



# Pickwick School

151-15 85<sup>th</sup> Drive

Jamaica, NY 11432

Phone (718) 526-1340 Fax (718) 291-7431

## Application for Enrollment

Enrollment Start Date \_\_\_\_\_

Child's Name \_\_\_\_\_ Gender \_\_\_\_\_ Date of Birth \_\_\_\_\_

Home Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Mother's Cell \_\_\_\_\_ Father's Cell \_\_\_\_\_

Family Email Address: \_\_\_\_\_

Mother's Name \_\_\_\_\_ Business Phone \_\_\_\_\_ Occupation \_\_\_\_\_

Father's Name \_\_\_\_\_ Business Phone \_\_\_\_\_ Occupation \_\_\_\_\_

Name child is called \_\_\_\_\_ Language spoken at home \_\_\_\_\_

Allergies \_\_\_\_\_ Food restrictions \_\_\_\_\_ Medical Concerns \_\_\_\_\_

Emergency Contact Person: Name & Number (other than parent) \_\_\_\_\_

How did you hear about Pickwick School? \_\_\_\_\_

**Program Schedule:** Circle all that apply:

**Days**

<b>Full Day</b>	9:00-4:00 (All ages)	<b>UPK</b>	5 days	3 days	2 days	M	T	W	TH	F
<b>Half Day</b>	9:00-11:30AM (All ages except Infants)		5 days	3 days	2 days	M	T	W	TH	F
<b>Half Day</b>	1:45-4:15PM (Three year olds only)		5 days	3 days	2 days	M	T	W	TH	F
<b>Half Day</b>	2:30-5:00PM (Toddlers only)		5 days	3 days	2 days	M	T	W	TH	F

**Extended Hours:** 7:30 - 9:00AM 4:00 - 6:00PM

**Full Day UPK (free of charge)**

**Extended hours for UPK classrooms available**

Program includes lunch and/or both AM & PM snacks (depending on scheduled enrollment).

This application for enrollment must be accompanied by a one-time registration fee of seventy five (\$75.00) which is non-refundable except in the event the application is denied by the school, in which case the fee will be refunded in full. Furthermore, it is understood that upon acceptance by the school, a deposit fee equal to one month's tuition must be remitted within thirty days.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**THE PICKWICK SCHOOL AUTHORIZED PICK-UP SHEET**

Welcome to a brand new school year! In order to ensure your child's safety, please list all persons that are permitted to pick up your child from school. Pickwick School will not release any child to persons not listed on this authorized pick up sheet. All persons picking up children for the first time must show valid photo identification.

*Parents may revise this list when necessary. All revisions must be made in person.*

Child's Name \_\_\_\_\_

<u>Name</u>	<u>Relationship</u>	<u>Telephone #</u>

Parent's Name: \_\_\_\_\_  
(please print)

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

**EMERGENCY HOME CONTACT**

Student's  
Last Name \_\_\_\_\_ First \_\_\_\_\_ Sex M\_\_\_ F\_\_\_

Student's Date of Birth \_\_\_\_\_

Mother or Guardian \_\_\_\_\_ Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_

Home Address \_\_\_\_\_ Business Address \_\_\_\_\_  
\_\_\_\_\_

Other phone where Mother or Guardian can be reached \_\_\_\_\_

Father \_\_\_\_\_ Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_

Home Address \_\_\_\_\_ Business Address \_\_\_\_\_  
\_\_\_\_\_

Other phone where Father can be reached \_\_\_\_\_

If school cannot get in touch with either parent, name a friend or relative who may be called upon if child is sick in school. **\*\*\*Please note: Any person listed as an emergency contact must also be listed on the Authorized Pick-Up Sheet.**

Name \_\_\_\_\_ Address \_\_\_\_\_

Phone \_\_\_\_\_

Child's Doctor \_\_\_\_\_ Doctor's Phone \_\_\_\_\_

If none of the above can be reached by phone **What do you wish the school to do** in case of emergency?

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(It is understood that in the final disposition of an emergency case, the judgment of the school authorities will prevail. The recommendation of the parent as indicated above will be respected as far as possible.)

If at any time the above information must be changed, I will notify the school in writing.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

## Contact Information

Name: \_\_\_\_\_ DOB \_\_\_\_\_

Address: Street address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Home Phone #: \_\_\_\_\_

Family e-mail Address: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Cell #: \_\_\_\_\_

Work #: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Cell #: \_\_\_\_\_

Work #: \_\_\_\_\_

Daytime Emergency Contact (other than parents) **\*\*\*Please note: Any person listed as an emergency contact must also be listed on the Authorized Pick-Up Sheet.**

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

Phone: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Siblings: Names, Gender and Ages: \_\_\_\_\_

\_\_\_\_\_

Any known allergies \_\_\_\_\_

Any dietary restrictions \_\_\_\_\_

Any medical / physical limitations \_\_\_\_\_

Any Special Concerns: \_\_\_\_\_



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### **TRIP, MEDICAL, SUNSCREEN APPLICATION & PHOTO/VIDEO CONSENT FORM**

I, \_\_\_\_\_, as the parent of \_\_\_\_\_, hereby authorize the staff of Pickwick School to take my child on educational field trips, (walking or by school bus), as part of the regular school program.

I further understand that in the event that my child needs medical attention, the school shall make every effort to contact me and/or another person designated by me. Upon failure to contact me or my designated person, I authorize the school to obtain the appropriate and necessary care for my child.

I am also authorizing Pickwick School staff to apply sunscreen on my child that I will be providing.

I also authorize the Pickwick School to photograph and video tape (to use for our Art Show slide show) my child for non-profit use.

\_\_\_\_\_

Date

\_\_\_\_\_

Parent's Signature



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## Guidelines for Pickwick School Closings

Please be advised that we do follow the NYC Department of Education guidelines for school closings due to inclement weather conditions and emergency situations. Monitor news reports closely for any announcements regarding NYC Public Schools. **In the event that NYC Public Schools are closed then we will be closed also.** Be advised that we do take all recommendations for school closings seriously in order to ensure everyone's safety.

Also, keep in mind that the driveway needs to remain clear at all times. It is a private driveway that is not affiliated with Pickwick School, therefore may not be shoveled when it snows.

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(Parent's signature)

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(Date)