

## PIV Registration Form 2019-2020 School Year

*[A non-refundable \$75.00 registration fee is required.]*

Child's Last Name:	First Name:	Date of Birth:	Gender:
Home Address:	City, State	Zip:	Home Phone:

### Contact Information:

Mother/Guardian	Father/Guardian
Employer:	Employer:
Work #:                      Cell #:	Work #:                      Cell #:
E-Mail:	E-Mail

### Background Information:

Child's nickname:	Allergies or medical conditions:
Names of siblings:	Sensory processing behaviors:
Preschool, childcare, or other social group experiences:	Special circumstances (ex. Premature birth, adoption, divorce, new baby, recent move, illness, absent parent):

**Please make a selection from the appropriate age group.** Classes are 3 hours long except where indicated.

<b>3-year olds</b>	Bumblebees	Monday/Wednesday/Friday (3 days) 8:45-11:45am	
	Bumblebees	Tuesday/Thursday/Friday (3 days) 8:45-11:45am	

<b>4-year olds</b>	Caterpillars	Monday - Thursday (4 days) 8:35-11:35am	
	Dragonflies	Monday - Friday (5 days) 8:15-11:15am	

<b>Pre-K</b> <i>(extra year for 5's)</i>	Salamanders	Monday - Friday (5 days) 8:25-11:55am (3 ½ hrs)	
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**(Please complete the other side)**

## Tuition Payment Plans:

*Tuition is divided into 10 equal payments starting on July 1<sup>st</sup> and remains the same regardless of days off due to illness, vacation or weather cancellations. **Tuition is non-refundable.***

<b>Bumblebees</b>	<b>\$2785 Annual</b> <i>July 1<sup>st</sup></i>	<b>\$1392.50 Bi-Annual</b> <i>July 1<sup>st</sup> &amp; Dec. 1<sup>st</sup></i>	<b>\$696.25 Quarterly</b> <i>July 1<sup>st</sup>, Oct. 1<sup>st</sup>, Dec. 1<sup>st</sup> &amp; March 1<sup>st</sup></i>	<b>\$278.50 Monthly</b> <i>July 1<sup>st</sup> - April 1<sup>st</sup></i>
<b>Caterpillars</b>	<b>\$3222 Annual</b> <i>July 1<sup>st</sup></i>	<b>\$1611 Bi-Annual</b> <i>July 1<sup>st</sup> &amp; Dec. 1<sup>st</sup></i>	<b>\$805.50 Quarterly</b> <i>July 1<sup>st</sup>, Oct. 1<sup>st</sup>, Dec. 1<sup>st</sup> &amp; March 1<sup>st</sup></i>	<b>\$322.20 Monthly</b> <i>July 1<sup>st</sup> - April 1<sup>st</sup></i>
<b>Dragonflies</b>	<b>\$3768 Annual</b> <i>July 1<sup>st</sup></i>	<b>\$1884 Bi-Annual</b> <i>July 1<sup>st</sup> &amp; Dec. 1<sup>st</sup></i>	<b>\$942 Quarterly</b> <i>July 1<sup>st</sup>, Oct. 1<sup>st</sup>, Dec. 1<sup>st</sup> &amp; March 1<sup>st</sup></i>	<b>\$376.80 Monthly</b> <i>July 1<sup>st</sup> - April 1<sup>st</sup></i>
<b>Salamanders</b>	<b>\$3870 Annual</b> <i>July 1<sup>st</sup></i>	<b>\$1935 Bi-Annual</b> <i>July 1<sup>st</sup> &amp; Dec. 1<sup>st</sup></i>	<b>\$967.50 Quarterly</b> <i>July 1<sup>st</sup>, Oct. 1<sup>st</sup>, Dec. 1<sup>st</sup> &amp; March 1<sup>st</sup></i>	<b>\$387.00 Monthly</b> <i>July 1<sup>st</sup> - April 1<sup>st</sup></i>

### **Note to Parents/Guardians:**

The licensing authority for this program is the New Hampshire Bureau of Licensing and Certification, Childcare Licensing Unit. Child care programs are required to post a copy of the statement of findings and corrective action plan for the most recent visit in a location which is accessible to parents and must maintain copies of the statement of findings and corrective action plan for the preceding visit and make them available for parents to review upon request. Statements of findings and corrective action plans are also available online at: <https://nhlicenses.nh.gov/verification/Search.aspx?facility='Y>; or call 603-271-9025 or 1-800-852-3345 x9025

During visits to programs, licensing staff speak with children regarding the care they receive at a program if in the judgement of the licensing staff the children's response would be valuable in determining compliance with licensing rules. Licensing staff are experienced in working with children and trained to speak with children in a manner that is respectful and non-leading. Children will remain with their class or group during these conversations with licensing staff, and at no time will a child be forced to speak with a licensing coordinator.

If a licensing staff believes your child may have specific information regarding an alleged event at the program, and determines that it is best to interview your child separately and not with their class or group, **please circle your preference from the following options:**

- a) *I give permission* for child care licensing to interview my child at the child care program separate from his/her class or group.
- b) *I wish to be notified* prior to child care licensing staff interviewing my child at the child care program separate from his/her class or group.
- c) *I do not give my permission* for child care licensing staff to interview my child at the child care program separate from his/her class or group.

**Parent/Guardian responsible for this child and for tuition payments:**

**Signature:** \_\_\_\_\_

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



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