids on the Move	2:30-3:30pm	<input type="checkbox"/>	/	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Total # of Sessions: _____							

Your selected # of sessions	Installment	Your selected # of sessions	Installment
1	\$200	4	\$800
2	\$400	5 (if not taking Dance Caravan)	\$1000
3	\$600		

Daily Fees Per Session: sessions may be selected on specific dates for \$30 each session

Please clip copy of or Student's Photo here. (for new and returning students)



Office Use Only

Student's Name: _____

Enrollment Date: _____

Age at Enrollment: _____

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Intake Form (please complete both sides)

Date: _____

Today's Date: _____

Student's Full Name: _____

Nickname (you wish your child to use): _____

Date of Birth _____ City/ State of Birth _____

Age as of October of this school year: Years: ___ Months: ___

Male Female

Please Indicate Race (Optional): _____

Address: _____

City _____ State _____ Zip Code _____

Primary Contact Telephone: (_____) _____
 Your child will learn this phone number

Please list all members of the student's family household:

Parent(s): _____

Other adult(s): _____

Sibling/s	Age	School
_____	_____	_____
_____	_____	_____
_____	_____	_____

Family Status:

Parents married Parents separated

Parents divorced Parent deceased

Child's Physician Information
 PRINT CLEARLY

Child's Primary Physician's Name: _____

Address: _____

Phone: _____

Father/Guardian full name: _____

Date of Birth: _____

Address if Different from child's: _____

(_____) (_____) _____

Home Phone Work Phone

(_____) _____

Cell Phone _____

e-mail _____

Employer _____

Position _____

Colleges attended; degrees _____

Mother/Guardian full name: _____

Date of Birth: _____

Address if different from child's: _____

(_____) (_____) _____

Home Phone Work Phone

(_____) _____

Cell Phone _____

e-mail _____

Employer _____

Position _____

Colleges attended; degrees _____

What holidays do you and/or your immediate family celebrate:

What special talents would you be willing to share with The Academy: _____

How did you hear about The Academy?: _____

MEDICAL INFORMATION:

GENERAL HEALTH, DIET AND ACTIVITY LEVEL

Describe the child's diet: _____
Food allergies? yes / no / never been tested If yes, please list: _____
History of ear infections/congestion? yes / no Decongestants/medications used: _____
Glasses? yes / no If yes, what is the prescription for: _____
Child sleeps from _____ to _____ Does your child still require a nap? yes / no from: _____ - _____
Daily physical activities enjoyed: _____

MEDICATIONS:

Prescription: yes / no Over the counter: yes / no List medication/s: _____
• **IF PHYSICIAN ORDERED MEDICATION IS REQUIRED: PLEASE CONTACT THE OFFICE FOR RELEASE FORMS NOW**
• List any medical conditions that may limit any activity? _____

BEHAVIOR

List your child's specific positive behaviors: _____
List any negative behaviors you would like addressed: _____
Your specific behavioral goals for your child: _____

DEVELOPMENTAL MILESTONES

Please list the age when your child first:
crept (on hands and knees) _____ years _____ months
walked _____ years _____ months
became toilet trained _____ years _____ months
spoke first word _____ years _____ months
spoke in sentences _____ years _____ months

Describe your child's coordination and balance: _____
Is your child in diapers? (day) yes / no (night) yes / no
If your child is in the process of being toilet trained, The Academy will coordinate with you during this process. Please list your current routines: _____

LANGUAGE, READING, AND MATH

Describe any articulation concerns giving specific examples of initial or ending letter sounds, stammer/stutter: _____
Child speaks in # _____ words / phrases / sentences Give example: _____
Child can count to # _____ Child can ID numerals 1 ⇨ _____ Child can ID: uppercase: A ⇨ _____ lowercase: a ⇨ _____
Does your child enjoy being read to? yes / no

HAND PREFERENCE: circle one or if both hands used – circle both

writing/scribbling: left / right bat/ball: left / right throwing: left / right
Describe how your child holds a pencil/crayon: _____ Any concerns? _____

EDUCATIONAL EXPERIENCES

List any previous schools/programs/lessons attended and dates of attendance _____

STRENGTHS

- Exceptional abilities, academic, physical, artistic, musical: _____
- What activities does your child enjoy outside of school? (e.g. sports, major interests, etc.): _____

CONCERNS

- Share any event which may be affecting your child adversely: _____
- Has your child experienced any difficulties in school? _____

GOALS

- What do you feel The Academy can best offer your child? _____