



**Growth and Early Learning**  
 230 Middle Country Road  
 Smithtown, NY 11787  
 (516) 322-8607  
 Email: [registration@growth-el.com](mailto:registration@growth-el.com)

## Registration Form – Smithtown

**2026-2027 School Year**  
**REGISTRATION BEGINS ON APRIL 15, 2026**

A \$200 non-refundable registration fee is due at the time of registration.

Please check off which program you are enrolling in:

☐ 2-Year Old Program      ☐ 3-Year Old Program      ☐ 4-Year Old Program

### Child's Information

|                       |  |                   |             |
|-----------------------|--|-------------------|-------------|
| <i>First Name:</i>    |  | <i>Last Name:</i> |             |
| <i>Date of Birth:</i> |  | <i>Gender:</i>    |             |
| <i>Home Address:</i>  |  |                   |             |
| <i>City:</i>          |  | <i>State:</i>     | <i>Zip:</i> |

### Parent/Guardian Information:

|                                                                                                    |
|----------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> MOTHER <input type="checkbox"/> FATHER <input type="checkbox"/> GUARDIAN  |
| <i>First Name:</i>                                                                                 |
| <i>Last Name:</i>                                                                                  |
| <i>Occupation:</i>                                                                                 |
| <i>Cell Phone:</i>                                                                                 |
| <i>Email Address:</i>                                                                              |
| <i>Address (if different from home address):</i>                                                   |
| <i>City:</i>                                                                                       |
| <i>State:</i> <i>Zip:</i>                                                                          |
| <i>Does the child reside with you?</i><br><input type="checkbox"/> YES <input type="checkbox"/> NO |

|                                                                                                    |
|----------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> MOTHER <input type="checkbox"/> FATHER <input type="checkbox"/> GUARDIAN  |
| <i>First Name:</i>                                                                                 |
| <i>Last Name:</i>                                                                                  |
| <i>Occupation:</i>                                                                                 |
| <i>Cell Phone:</i>                                                                                 |
| <i>Email Address:</i>                                                                              |
| <i>Address (if different from home address):</i>                                                   |
| <i>City:</i>                                                                                       |
| <i>State:</i> <i>Zip:</i>                                                                          |
| <i>Does the child reside with you?</i><br><input type="checkbox"/> YES <input type="checkbox"/> NO |

**Child's Medical Information:**

|                                                                                                                                                                     |                   |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|
| <i>Doctor's Name:</i>                                                                                                                                               | <i>Telephone:</i> |
| <i>Does your child have any known allergies?</i> <input type="checkbox"/> Yes <input type="checkbox"/> NO<br><i>If yes, please list them:</i>                       |                   |
| <i>Please list all medical concerns the staff should be aware of:</i>                                                                                               |                   |
| <i>Child's Development: please share any information that would help us understand your child better (fears, separation issues, etc.):</i>                          |                   |
| <i>Does your child receive services from early intervention or CPSE?</i> <input type="checkbox"/> Yes <input type="checkbox"/> NO<br><i>If yes, please specify:</i> |                   |

**Emergency Contact:**

|                      |                              |
|----------------------|------------------------------|
| <i>First Name:</i>   | <i>Last Name:</i>            |
| <i>Relationship:</i> | <i>Cell Phone/Telephone:</i> |

**Names of Alternates Authorized to Pick Up Your Child:**

| <b>Alternate #1</b>  | <b>Alternate #2</b>  | <b>Alternate #3</b>  |
|----------------------|----------------------|----------------------|
| <i>First Name:</i>   | <i>First Name:</i>   | <i>First Name:</i>   |
| <i>Last Name:</i>    | <i>Last Name:</i>    | <i>Last Name:</i>    |
| <i>Relationship:</i> | <i>Relationship:</i> | <i>Relationship:</i> |
| <i>Cell Phone:</i>   | <i>Cell Phone:</i>   | <i>Cell Phone:</i>   |

**Other Information:**

|                                                                                                                                                 |
|-------------------------------------------------------------------------------------------------------------------------------------------------|
| <i>Child's Personality: Please tell us any information that would help us understand your child better (shy, bossy, talkative, quiet, etc.)</i> |
|                                                                                                                                                 |

|                                                                       |                      |
|-----------------------------------------------------------------------|----------------------|
| <i>Please list everyone that lives in your home (including pets):</i> |                      |
| <i>Name:</i>                                                          | <i>Relationship:</i> |
| <i>Name:</i>                                                          | <i>Relationship:</i> |
| <i>Name:</i>                                                          | <i>Relationship:</i> |
| <i>Name:</i>                                                          | <i>Relationship:</i> |
| <i>Name:</i>                                                          | <i>Relationship:</i> |
| <i>Name:</i>                                                          | <i>Relationship:</i> |
| <i>Name:</i>                                                          | <i>Relationship:</i> |

### Tuition & Schedule

#### Yearly tuition - \$6,000

There are two options for payment of your yearly tuition: a lump sum or monthly installments. Please note that Growth and Early Learning is a yearly program that runs for 10 months; it is not a month-by-month program. When you enroll your child, you are committing for the full 10 months. Please select your payment plan:

|                                                                                                                                                                             |                                                           |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------|
| <input type="checkbox"/> <b>Installments</b>                                                                                                                                | <input type="checkbox"/> <b>Lump Sum</b>                  |
| Tuition is payable in 10 equal installments of \$600 a month. Tuition payments are due on the first of the month, beginning on August 15, 2026, and ending on May 15, 2027. | The tuition payment of \$6,000 is due on August 15, 2026. |

### Yearly Schedule

The first day of school is September 14, 2026, and the last day is June 16, 2027. Growth and Early Learning follows the Suffolk County public school schedule. (A copy of the schedule will be provided at the beginning of the year.) The program runs four days a week, Monday through Thursday, for three hours daily, from 9:30 am to 12:30 pm.

### Agreement:

☐ I understand that a \$200 non-refundable deposit is due at the time of registration.

\_\_\_\_\_  
Print Parent/Guardian Name

\_\_\_\_\_  
Signature Parent/Guardian

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

Please make your check payable to **Growth and Early Learning** and return it to the school director.

**Children are not things TOBE MOLDED, but are people TOBE unfolded.**