



2895 Banksville Road, Pittsburgh, PA 15216

Mission:

Our mission at Aspire Nursery School is to provide exceptional learning opportunities for children with varied abilities in a caring and supportive environment. Each child will gain the confidence needed for educational success. Our core belief is that every child's fullest potential deserves the opportunity to be realized.

Enrollment Form

Program:

PRESCHOOL

Monday, Tuesday, Thursday, Friday
8:30am to 2:30pm

JUNIOR PRE-K

Monday - Friday
8:30am to 2:30pm

SENIOR PRE-K

Monday – Friday
8:30am to 2:30pm

STUDENT INFORMATION

Child's Name: _____ Date of Birth: ____/____/____ Gender: _____

Address: _____ City: _____ Zip: _____

PARENT/GUARDIAN INFO

Mother/Guardian

Name: _____

Cell Phone: _____

Alternative #: _____

Email: _____

Father/Guardian

Name: _____

Cell Phone: _____

Alternative #: _____

Email: _____

EMERGENCY CONTACT INFORMATION

Emergency Contact #1

Name: _____

Relationship: _____

Phone: _____

Emergency Contact #2

Name: _____

Relationship: _____

Phone: _____

SCHOOL CANCELLATIONS

Aspire Nursery School will contact families for school closures, emergencies, etc. via text messaging and Remind App. Please provide cell phone numbers and email addresses to be used.

Cell #: _____ Email: _____

Cell #: _____ Email: _____



ALTERNATE PICKUP LIST

Please list alternative friends/family that your student may be released too

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

_____ Please initial here to indicate that your child may be released to this person(s).

_____ Please initial here to indicate that you understand that your child will not be released to this individual without photo identification presented to Aspire Nursery School staff.

MEDICAL INFORMATION

Pediatrician's Name: _____ Phone: _____

Office Address: _____

Dentist: _____ Phone: _____

Medical Conditions/Allergies: _____

INSURANCE INFORMATION

Primary Insurance: _____

Plan type/tier: _____

Policy holder & DOB: _____

ID#: _____ Group #: _____

Effective date: _____

(If applicable)

Secondary Insurance: _____

ID number: _____

Group Number: _____

Effective date: _____

EMERGENCY MEDICAL CARE PERMISSION

In the event that my child _____ Date of birth _____ may require immediate medical care when I am unable to be reached, I hereby authorize evaluation and treatment as deemed necessary. I refer my child to be transported to _____ hospital. I (We) shall assume responsibility for payment for all related services.



Child's Name: _____ DOB: _____

Allergies: _____

Present Medications: _____

Medical History: _____

Surgical History: _____

Family Physician: _____ Phone: _____

Medical Insurance Co: _____

Person(s) able to provide authorizing signature when parent(s) are unable to be reached:

- _____ Aspire Nursery School
- _____ (Emergency Contact): _____
- _____ (Emergency Contact): _____

Address: _____ City: _____ Zip: _____

Home phone: _____ Work Phone: _____

Guardian's Cell: _____ Guardian's Cell: _____

AUTHORIZATION IS TO BE LEFT WITH THE RESPONSIBLE ADULT AND PRESENTED TO THE HOSPITAL STAFF AT THE TIME EMERGENCY MEDICAL AND/OR SURGICAL CARE IS REQUIRED

TUITION AGREEMENT

Enrollment is open to any child between the age of 3 years to 5 years without discrimination to gender, race, color, religion, or political belief

PRESCHOOL

Monday, Tuesday, Thursday, Friday
8:30am to 2:30pm

Yearly Tuition: \$5000

JUNIOR PRE-K

Monday - Friday
8:30am to 2:30pm

Yearly Tuition: \$7000

SENIOR PRE-K

Monday – Friday
8:30am to 2:30pm

Yearly Tuition: \$7500

_____ I understand a one-time non refundable registration fee of \$100, paid through credit card, will be taken separately from tuition.

_____ I understand and acknowledge that yearly tuition will be divided across 10 months with the initial payment being taken on **August 15, 2022**. Each remaining payment (9) will be collected on the 15th of each month until paid in full. In addition, special payment plans are discussed and agreed upon by both parties

_____ Full tuition is deemed payable and due for school closings, a child's illness, family vacations or closing due to emergency conditions/ acts of nature

TUITION PAYMENT METHOD

I would like to pay tuition by _____ Cash _____ Check _____ Credit Card

If paying by credit card:



Name on card _____
Credit card number _____
Expiration date ____/____ Billing Zip code _____
Email address _____

_____ By initialing, I agree to the terms and conditions outlined for submitting payment.

_____ I understand and acknowledge that yearly tuition will be divided across 10 months with the initial payment being taken on **August 15, 2022**. Each remaining payment (9) will be collected on the 15th of each month until paid in full. In addition, special payment plans are discussed and agreed upon by both parties

LATE FEE AGREEMENT

Please notify the school immediately if you are late picking up your child. You will be charged a dollar a minute for the first 10 minutes you are late. After 10 minutes you will be charged an additional aftercare fee of \$25.00.

STUDENT WITHDRAWAL

_____ Two weeks' notice is required for withdrawing a child for any reason. Parents should inform the Director of the intended withdrawal in written format.

PHOTOGRAPHY PERMISSION

I, _____ give my preschool provider Aspire Nursery School permission to take and use still photographs or videos of my child _____ in the following ways:
(Please initial the column you select)

Photo Authorization

- _____ Preschool Provider's Photo Book
- _____ Craft Projects
- _____ Share With Current Clients (newsletters, bulletin boards, etc.)
- _____ Facility's Business Website
- _____ Facility's Business Facebook Page

_____ I understand that it is my responsibility to update this form if I wish to retract permission in any category listed above.

_____ I understand that permission is given for the entire period of my child's enrollment unless I update the form.

PARENTAL AGREEMENTS

_____ I understand that my child will not be allowed to leave the facility without being escorted by a parent(s), guardian(s), or designated authorized person.

_____ I authorize Aspire Nursery School to obtain emergency medical care for my child when I am not available.

_____ I hereby agree to promptly notify the Aspire Nursery School of any changes made to contact information, medical conditions, emergency contacts, authorized release, etc.

_____ I have read, understand and agree to comply with the policies and procedures and information for parents given to me by Aspire Nursery School in the parent handbook.

_____ I understand that the Aspire Nursery School will advise me of my child's progress in areas of development.

_____ I understand that I can contact my child's head teacher with any concerns that I may have related to my child's educational experience

BACKGROUND INFORMATION

Eating:

- Is your child on any special diet? O YES O NO

Please Explain: _____

- Does your child have any food allergies? O YES O NO

Please Explain: _____

- My child may eat the snacks provided by the Nursery School O YES O NO

Toileting:

- My child is: O In diapers O Wears pull ups O Being potty trained O Independent
- To say he/she has to use the bathroom, my child: O Verbal O Points O Uses Pictures O Independent

Development:

- I have concerns about my child's:
 - O Hearing O Vision O Language O Gross/fine motor skills O Social skills

Please Explain: _____

Communication:

- How does your child communicate wants and needs?
 - O sign language O AAC device O gestures (pointing/taking hand) O words O Will not
- Do you have concerns for your child's communication skills? O YES O NO
- What is your child's primary spoken language? _____
- What other languages spoken in the home? _____
- Has your child received speech therapy before O YES O NO

Social and Emotional Development:

- Is your child comfortable in group settings? YES NO

Comments: _____

- Does your child participate in regular routines when at home? YES NO

Comments: _____

Special Accommodations

- Does your child have any medical or educational diagnosis? YES NO

Please explain _____

- Does your Child Receive any specialized services? YES NO

Wrap Around PT OT Speech and Language Therapy Will not

Please explain: _____

ASPIRE NURSERY SCHOOL EMERGENCY CONTACT CARD 2022-2023

Child's Name: _____ DOB: _____

EMERGENCY CONTACT NAME: _____

EMERGENCY CONTACT NUMBER: _____

ALLERGIES/: _____
FOOD RESTRICTIONS _____

Teacher: _____

Classroom: _____

Diagnosis: _____

Medical condition(s): _____

Medications: _____ pill liquid _____
(name of medication) (dosage and time) (med description) (special instructions)

Address: _____
(Street) (City) (Zip code)

Parent/Guardian 1

Name: _____

Contact number: _____

Parent/Guardian 2

Name: _____

Contact number: _____

Alternative Pick-up Members

Name: _____ **Contact Number:** _____ **Relation:** _____

Name: _____ **Contact Number:** _____ **Relation:** _____

ENROLLMENT CHECKLIST

- Child documents
 - Birth certificate
 - Immunization record
 - Copy of insurance cards (front and back)
- Parental/guardian documents
 - Parent driver's license/photo id
 - Proof of guardianship/custody (if applicable)
- School forms
 - Enrollment packet
 - Speech and occupational therapy inquiry

FIRST DAY OF SCHOOL CHECKLIST

- Backpack (big enough to hold a folder!)

appropriate size



too small!



- Extra change of clothes (weather appropriate)
 - Shirt
 - Light jacket
 - 2 pairs of pants/shorts
 - Socks
 - 2 pairs of underwear

PLEASE LABEL ALL PIECES OF CLOTHING

- Diapers/pullups (if applicable)
- Wipes (baby and Clorox)
- Crayons
- Markers
- Glue stick and liquid glue
- 4-pack of play-doh
- Box of tissues

PLEASE PUT YOUR CHILD'S NAME ON THEIR:

BACKPACK, LUNCH BOX, WATER BOTTLE, CLOTHES AND DIAPERS/PULL-UPS