



Enrichment Program

107-06 71st Road, 2nd Floor, Forest Hills, NY 11375

Office: (718) 575 8877 Email: info@isteinny.com Web: www.isteinny.com Wechat: isteineducation

REGISTRATION FORM

Date of Application: _____ / _____ / _____

State Test Preparation (3rd – 5th Grade)

Little Winner Enrichment (K – 2nd Grade)

Child Information

Child's Name (First Name, Last Name) _____

Nick Name _____

Age _____

Gender (M/F) _____

Date of Birth (mm/dd/yyyy) _____

Primary Language at home _____

Child is allergic to _____

Name of School _____

Grade _____

Class # _____

Teacher's Name _____

School Dismissal Time _____

Parent / Legal Guardian Pick Up at ISTEIN? Y N

Child needs Drop Off to home? Y N at _____ PM

Family Information

Primary Parent / Legal Guardian (first name, last name) _____ Occupation _____

Other Parent / Guardian (first name, last name) _____ Occupation _____

Address (street # and name) _____

Address (if different from primary) _____

City, State, Zip _____

City, State, Zip (if different from primary) _____

Home Phone _____

Home Phone (if different from primary) _____

Work Phone _____

Work Phone _____

Cell Phone _____

Cell Phone _____

Email _____

Email _____

Additional persons authorized to pick up child from ISTEIN (Name, phone & relationship): _____

Emergency Contact Information

First / Last Name

Relationship to Child

Address (Street # and name)

City, State, Zip

(_____) _____ - _____
Home Phone

(_____) _____ - _____
Work Phone

(_____) _____ - _____
Cell Phone

Health & Medical Information

List Any Health or Medical Conditions

List Current Medications* and Side Effects

*If your child is taking medication, you must complete Authorization to Administer Medication Form.

Physician's Name

(_____) _____ - _____
Physician's Phone Number

List any additional information that staff need to be aware of for the well-being of your child.

I verify that my child is of good mental and physical health, and may participate in the ISTEIN Enrichment program. I also verify that my child's immunization shots are up to date. I give permission to authorize emergency care to my child in the event that neither I nor the physician can be contacted.

Signature of Legal Guardian / Parent

_____/_____/_____
Date

(Parent/Legal Guardian Name) do hereby grant permission for

(Student's Name) to attend ISTEIN Enrichment Program.

Parent / Legal Guardian's Signature: _____ **Date:** ____/____/____

For more information please visit:
www.isteinny.com



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ENROLLMENT AGREEMENT

NON-NEGOTIABLE TERMS AND CONDITIONS OF ENROLLMENT

UNDERSTANDING

I hereby certify that I am the parent or legal guardian of the listed student below, a minor, to participate in ISTEIN LITTLE WINNER program or STATE TEST PREP program, ISTEIN GLOBAL GROUP INC. and all its programs and activities. I grant ISTEIN GLOBAL GROUP INC. the right to take and use photos and videos of the student listed below for promotional purposes. I hereby agree to reimburse ISTEIN GLOBAL GROUP INC. for any property damage caused by the student listed below. I understand that the listed student below will not be allowed to participate in the enrichment programs and any other sponsored activities unless I provide a medical form completed by a licensed medical professional. I understand that my child's records (contacts, phone numbers, emails, and authorized pick-ups) are my responsibility to keep current and accurate. I will update my child's records through the Site Director whenever there is a change.

TUITION PAYMENTS, DUE DATE, LATE PAYMENTS & HOURS OF OPERATION

I understand that I am responsible for making payments on a semester basis, and that two payments are due on the September 18th, 2015 and December 20th, 2015. A \$30 Late Fee will be enforced for payments not received by the due date. If payment is not received for the current semester by the date listed above, I understand that my child may be removed from the program. Children with outstanding balances will not be able to attend ISTEIN. I understand that the Hours of Operation could vary due to weather or operating reasons; in such cases, former notice will be sent depending on the situation.

HOW TO MAKE PAYMENTS

Program payments should be made by cash, or check. Payments by check should be made to **ISTEIN GLOBAL GROUP INC.** I understand that first payments (one-time payment) are due on September 18th, 2015 and second time payments are due on December 20th, 2015.

HOLIDAYS, TEACHER WORKDAYS & EARLY SCHOOL CLOSING

I understand that there are several public holidays that ISTEIN will **NOT** be open. ISTEIN will **NOT** be in session during the following holiday sessions: September 14-15 (Rosh Hashanah), September 23 (Yom Kippur), September 24 (Eid al-Adha), October 12 (Columbus Day Observed), November 3 (Election Day), November 4 or 5 (Elementary School Parent-Teacher Conferences), November 11 (Veterans Day Observed), November 26-27 (Thanksgiving Recess), December 24 – January 1 (Winter Recess), January 18 (Dr. Martin Luther King Jr. Day), February 8 (Lunar New Year), February 15-19 (Midwinter Recess), March 2 or 3 (Elementary school Parent Teacher Conferences), March 25 (Good Friday), April 25-29 (Spring Recess), May 30 (Memorial Day), June 9 (Anniversary Day), Jun 14 (June Clerical Day). I understand that if school is closed early or closed for the day due to inclement weather, the ISTEIN program will NOT meet. ISTEIN cannot refund due to absences due to illness or inclement weather.

ABSENCES DURING PROGRAM

I understand that in the event of any absences during program hours, I will be responsible for fees for time reserved, not for actual time spent at the program. This would include any vacation time.

PERMISSIONS

I hereby give my child permission to participate in all activities of the program including swimming and field trips. I give my child permission to leave the program site for trips in a school activity bus, or chartered transportation to off-site locations and enrichment programs. I understand that I will be notified before each activity. I give my child permission to walk to points of interest in close proximity to the program site under ISTEIN supervision. I give permission to have my child appear in any media coverage or brochure approved. I give my child permission to watch PG movies.

MEDICAL AUTHORIZATION

I authorize the ISTEIN Site Director or designee to administer medication when necessary. I understand that I will have to sign a medication authorization form before any medication can be administered. ISTEIN staff will not administer shots (other than an EPI pen) or suppositories.

STAFFING

I understand that ISTEIN is not staffed to serve children who need one on one direct care. All children who attend ISTEIN must be able to use the toilet without assistance.

ISTEIN BEHAVIOR POLICY

I understand that my child will have to abide by the ISTEIN policies and procedures to ensure that each participant is safe and plays fair. My child will be taken away from activities when he/she cannot behave in a safe and expected manner. I will be informed of unacceptable behavior and asked to sign a discipline form. I understand that fighting of any kind will not be tolerated and will result in an automatic suspension. If behavior continues to be a problem, the Site Director will have the discretion to suspend my child from the program. If behavior does not improve, as a last resort, my child will be removed from the program. ISTEIN does not use corporal punishment.

EMERGENCY POLICY

In the case of an emergency if any of the listed contacts and emergency contacts cannot be reached, the director or acting person in charge of ISTEIN enrichment as well as the medical staff at New York Hospital Queens has my permission to make decisions regarding the emergency care or treatment for the student listed above. I hereby waive and release ISTEIN GLOBAL GROUP INC., ISTEIN enrichment, and/or its designees from any and all liability and costs associated with any accidents and emergency care. I further understand that I or my medical insurance carrier will be responsible for any medical expenses arising from said emergency or treatment.

TUITION, FEE, AND PAYMENT POLICY

- I understand the rates apply to the program only unless otherwise specified.
- I understand if the student listed below is dismissed from ISTEIN STATE TEST PREPARATION & LITTLE WINNER programs that all tuition and fees assessed are non-refundable and non-transferable, and it is not used as credit for other applicant(s) or upcoming terms.
- I understand the discount is only valid to students with enrollment of entire school year from September 19th, 2015 thru June 28th, 2016, the discounts are subject to one-time payment only, and the payment must be paid in full prior to the starting of the enrichment program.
- I understand the payments must be paid in full prior to the following dates: September 18th, 2015 and December 20th, 2015.
- I understand no refund will be given for any absence. All tuition and fees assessed are also non-transferable and it can NOT be used as credit for other applicant(s) or upcoming terms due to any absence.
- I understand that all tuition and fees assessed are non-refundable and non-transferable, and it can NOT be used as credit for other applicant(s) or upcoming terms due to any and all public holidays, public school breaks, and any natural disasters or/and force majeure.
- I understand no group discounts will be given to students from outside of a family.
- I understand the programs offered / tuition is subject to change.
- I understand the Program director reserves the right to dismiss a student who, after careful consideration and examination, is deemed a hazard to the safety or rights of others persons or who appears to have rejected the reasonable expectations of the school.
- I understand and agree to make cash payment in the sum of \$30 for administration fee if any check written to ISTEIN GLOBAL GROUP INC. bounces.

By signing this form, I understand and agree to the policies set forth upon this document.

Student: **Print Name**

Parent / Legal Guardian: **Print Name**

/ /

Parent / Legal Guardian: **Signature**

Date