

**5 FULL DAYS \$1500**  
**4 FULL DAYS \$1450**  
**3 FULL DAYS \$1000**  
**2 FULL DAYS \$700**

**JP INFANT CENTER at**  
**Big Chief School and Camp**  
**2427 No. Jerusalem Rd.**  
**East Meadow NY 11554 516-781-3900**

01/2025

**2025-2026 REGISTRATION FORM**

**EARLY BIRD DUE BY 2/15/2025**

Child's Name \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Address \_\_\_\_\_ Town \_\_\_\_\_ Zip \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Age When Starts \_\_\_\_\_

Doctor Name: \_\_\_\_\_ Phone # \_\_\_\_\_ Town \_\_\_\_\_

Mom's Name \_\_\_\_\_ Work# \_\_\_\_\_ Cell# \_\_\_\_\_

Dad's Name \_\_\_\_\_ Work# \_\_\_\_\_ Cell# \_\_\_\_\_

Email Address (Required for Billing) \_\_\_\_\_

Does your child have any allergies? \_\_\_\_\_

What made you select our school? \_\_\_\_\_

How did you find out about our school? Advertisements? \_\_\_\_\_ Which ones? \_\_\_\_\_

Are you planning to have your child stay through July and August? Yes, \_\_\_\_\_ No \_\_\_\_\_

What month will your infant be starting at Big Chief? \_\_\_\_\_

Times for the program are 9:00 AM to 4:00 PM.

What time will you be dropping off your child \_\_\_\_\_ What time picking up? \_\_\_\_\_

**PERMISSION SLIPS**

**Medical Emergencies:** If you cannot be reached:

Contact Name: \_\_\_\_\_

Relationship to child? \_\_\_\_\_ Phone # \_\_\_\_\_

**Releases:** I give the following two people permission to pick up my child at Big Chief:

Name: \_\_\_\_\_ Phone # \_\_\_\_\_ Relationship \_\_\_\_\_

Name: \_\_\_\_\_ Phone # \_\_\_\_\_ Relationship \_\_\_\_\_

**Rest Time:** All full day children will be offered a nap. \_\_\_\_\_ INITIALS

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

**J.P. INFANT CENTER  
AT  
BIG CHIEF SCHOOL AND CAMP**

**Registration:**

To enroll your child, fill out this form, sign the bottom on both sides and enclose a \$350.00 non-refundable deposit (\$250 toward security and a \$100 registration fee). This ensures a place for your child.

**Tuition Payments:**

Tuition is based on an annual fee and is divided into ten monthly payments for your convenience. Because you are paying tuition on an annual basis, this tuition may go up at any time, if deemed necessary. Please note that you are paying only for the days that school is in session and not for the days that we are closed. Tuition for infants is \$15,00.00 for the school year divided into ten equal payments. The first payment upon enrollment and nine others on the first of every month. **\*There are NO make-up days or money credit if your child is absent for any reason.\***

**Trial Period:**

**During the first month of school** if your child does not adjust, you will be charged for that month only and your security will be refunded. As a parent, you have three months from the start date to decide if you wish to discontinue. If you withdraw your child after three months you will forfeit your security. It is agreed that any dispute concerning, relating, arising out of, or referring to the subject matter of this contract shall be resolved exclusively by binding arbitration in Nassau County, New York according to the then existing commercial rules of the American Arbitration Association and the substantive laws of that state.

**Extra Charges:**

There is a \$25.00 late charge if tuition is paid after the tenth of the month. If a check is returned to us by the bank, there is a \$30.00 charge. We will re-deposit one check. If more than one check bounces, the balance of your payments will have to be paid in cash or certified check.

**Extended Hours:**

**7AM TO 5:30/6:00**

Parent's

Signature \_\_\_\_\_ Date \_\_\_\_\_

Deposit \_\_\_\_\_