**2021 – 2022 APPLICATION**

**Amazing Magic Beans Learning Center**

*All Saints Church, 43-12 46th St.*

*Sunnyside, New York 11104*

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**Submission Date: \_\_\_\_\_\_\_\_\_\_\_\_\_**

**Child's Name** **Sex** **Birth Date**

**Address Apt. City Zip Home #:**

**Names and Ages of other children in the home**

**Parent (1) Name Cell phone:**

**E-mail:**

**Occupation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name of Employer** **Business Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**What does your child call you? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent (2) Name Cell phone:**

**E-mail:**

**Occupation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name of Employer** **Business Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**What does your child call you? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Which parent should we call first if we need to contact you about your child?**

**What phone number is the best one to reach this parent during the day?**

**Name of child's doctor** **Doctor's Phone**

**Emergency Person (friend or relative) Phone**

**Is your child potty trained? \_\_\_\_\_\_\_\_\_\_**

**What is your preferred schedule of attendance? Please check off days and time periods**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **MONDAY** | **TUESDAY** | **WEDNESDAY** | **THURSDAY** | **FRIDAY** |
| **FULL DAY (8:30 – 3:30)** |  |  |  |  |  |
| **EXTENDED PM (3:30 – 5:30)** |  |  |  |  |  |
|  |  |  |  |  |  |
| **MORNING (8:30 – 11:30)** |  |  |  |  |  |
| **AFTERNOON (2:30 – 5:30)** |  |  |  |  |  |

**Early Drop Off (7:30 AM – 8:30 AM)? Please circle Yes or No**

**What language(s) is spoken at home? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Are there any current concerns you have about your child’s transition/continuation into/in school?**

**How did you learn about the school?**

**Have you had a tour of the school? Please circle Yes or No**

**Amazing Magic Beans Learning Center**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **FULL DAY SESSION** | | | HALF DAY SESSION | |
|  | 8:30 AM – 3:30 PM **Extended Hours: 7:30 AM – 5:30 PM**  **(add $100\* for early drop off and $200 for extended afternoon)** | | | **8:30AM – 11:30AM (Morning)**  **2:30PM – 5:30PM (Afternoon)**  **(Add $150 per additional hour requested for part day sessions)** | |
|  | Breakfast, lunch and snack provided as part of the program. | | | **Includes breakfast or snack** | |
|  |  | |  |  | |
|  | Monthly Tuition Full Day | | | Monthly Tuition Half Day | |
| **AGES** | **2 – 3 years old** | **3 – 4 years old** | | **2 – 3 years old** | **3 – 4 years old** |
|  |  |  | |  |  |
| **5 Days** | **$1600** | **$1550** | | **$825** | **$800** |
| **4 Days** | **$1550** | **$1500** | | **$775** | **$750** |
| **3 Days** | **$1500** | **$1450** | | **$725** | **$700** |
| **2 Days** | **$1450** | **$1400** | | **$675** | **$650** |

\*Please note: If your child attends from 8:30 AM to 5:30 PM, then early drop off is $25 per month (otherwise it is $100 per month).

One time early drop off is $15. One time after lunch pick up is $20. One-time extended day (3:30 to 5:30) is $30.

TERMS OF CONTRACT FOR AMAZING MAGIC BEANS LEARNING CENTER

**A one-time NON-REFUNDABLE registration fee of $150.00 is required for each child**. Upon enrollment, a one time

**NON-REFUNDABLE deposit of $250 is required in advance**. Thereafter, tuition is due on the first of each month. Attendance of a child does not alter payment of tuition. Additional late fees are applied for children picked-up after scheduled dismissal time. Parents are responsible for tuition when a child is absent due to illness, vacation, school closings or transportation delays. We are closed during severe hazardous weather conditions. All payments are final and are not refundable for any reason.

We reserve the right to terminate the enrollment of a child under the following circumstances: a) The child requires care beyond the scope of what the school can offer. The director feels that the program can no longer provide adequate care for the child even with minor adjustments; b) The director has requested that the parent(s) seek additional assessment or support services for the child and the parent(s) refuse(s) to act upon this request; or c) The child poses a consistent danger to himself/herself, the teaching staff, and/or other children.

We will not exclude qualified children with disabilities from either enrolling or participating in the school on the basis of their disability. It is the practice of the school to consider the needs of its students in determining the aid, benefits or services to be provided to each student participating in the school.

Should it become necessary to withdraw your child, 30 days written notice is required. Your deposit will then be applied to the last month of attendance.

We do not administer any medication to children. However, we will administer sunscreen, if the sunscreen is in the original container. Parent consent and instructions must be provided, and must be consistent with the instructions on the sunscreen container.

Each child is required to attend school in his/her school uniform. We ask that each family purchase a minimum of two school uniforms so that your child has a change of clothes if necessary. Please remember that at AMB your child will get messy and dirty due to the hands-on nature of the program. The uniforms may get stained. As long as they are clean, their work clothes may have stains on them – these are marks of investigation and learning!

**Parent/Guardian Signature Date \_\_\_\_\_\_\_\_\_\_\_\_\_**