



www.TheLittleSchoolNJ.com
40 Franklin Turnpike
Waldwick, NJ 07463
(201)689--0034

2026-2027 APPLICATION FOR ADMISSION

Administration Use Only:

Date Enrolled: _____
Registration Fee: _____
Security Deposit: _____

S T U D E N T I N F O	Student's Name					Please attach student's photograph here	
	Date of Birth		Nickname				
	Home Address		Sex	Male ☐	Female ☐		
	City, State, Zip code						
	Student Lives With:	Mother ☐	Father ☐	Both ☐	Guardian ☐		Other ☐
	Siblings/Ages						
	Student's parents are now:	☐ Married ☐ Mother Deceased ☐ Divorced / Separated ☐ Father Deceased					
	Language(s) spoken at home						
Allergies:	Does your child have any allergies or other health condition we should be aware of :						
Previous School	Has your child attended any other school? ☐ No ☐ Yes School _____ Reason for leaving _____						
How did you hear of The Little School?	☐ Internet ☐ Newspaper ☐ Direct Mail ☐ Family/Friend ☐ Drive by ☐ Student/Alumni						
Please identify name of newspaper, friend, or alumni							

P A R E N T	Parent/Guardian	Mother	Father
	Name		
	Home Address		
	Home Phone	()	()
	Cell Phone	()	()
	Email Address		

I N F O	Company Name		
	Address		
	Occupation		
	Work Phone	() Ext.	() Ext.

S C H E D U L E	Enrolling In:	18 months - 2 yrs ☐	2½ - 3 yrs ☐	3½ - 4 yrs ☐	4½ - 5 yrs ☐	Kindergarten ☐
	Days Enrolled:	Monday ☐	Tuesday ☐	Wednesday ☐	Thursday ☐	Friday ☐
	Sessions	☐ 2 Half Days* ☐ 3 Half Days* ☐ 4 Half Days* ☐ 5 Half Days* ☐ 2 Full Days* ☐ 3 Full Days* ☐ 4 Full Days* ☐ 5 Full Days* *Please be sure to review Tuition Rates form for eligible schedules according to age group*				
	Financial Responsibility	☐ Mother ☐ Father ☐ Both ☐ Other _____				

A D D E D F E E S	Hours of Operation	8:30am –12:30pm Half Day (with Lunch)/11:30 (no lunch)	8:30am – 3:30pm Full Day
	Dismissal Times	Early Drop Off (8-8:30am) \$20.....Daily ☐ \$80.....Pre-paid Weekly	Late Pick Up (3:30-4pm) \$20.....Daily ☐ \$80.....Pre-paid Weekly
	Additional Day Rates	Additional Full Day.....\$80	Additional Half Day.....\$60
	Late Fee	Arrival after time of dismissal time without scheduled late pickup is subject to \$25 fee per every 15 minute period. Please initial here to acknowledge this policy _____	

C O N T A C T S	Person(s) authorized to pick up your child and/or contact in case of emergency, if neither parent is available to assume responsibility for the child.		
	Name _____	Phone# _____	Relationship _____
	Name _____	Phone# _____	Relationship _____
	Name _____	Phone# _____	Relationship _____
	Parent/Guardian Name Printed: _____		
	Parent/Guardian Signature: _____		Date: _____

	Name of person(s) UNAUTHORIZED to pick up the child: _____ If a non-custodial parent is not included among those persons authorized by the custodial parent to pick up the child, please explain below and attach a copy of appropriate court orders. Parent/Guardian Signature: _____ Date: _____
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M E D I A	In an effort to keep The Little School of Waldwick in the public eye and for school promotional materials, the school reserves the right to photograph, video and/or audio record students for the purpose of advertising or publicizing events, activities, facilities and different programs of the school. I understand that these items may be distributed to individuals, groups, and the news media and published in, but not limited to, advertisement, newsletters, slide shows, video presentations, Social Media (i.e. Instagram & Facebook) and the internet. This includes sharing of posts or parent postings. Parents shall not post photos of other students. I (We), the parent/guardian of _____, have read the above and hereby consent to the use of any photographs, video and or audio recordings taken of my child/children. Parent/Guardian Signature: _____ Date: _____
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Medical Information

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Student's Doctor: _____ Phone: _____
 Address: _____ Does
 your child have any allergies? _____
 Does your child have asthma? _____
 Does your child take any medications? _____
 Does your child have any other health condition that we need to be aware of in order to provide better care?

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POLICY ON ACCIDENTS AND EMERGENCIES:

Parents will be notified of injury/accident by at least one of the following: phone, email, and brightwheel app if necessary.
 In the case of a minor injury, The Little School Staff will administer first aid. Parent/Guardian will be provided with an accident report.
 Parent/Guardian will be asked to review the report and sign a copy to be kept in child's school records.
 In case of a serious injury or illness, your child's safety will be attended to first. Emergency agencies will be contacted immediately and then parent/guardian. If necessary child will be transported to the Valley Hospital in Ridgewood NJ. If a parent/guardian cannot be reached, we will phone the emergency contact provided. A staff member will stay with your child until you arrive.
 Parent Signature: _____

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EMERGENCY AUTHORIZATION

I give permission to the **Valley Hospital and/or my Child's Pediatrician** to provide emergency medical treatment for my son/daughter. Medical personnel are granted consent to carry out required emergency treatment for my son/daughter.

As the parent or authorized representative, I hereby give consent to The Little School to obtain all emergency medical or dental care. This care may be given under whatever conditions are necessary to preserve the life, limb, or well-being of my child. I understand that I am responsible for all costs related to emergency medical treatments.

Student's Name: _____
 Parent/Guardian Signature: _____ Date: _____

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- ☐ I give my permission for my child to participate in walking trips within the center's neighborhood.
- ☐ I do not give my permission for my child to participate in walking trips within the center's neighborhood.

Parent/Guardian Signature: _____ Date: _____

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I (we) attest that all of the information on this application is accurate, and that I have read the following information as provided on The Little School website:

1. Information to Parents	Yes	No
2. Policy on the Release of Children	Yes	No
3. Philosophy of Discipline	Yes	No
4. Policy on the Management of Illnesses/Communicable Diseases	Yes	No
5. Expulsion Policy	Yes	No
6. Policy on Accidents & Emergencies	Yes	No

Parent Signature: _____ Date: _____

FINANCIAL AGREEMENT

Please initial next to each statement

1. Acceptance of this application is subject to an interview with parent/guardian and perspective student prior to enrollment. When space is available a student is accepted for an initial one week trial interview. Continued enrollment will be evaluated based on the child's readiness and adjustment to the program.
2. Enrollment at the Little School is on an annual basis. Tuition is quoted for the entire academic year (September through June) or that portion remaining after date of entry. Tuition is not month-to-month.
3. Tuition cost takes into consideration days school is not in session for partial months, seasonal recess days, holidays, and emergency snow closures.
4. Yearly Tuition payment can be paid in full upon registration, or may be paid in increments of 2, 4, or 8 installments; as outlined on the Tuition Rates form.
5. The Little School offers a 5% discount for tuition paid in full.
6. A student's annual tuition is paid with no deductions, credits, refunds nor make-up days for student absences due to illnesses, family vacations, holidays, inclement weather, emergency closings, early withdrawals, or as a result of the end of the program's cycle.
7. **A non-refundable annual registration fee of \$150 must accompany this application.**
8. **A non-refundable Security Deposit equal to 20% of student's total annual tuition cost must accompany this application and is applied to the first and last month of attendance.**
9. A 5% sibling discount is offered off lowest tuition. Sibling discount is not eligible in combination with any other discount.
10. Tuition is due on the 25th of the month. A \$25 late tuition fee will apply for payment received between the 25th and the 1st of the following month. A late payment charge of 10% of the monthly installment will be charged for tuition received after the 1st of the following month. Returned transactions will be assessed with a \$50 penalty fee.
11. . Tuition payments **must** be current. Payments in arrears may result in *expulsion and forfeiture* of the security deposit. If the account is then brought current, payment for a new registration fee and security deposit must be made for reinstatement
12. The Little School of Waldwick reserves the right to refuse enrollment or request the withdrawal of a student who in the judgment of the Director, is not benefiting from the program or that the association of The Little School and the student is not conducive to the welfare of the child, the school, its teachers and other attending students as determined by the school Director. If such action is necessary, a prorated refund of paid tuition will be made. All non-refundable fees paid do not apply.
13. Removal of a student from school whether by parental choice or that of The Little School, will not relieve the parent/guardian and or guarantors financial responsibility of the liability for any outstanding balance due on the account. You will be held responsible for paying any tuition balance and any legal and collection costs including attorney and court fees.
14. In case of early withdrawal from the program, all payments made will be forfeited. ***Any student unable to attend will forfeit all deposits and fees paid. There will be absolutely no exception to this policy regardless of the reason for withdrawal. Written notice of early withdrawal must be made 45 days in advance and approved by school director. Security Deposit will be applied to last month of attendance.***
15. ***All fees and tuition payment processed are non-refundable. By signing I understand that any money I have paid is not eligible for refund.***

I(We), the parent/guardian of _____ have read the above Financial Agreement and accept the financial tuition obligation to The Little School of Waldwick. I (We) recognize that this is a legal agreement and sign it with full knowledge and understanding for its implementation and consent of its meaning and importance.

Parent/Guardian Name Printed: _____

Parent/Guardian Signature: _____ Date: _____



EMERGENCY CONTACT FORM

Student Name: _____

Birthday: _____

Home Phone: _____

Home Address: _____

STUDENT
PHOTO
HERE

Parent Name: _____

Cell Phone: _____

Work Phone: _____

Email: _____

Parent Name: _____

Cell Phone: _____

Work Phone: _____

Email: _____

Emergency Contact 1:

Name: _____

Relation to child: _____

Phone Number: _____

Emergency Contact 2:

Name: _____

Relation to child: _____

Phone Number: _____

Emergency Contact 3:

Name: _____

Relation to child: _____

Phone Number: _____

ALLERGIES:

MEDICATIONS:

