

DATES OF ENROLLMENT FOR 2020-2021 SCHOOL YEAR

Pre-pre and Pre-Kinder enrollment will start **November 1, 2019** and will remain open until all groups are filled to capacity.

The other groups will enroll starting in the following dates:

Twelfth grade	November 1 - 8, 2019
Eleventh grade	November 4 - 8, 2019
Tenth grade	November 12 - 15, 2019
Ninth grade	November 18 - 22, 2019
Eighth grade	November 25 to December 3, 2019
Seventh grade	December 2 - 6, 2019
Sixth grade	December 9 - 13, 2019
Fifth grade	January 8 - 14, 2020
Fourth grade	January 13 - 17, 2020
Third grade	January 21 - 24, 2020
Second grade	January 27 – 31, 2020
First grade	February 3 - 7, 2020
Kindergarten	February 10 - 14, 2020

Fröebel’s student body is our priority and it is our interest that they remain in our school. For this reason the enrollment will take place from November 1, to March. After this date it will be our understanding that any vacancies will be available for new coming students. The enrollment process of the 2020-2021 school year for each grade will close once the group’s capacity has been reached and no exceptions will be made.

NOTE:

1. **There will be a \$50.00 late enrollment fee per student.** (Late enrollment is any enrollment made after the assigned date for each group.) The charge will apply even to parents with special arrangements.
2. There will be no reimbursement of fees or costs incurred for enrollment in the case of a withdrawal with the exception of the graduation fee.
3. Enrollment fees can be paid at our office Mondays through Fridays from 7:30 am to 12:30 pm and from 1:30 pm to 2:00. No fees can be received after these hours until the following day.
4. No enrollment will be processed without the submission of all the required documents.
5. Any person with an exceptional circumstance in need of time concessions for the enrollment must contact the directors. Remember that it is our interest that Froebel students remain at Froebel.
6. Friedrich Froebel Bilingual School reserves the right of admission.

An educational Non-profit Corporation at the service of children and adolescents, accredited by the Department of Education, Middle States Association of Colleges and Secondary Schools, authorized by El Consejo General de Educación and affiliated to La Asociación de Educación Privada.



EXPENSES 2020 -2021

1. FINANCIAL OBLIGATIONS FOR KINDER THROUGH SIXTH GRADE

a. Enrollment	\$618.00
b. From second child on	\$433.00
b. LEARN AID Test for 3rd & 5th grade	\$35.00
c. Kindergarten graduation fee	\$100.00
d. Sixth grade graduation fee	\$100.00

Monthly Tuition \$226.00

2. FINANCIAL OBLIGATIONS FOR 7th GRADE TO 12TH GRADE

a. Enrollment	\$618.00
b. LEARN AID Test for 7th grade and 10th grade	\$35.00
c. Ninth grade graduation fee	\$100.00
d. 10th grade graduation fee	\$150.00
f. College Board Review	\$150.00

Monthly Tuition \$231.00

Second child	\$15.00 discount
Third child	\$25.00 discount
Fourth child	\$35.00 discount
Fifth child	\$45.00 discount

3. ADDITIONAL CHARGES

If payment is received after the 10th of each month you will be charged a late fee that represents 5% of your monthly installment. For the month of August parents have until the 21st to make the payment without the late fee.

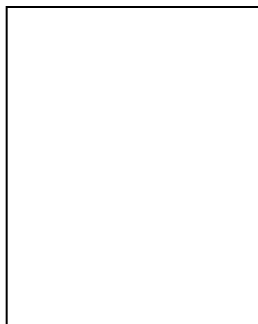
4. DISCOUNT FOR EARLY PAYMENT

Annual: Full (one time) payment for the entire school year will receive a 4% deduction from the full amount of the tuition of the corresponding grade level.

5. MONTHLY PAYMENTS

Payments can be made at the school webpage CollegeOne.

PARA USO OFICIAL FOR OFFICE USE ONLY
NUM. DE CUENTA ACCOUNT NUM.
CANTIDAD AMOUNT



ENROLLMENT APPLICATION

K3	K4	K	1	2	3	4	5	6	7	8	9

AÑO ACADÉMICO/ACADEMIC YEAR 2020-2021		FECHA DE ADMISION/ ENROLLMENT DATE	
1. NOMBRE COMPLETO DEL ESTUDIANTE/ STUDENT'S FULL NAME			
2. SEGURO SOCIAL/ SOCIAL SECURITY NUM. XXX – XX –		3. FECHA DE NACIMIENTO/ BIRTH DATE MONTH / DAY / YEAR	
4. ESCUELA DE PROCEDENCIA/ LAST SCHOOL ATTENDED			
5. EDAD DEL ESTUDIANTE/ STUDENT'S AGE		6. CANTIDAD DE HNOS. EN FROEBEL + GRADOS/ NUM. OF SIBLINGS ATTENDING FROEBEL + GRADES	
7. NOMBRE DE PADRE O MADRE O ENCARGADO DE LA CUENTA/ NAME OF PARENT OR GUARDIAN IN CHARGE OF ACCOUNT			
8. SEGURO SOCIAL/ SOCIAL SECURITY NUM. XXX – XX –		9. OCUPACION/ OCCUPATION	
10. TELEFONO DE LA CASA/ HOME PHONE		11. TELEFONO DEL TRABAJO / WORK PHONE	
12. NUM. A LLAMAR EN CASO DE URGENCIAS/ NUMBERS TO CALL IN CASE OF AN EMERGENCY			
13. DIRECCION RESIDENCIAL/ HOME PHYSICAL ADDRESS			
14. DIRECCION POSTAL/ POSTAL ADDRESS			
15. CORREO ELECTRONICO / E-MAIL			

16. NOMBRE DE LA MADRE (SI NO APARECE ARRIBA)/ MOTHER'S NAME (IF NOT ABOVE)	
17. SEGURO SOCIAL/ SOCIAL SECURITY NUM. XXX – XX –	18. OCUPACION/ OCCUPATION
19. TELEFONO DE LA CASA/ HOME PHONE	20. TELEFONO DEL TRABAJO / WORK PHONE
21. NUM. A LLAMAR EN CASO DE URGENCIAS/ NUMBERS TO CALL IN CASE OF AN EMERGENCY	
22. DIRECCION RESIDENCIAL/ HOME PHYSICAL ADDRESS	
23. DIRECCION POSTAL/ POSTAL ADDRESS	
24. CORREO ELECTRONICO / E-MAIL	

23. LA MATRICULA NO SERA REEMBOLSABLE/ THE ENROLLMENT FEE IS NOT REFUNDABLE	
FIRMA/ SIGNATURE _____	FECHA/ DATE _____

NOTA – ESTA FORMA DEBE SER COMPLETADA EN LETRA DE MOLDE Y EN TINTA NEGRA O AZUL. ESTE IMPORTANTE DOCUMENTO FORMARA PARTE DEL EXPEDIENTE ACADEMICO DE L ESTUDIANTE. GRACIAS.

NOTE – THIS FORM MUST BE COMPLETED IN PRINT HANDWRITING WITH BLACK OR BLUE INK. THIS IMPORTANT DOCUMENT WILL BE PART OF THE STUDENT’S ACADEMIC RECORD. THANK YOU.

Una corporación educativa laica sin fin de lucro al servicio de niño y jóvenes. Acreditada por y el Departamento de Educación y Middle States Association of Collages and Secondary Schools. Autorizada por el Consejo General de Educación y afiliada a la Asociación de Educación Privada.

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CELEBRATING 30 YEARS OF BUILDING THE FUTURE OF OUR YOUTH! (1982 – PRESENT)

RELEASE OF RESPONSIBILITY ONLY FOR GRADES FROM 10TH TO 12TH GRADE

I _____ legal guardian of _____ by signing this document I authorize my son/daughter to leave the school grounds at 3:30pm. In addition I release of all responsibility the institution for any incident or accident that could happen inside or outside the areas of the institution after that time.

I am aware that this release does not exempt my son/ daughter to behave as he/she should, while being in the facilities of the institution and if he/she does not follow the rules I know that the school will apply the norms and penalties.

Signature

Date



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EDUCATIONAL SUPPORT WAIVER

Due to the current situation, Froebel Bilingual School (FBS) has temporarily suspended the required assessment for new student enrollment process. However, the parent or guardian will be held personally responsible to provide their child with any remedial help that may be required for the achievement of a good academic performance.

By signing this document, I agree to provide my child with the remedial help or the care provided by specialists that my child may require, in order to be successful this school year at Froebel Bilingual School. An example of this help could be “tutoring, remedial classes, evaluations by specialists, etc.”

In addition, I acknowledge that Froebel Bilingual School does not have a special education program.

Name of parent or guardian: _____

Parent / Guardian Signature: _____

Student name: _____

Grade: _____



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AFTER-SCHOOL DAY CARE PROGRAM

Dear parents:

We greet you to our day care program. As you already know, our institution allows for a pick up time frame from 3:00 to 3:30 pm, where the home room teachers personally hand over the students. Those that haven't been picked up are automatically passed over to our care system.

Parents not arriving on time for pick up, but that do that only sporadically will be charged \$3.00 for each hour or fraction.

Those parents in need of contracting our services on a monthly basis will be charged the following way:

3:30 pm -	4:00 pm	\$40.00
3:30 pm -	4:30 pm	\$50.00
3:30 pm -	5:00 pm	\$60.00
3:30 pm -	5:30 pm	\$70.00

The parent will make the payment at the beginning of each month of service. In the eventuality of the pick up being made after the agreed time, \$3.00 will be charge for each hour or fraction.

Yours Truly,

Mrs. Marian Pérez

Vo. Bo.: Silvia Rodriguez Marín
Director



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AUTHORIZATION

I, _____ (mother/father/guardian) do hereby authorize the following person(s) to pick up my child _____ during pick up time:

(Relationship)	(Relationship)	(Relationship)	(Relationship)
(Relationship)	(Relationship)	(Relationship)	(Relationship)


NOTE: This form is extremely important and you are required to complete and turn it in during the enrollment of your child. Thank you.



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CURRENT PHONE NUMBERS*

 STUDENT'S NAME _____

 FATHER'S NAME _____

 MOTHER'S NAME _____

 HOMEROOM _____

HOME PHONE	
MAIN CELL PHONE	
FATHER'S WORK PHONE	
MOTHER'S PHONE	
GRANDPARENT'S PHONE	
OTHER NUMBERS	
E-MAIL	

* CHANGES MUST BE INFORMED AT THE SCHOOL OFFICE



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EMERGENCY MEDICAL ASSISTANCE CONSENT

In case of not being located during an emergency, I, _____,

(mother/father/guardian) of _____, authorize FRIEDRICH FRÖEBEL

BILINGUAL SCHOOL and its employees to transport my child to the nearest hospital to receive first aid.

I fully agree with this declaration.

ORIGINAL SIGNATURE: _____

DATE: _____

Mark (X) any of the following symptoms if you have observed any in your child recently:

Frequent colds		Difficulty in expressing	
Headaches		Abdominal pains	
Allergies		Hernias	
Dizzy spells		Other:	



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FAMILY INCOME 2020-21

1. STUDENT INFORMATION

2. WRITE THE CASE NUMBER OF FOOD STAMPS OR AFDC CASE OF EACH CHILD IF APPLICABLE.

Name	Grade	Name of school	Food stamps case #	AFDC#

3. STEP CHILDREN: Write the child's monthly income for personal use. Write "0" if the child has no personal income.
 \$ _____

4. FAMILY MEMBERS AND THEIR MONTHLY INCOMES

Name of household members (including students)	GROSS MONTHLY INCOME (no deductions)		Monthly income from welfare or alimony	Monthly income from pension or SS	Any other monthly income
	JOB 1	JOB 2			
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$

 Signature from an adult household member

 Social Security Number

HOME PHONE _____

WORK PHONE _____

FULL NAME (print) _____

MAIL ADDRESS _____

DATE _____



FRIEDRICH FROEBEL BILINGUAL SCHOOL

MEDICAL CERTIFICATION

I hereby certify that I have examined _____ and after evaluating his health history the student is physically fit to participate in the educational, sports and recreational activities from Froebel Bilingual School.

Name of the parent or guardian: _____

Age: _____

Height: _____

Vision: _____

Weight: _____

Restrictions and/ or recommendations:

Allergic to: _____

Conditions: _____

Diet: _____

Name of the Physician: _____

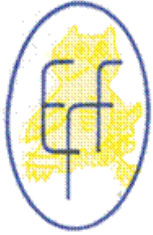
License Number: _____

Telephone: _____

Address: _____

Physician's Signature

Date



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CERTIFICATION & ACCEPTANCE OF REGULATIONS

By signing this document I certify having read and being in agreement with the Friedrich Froebel Bilingual School's Student's Regulation and also the Parent's Regulation as posted at the institution's website: www.froebelbilingualschool.com.

SIGNATURE: _____

DATE: _____

Note – Copies of both regulations can be requested at the school office or downloaded from the school's website.



Questionnaire for K3, Pre-Kinder, and Kinder

1. Student's name:
2. Adult members of the household other than the parents. Please indicate relation to the student:
3. Ages of other children in the household:
4. Does he/she play with any neighbors?
5. Does he/she make friends easily?
6. Does he/she frequently accept what others say?
7. Does he/she generally play with children of the same age?
8. Does he/she generally play with younger children?
9. Does he/she generally play with older children?
10. Does he /she pass most of his/her time with adults?
11. Has he/she been to another school?
12. Does he/she walk to school? How much time does this take?
13. What kind of toys does your child play with?
14. Is he/she willing to share his/her toys?
15. Does he/she enjoy drawing? / What is used in this activity?
16. Does he/she enjoy books, newspapers, or/and magazines?
17. Which are his/her favorite songs?
18. Which are his/her favorite toys?
19. Does he/she recite poems or sing in front of others? In front of crowds?
20. Does he/she watch too much TV? What programs are preferred?
21. What else does your child do to have fun or keep himself/herself distracted?
22. Are there pets in the house?
23. Does your child sleep during daytime?
24. Does your child sleep alone? If not, why?
25. Does he/she have frequent nightmares?
26. At what age did your child start walking?
27. At what age did your child start talking?
28. Make a check mark next to as many symptoms as you may have noticed in your child recently: Frequent colds _____ Difficulty in expressing _____ Headaches _____ Abdominal pains _____ Allergies _____ Hernias _____ Dizzy spells _____ Other _____



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DOCUMENTS CHECK LIST TO BE TURNED IN DURING THE ENROLLMENT PROCESS

STUDENT'S NAME _____

REQUIRED DOCUMENTS		
1	COMPLETED ENROLLMENT APPLICATION	
2	ONE 2X2 STUDENT'S PICTURE	
3	ORIGINAL IMMUNIZATION CERTIFICATE (P-VAC-3)	
4	PICTURES OF AUTHORIZED PERSONS FOR PICK-UP	
5	PHONE NUMBERS OF PERSONS TO CALL IN CASE OF AN EMERGENCY	
6	COMPLETED & SIGNED EMERGENCY SERVICES AUTHORIZATION	
7	HOUSEHOLD INCOME	
8	SIGNED STUDENTS AND PARENTS REGULATION CERTIFICATE	
9	COMPLETED HEALTH CERTIFICATE	
10	ORAL HYGIENE CERTIFICATE (K, 2ndo, 4to, 6to, 8vo y 10mo)	
11	COPY OF STUDENT'S SOCIAL SECURITY CARD	
12	BIRTH CERTIFICATE (ORIGINAL & COPY)	
13	FULL PAYMENT OF ADMISSION FEE	
14	<u>IN CASE OF A TRANSFER SUBMIT THE FOLLOWING DOCUMENTS:</u> <ul style="list-style-type: none">• COPY OF TRANSCRIPTS OR REPORTCARDS• LETTER OF RECOMMENDATION FROM THE SCHOOL'S PRINCIPAL• NO-DEBT VALIDATION LETTER FROM SCHOOL OF ORIGIN	

*NOTE – IF ALL DOCUMENTS ARE NOT PRESENTED AT THE TIME OF ENROLLMENT IT SHALL NOT BE PROCESSED.

FOR OFFICE USE ONLY

REVISED BY:

DATE:

