Prime Time Preschool

94 East Main Street
Kings Park, NY 11754
631-269-1003
PrimeTimeSchool@Yahoo.com

$50.00 Nonrefundable Registration Fee

REGISTRATION PACKET 2026-2027

Child's Name: _____ Date of Birth: _____

Male ____ Female _____

Address: _____ Phone #: _____

_____ Email: _____

Parent/Guardian Name: _____ Cell#: _____

Address (if different from child): _____

Employer: _____ Address: _____

Work #: _____ Home#: _____

Parent/Guardian Name: _____ Cell #: _____

Address (if different from child): _____

Employer: _____ Address: _____

Work #: _____ Home #: _____

Sibling: _____ Age: _____

Sibling: _____ Age: _____

Sibling: _____ Age: _____

Please list any allergies: _____

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EMERGENCY CONTACTS

Contact 1:

Name: _____ Home #: _____

Address: _____ Cell #: _____

_____ Relationship to Child: _____

Contact 2:

Name: _____ Home #: _____

Address: _____ Cell #: _____

_____ Relationship to Child: _____

Contact 3:

Name: _____ Home #: _____

Address: _____ Cell #: _____

_____ Relationship to Child: _____

Names of adults who are authorized for child pick up:

Name: _____ Relationship to Child: _____

Name: _____ Relationship to Child: _____

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TUITION RATES FOR 2026-2027

AM Classes 9:15am-11:45am / PM Classes 12:15pm-2:45pm

2-YEAR-OLD PROGRAM - Please circle one

M/W, TU/TH, W/F $400 per month

M/W/F AM/PM $450 per month

M-F AM/PM $499 per month

3 -YEAR-OLD-PROGRAM - Please circle one

M/W, TU/TH, W/F $400 per month

M/W/F AM/PM $450 per month

M-F AM/PM $499 per month

M/W/F AM & PM $800 per month

M-F AM & PM $900 per month

4-YEAR-OLD PROGRAM - Please circle one

M/W/F AM/PM $450 per month

M-F AM/PM $499 per month

M/W/F AM & PM $800 per month

M-F AM & PM $900 per month

- $50 Registration Fee due at time of enrollment
- 10% off Sibling Discount off lower tuition
- Make all checks payable to **Kings Park Jewish Center**
- Master Card, Visa, Discover and American Express Accepted
-5% discount for tuition paid in full.

Tuition is based on a 10-month figure.

PROGRAM	DAYS	MONTHLY	YEARLY
Morning (AM) Session	**M/W OR W/F**	**$400.00**	**$4,000**
	MWF	**$450.00**	**$4,500**
	M-F	**$499.00**	**$4,999**
Afternoon (PM) Session *Pending enrollment ratios are met.**	**M/W OR W/F**	**$400.00**	**$4,000**
	MWF	**$450.00**	**$4,500**
	M-F	**$499.00**	**$4,990**
AM & PM Session *Pending enrollment ratios are met.**	**MWF**	**$800.00**	**$8,000**
	M-F	**$900.00**	**$9,000**

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IMMUNIZATION RECORD

Child's Name: _____ Today's Date: _____

Date of Birth: _____ Age: _____

Fill in the age and date for each immunization your child has received.

Hepatitis B	**#1**	**#2**	**#3**	
Age				
Date				
DTaP	**#1**	**#2**	**#3**	**#4**
Age				
Date				
Hib	**#1**	**#2**	**#3**	**#4**
Age				
Date				
IPV	**#1**	**#2**	**#3**	**Booster**
Age				
Date				
PCV	**#1**	**#2**	**#3**	**#4**
Age				
Date				
MMR	**#1**	**Booster**		
Age				
Date				
Varicella	**#1**			
Age				
Date				
Hepatitis A	**#1**			
Age				
Date				
Other				

Please submit updated copy of your child's immunization record prior to school beginning.

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HEALTH POLICY

1. THE CHILD MUST HAVE ALL IMMUNIZATIONS REQUIRED BY THE STATE PRIOR TO ENERING SCHOOL AND DATES NOTED ON THE FORM.
2. IF A CHILD HAS NOT RECEIVED THE REQUIRED IMMUNIZATIONS, A NOTE MUST BE SENT BY THE PHYSICIAN OR PARENT STATING THE REASON.

IF YOUR CHILD HAS A TEMPERATURE, FATIGUE OR SYMPTOMS OF A COLD, WE ASK THAT HE/SHE REMAIN AT HOME. A CHILD SHOULD NOT RETURN TO SCHOOL UNTIL 24 HOURS AFTER A TEMPERATURE IS NORMAL OR 24 HOURS AFTER AN UPSET STOMACH OR DIARRHEA.

PARENTS MUST NOTIFY THE SCHOOL IF THEIR CHILD HAD CONTRACTED A COMMUNICABLE DISEASE (E.G., CHICKEN POX, IMPETIGO, PINK EYE, HEAD LICE, ETC...)

PARENTS MUST SIGN THIS FORM GIVING THE SCHOOL PERMISSION TO PROVIDE MEDICAL ATTENTION IN THE CASE OF AN EMERGENCY.

1. **ILLNESS** - PARENTS WILL BE CALLED TO COME FOR THE CHILD, OR IF PARENTS CANNOT BE REACHED, THE EMERGENCY CONTACT WILL BE CALLED.
2. **ACCIDENTS** - PARENTS WILL BE CONTACTED AND FAMILY PHYSICIAN. IF NECESSARY, EMERGENCY CONTACTS WILL BE CALLED.
3. **EMERGENCIES -** PARENTS WILL BE NOTIFIED ALONG WITH THE FAMILY PHYSICIAN. MEDICAL ATTENTION WILL BE GIVEN. IF PARENTS OR FAMILY PHYSICIAN CANNOT BE CONTACTED, THE KINGS PARK RESCUE SQUAD WILL BE CALLED TO TAKE THE CHILD TO ST. CATHERINE'S HOSPITAL IF NECESSARY. A TEACHER OR THE DIRECTOR WILL ACCOMPANY THE CHILD. THE EMERGENCY CONTACT WILL BE CALLED BY THE TEACHER OR DIRECTOR AND INFORMED OF WHAT ACTION HAS BEEN TAKEN.
4. **MEDICATION -** MEDICATION CAN ONLY BE ADMINISTERED BY THE SCHOOL WITH WRITTEN PERMISSION AND DIRECTIONS FROM THE PHYSICIAN.

*******PLEASE LIST ALL ALLERGIES*****:** _____

_____

THERE WILL BE A PERIOD OF OUTDOOR PLAY DURING THE MORNING AND AFTERNOON SESSIONS, WEATHER PERMITTING. ANY CHILD WHO CANNOT PLAY OUTDOORS SHOULD NOT BE SENT TO SCHOOL.

I HAVE READ THE HEALTH POLICY AND AGREE TO THE ITEMS SPECIFIED ABOVE:

_____

PARENT SIGNATURE

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FINANCIAL CONTRACT

I HAVE ENROLLED MY CHILD, _____ IN PRIME-TIME PRESCHOOL FOR THE 2024/2025 SCHOOL YEAR. I UNDERSTAND AND AGREE THAT:

1. REGISTRATION WILL BE ACCOMPANIED BY A NON-REFUNDABLE FEE OF $50.00.
2. TUITION IS A FEE FOR THE ENTIRE SCHOOL YEAR DIVIDED INTO 10 MONTHLY PAYMENTS. PAYMENTS ARE DUE THE FIRST DAY OF EACH MONTH. PLEASE NOTE**: JUNE TUITION IS COLLECTED ALONG WITH REGISTRATION FEE AT THE TIME OF REGISTRATION**.
3. IT IS UNDERSTOOD THAT THE REGISTRATION FEE IS NON-REFUNDABLE. I ALSO UNDERSTAND THAT NO REFUNDS WILL BE MADE FOR SCHOOL CLOSINGS, ILLNESS, FAMILY VACATION DAYS, WITHDRAWALS AFTER NOVEMBER 1ST, OR FOR ANY OTHER UNAVOIDABLE CIRCUMSTANCES.
4. THERE WILL BE NO MAKE-UP DAYS FOR ANY REASON. THERE WILL BE NO REFUNDS FOR MISSED DAYS OR WITHDRAWALS BEFORE THE END OF THE MONTH. IT IS UNDERSTOOD THAT PRIME TIME HAS CLASSES IN A SYNAGOGUE, AND THERE MAY BE DAYS WHERE CLASSES CANNOT BE HELD DUE TO RELIGIOUS OBSERVATION.
5. I AM RESPONSIBLE FOR TUITION PAYMENTS FOR THE FULL MONTH REGARDLESS OF MISSED DAYS DUE TO VACATION OR ILLNESS.
6. ALL FEES WILL BE PAID BY CHECK, CASH, CREDIT CARD OR MONEY ORDER.
7. **I WILL BE ASSESSED A LATE CHARGE OF $10.00 FOR EACH 15 MINUTES OF OVERTIME MY CHILD REMAINS BEYOND HIS/HER NORMAL PICK-UP TIME.**
8. IF I DECIDE TO WITHDRAW MY CHLD FROM THE PROGRAM, I WILL PROVIDE TWO-WEEKS WRITTEN NOTICE TO PRIME TIME. PREPAID JUNE TUITION WILL ONLY BE REFUNDED IF THE POLICY IS FOLLOWED. IF I DO NOT PROVIDE SUCH NOTICE, I WILL FORFEIT THE PRE-PAID TUITION, AND BE RESPONSIBLE FOR TUITION TO COVER THE TIME PERIOD BEFORE.
9. **TUITION PAYMENTS ARE DUE THE FIRST OF THE MONTH. ALL PAYMENTS RECEIVED AFTER THE 10TH OF THE MONTH WILL INCUR A LATE FEE OF $25.00. ALL RETURNED CHECKS WILL BE CHARGED A FEE OF $25.00. ALL CHECKS ARE TO BE MADE PAYABLE TO "KPJC".**

_____ _____

Parent's Signature Date

_____

Print Name

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_____ _____

Parent's Signature Date

_____ ******* PARENTS- KEEP FOR YOUR RECORD**********

Print Name

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FRIENDSHIP LIST

Dear Parent(s):

Welcome to Prime Time Preschool,

We would like your permission to publish your child's name and address information on our class list for distribution to the children in his/her class. The list comes in handy so that you can arrange play dates and parties with other students. The list will include your child's name, address, phone number and parents' names.
Please complete the form below and return with your registration materials.

Sincerely,

Prime Time Preschool

☐ Yes, I would like my child's information printed on the class list.

☐ No, I would not like my child's information printed on the class list.

Child's Name: _____

Address: _____

_____

Phone Number: _____

Parent's Names: _____ _____

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PHOTO PERMISSION

We would like to take pictures during certain school activities and need your permission to use these photos on our website or on social media (Instagram & Facebook). Pictures would be selected to highlight activities during school, our class environment and/or holiday events. We will never reference your child by name or provide any specific information regarding your child. The pictures will only be used for Prime Time Preschool to show the many ways our children can have fun while participating in school!

Please take a moment to let us know your preferences regarding our use of photos of your children:

_____ Yes. I grant permission to use photos of my child on Prime-Time Preschool website and on social media.

_____ Pictures can be taken and used for school projects ONLY- not to be published on Prime-Time Preschool website or on social media,

_____ No. Please do NOT take or use any photos of my child.

Child(ren)'s Name(s) (PLEASE PRINT)

_____ _____

Parent/Guardian's Name: (PLEASE PRINT) Parent/Guardian's Signature:

_____ _____

Date: _____

Please return form along with your other registration materials.

For questions, please contact our office at 631-269-1003

You may find us on Facebook or Instagram under Prime-Time Preschool

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Use this form to sign up for automatic payment services.

Please follow these simple instructions to sign up for Automated Payment Services:

1. CHECK OFF PAYMENT METHOD BELOW
2. FILL OUT INFORMATION REQUESTED (PLEASE PRINT CLEARLY)
3. HAND IT IN OR MAIL BACK TO US

Note: It will be processed monthly on or after the 1st of every month.

AUTOMATED CREDIT CARD PAYMENT:

Circle One: Visa Mastercard American Express Discover

Credit Card Number: _____

Three Digit Security Code: _____

Expiration Date: _____

Student's Name: _____

First & Last Name as it appears on the card: _____

Address (with zip code): _____

_____

Signature: _____

Amount to be taken out monthly: _____

I authorize Kings Park Jewish Center, on behalf of Prime-Time Preschool, to automatically charge my credit card for my bill on the bill issue date. I may cancel this request by contacting Prime Time Preschool.