



# New Student Application

## *Kindergarten*

We appreciate that you have chosen Brighton School for your child. Please complete this packet of information entirely and submit to the office in order to be considered for enrollment.

1. Complete appropriate forms for your student's grade as indicated below.
2. Submit \$100 application fee and appropriate registration fee (see fee schedule).
3. Schedule student visitation.
4. Once the application has been received, it will be reviewed and you will be notified of acceptance into the program.

### **A completed registration includes the following:**

- Application
  - Applicant Information Form
  - Childhood Health History Form
  - Pre-Enrollment Modification Form
  - Tuition Agreement & Fee Schedule
- Teacher Input Form
- Parent Input Form
- Student Visitation Completed

### **Non-Discriminatory Policy**

Brighton School admits students of any race, color, national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the School. It does not discriminate on the basis of race, color, national and ethnic origin in administration of its educational policies, admissions policies, scholarships and financial aid programs, and athletic and other school-administered programs.



**Family Information (Continued)**

Does student live on a full time basis with both parents?  Yes  No

If no, please specify (*and, if applicable, provide legal documentation regarding any custody arrangements*): \_\_\_\_\_

How were you referred to our school? (*name of source if possible*) \_\_\_\_\_

<i>Other children in family:</i> Name	Date of Birth	Current School
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_____	_____	_____
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_____	_____	_____
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**Medical Information**

Name of Child's Physician: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Date of last physical exam \_\_\_\_\_

Local Person for Emergency (*Name*): \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Please list any medicines or food to which your child is allergic: \_\_\_\_\_

**Previous School History**

Name of School: \_\_\_\_\_ Dates Attended: \_\_\_\_\_

School Address: \_\_\_\_\_ Grade Completed: \_\_\_\_\_

**Signatures**

_____	_____	_____	_____
Parent/Sponsor	Date	Parent/Sponsor	Date

Additional Pertinent Information:

\_\_\_\_\_



## Childhood Health History

Child's Name:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Birthdate:	Today's Date:
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### Child's Health History

Name of Doctor/Clinic:	City/State:	Phone number:
Were there any significant problems during pregnancy or birth? <input type="checkbox"/> No <input type="checkbox"/> Yes, Please explain:		
Has your child had surgery or been hospitalized? <input type="checkbox"/> No <input type="checkbox"/> Yes, Please explain:		
Date last seen by a healthcare provider (for reasons other than immunizations):		

### Medication

Does your child take medication on a regular basis? <input type="checkbox"/> No <input type="checkbox"/> Yes, Reason:
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Name of medication(s), dosage and when taken:
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<b>Has your child had any of the following?</b>		<b>Age of child or date of incident ▼</b>
Asthma	<input type="checkbox"/> No	<input type="checkbox"/> Yes, describe:
Other breathing problems	<input type="checkbox"/> No	<input type="checkbox"/> Yes, describe:
Seizures or other neurological problems	<input type="checkbox"/> No	<input type="checkbox"/> Yes, describe:
Heart or other cardiovascular problems	<input type="checkbox"/> No	<input type="checkbox"/> Yes, describe:
Bladder or urinary tract problems	<input type="checkbox"/> No	<input type="checkbox"/> Yes, describe:
Bowel or other GI problems	<input type="checkbox"/> No	<input type="checkbox"/> Yes, describe:
Bone or joint problems	<input type="checkbox"/> No	<input type="checkbox"/> Yes, describe:
Eczema or skin problems	<input type="checkbox"/> No	<input type="checkbox"/> Yes, describe:
Frequent ear infections or tubes	<input type="checkbox"/> No	<input type="checkbox"/> Yes, describe:
Other ear, nose or throat problems	<input type="checkbox"/> No	<input type="checkbox"/> Yes, describe:
Tuberculosis exposure	<input type="checkbox"/> No	<input type="checkbox"/> Yes, describe:
Chicken Pox or vaccination for such	<input type="checkbox"/> No	<input type="checkbox"/> Yes, describe:
Diabetes or other endocrine problems	<input type="checkbox"/> No	<input type="checkbox"/> Yes, describe:
Injury or abuse	<input type="checkbox"/> No	<input type="checkbox"/> Yes, describe:
Car sickness	<input type="checkbox"/> No	<input type="checkbox"/> Yes, describe:
Other describe:		

### Nutrition History

Is there any food or drink that your child should not eat for cultural, religious, personal reasons or medical reasons **other than allergies**? (Note: use the allergy chart on the next page to list any allergies to food or drink)

**Yes, list below**

**No, skip to next question**

Name or food/drink:	<input type="checkbox"/> Cultural	<input type="checkbox"/> Religious	<input type="checkbox"/> Personal	<input type="checkbox"/> Medical/describe:
	<input type="checkbox"/> Cultural	<input type="checkbox"/> Religious	<input type="checkbox"/> Personal	<input type="checkbox"/> Medical/describe:
	<input type="checkbox"/> Cultural	<input type="checkbox"/> Religious	<input type="checkbox"/> Personal	<input type="checkbox"/> Medical/describe:
	<input type="checkbox"/> Cultural	<input type="checkbox"/> Religious	<input type="checkbox"/> Personal	<input type="checkbox"/> Medical/describe:
Does your child have any problems with chewing or swallowing?	<input type="checkbox"/> No	<input type="checkbox"/> Yes, Please describe:		
Check the box if you have concerns about your child's:	<input type="checkbox"/> Eating habits	<input type="checkbox"/> Height	<input type="checkbox"/> Weight	
Please describe:				

### Allergy History

Does your child have allergies or reactions (including intolerances) to food, medicine, insects, animals or other substances?

**Yes, please complete chart below**

**No – Skip to Dental History**

**Allergy Chart** Note: If your child has a food or milk allergy, we must have written documentation of the allergy from the doctor. For milk allergies, the doctor must also name a substitute for the milk.

Do you keep epinephrine (epi-pen) available at home for your child's allergy?				<input type="checkbox"/> Yes	<input type="checkbox"/> No	
List each allergy or food separately	Briefly describe child's reaction and/or check symptoms			Potential Severe Reaction*	Doctor/Date of Diagnosis	
	<input type="checkbox"/> Hives	<input type="checkbox"/> Wheezing	<input type="checkbox"/> Runny nose	<input type="checkbox"/> Shortness of breath	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Hives	<input type="checkbox"/> Wheezing	<input type="checkbox"/> Runny nose	<input type="checkbox"/> Shortness of breath	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Hives	<input type="checkbox"/> Wheezing	<input type="checkbox"/> Runny nose	<input type="checkbox"/> Shortness of breath	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Hives	<input type="checkbox"/> Wheezing	<input type="checkbox"/> Runny nose	<input type="checkbox"/> Shortness of breath	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Hives	<input type="checkbox"/> Wheezing	<input type="checkbox"/> Runny nose	<input type="checkbox"/> Shortness of breath	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Hives	<input type="checkbox"/> Wheezing	<input type="checkbox"/> Runny nose	<input type="checkbox"/> Shortness of breath	<input type="checkbox"/> Yes <input type="checkbox"/> No	

**\* If the allergy has the potential to be severe, the child's health care provider should complete a medical statement and an allergy care plan should be completed.**

Additional information about allergy:

### Dental History

Name of dentist:	Date last seen by dentist:	City/State:	Phone number:
How would you rate your child's dental health?	<input type="checkbox"/> Very good	<input type="checkbox"/> Somewhat good	<input type="checkbox"/> Fair <input type="checkbox"/> Somewhat bad <input type="checkbox"/> Very bad
Has your child ever had an injury to the teeth or gums?	<input type="checkbox"/> No <input type="checkbox"/> Yes, please explain:		
Has your child complained about pain in the teeth or gums?	<input type="checkbox"/> No <input type="checkbox"/> Yes		
Is there fluoride in the water at your home, or is your child taking a prescribed fluoride supplement?	<input type="checkbox"/> No <input type="checkbox"/> Yes		

**Parental Concerns**

Do you have any concerns about your child's vision?	<input type="checkbox"/> No	<input type="checkbox"/> Yes, Please describe:
Do you have any concerns about your child's hearing?	<input type="checkbox"/> No	<input type="checkbox"/> Yes, Please describe:
Do you have any concerns about your child's speech?	<input type="checkbox"/> No	<input type="checkbox"/> Yes, Please describe:
Do you have any concerns about your child's behavior?	<input type="checkbox"/> No	<input type="checkbox"/> Yes, Please describe:
Do you have any concerns about your child's development?	<input type="checkbox"/> No	<input type="checkbox"/> Yes, Please describe:
Do you have any other concerns about your child?	<input type="checkbox"/> No	<input type="checkbox"/> Yes, Please describe:

Additional information regarding concerns:


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## Pre-Enrollment Modification Inquiry Form

Would your child need assistance and/or modifications to the Nobel Learning Communities (“NLC”) programs and services in order to fully participate in NLC’s programs and services?

( YES or NO - circle one)

Any requests for assistance and/or modifications must be made to this school’s Principal, Assistant Principal and/or NLC’s ADA Compliance Officer.

An enrollment decision will not be made until such request has been decided upon by NLC’s ADA Compliance Officer.

School Name \_\_\_\_\_ School # \_\_\_\_\_

Name of Student \_\_\_\_\_ Program/Grade \_\_\_\_\_

Sponsor Signature \_\_\_\_\_ Print Name \_\_\_\_\_

Sponsor Signature \_\_\_\_\_ Print Name \_\_\_\_\_

_____ <b>Principal Signature</b>	_____ <b>Date</b>
_____ <b>Print Name</b>	

*This Nobel Learning Communities, Inc. school does not discriminate on the basis of disability in its provision of educational programs and services.*

## Elementary School Tuition Agreement

**ADMISSIONS PROCEDURES** - Both you and your child (named below) ("your child") must comply with all School admissions policies and procedures. Effectiveness of this Tuition Agreement is subject to final approval of your child's admission in accordance with such policies and procedures, notwithstanding the "acceptance" of this Tuition Agreement reflected by the Principal's signature below.

**TUITION** - The School Year is from the First Day of School to the Last Day of School, as reflected on the School Calendar (*each attached hereto and made a part hereof*). You agree to pay tuition and fees for your child for the entire School Year (*or, if your child is starting after the First Day of School, from the starting date (as agreed in writing with us)*) through the Last Day of School, subject to the Early Withdrawal policy set forth below. You may pay tuition in any installment plan reflected as an option on the Fee Schedule. In addition to the tuition and fees set forth in the Fee Schedule, you will pay for any extra charges incurred by your child for care or activities which are applicable.

**TUITION DUE / LATE CHARGES** - Tuition and fee payments are due and payable at the times stated on the Fee Schedule. Tuition and fees are considered delinquent at 12:00 noon on the day following the due date. Late charges will be assessed in amounts as reflected on the Fee Schedule commencing at that time. If tuition and any other outstanding charges are not paid within seven days of the date due (*or within five banking days of notification to you, in the case of a returned check*), attendance at the School will no longer be permitted until tuition is paid in full for the past due amount and for the current period.

**RETURNED CHECKS** - A service charge will be assessed in amounts as reflected on the Fee Schedule for a check returned for any reason. In addition, a late charge will be assessed as reflected on the Fee Schedule, unless payment is received to cover the funds within three banking days of notification. If your check is returned three times within a three month period, then for a period of one year, you must make all payments by money order or certified check, or by cash (*subject to the policy on "Cash Payments"*).

**CASH PAYMENTS** - For your protection, cash payments may be made only to the Principal or Assistant Principal of the School or the administrative employee designated on the School's bulletin board as being so authorized. If the payment is for an amount of more than \$5.00, it will be invalid unless you obtain a computer generated cash receipt from the school's financial operating system.

**EARLY WITHDRAWAL** - Withdrawal from the School during the School Year requires at least one month's advance notice. You must continue tuition payments for attendance through the date which is one month after our receipt of your withdrawal notice.

**HOLIDAYS / IN-SERVICE DAYS** - Tuition and fees are calculated on an annual basis, without reduction for holidays, vacations, professional in-service days for our teachers or student absences or illness. Holidays and professional in-service days for the School Year are shown on the School Calendar. No credit/refund will be owed if the School must close because of emergency or inclement weather.

**TUITION RATES** - Our tuition rates set forth on the Fee Schedule for the School Year will not increase, unless we experience increases in operating costs that are associated with changes in the operation of California's public schools. In that case, on 30 days' advance notice, we may increase our tuition rates, based on such cost increase, but any increases after August 15 will not exceed an aggregate of 5%. If we do increase our tuition rate, you may cancel this Tuition Agreement and withdraw your child without penalty by giving us notice of cancellation within three weeks of your receipt of our notice of the tuition increase.

**HOURS / BEFORE-AFTER CARE / LATE PICK-UP CHARGE** - The hours of the School are shown on the Fee Schedule and/or School Calendar, including: the time our "before care" program starts, the time you may first drop off your child if he or she is not registered for "before care," the start of classes, the end of classes, the time by which you must pick up your child if he or she is not registered for "after care," and the time our "after care" program ends (*and the School building closes*). "Before care" and "after care" require registration and charges as reflected on the Fee Schedule. Fees for early drop off and for late pickup are set forth on the Fee Schedule. If your child is picked up several times after the School building's scheduled closing time, we may increase the applicable fee.

**FAMILY DISCOUNTS** - Families with more than one child enrolled full-time at Nobel Learning Communities schools may receive a discount for each additional child after tuition has been paid at the regular full-time rate for the child with the highest regular tuition rate (*i.e., the discount will be a percentage of the lower tuition amount*). See the Fee Schedule for details.

**DRESS CODE** - Students are required to comply daily with the School's dress code.

**SUSPENSION / DISMISSAL** - We reserve the right to suspend or dismiss a child in our sole discretion for unsatisfactory or inappropriate behavior, if we do not have adequate expertise or resources for the child's educational, medical or other needs (*subject to any applicable regulatory requirements*), for violations of our policies, or if for any reason we determine it to be in the best interests of the School. In our sole discretion, suspension or dismissal may be with or without notice.



# Brighton School 2015-2016 Fee Schedule

## Preschool through Grade 8



### Application and Annual Registration Fees – Non Refundable

Effective Date: September 2015 or Current Month of Enrollment	Returning Student	New Student
Application Fee	N/A	\$100
2 Day AM Preschool	\$185	\$185
3 Day AM Preschool	\$235	\$235
5 Day AM Preschool or 5 Day AM Pre-Kindergarten	\$285	\$285
5 Full Day Preschool or Pre-Kindergarten	\$450	\$450
Grades K – 5	\$625	\$625
Grades 6 – 8	\$850	\$850

### Tuition Rates & Schedule\* Please circle appropriate tuition:

Program	Annual (includes 5% discount)	Ten Payment Plan (July-April)
<b>Payment Due Date</b>	<b>March 30, 2015</b>	<b>1<sup>st</sup> of Month</b>
2 Day AM Preschool	\$3,059.00	\$322
3 Day AM Preschool	\$4,379.50	\$461
5 Day AM Preschool or 5 Day AM Pre-Kindergarten	\$6,536.00	\$688
5 Full Day Preschool or Pre-Kindergarten	\$10,763.50	\$1,133
Early Childhood PM Enrichment	\$26.00/day	\$26.00/day
Grades K – 5	\$12,739.50	\$1,341
Grades 6 – 8	\$13,395.00	\$1,410
Before and After Care	\$7/hour	\$7/hour

**\*Tuition is due the first day of the monthly preferred schedule.** A late payment fee of \$25 is assessed at noon on the day following the due date. Returned checks are assessed a \$25 service charge.

Grade entering:  Kindergarten  1<sup>st</sup>  2<sup>nd</sup>  3<sup>rd</sup>  4<sup>th</sup>  5<sup>th</sup>  6<sup>th</sup>  7<sup>th</sup>  8<sup>th</sup>

PS 2D AM     PS 3D AM     PS 5D AM     PS 5D Full Day

PK 5D AM     PK 5D Full Day

### Parent/Student Information

Parent or Sponsor Name	Signature	
Street Address	City, State, Zip Code	
Phone #	Email Address	
Student Name	Student Date of Birth	Student Start Date



## Tuition Payment Plans and Discounts

**Discounts:** Each family can only use one discount category. If a family is eligible for more than one discount category, the category which provides the maximum benefit will be applied. No discounts may be combined, only one discount per student.

**Annual Pay:** Tuition is due in full by March 30, 2015. This option reflects a 5% discount. In the event of early withdrawal, thirty days written notice is required or one month's tuition is forfeited. In addition, if the year is not completed, the discount will be forfeited. Tuition is for the academic school year only. Tuition does not include before/after care, in-service and early dismissal days, winter, mid-winter, and spring breaks, or summer camp.

**Monthly Pay:** The first monthly payment is due on July 1<sup>st</sup>, 2015. The remaining nine months are due on the 1<sup>st</sup> of the month August through April. In the event of early withdrawal, thirty days written notice is required or one month's tuition is forfeited.

**Hourly Charge:** Drop in care is available to families at a fee of \$7 per hour (\$7.00 minimum charge) for hours that extend beyond your regularly scheduled time. Please be aware that there is no care provided before 7:00 AM or after 6:00 PM.

**Sibling Discount:** Tuition is reduced by 5% (in the least expensive full time program) for the first sibling enrolled **full time** (5 school days from 9:00 AM to 3:00 PM). Additional full time siblings will receive a 5% discount.

**Application and Registration Fees:** \$100 plus various registration fees as outlined on the previous page are due when application is submitted. These monies will not be applied until acceptance is given. In the event that you withdraw your child prior to the completion of the school year you will forfeit all application and registration fees.

### Hours/Days of Operation

Regular hours of operation are 8:30 AM - 3:15 PM weekdays. Extended hours are 7:00 AM – 6:00 PM. There is a late pick-up fee of \$2 per minute after the regularly scheduled pick up time. Please refer to the school calendar for days the school will be closed.

## Elementary School Tuition Agreement

**STUDENT ILLNESS / EMERGENCY** - We strive to maintain a healthy, safe environment for our children. In that light, you may not bring to the School a child who is ill (*determined in our discretion*). We will notify you if your child becomes ill, and you must then pick him/her up as soon as possible. You authorize us to obtain immediate medical care if a medical emergency occurs when you cannot be located immediately. Such care may be from a physician or hospital other than your child's physician, if, in our judgment, there is insufficient time first to contact your child's physician. You authorize us to make the decision of when an emergency exists.

**USE OF PHOTOGRAPH, ETC.** - You authorize us to use your child's photograph or appearance in any advertising or other media.

**INTERNET USE** - You recognize that, while the Internet has the potential to provide vast resources and tremendous learning opportunities for our students, searching the Internet can expose your child to dangerous or inappropriate material. You agree to release the School and its employees from all claims, charges and damages of any nature arising from use or misuse of the Internet. You further agree that the School may condition your child's use of the Internet upon execution by you and your child of further documentation as may be required by the School.

**RENEWAL** - Registration at the School is on a School Year basis. Your child will not be guaranteed a reservation for the following school year, unless you enter into a new tuition agreement with the School for that school year and pay all applicable fees.

**RESPONSIBILITY** - You agree that you will be responsible for any loss, damage or destruction by your child of any property of the School and for any damages for which the School becomes liable or chargeable because of your child's actions.

**STUDENT RECORDS** - All student records remain the property of the School, except as may otherwise be provided by law. You authorize us to send academic records and confidential recommendations to schools your child attends after our School upon the request of such schools, and you will not seek access to confidential recommendations and evaluation materials. Further, you release our School and our staff from any and all liability resulting from or pertaining to the furnishing of recommendations and records.

**COSTS OF COLLECTION** - If we refer your account for collection, you will pay all our costs of collection, including (*but not limited to*) attorneys' fees.

I agree to the above terms and conditions, including the obligation to pay to the School all charges for tuition and fees, and in all events to be responsible for the financial obligations of my child.

Name of Student \_\_\_\_\_ Date \_\_\_\_\_

Sponsor Signature \_\_\_\_\_ Print Name \_\_\_\_\_

Sponsor Signature \_\_\_\_\_ Print Name \_\_\_\_\_

**ACCEPTED**

\_\_\_\_\_  
**Principal Signature**

\_\_\_\_\_  
**Print Name**



## Teacher Input Form

Student Name:

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Person completing this form:

Date:

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May we call you if we have questions?  Yes  No Phone#

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The child named above has applied to Brighton School for enrollment in PreK or Kindergarten. Thank you for completing this form to help us know this child better.

How long and in what capacity have you known this child?

What words or characteristics come to mind when you think of this child?

Do you have any concerns (social, emotional, academic or other) about this child entering Kindergarten?

What will help this child have the best school experience possible?

Please comment on parent participation and cooperation with school.



# Parent Input Form

Student Name:

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Person completing this form:

Date:

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Parents' Names:

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Tell us about your child. Include personality traits, skills, special interests or talents, and any other information that will help us to know your child from your perspective:

Tell us about your child as a student. (learning style, strengths, struggles)

What would you most like to see the coming school year do for your child? What are your goals for your child?

Please share any concerns (medical, social, emotional) or other information of which the school should be aware (fears, habits, topics which are upsetting, etc.):