BRONX-MANHATTAN SEVENTH-DAY ADVENTIST SCHOOL
1400 Plimpton Avenue ✦ Bronx, NY 10455
Phone: (718) 588-7598 ✦ www.bmsdaschool.org

Early Childhood Program — Enrollment Form & Agreement

Thank you for choosing Bronx-Manhattan SDA School for your child's early education. Please fill out this enrollment form completely. By signing at the end, you also agree to the policies and terms outlined below.

Student Information

Child's Full Name: _____

Preferred Name / Nickname: _____

Date of Birth: _____

Gender: _____

Home Language: _____

Parent / Guardian Information

Parent or Guardian Name(s): _____

Primary Phone: _____

Alternate Phone: _____

Email Address: _____

Residential Address: _____

Emergency Contact Name: _____

Emergency Contact Phone: _____

Authorized Pickup Persons

Please list all individuals authorized to pick up your child (other than parents/guardians listed above):

Name & Relationship — Person 1: _____

Name & Relationship — Person 2: _____

Health & Medical Information

Known Allergies (food, environmental, etc.): _____

Chronic Conditions or Special Needs: _____

Current Medications: _____

Dietary Restrictions: _____

Child's Physician: _____

Physician's Phone Number: _____

Program Details

Program Hours: 8:00 AM – 3:00 PM, Monday through Thursday, 8:00 AM – 12:30 PM Fridays

Anticipated Start Date:

Tuition & Payment Agreement

Monthly Tuition: $ 500 **Payment Due Date:** _____

Late Pick-Up

Unscheduled late pick-ups will be charged $15 per hour, billed directly to the account on file.

Attendance & Illness Policy

Children who are feverish, vomiting, or showing signs of a contagious illness must remain home until symptom-free for at least 24 hours. Absences related to illness do not qualify for tuition refunds or credits.

Conduct & Guidance Policy

Our program uses positive reinforcement and developmentally appropriate redirection. Corporal punishment is never used. Persistent behavioral concerns will be communicated to parents promptly and addressed collaboratively.

Photo & Media Release

Please indicate your preference below:

☐ Yes — I grant permission for my child's image to appear in school newsletters, social media, or promotional materials.

☐ No — I do not grant permission for my child's image to be used.

Liability Acknowledgment

I understand that Bronx-Manhattan SDA School takes every precaution to maintain a safe environment. However, I hereby release the school and its staff from liability for accidents or injuries occurring on school premises, except those arising from gross negligence or willful misconduct.

Acknowledgment & Signature

By signing below, I confirm that I have read, understood, and agree to all terms set forth in this enrollment form and agreement.

Parent / Guardian Signature		*Date*

We look forward to welcoming your child to our school family. God bless you!