



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

Applying For:  Five day M, T, W, TH 8:30 to 2:30 (M-TH) 8:30 to 12(F)  
 3 Day class M, T, W 8:30 to 2:30  
 2 Day class TH, F 8:30 to 2:30

**Entrance Date:** \_\_\_\_\_ **Withdrawal Date:** \_\_\_\_\_

Child's Name: \_\_\_\_\_

Gender: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

### Parent/Guardian Info

#### Mother/Guardian

Name: \_\_\_\_\_

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

Alternative #: \_\_\_\_\_

Email: \_\_\_\_\_

#### Father/Guardian

Name: \_\_\_\_\_

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

Alternative #: \_\_\_\_\_

Email: \_\_\_\_\_

Please indicate Primary Point of Contact

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.



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Cell #: \_\_\_\_\_ Email: \_\_\_\_\_

Cell #: \_\_\_\_\_ Email: \_\_\_\_\_

Please indicate an alternative contact if primary contact(s) cannot be reached.

**Emergency Contact #1**

Name: \_\_\_\_\_

—

Relationship: \_\_\_\_\_

—

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

Please indicate an alternative contact if primary contact(s) cannot be reached.

**Emergency Contact #2**

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

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

**Alternate Pick Up #1**

Name: \_\_\_\_\_

—

Address: \_\_\_\_\_

—

Relationship: \_\_\_\_\_

—

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

\_\_\_\_\_ Please initial here to indicate that your child may be released to this person.

\_\_\_\_\_ 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.

**Alternate Pick Up #2**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Relationship: \_\_\_\_\_

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

\_\_\_\_\_ Please initial here to indicate that your child may be released to this person.

\_\_\_\_\_ 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.



**Health Information:**

Physician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Physician's Address: \_\_\_\_\_

Allergies: \_\_\_\_\_

Medical Conditions: \_\_\_\_\_

Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

**Eating:**

Is your child on any special diet?

No  Yes Please Explain: \_\_\_\_\_

Does your child have any food allergies?

No  Yes Please Explain: \_\_\_\_\_

Please choose:

My child may eat the snacks provided by the Nursery School

My child may **NOT** eat the snacks provide by the Nursery School. I will supply his/her snacks each day.

**Toileting:**

Is your child independent with using the restroom?  Yes  No

How does your child communicate that they need to use the restroom?

\_\_\_\_\_

Does your child need regular reminders to use the restroom?  Yes  No

Does your child wear pull-ups?  Yes  No Please note that you must supply.

**Development:**

Do you have any concerns about your child's development?  Yes  No

Hearing  Vision  Language  Gross Motor  Fine Motor

Social  Other Please explain: \_\_\_\_\_

\_\_\_\_\_

Are there any accommodations that need to be made? \_\_\_\_\_

\_\_\_\_\_

**Communication:**

How does your child communicate wants and needs?

words  gestures  sign language  Device  Other: \_\_\_\_\_

Do you have concerns for your child's communication skills?  Yes  No

Please explain: \_\_\_\_\_

What is your child's primary spoken language? \_\_\_\_\_

What other languages spoken in the home? \_\_\_\_\_

**Social and Emotional Development:**

Is your child comfortable in group settings?  No  Yes

Comments: \_\_\_\_\_

Is there anything we should know about your child's play with other children?

No  Yes Comments: \_\_\_\_\_

Does your child participate in regular routines when at home?

No  Yes Comments: \_\_\_\_\_

**About me:**

Does your child have siblings? \_\_\_\_\_

Does your child have any pets? \_\_\_\_\_

My child's favorite toys: \_\_\_\_\_

My child's favorite book: \_\_\_\_\_

My child's favorite movie: \_\_\_\_\_

Strategies that help soothe my child: \_\_\_\_\_

Additional information that you would like to share with us about your child:

\_\_\_\_\_

**Special Accommodations**

Does your child have an IEP or an IFSP?  Yes  No

If yes Please explain

\_\_\_\_\_

\_\_\_\_\_

Does Your child have any Medical or Educational Diagnosis?  Yes  No

If yes Please explain

\_\_\_\_\_

\_\_\_\_\_

Does your Child Receive any specialized services?  Yes  No

Wrap Around  PT  OT  Speech and Language Therapy

Please explain: \_\_\_\_\_



## 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)

<b>Photo Authorization</b>	<b>Grant Permission</b>	<b>Decline Permission</b>
Preschool Provider's Photo Book		
Craft Projects		
Share With Current Clients (newsletters, bulletin boards, etc.)		
Online: Facility's Business Website		
Online: 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.

Parent's Signature: \_\_\_\_\_

Date \_\_\_\_\_

Provider's Signature: \_\_\_\_\_ 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: \_\_\_\_\_

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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): \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Mom's Cell: \_\_\_\_\_ Dad'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 Rates for the 2020 – 2021 School Year

<b>Program</b>	<b>Day of the Week</b>	<b>Time</b>	<b>Tuition Rate</b>
5 Day	M, T, W, Th, F	8:30am – 2:30pm (M-Th) 8:30am – 12pm (F)	\$5850 per academic year (\$650 per month)
3 Day	M, T, W	8:30am – 2:30pm	\$3600 per academic year (\$400 per month)
2 Day	Th, F	8:30am – 2:30pm	\$2700 per academic year (\$300 per month)

### REGISTRATION FEES

The registration fee of 50% of first month's payment for Aspire Nursery School is a one-time nonrefundable fee, which will go towards first month's payment. 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.

### TUITION PLANS

Tuition payments may be paid at the beginning of each month, quarterly or at the first of each academic school year

Full tuition is deemed payable and due for school closings, a child's illness, family vacations or closing due to emergency conditions.

### 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. Tuition will not be reimbursed for that current month or payments made in advance that the child is being withdrawn.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_



## **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.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

**PLEASE RETURN**