



# Nature's Kids 2024-2025

## Student Enrollment

**Instructions:** Select your classes and payment schedule. A non-refundable \$200 deposit will hold your child's schedule until your payment is due on March 1<sup>st</sup>. After that time, you will need to make your March 1<sup>st</sup> payment to register. Please sign and complete all sections. Welcome to Nature's Kids!

### Step 1: Student Information

Full Name of Child \_\_\_\_\_ Sex \_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

### Step 2: Select Your Class Schedule



The Turtle Program from 9am – 12pm. Select  either a 5, 3 or 2 day option.

Select <input checked="" type="checkbox"/>	Day Selection	Annual Tuition	Due by 3/1/24 less deposit	Due by 9/1/24
	5 Days	\$6,833.00	\$3,216.50	\$3,416.50
	3 Days Mon., Wed., & Fri.	\$4,422.00	\$4,222.00	
	2 Days Tues. & Thurs.	\$2,947.00	\$2,747.00	

### Step 3: About the Parents or Legal Guardians: Anyone listed here will be authorized to pick up your child and should always have a valid photo ID reflecting the listed name. Thank you.

Full Name: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Cell #: \_\_\_\_\_ Work #: \_\_\_\_\_ Home #: \_\_\_\_\_ Relationship \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Occupation: \_\_\_\_\_ Skill/Hobby: \_\_\_\_\_

Full Name: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

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Note: We ask about your occupation, and skills/hobby for Nature's Kids volunteer opportunities.

**Step 4: Additional Pick up Authorization and Emergency Contacts** Anyone listed here will be authorized to pick up your child and should always have a valid photo ID reflecting the listed name. Thank you.

Emergency Name: \_\_\_\_\_ Cell #: \_\_\_\_\_

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**Step 5: About Your Child**

Does your child have siblings? \_\_\_\_\_ If YES, please indicate their name(s) and age(s):

\_\_\_\_\_

**Bathroom skills:** Children must be potty trained at the start of their school year.

Is your child potty trained? \_\_\_\_\_ Does your child have bathroom self-help skills? \_\_\_\_\_

**Help us understand your child's personality - How does your child adjust to:**

New situations? \_\_\_\_\_

New adults? \_\_\_\_\_

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What are your child's interests? \_\_\_\_\_

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I understand that the program is only authorized to accept the above-mentioned emergency medications. I must provide the above-noted medication and ensure it is current. All staff administering an emergency medication must be instructed on its use by a parent/legal guardian or my child's health care provider. I understand that the staff of CSTL's Nature's Kids will not administer medication on a regular basis unless in case of an emergency from allergic reaction.

**Parent/Legal Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*Please indicate N/A on the signature line if not applicable to your child.*

**Step 6: Volunteer Information** From time to time, CSTL needs adult volunteers to help out in a variety of ways. This is not a requirement for our Nature's Kids program; however, we do appreciate all volunteers. Adult family members are welcome too! Please check off what you may be able to assist with. Thank you!

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**Spooky Fest**

Help build sets before the event  Face Painting  Craft Preparation  
 Crafts Area  Friendly Characters  Event Guides  Zombie

**Step 7: Required Consent & Liability Waiver**

I, the undersigned, hereby acknowledge my child's voluntary participation in the activities of The Center for Science Teaching and Learning's (CSTL) Nature's Kids Nursery School program

I understand that as part of his/her participation in Nature's Kids my child will be exposed to indoor and outdoor group activities, and activities that may be new to my child. I accept that my child's participation in all Nature's Kids activities and events is made in full knowledge of their inherent risks and perils.

I further acknowledge and understand the contagious nature of Covid-19 (Covid), and other communicable infections, including all varieties and forms, and that exposure or infection may result in personal injury, illness, permanent disability, and death, and, despite taking reasonable precautions to prevent the spread of Covid, and other communicable infections, CSTL cannot prevent my child from becoming exposed to, contracting or spreading Covid, and other communicable infections and by enrolling my child in Nature's Kids I assume on behalf of myself and my child any risk that my child may be exposed to, contract or spread Covid, and other communicable infections. I further acknowledge and understand that, if directed to do so by a federal or state government agency, or if determined necessary by CSTL to prevent or contain the spread of Covid, and other communicable infections CSTL may cancel, suspend or modify the Nature's Kids program, including conducting it remotely instead of in person. No tuition adjustments will be made if classes are cancelled or go remote. If a vaccine is available for your child, he/she must be vaccinated in order to attend Nature's Kids.

As a condition of my child's enrollment and participation in Nature's Kids, I hereby agree to hold harmless jointly and individually, CSTL's Nature's Kids, CSTL and their respective members, directors, employees, volunteers, agents, representatives, heirs, successors and assigns from any and all liability, claims, demands, damages, costs, expenses, actions, and causes of action in respect of death, injury, loss, or damage to my child, or by my child, howsoever caused, arising out of or, by reason of or, during my child's participation in the activities and events of CSTL's Nature's Kids or as a result of the exposure to, infection or spread of Covid-19 and other communicable infections.

**Parent/Legal Guardian Signature**

**Date**

Office: DB Entered \_\_\_\_\_

12/8/2023

**Step 8: Terms and Conditions of Enrollment 2024-2025 (keep a copy for your records)**

**Initial below next to each statement:**

	<b>Payment Schedule:</b> I understand and accept responsibility that tuition payments shall be made according to the <b>Payment schedule</b> (listed below). If the 1 <sup>st</sup> falls on the weekend/holiday, it is still due on that day. There is a \$35.00 fee for returned checks.
	<b>Refund Policy:</b> I understand and accept responsibility that refunds shall be made according to the <b>Tuition Refund Schedule</b> . Refunds must be requested in writing and submitted to CSTL. Refunds are not available for students absent from Nature’s Kids due to illnesses, vacations, COVID, or other reasons. There is no transfer of payments to another child registered in the program.
	I understand that <b>late fees of \$10 per day</b> will be applied to balances that do not adhere to the Payment Schedule.
	Overdue tuition may subject my child's enrollment in Nature's Kids to immediate lapses or cancellation in attendance.
	I understand that my deposit of \$200 is non-refundable, and is applied toward my 1 <sup>st</sup> payment.
	I acknowledge that CSTL may take photographs and make videos of the classes, activities, trips and general experiences at CSTL, solely for promotional purposes. In all contexts as stated, CSTL will avoid using individual children’s names.
	CSTL reserves the right to adjust policies and to make programmatic changes to Nature’s Kids at any time.
	CSTL is not responsible for any damaged or lost property.
	In the event of an emergency, I authorize CSTL to administer first aid or prescribed medications or obtain through emergency personnel such medical care and/or first aid as is necessary for the welfare of the child.
	Registrations received after 3/1 are required to make any scheduled payments that have already passed.
	I agree that any dispute concerning, relating, arising out of or referring to the subject matter of this agreement shall be resolved exclusively by binding arbitration in New York, Nassau County, according to the then existing commercial rules of the American Arbitration Association and the substantive laws of that state.

Initial Here		Tuition Payment Schedule	Tuition Refund Schedule
	March	First installment due by March 1, 2024	
	July		75% refund up to and including May 1, 2024
	August		50% refund up to and including August 1, 2024
	September		25% refund up to and including September 1, 2024. All tuition is <b>non-refundable after September 1, 2024, without exception.</b>
	December	Final installment due by December 1, 2024	non-refundable

**By signing below, I agree to the above terms and conditions of this registration:**

**Print Name** \_\_\_\_\_ **Signature of Parent (Guardian)** \_\_\_\_\_ **Today’s Date** \_\_\_\_\_

Payment may be made via credit card, by providing your information below, in person or over the phone. You may also pay by cash or check (payable to CSTL).

**Credit Card Number** \_\_\_\_\_ **Expiration** \_\_\_\_\_ **Security Code** \_\_\_\_\_

**Name on Credit Card** \_\_\_\_\_ **Amount** \_\_\_\_\_

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\_\_\_\_\_  
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**For Credit Card Payment: Signature** \_\_\_\_\_ **Date** \_\_\_\_\_



# Nature's Kids 2024-2025

## Student Enrollment

**Instructions:** Select your classes and payment schedule. A non-refundable \$200 deposit will hold your child's schedule until your payment is due on March 1<sup>st</sup>. After that time, you will need to make your March 1<sup>st</sup> payment to register. Please sign and complete all sections. Welcome to Nature's Kids!

### Step 1: Student Information

Full Name of Child \_\_\_\_\_ Sex \_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

### Step 2: Select Your Class Schedule



The Turtle Program from 9am – 12pm. Select  either a 5, 3 or 2 day option.

Select <input checked="" type="checkbox"/>	Day Selection	Annual Tuition	Due by 3/1/24 less deposit	Due by 9/1/24
	5 Days	\$6,833.00	\$3,216.50	\$3,416.50
	3 Days Mon., Wed., & Fri.	\$4,422.00	\$4,222.00	
	2 Days Tues. & Thurs.	\$2,947.00	\$2,747.00	

### Step 3: About the Parents or Legal Guardians: Anyone listed here will be authorized to pick up your child and should always have a valid photo ID reflecting the listed name. Thank you.

Full Name: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Cell #: \_\_\_\_\_ Work #: \_\_\_\_\_ Home #: \_\_\_\_\_ Relationship \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Occupation: \_\_\_\_\_ Skill/Hobby: \_\_\_\_\_

Full Name: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Cell #: \_\_\_\_\_ Work #: \_\_\_\_\_ Home #: \_\_\_\_\_ Relationship \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Occupation: \_\_\_\_\_ Skill/Hobby: \_\_\_\_\_

Note: We ask about your occupation, and skills/hobby for Nature's Kids volunteer opportunities.

**Step 4: Additional Pick up Authorization and Emergency Contacts** Anyone listed here will be authorized to pick up your child and should always have a valid photo ID reflecting the listed name. Thank you.

Emergency Name: \_\_\_\_\_ Cell #: \_\_\_\_\_

Relationship: \_\_\_\_\_ Work # \_\_\_\_\_ Home #: \_\_\_\_\_

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**Step 5: About Your Child**

Does your child have siblings? \_\_\_\_\_ If YES, please indicate their name(s) and age(s):

\_\_\_\_\_

**Bathroom skills:** Children must be potty trained at the start of their school year.

Is your child potty trained? \_\_\_\_\_ Does your child have bathroom self-help skills? \_\_\_\_\_

**Help us understand your child's personality - How does your child adjust to:**

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I understand that the program is only authorized to accept the above-mentioned emergency medications. I must provide the above-noted medication and ensure it is current. All staff administering an emergency medication must be instructed on its use by a parent/legal guardian or my child's health care provider. I understand that the staff of CSTL's Nature's Kids will not administer medication on a regular basis unless in case of an emergency from allergic reaction.

**Parent/Legal Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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**Step 6: Volunteer Information** From time to time, CSTL needs adult volunteers to help out in a variety of ways. This is not a requirement for our Nature's Kids program; however, we do appreciate all volunteers. Adult family members are welcome too! Please check off what you may be able to assist with. Thank you!

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Help build sets before the event  Face Painting  Craft Preparation  
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**Step 7: Required Consent & Liability Waiver**

I, the undersigned, hereby acknowledge my child's voluntary participation in the activities of The Center for Science Teaching and Learning's (CSTL) Nature's Kids Nursery School program

I understand that as part of his/her participation in Nature's Kids my child will be exposed to indoor and outdoor group activities, and activities that may be new to my child. I accept that my child's participation in all Nature's Kids activities and events is made in full knowledge of their inherent risks and perils.

I further acknowledge and understand the contagious nature of Covid-19 (Covid), and other communicable infections, including all varieties and forms, and that exposure or infection may result in personal injury, illness, permanent disability, and death, and, despite taking reasonable precautions to prevent the spread of Covid, and other communicable infections, CSTL cannot prevent my child from becoming exposed to, contracting or spreading Covid, and other communicable infections and by enrolling my child in Nature's Kids I assume on behalf of myself and my child any risk that my child may be exposed to, contract or spread Covid, and other communicable infections. I further acknowledge and understand that, if directed to do so by a federal or state government agency, or if determined necessary by CSTL to prevent or contain the spread of Covid, and other communicable infections CSTL may cancel, suspend or modify the Nature's Kids program, including conducting it remotely instead of in person. No tuition adjustments will be made if classes are cancelled or go remote. If a vaccine is available for your child, he/she must be vaccinated in order to attend Nature's Kids.

As a condition of my child's enrollment and participation in Nature's Kids, I hereby agree to hold harmless jointly and individually, CSTL's Nature's Kids, CSTL and their respective members, directors, employees, volunteers, agents, representatives, heirs, successors and assigns from any and all liability, claims, demands, damages, costs, expenses, actions, and causes of action in respect of death, injury, loss, or damage to my child, or by my child, howsoever caused, arising out of or, by reason of or, during my child's participation in the activities and events of CSTL's Nature's Kids or as a result of the exposure to, infection or spread of Covid-19 and other communicable infections.

\_\_\_\_\_  
**Parent/Legal Guardian Signature**

\_\_\_\_\_  
**Date**

Office: DB Entered \_\_\_\_\_

12/8/2023

**Step 8: Terms and Conditions of Enrollment 2024-2025 (keep a copy for your records)**

**Initial below next to each statement:**

	<b>Payment Schedule:</b> I understand and accept responsibility that tuition payments shall be made according to the <b>Payment schedule</b> (listed below). If the 1 <sup>st</sup> falls on the weekend/holiday, it is still due on that day. There is a \$35.00 fee for returned checks.
	<b>Refund Policy:</b> I understand and accept responsibility that refunds shall be made according to the <b>Tuition Refund Schedule</b> . Refunds must be requested in writing and submitted to CSTL. Refunds are not available for students absent from Nature's Kids due to illnesses, vacations, COVID, or other reasons. There is no transfer of payments to another child registered in the program.
	I understand that <b>late fees of \$10 per day</b> will be applied to balances that do not adhere to the Payment Schedule.
	Overdue tuition may subject my child's enrollment in Nature's Kids to immediate lapses or cancellation in attendance.
	I understand that my deposit of \$200 is non-refundable, and is applied toward my 1 <sup>st</sup> payment.
	I acknowledge that CSTL may take photographs and make videos of the classes, activities, trips and general experiences at CSTL, solely for promotional purposes. In all contexts as stated, CSTL will avoid using individual children's names.
	CSTL reserves the right to adjust policies and to make programmatic changes to Nature's Kids at any time.
	CSTL is not responsible for any damaged or lost property.
	In the event of an emergency, I authorize CSTL to administer first aid or prescribed medications or obtain through emergency personnel such medical care and/or first aid as is necessary for the welfare of the child.
	Registrations received after 3/1 are required to make any scheduled payments that have already passed.
	I agree that any dispute concerning, relating, arising out of or referring to the subject matter of this agreement shall be resolved exclusively by binding arbitration in New York, Nassau County, according to the then existing commercial rules of the American Arbitration Association and the substantive laws of that state.

Initial Here		Tuition Payment Schedule	Tuition Refund Schedule
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	August		50% refund up to and including August 1, 2024
	September		25% refund up to and including September 1, 2024. All tuition is non-refundable after <b>September 1, 2024, without exception.</b>
	December	Final installment due by December 1, 2024	non-refundable

**By signing below, I agree to the above terms and conditions of this registration:**

**Print Name** \_\_\_\_\_ **Signature of Parent (Guardian)** \_\_\_\_\_ **Today's Date** \_\_\_\_\_

Payment may be made via credit card, by providing your information below, in person or over the phone. You may also pay by cash or check (payable to CSTL).

**Credit Card Number** \_\_\_\_\_ **Expiration** \_\_\_\_\_ **Security Code** \_\_\_\_\_

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# Nature's Kids 2024-2025

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### Step 1: Student Information

Full Name of Child \_\_\_\_\_ Sex \_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

### Step 2: Select Your Class Schedule



The Turtle Program from 9am – 12pm. Select  either a 5, 3 or 2 day option.

Select <input checked="" type="checkbox"/>	Day Selection	Annual Tuition	Due by 3/1/24 less deposit	Due by 9/1/24
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### Step 1: Student Information

Full Name of Child \_\_\_\_\_ Sex \_\_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

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Payment may be made via credit card, by providing your information below, in person or over the phone. You may also pay by cash or check (payable to CSTL).

**Credit Card Number** \_\_\_\_\_ **Expiration** \_\_\_\_\_ **Security Code** \_\_\_\_\_

**Name on Credit Card** \_\_\_\_\_ **Amount** \_\_\_\_\_

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# Nature's Kids 2024-2025

## Student Enrollment

**Instructions:** Select your classes and payment schedule. A non-refundable \$200 deposit will hold your child's schedule until your payment is due on March 1<sup>st</sup>. After that time, you will need to make your March 1<sup>st</sup> payment to register. Please sign and complete all sections. Welcome to Nature's Kids!

### Step 1: Student Information

Full Name of Child \_\_\_\_\_ Sex \_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

### Step 2: Select Your Class Schedule



The Turtle Program from 9am – 12pm. Select  either a 5, 3 or 2 day option.

Select <input checked="" type="checkbox"/>	Day Selection	Annual Tuition	Due by 3/1/24 less deposit	Due by 9/1/24
	5 Days	\$6,833.00	\$3,216.50	\$3,416.50
	3 Days Mon., Wed., & Fri.	\$4,422.00	\$4,222.00	
	2 Days Tues. & Thurs.	\$2,947.00	\$2,747.00	

### Step 3: About the Parents or Legal Guardians: Anyone listed here will be authorized to pick up your child and should always have a valid photo ID reflecting the listed name. Thank you.

Full Name: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Cell #: \_\_\_\_\_ Work #: \_\_\_\_\_ Home #: \_\_\_\_\_ Relationship \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Occupation: \_\_\_\_\_ Skill/Hobby: \_\_\_\_\_

Full Name: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Cell #: \_\_\_\_\_ Work #: \_\_\_\_\_ Home #: \_\_\_\_\_ Relationship \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Occupation: \_\_\_\_\_ Skill/Hobby: \_\_\_\_\_

Note: We ask about your occupation, and skills/hobby for Nature's Kids volunteer opportunities.

**Step 4: Additional Pick up Authorization and Emergency Contacts** Anyone listed here will be authorized to pick up your child and should always have a valid photo ID reflecting the listed name. Thank you.

Emergency Name: \_\_\_\_\_ Cell #: \_\_\_\_\_

Relationship: \_\_\_\_\_ Work # \_\_\_\_\_ Home #: \_\_\_\_\_

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**Step 5: About Your Child**

Does your child have siblings? \_\_\_\_\_ If YES, please indicate their name(s) and age(s):

\_\_\_\_\_

**Bathroom skills:** Children must be potty trained at the start of their school year.

Is your child potty trained? \_\_\_\_\_ Does your child have bathroom self-help skills? \_\_\_\_\_

**Help us understand your child's personality - How does your child adjust to:**

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Please indicate if your child has a life threatening condition (i.e., allergy, asthma, etc.) that requires potential use of: his or her specifically prescribed EPI Pen, diphenhydramine (prescribed in conjunction with an EPI pen), rescue inhaler and/or nebulizer to prevent anaphylaxis or breathing difficulty.

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I understand that the program is only authorized to accept the above-mentioned emergency medications. I must provide the above-noted medication and ensure it is current. All staff administering an emergency medication must be instructed on its use by a parent/legal guardian or my child's health care provider. I understand that the staff of CSTL's Nature's Kids will not administer medication on a regular basis unless in case of an emergency from allergic reaction.

**Parent/Legal Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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**Spooky Fest**

Help build sets before the event  Face Painting  Craft Preparation  
 Crafts Area  Friendly Characters  Event Guides  Zombie

**Step 7: Required Consent & Liability Waiver**

I, the undersigned, hereby acknowledge my child's voluntary participation in the activities of The Center for Science Teaching and Learning's (CSTL) Nature's Kids Nursery School program

I understand that as part of his/her participation in Nature's Kids my child will be exposed to indoor and outdoor group activities, and activities that may be new to my child. I accept that my child's participation in all Nature's Kids activities and events is made in full knowledge of their inherent risks and perils.

I further acknowledge and understand the contagious nature of Covid-19 (Covid), and other communicable infections, including all varieties and forms, and that exposure or infection may result in personal injury, illness, permanent disability, and death, and, despite taking reasonable precautions to prevent the spread of Covid, and other communicable infections, CSTL cannot prevent my child from becoming exposed to, contracting or spreading Covid, and other communicable infections and by enrolling my child in Nature's Kids I assume on behalf of myself and my child any risk that my child may be exposed to, contract or spread Covid, and other communicable infections. I further acknowledge and understand that, if directed to do so by a federal or state government agency, or if determined necessary by CSTL to prevent or contain the spread of Covid, and other communicable infections CSTL may cancel, suspend or modify the Nature's Kids program, including conducting it remotely instead of in person. No tuition adjustments will be made if classes are cancelled or go remote. If a vaccine is available for your child, he/she must be vaccinated in order to attend Nature's Kids.

As a condition of my child's enrollment and participation in Nature's Kids, I hereby agree to hold harmless jointly and individually, CSTL's Nature's Kids, CSTL and their respective members, directors, employees, volunteers, agents, representatives, heirs, successors and assigns from any and all liability, claims, demands, damages, costs, expenses, actions, and causes of action in respect of death, injury, loss, or damage to my child, or by my child, howsoever caused, arising out of or, by reason of or, during my child's participation in the activities and events of CSTL's Nature's Kids or as a result of the exposure to, infection or spread of Covid-19 and other communicable infections.

\_\_\_\_\_  
**Parent/Legal Guardian Signature**

\_\_\_\_\_  
**Date**

Office: DB Entered \_\_\_\_\_

**Step 8: Terms and Conditions of Enrollment 2024-2025 (keep a copy for your records)**

**Initial below next to each statement:**

	<b>Payment Schedule:</b> I understand and accept responsibility that tuition payments shall be made according to the <b>Payment schedule</b> (listed below). If the 1 <sup>st</sup> falls on the weekend/holiday, it is still due on that day. There is a \$35.00 fee for returned checks.
	<b>Refund Policy:</b> I understand and accept responsibility that refunds shall be made according to the <b>Tuition Refund Schedule</b> . Refunds must be requested in writing and submitted to CSTL. Refunds are not available for students absent from Nature’s Kids due to illnesses, vacations, COVID, or other reasons. There is no transfer of payments to another child registered in the program.
	I understand that <b>late fees of \$10 per day</b> will be applied to balances that do not adhere to the Payment Schedule.
	Overdue tuition may subject my child's enrollment in Nature's Kids to immediate lapses or cancellation in attendance.
	I understand that my deposit of \$200 is non-refundable, and is applied toward my 1 <sup>st</sup> payment.
	I acknowledge that CSTL may take photographs and make videos of the classes, activities, trips and general experiences at CSTL, solely for promotional purposes. In all contexts as stated, CSTL will avoid using individual children’s names.
	CSTL reserves the right to adjust policies and to make programmatic changes to Nature’s Kids at any time.
	CSTL is not responsible for any damaged or lost property.
	In the event of an emergency, I authorize CSTL to administer first aid or prescribed medications or obtain through emergency personnel such medical care and/or first aid as is necessary for the welfare of the child.
	Registrations received after 3/1 are required to make any scheduled payments that have already passed.
	I agree that any dispute concerning, relating, arising out of or referring to the subject matter of this agreement shall be resolved exclusively by binding arbitration in New York, Nassau County, according to the then existing commercial rules of the American Arbitration Association and the substantive laws of that state.

Initial Here		Tuition Payment Schedule	Tuition Refund Schedule
	March	First installment due by March 1, 2024	
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	August		50% refund up to and including August 1, 2024
	September		25% refund up to and including September 1, 2024. All tuition is <b>non-refundable after September 1, 2024, without exception.</b>
	December	Final installment due by December 1, 2024	non-refundable

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### Step 1: Student Information

Full Name of Child \_\_\_\_\_ Sex \_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

### Step 2: Select Your Class Schedule



The Turtle Program from 9am – 12pm. Select  either a 5, 3 or 2 day option.

Select <input checked="" type="checkbox"/>	Day Selection	Annual Tuition	Due by 3/1/24 less deposit	Due by 9/1/24
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Note: We ask about your occupation, and skills/hobby for Nature's Kids volunteer opportunities.

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### Step 1: Student Information

Full Name of Child \_\_\_\_\_ Sex \_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

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	September		25% refund up to and including September 1, 2024. All tuition is <b>non-refundable after September 1, 2024, without exception.</b>
	December	Final installment due by December 1, 2024	non-refundable

**By signing below, I agree to the above terms and conditions of this registration:**

**Print Name** \_\_\_\_\_ **Signature of Parent (Guardian)** \_\_\_\_\_ **Today’s Date** \_\_\_\_\_

Payment may be made via credit card, by providing your information below, in person or over the phone. You may also pay by cash or check (payable to CSTL).

**Credit Card Number** \_\_\_\_\_ **Expiration** \_\_\_\_\_ **Security Code** \_\_\_\_\_

**Name on Credit Card** \_\_\_\_\_ **Amount** \_\_\_\_\_

**For Credit Card Payment: Signature** \_\_\_\_\_ **Date** \_\_\_\_\_



# Nature's Kids 2024-2025

## Student Enrollment

**Instructions:** Select your classes and payment schedule. A non-refundable \$200 deposit will hold your child's schedule until your payment is due on March 1<sup>st</sup>. After that time, you will need to make your March 1<sup>st</sup> payment to register. Please sign and complete all sections. Welcome to Nature's Kids!

### Step 1: Student Information

Full Name of Child \_\_\_\_\_ Sex \_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

### Step 2: Select Your Class Schedule



The Turtle Program from 9am – 12pm. Select  either a 5, 3 or 2 day option.

Select <input checked="" type="checkbox"/>	Day Selection	Annual Tuition	Due by 3/1/24 less deposit	Due by 9/1/24
	5 Days	\$6,833.00	\$3,216.50	\$3,416.50
	3 Days Mon., Wed., & Fri.	\$4,422.00	\$4,222.00	
	2 Days Tues. & Thurs.	\$2,947.00	\$2,747.00	

### Step 3: About the Parents or Legal Guardians: Anyone listed here will be authorized to pick up your child and should always have a valid photo ID reflecting the listed name. Thank you.

Full Name: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Cell #: \_\_\_\_\_ Work #: \_\_\_\_\_ Home #: \_\_\_\_\_ Relationship \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Occupation: \_\_\_\_\_ Skill/Hobby: \_\_\_\_\_

Full Name: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Cell #: \_\_\_\_\_ Work #: \_\_\_\_\_ Home #: \_\_\_\_\_ Relationship \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Occupation: \_\_\_\_\_ Skill/Hobby: \_\_\_\_\_

Note: We ask about your occupation, and skills/hobby for Nature's Kids volunteer opportunities.

**Step 4: Additional Pick up Authorization and Emergency Contacts** Anyone listed here will be authorized to pick up your child and should always have a valid photo ID reflecting the listed name. Thank you.

Emergency Name: \_\_\_\_\_ Cell #: \_\_\_\_\_

Relationship: \_\_\_\_\_ Work # \_\_\_\_\_ Home #: \_\_\_\_\_

Emergency Name: \_\_\_\_\_ Cell #: \_\_\_\_\_

Relationship: \_\_\_\_\_ Work # \_\_\_\_\_ Home #: \_\_\_\_\_

Emergency Name: \_\_\_\_\_ Cell #: \_\_\_\_\_

Relationship: \_\_\_\_\_ Work # \_\_\_\_\_ Home #: \_\_\_\_\_

**Step 5: About Your Child**

Does your child have siblings? \_\_\_\_\_ If YES, please indicate their name(s) and age(s):

\_\_\_\_\_

**Bathroom skills:** Children must be potty trained at the start of their school year.

Is your child potty trained? \_\_\_\_\_ Does your child have bathroom self-help skills? \_\_\_\_\_

**Help us understand your child's personality - How does your child adjust to:**

New situations? \_\_\_\_\_

New adults? \_\_\_\_\_

New children? \_\_\_\_\_

What are your child's interests? \_\_\_\_\_

Does your child have specific fears? \_\_\_\_\_

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

Please indicate if your child has a life threatening condition (i.e., allergy, asthma, etc.) that requires potential use of: his or her specifically prescribed EPI Pen, diphenhydramine (prescribed in conjunction with an EPI pen), rescue inhaler and/or nebulizer to prevent anaphylaxis or breathing difficulty.

\_\_\_\_\_

I understand that the program is only authorized to accept the above-mentioned emergency medications. I must provide the above-noted medication and ensure it is current. All staff administering an emergency medication must be instructed on its use by a parent/legal guardian or my child's health care provider. I understand that the staff of CSTL's Nature's Kids will not administer medication on a regular basis unless in case of an emergency from allergic reaction.

**Parent/Legal Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*Please indicate N/A on the signature line if not applicable to your child.*

**Step 6: Volunteer Information** From time to time, CSTL needs adult volunteers to help out in a variety of ways. This is not a requirement for our Nature's Kids program; however, we do appreciate all volunteers. Adult family members are welcome too! Please check off what you may be able to assist with. Thank you!

Paper clip flyers into class sets of 25  Deliver flyers to schools in Nassau County districts

**Spooky Fest**

Help build sets before the event  Face Painting  Craft Preparation  
 Crafts Area  Friendly Characters  Event Guides  Zombie

**Step 7: Required Consent & Liability Waiver**

I, the undersigned, hereby acknowledge my child's voluntary participation in the activities of The Center for Science Teaching and Learning's (CSTL) Nature's Kids Nursery School program

I understand that as part of his/her participation in Nature's Kids my child will be exposed to indoor and outdoor group activities, and activities that may be new to my child. I accept that my child's participation in all Nature's Kids activities and events is made in full knowledge of their inherent risks and perils.

I further acknowledge and understand the contagious nature of Covid-19 (Covid), and other communicable infections, including all varieties and forms, and that exposure or infection may result in personal injury, illness, permanent disability, and death, and, despite taking reasonable precautions to prevent the spread of Covid, and other communicable infections, CSTL cannot prevent my child from becoming exposed to, contracting or spreading Covid, and other communicable infections and by enrolling my child in Nature's Kids I assume on behalf of myself and my child any risk that my child may be exposed to, contract or spread Covid, and other communicable infections. I further acknowledge and understand that, if directed to do so by a federal or state government agency, or if determined necessary by CSTL to prevent or contain the spread of Covid, and other communicable infections CSTL may cancel, suspend or modify the Nature's Kids program, including conducting it remotely instead of in person. No tuition adjustments will be made if classes are cancelled or go remote. If a vaccine is available for your child, he/she must be vaccinated in order to attend Nature's Kids.

As a condition of my child's enrollment and participation in Nature's Kids, I hereby agree to hold harmless jointly and individually, CSTL's Nature's Kids, CSTL and their respective members, directors, employees, volunteers, agents, representatives, heirs, successors and assigns from any and all liability, claims, demands, damages, costs, expenses, actions, and causes of action in respect of death, injury, loss, or damage to my child, or by my child, howsoever caused, arising out of or, by reason of or, during my child's participation in the activities and events of CSTL's Nature's Kids or as a result of the exposure to, infection or spread of Covid-19 and other communicable infections.

**Parent/Legal Guardian Signature**

**Date**

Office: DB Entered \_\_\_\_\_

12/8/2023

## Step 8: Terms and Conditions of Enrollment 2024-2025 (keep a copy for your records)

**Initial below next to each statement:**

	<b>Payment Schedule:</b> I understand and accept responsibility that tuition payments shall be made according to the <b>Payment schedule</b> (listed below). If the 1 <sup>st</sup> falls on the weekend/holiday, it is still due on that day. There is a \$35.00 fee for returned checks.
	<b>Refund Policy:</b> I understand and accept responsibility that refunds shall be made according to the <b>Tuition Refund Schedule</b> . Refunds must be requested in writing and submitted to CSTL. Refunds are not available for students absent from Nature's Kids due to illnesses, vacations, COVID, or other reasons. There is no transfer of payments to another child registered in the program.
	I understand that <b>late fees of \$10 per day</b> will be applied to balances that do not adhere to the Payment Schedule.
	Overdue tuition may subject my child's enrollment in Nature's Kids to immediate lapses or cancellation in attendance.
	I understand that my deposit of \$200 is non-refundable, and is applied toward my 1 <sup>st</sup> payment.
	I acknowledge that CSTL may take photographs and make videos of the classes, activities, trips and general experiences at CSTL, solely for promotional purposes. In all contexts as stated, CSTL will avoid using individual children's names.
	CSTL reserves the right to adjust policies and to make programmatic changes to Nature's Kids at any time.
	CSTL is not responsible for any damaged or lost property.
	In the event of an emergency, I authorize CSTL to administer first aid or prescribed medications or obtain through emergency personnel such medical care and/or first aid as is necessary for the welfare of the child.
	Registrations received after 3/1 are required to make any scheduled payments that have already passed.
	I agree that any dispute concerning, relating, arising out of or referring to the subject matter of this agreement shall be resolved exclusively by binding arbitration in New York, Nassau County, according to the then existing commercial rules of the American Arbitration Association and the substantive laws of that state.

Initial Here		Tuition Payment Schedule	Tuition Refund Schedule
	March	First installment due by March 1, 2024	
	July		75% refund up to and including May 1, 2024
	August		50% refund up to and including August 1, 2024
	September		25% refund up to and including September 1, 2024. All tuition is <b>non-refundable after September 1, 2024, without exception.</b>
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**By signing below, I agree to the above terms and conditions of this registration:**

Print Name
Signature of Parent (Guardian)
Today's Date

Payment may be made via credit card, by providing your information below, in person or over the phone. You may also pay by cash or check (payable to CSTL).

Credit Card Number
Expiration
Security Code

Name on Credit Card
Amount

For Credit Card Payment: Signature
Date