



## We Prepare Your Child for the Future Joy of Learning - Fun - Success

### ENROLLMENT AGREEMENT 2024-2025

NAME OF STUDENT \_\_\_\_\_ HOME PHONE \_\_\_\_\_  
(LAST) (FIRST)

ADDRESS: \_\_\_\_\_  
(TOWN) (STATE) (ZIP CODE)

DATE OF BIRTH: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

CLASS & TIME DESIRED: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

DOES YOUR CHILD HAVE ANY ALLERGIES OR SPECIAL NEEDS? \_\_\_\_\_

FATHER'S NAME \_\_\_\_\_ CELL NO. \_\_\_\_\_

BUSINESS FIRM \_\_\_\_\_ BUSINESS PHONE \_\_\_\_\_

BUSINESS ADDRESS \_\_\_\_\_ OCCUPATION \_\_\_\_\_

MOTHER'S NAME \_\_\_\_\_ CELL NO. \_\_\_\_\_

BUSINESS FIRM \_\_\_\_\_ BUSINESS PHONE \_\_\_\_\_

BUSINESS ADDRESS \_\_\_\_\_ OCCUPATION \_\_\_\_\_

BROTHER'S/SISTERS (NAMES & AGES) \_\_\_\_\_

MARITAL STATUS OF PARENTS: MARRIED \_\_\_\_ SEPARATED \_\_\_\_ DIVORCED \_\_\_\_ SINGLE \_\_\_\_

RECOMMENDED BY: \_\_\_\_\_ or: WEB SITE \_\_\_\_\_

ALUMNI \_\_\_\_ FRIEND \_\_\_\_ OTHER \_\_\_\_

ALL CHILDREN ELIGIBLE FOR OUR SKATING PROGRAM WILL RECEIVE A NEW PAIR OF SKATES  
AS PART OF THEIR TUITION.

TRANSPORTATION IN CASE OF EMERGENCY: IN THE UNLIKELY EVENT OF AN EMERGENCY, THE  
RINX PRESCHOOL ACADEMY WILL CONTACT 911 AND YOUR CHILD WILL BE TRANSPORTED WITH A STAFF  
MEMBER TO THE CLOSEST HOSPITAL AND YOU WILL BE CONTACTED WITH THE LOCATION AND STATUS  
OF YOUR CHILD.

IT IS UNDERSTOOD THAT THERE WILL BE NO MAKE-UP DAYS AND NO REFUNDS WILL BE MADE  
FOR SCHOOL CLOSINGS, ABSENCES, OR WITHDRAWALS. IF YOUR CHILD IS WITHDRAWN FOR ANY REASON,  
PAYMENT IS EXPECTED FOR THE ENTIRE MONTH WITHDRAWN. THE RINX PRESCHOOL RESERVES THE  
RIGHT TO CANCEL THE ENROLLMENT AT THE END OF THE MONTH IF TUITION FOR THAT MONTH HAS NOT  
BEEN RECEIVED (SEE TUITION PAYMENT FORM). THE RINX PRESCHOOL RESERVES THE RIGHT TO  
TERMINATE THIS AGREEMENT, AT ANY TIME, FOR ANY OTHER REASON AND WILL REFUND THE TUITION  
PRO-RATA.

I AGREE TO THE ENROLLMENT OF MY CHILD AND I UNDERSTAND THAT NEITHER THE TOWN OF  
ISLIP, THE RINX PRESCHOOL OR H.P.P. RINX, INC D/B/A THE RINX, AND THEIR AFFILIATES, OWNER OR  
ANYONE ASSOCIATED WITH THE RINX WILL ASSUME RESPONSIBILITY FOR ACCIDENTS AND  
MEDICAL/DENTAL EXPENSES INCURRED AS A RESULT OF PARTICIPATION IN THIS PROGRAM. THE  
APPLICANT IS IN GOOD HEALTH AND ABLE TO PARTICIPATE IN ANY VIGOROUS PHYSICAL ACTIVITY. IN  
THE EVENT THAT YOU OR YOUR FAMILY PHYSICIAN CANNOT BE CONTACTED IN AN EMERGENCY, YOU  
HEREBY GRANT PERMISSION FOR THE RINX OR ANYONE OF THEIR PERSONNEL TO BRING YOUR CHILD TO  
THE NEAREST HOSPITAL EMERGENCY ROOM AND TO PROVIDE ANY IMMEDIATE CARE AS THEY DEEM  
NECESSARY.

PERMISSION IS HEREBY GRANTED FOR PHOTOGRAPHY AND VIDEOS TO BE TAKEN OF MY CHILD  
DURING SCHOOL ACTIVITIES. HPP RINX HAS THE RIGHT TO UTILIZE THESE MATERIALS IN COMPANY  
BROCHURES, VIDEO'S, SOCIAL MEDIA, WEB SITE OR FOR OTHER PROMOTIONAL PURPOSES.

I HAVE READ AND AGREE TO THE ABOVE: \_\_\_\_\_

PARENT SIGNATURE

DATE

Hidden Pond Park • 660 Terry Road • Hauppauge, NY 11788 • (631) 232-3222 Ext 260

[www.therinx.com](http://www.therinx.com)



## We Combine the Joy of Learning with Fun and Encouragement to Succeed!

### 2024-2025 TUITION PRICING

| <i>Choose One</i>   | <i>Yearly Fee</i> |             | <i>Installments<br/>(10 Total)</i> |             |
|---|-------------------|-------------|------------------------------------|-------------|
|   | <i>Credit</i>     | <i>Cash</i> | <i>Credit</i>                      | <i>Cash</i> |
| <input type="checkbox"/> 2 year old Playgroup (2 day T/TH)<br><input type="checkbox"/> AM 9:30-11:30 <input type="checkbox"/> PM 12:30-2:30 | \$3312.00         | \$3200.00   | \$331.20                           | \$320.00    |
| <input type="checkbox"/> 3 year old (3 day M/W/F) Half Day<br><input type="checkbox"/> AM 9:15-11:45 <input type="checkbox"/> PM 12:00-2:30 | \$4968.00         | \$4800.00   | \$496.80                           | \$480.00    |
| <input type="checkbox"/> 3 year old (2 day T/TH)<br><input type="checkbox"/> Full Day 9:30-2:30   | \$5278.50         | \$5100.00   | \$527.85                           | \$510.00    |
| <input type="checkbox"/> 3 year old (3 day M/W/F)<br><input type="checkbox"/> Full Day 9:30-2:30  | \$6417.00         | \$6200.00   | \$641.70                           | \$620.00    |
| <input type="checkbox"/> 4 year old (3 day M/W/F)<br><input type="checkbox"/> Full Day 9:30-2:30  | \$6417.00         | \$6200.00   | \$641.70                           | \$620.00    |
| <input type="checkbox"/> 4 year old (5 day M/T/W/TH/F)<br><input type="checkbox"/> Full Day 9:30-2:30                                       | \$9108.00         | \$8800.00   | \$910.80                           | \$880.00    |
| <input type="checkbox"/> 5 year old (5 day M/T/W/TH/F)<br><input type="checkbox"/> Full Day 9:30-2:30                                       | \$9108.00         | \$8800.00   | \$910.80                           | \$880.00    |

A \$100.00 registration fee and last month's tuition is due at time of application. The registration fee and tuition are non-refundable.

- New Students that are siblings of Alumni will receive a 10% discount on tuition. Please contact the Pre School-Director for further details.
- Payments must be made according to one of the pricing options above.
- Please Note: All tuition payments are due no later than the 10<sup>th</sup> of each month. All late payments will have a \$20.00 late fee attached to your scheduled payment. No exceptions will be made.
- Payments not received by the end of payment month will require tuition to be paid in full for the balance of the school year. Failure to pay balance of tuition in full will result in immediate cancellation of child's enrollment contract.
- Class offering are subject to sufficient enrollment.

\_\_\_\_\_  
Parents Signature

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

\_\_\_\_\_  
Date