



171 High Street Newton, NJ 07860
 Phone (973) 383-1242 Fax (973) 383-1299

Payment Agreement:

I, _____, hereby apply for admission of my child, _____, into the following session below. I understand that I am reserving a placement for my child based on the days circled if less than 5.

Infant Care (6 weeks-18 months)	M T W Th F _____
Toddler Care (18 months- 2 ½ years)	M T W Th F _____
Preschool Care (2 ½ years- 5 years)	M T W Th F _____
School-Age Care (Grades K-6)	M T W Th F _____

Choose one payment plan:

_____ I choose to make weekly tuition payments of _____ every Monday, and understand that if I have not paid by Wednesday of the same week a \$10 late fee will be incurred.

_____ I choose to make monthly tuition payments of _____ by the fifth of each month of service, and understand that if I have not paid by the fifteenth of each month a \$10 late fee will be incurred.

_____ I receive funding through an outside agency _____ I am a Newton Medical Center employee

_____ I am an employee of Thor Labs _____ I am a government employee (City, State, or Federal)

- If tuition is not paid in the manner agreed, First Impressions reserves the right to discontinue service. The amount of tuition due will be the amount that First Impressions charges during the time that services are rendered.
- For our families receiving subsidy payments, all co-pays and any other fees associated with services rendered by First Impressions, are the responsibility of the parent/guardian. All payments made will first go towards any past due balance, regardless of origin, and then will be applied towards current charges. A weekly excess fee is charged to every family regardless of co-pay determined by the agency. Any fees incurred for services rendered that are not covered by a sponsoring agency become the parents' responsibility. Possible charges include, but are not limited to, charges for missing swipes, charges for services provided when contracts with sponsoring agencies end and services continue to be provided, excess fees, co-pays, etc.
- Returned checks/NSF are subject to a \$35.00 bank charge.
- A late pickup fee of \$10 every 15 minutes per child will be incurred for children picked up after closing time. Repeated occurrences will be cause for dismissal.
- A registration fee of \$50.00 and a security deposit must be submitted with this form. The security deposit is equal to one week's tuition. The security deposit may be applied towards the tuition for the last week of enrollment. Cancellation of enrollment must be given in writing 14 days prior to the last day of attendance. If written notice is not given, families are financially responsible for two weeks tuition after the last day of attendance.
- The daily operating costs of the school prevail regardless of children's absences. Therefore, no refunds or credits can be given in the case of vacations, holidays, inclement weather or illnesses.
- All children must submit a medical form including required immunizations before starting school.

- First Impressions values the safety and comfort of all attending children. Therefore, disruptive behavior cannot be tolerated. We reserve the right to require the withdrawal of any disruptive parent or child. Such determination shall be at the discretion of First Impressions and its staff.

Signature of Parent(s) or Guardian(s) _____ Date _____

Revised 9/17

C H I L D	Name of Child	
	Date of Birth	
	Home Address	
	Mailing Address	

G U A R D I A N	GUARDIAN #1		GUARDIAN #2	
	Name		Name	
	Home Telephone		Home Telephone	
	Home Address		Home Address	
	Social Security #		Social Security #	
	Driver's License #		Driver's License #	
	Email Address		Email Address	

W O R K I N F O	WORK		WORK	
	Name of Business		Name of Business	
	Business Address		Business Address	
	Cell Phone		Cell Phone	
	Business Telephone		Business Telephone	

E M E R G E N C Y	Person authorized to pick up your child and/or contact in case of emergency if neither guardian is available to assume responsibility for the child.			
	Name of Contact #1		Name of Contact # 2	
	Telephone		Telephone	
	Relationship		Relationship	
	Address		Address	
	Physician or Pediatrician		Telephone	

Do both parents live with the child? Yes No

May either parent pick up the child at any time? Yes No

If a non-custodial parent is not included among the persons authorized by the custodial parent to pick up the child please explain below and attach a copy of the appropriate documents such as court order, ect.

Other members of the household? _____

Does your child suffer from any allergies?

Present or previous group play experience:

Child's principal interests: _____

Please add any comments that might further our understanding of your child:

How did you learn of First Impressions?

I have received, and read the INFO TO PARENTS STATEMENT. Additionally, I have received and read the First Impressions Parent Handbook, and agree to the policies and regulations of the center including the discipline and expulsion policies.

Signature of Parent(s) or Guardian(s)

Date

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