



JEI Learning Center Floral Park – Little Neck

Student Registration Form

Please print clearly. Please complete all blanks on this form. If there is a blank that is not applicable, please write N/A in that blank. Incomplete forms cannot be accepted and we are unable to provide care until all paperwork has been submitted. If you have any questions about completing this form, please email us at info@jeifloralpark.com or call us at 718-347-3138. **We ask all returning families students fill out a form every year to ensure all information is up to date.**

STUDENT NAME: _____ GRADE: _____
(Office Use Only) CLASS TYPE: ENR HW HELP CAMP TEST PREP SUBJECT: Math / ENG / R&W / GT / Camp: Summer / Mid Winter / Spring CLASS DAY(S) & TIME: _____ START DATE: _____ END DATE: _____ promo : _____ <i>(last class must be completed by end date)</i> PACKAGE: 16 sessions / 32 sessions / OTHER _____ TUITION STATUS (add'l \$20 if paying installments): PIF installment date 1st 2nd 3rd \$ _____ \$ _____ \$ _____ \$ _____ PHONE: _____

2. Student Information (You can use one form to fill out for multiple children)

Student Full Name		Nickname	
School	Grade Entering	Age	Date of Birth

3. Parent Information

Parent/Guardian's Full Name			Relationship to Child	
Address				
City	State	Zip	Home Phone	
Mobile Phone				
Primary email address				

4. Emergency Contact Information

Full Name	Relationship to Child
Address	Phone Number

Tell us about your child

Why do you wish to enroll your child?
<input type="checkbox"/> To give my child an early start <input type="checkbox"/> To catch up with school work <input type="checkbox"/> To advance beyond school work <input type="checkbox"/> Other, please explain <hr/> <hr/> <hr/>
How did you hear about us?
<input type="checkbox"/> Queens Parent <input type="checkbox"/> Social Media <input type="checkbox"/> School Flyer <input type="checkbox"/> Friend's Recommendation <input type="checkbox"/> Other, please explain _____

6. Additional Information, Policy, Terms & Conditions

Allergies, Dietary Restrictions, Behavioral Issues or Medical Conditions: Please describe any and all of the following specify with your child's name.

We are a nut free facility.

Unless this section above indicates otherwise to the contrary, we will assume that Student can consume normal snacks & engage in normal activities for child in Student's age group. JEI Learning Center is not authorized to give medication to your child. Please speak to us if you have concerns.

Mark "N/A" if there are none to report:

Allergies	Dietary restrictions
Behavioral/ Developmental Issues/ Delays	Medical conditions
Other conditions	Special Needs Services (e.g. IEP)

JEI Learning Center Student Authorization of Pick up

Pickups: Please list only the people besides yourself that **are allowed** to pick up your child. If the person on this list did not bring student to the center, that person will be asked to show ID (this is for the well-being of your child and so there are no exceptions).

STUDENT NAME: _____ DOB: _____

Parent/ Guardian NAME: _____

Mobile No. _____

Email: _____

Full Name	Relationship	Phone

Policies Terms & Conditions

Payment Policy:

1. Full payment for JEI monthly, Summer Academy, Tutoring and Test Prep Programs before their first class. There are no refunds.
2. Cash, Check and Credit Card Accepted; Make Checks Payable to **JEI LEARNING CENTER**; \$40 Fee applied for all returned checks
3. Additional **3.5%** Service Fee added for **all** Credit Card Transactions; PIVOTAL LEADERSHIP GROUP INC, will appear as the company on your Credit Card statement
4. **\$100 Deposit** required at Registration for **all** JEI Students. Written notice required if you will take a break or discontinue services.
5. **Payment of AFTER SCHOOL Package.** There are no refunds. All monthly fees due the first week of the month. \$15 Late fee applied if received after the 10th.
6. **Payment of JEI Packages in installment.** There are no refunds. If payment is **not** received on time, tuition fees will count towards month to month. Here are the payment plans:
 - a. 4 month or 16 week package -- 50% due before 1st class, remaining balance due by 6th session.
 - b. 8 month or 32 week package -- 50%, remaining balance due by 12th session.

Makeup Policy

1. If you have a prior commitment and your child cannot attend their regularly scheduled class, please let us know **at least** one (1) week in advance, so that we may schedule a make--up session. If you do not notify us know in advance, we are not obligated to provide a make--up session. There will be no refund.
2. There are no makeup classes offered for After School Program, Summer Academy, BOGO, or Test Prep Winter/Spring break

Policy

1. Tuition is non-refundable, non-transferable, and cannot be carried over to the following month.
2. **In the event you are late past our closing hours you will be responsible to pay a late fee. \$8.50 for every half hour.**
3. Bring your child on the scheduled day and time. Please be on time, so that your child/children would not miss any class session time.
4. Please wait in the designated waiting area and avoid entering classrooms while classes are in session.
5. We are not responsible for any loss or damage to personal property.
6. If in the opinion of the staff, your child's behavior prevents their safe and/or successful participation in camp, we reserve the right to cancel your child's attendance. **BULLYING POLICY:** JEI Learning Center Floral Park is committed to providing a safe, nurturing environment for both our students and staff. We feel strongly that bullying is unacceptable. Bullying is defined as any action which hurts or threatens another person, either physically or mentally. Our program will not tolerate any behavior which is emotionally or physically harmful to a camper or staff member. If a camper is verbally or physically abusive, a warning will be given. This will be documented and the parent/guardian will be contacted. If a second incident should occur, the student will be spoken to. The behavior will be documented and parent/guardian will be notified. If a student has a third incident, he or she may be asked to leave our program. Absolutely no refund will be given if this occurs.

Agreement (Non--Negotiable): I hereby grant permission for my child to attend JEI Learning Center and part take in their program. I grant JEI Learning Center the right to take the use photos and videos of my child for promotional purposes. I, the parent or Guardian of the said student, hereby agree to reimburse JEI Learning Center for an any all property damage caused by the student. I understand that there will be no refunds after the program starts or for a student who has been expelled due to disciplinary actions. The Director reserves the right to dismiss a student who, after careful consideration and examination, is deemed as hazard to the safety or rights of others or who appears to have rejected the reasonable expectations of the program.

Liabilities: I authorize JEI Learning Center and all its' staff to act according to their best judgment in any emergency requiring medical attention. I hereby waive and release JEI Learning Center and/or its designees from any and all liability and costs associated any and all medical treatment provided. I acknowledge that it is the policy of JEI Learning Center to notify a parent when a child is ill or needs medical attention. I acknowledge that if JEI Learning Center cannot contact a parent and they need to get immediate help for the child, the procedure is to take the child to the nearest emergency service or call 911/ ambulance help. I hereby consent to this procedure and further agree to pay all costs incurred. The parent or guardian shall be liable for any damages and/or injuries by the student.

I have been fully informed, and am in full agreement with the conditions of enrollment. **I hereby state that the above information is accurate and I understand, acknowledge and agree to all of the terms and conditions set forth above.**

Print Name of Parent/Guardian: _____

Signature of Parent/Guardian: _____

Date: _____

Thank You!