

A BOUTIQUE, PRIVATE
ELEMENTARY EDUCATION
FOR THE 21ST CENTURY

HOME ENVIRONMENT ●
MODERN PHILOSOPHIES ●
ADVANCED CURRICULUM ●



WEARETHINKSCHOOL@GMAIL.COM
212-829-3516

WWW.WEARETHINKSCHOOL.COM
@THINKSCHOOLNYC

HAPPY TO SEE YOU BACK!

To renew your enrollment at THINKSchool for 2024-25 school year, please fill out this form and email it back to us to:

WeAreThinkSchool@gmail.com

You can contact us via email with any questions, comments, etc.

General Email: wearethinkschool@gmail.com

Shira: shira@wearethinkschool.com

This form must be submitted alongside your deposit, \$1,500. The registration fee is waived for returning students and siblings. The deposit is held until the last month of school and applied to that month's tuition (June 2025.) Tuition payments are due promptly by the 1st of each month, paid a month ahead. Please understand that tuition payments help us continuously run the school, pay our staff, and provide materials and additional tools for your child's success. Late payments are subject to additional charges and missed payments may result in your child not being able to attend classes until a balance is paid off.

By September 1, 2024: please submitted an updated Medical Form.

Basic Student Information

Student's First Name: _____ Last Name: _____ Sex: __ F __ M

Date of Birth: _____ Grade Level Registering for: _____

Student's Home Address: _____

Basic Parent Information

Parent 1:

Full legal Name: _____ Occupation: _____

Place of Employment: _____ Cell Phone: _____

Address if different from student's: _____

Email: _____

College attended & Degree Earned: _____

Parent 2:

Full legal Name: _____ Occupation: _____

Place of Employment: _____ Cell Phone: _____

Address if different from student's: _____

Email: _____

College attended & Degree Earned: _____

Emergency Contacts: Please list two people other than parents:

Emergency Contact 1:

Name: _____ Relationship to student: _____

Home Phone: _____ Cell Phone: _____

Emergency Contact 2:

Name: _____ Relationship to student: _____

Home Phone: _____ Cell Phone: _____

Medical Release Form

Student's Full Name: _____

Does the student have any medical conditions that would prohibit full participation in courses or athletic programs throughout the school year? _____

If yes, please explain: _____

Student's physician information:

Full Name: _____ Phone Number: _____

Address: _____

The information provided by me in this release form is, to the best of my knowledge, accurate and true. As indicated by my signature below, I authorize THINKschool and all personnel to consent to any emergency treatment of my minor child, _____, which shall in my absence be deemed necessary. This shall include examination, anesthesia, medical diagnosis, surgery, or treatment and/or hospital care of the minor child and upon the advice of a physician or surgeon licensed to practice medicine in the United States of America. I acknowledge that I will be responsible for any cost incurred by this treatment. I understand that THINKschool does not provide health insurance to students. This authorization shall be valid during the 2024-25 school year only.

I understand that additional medical consents may be sent with the secondary registration form in compliant with all New York City/State regulations and requirements.

Full Parent Name Printed: _____

Signature of parent/guardian

Date

THINKschool Financial Contract 2024-25 School Year

Parent Last Name: _____ First Name: _____ M.I.: _____

Parent Last Name: _____ First Name: _____ M.I.: _____

Billing Address: _____

Parent 1 Phone: _____ Parent 2 Phone: _____

E-mail: _____

Signature: _____ Date: _____

THINKschool strives to keep our tuition rates low. Our program does not receive governmental assistance and is not subsidized by outside organizations. Prompt payment of tuition is vital and essential to the ongoing operation of THINKschool.

1. Each semester's tuition is due promptly by the 1st of each month, paid one month ahead. Payments not submitted by the due date are automatically subject to an initial late fee of \$50. Each additional day late, weekdays and weekends included, result in an added \$10 fee daily. Two weeks of nonpayment will result in your child being asked to withdraw attendance until balance is paid.

Additional fees may be charged for field trips, sports, athletic items, and classroom materials. These fees could be charged on your monthly statement, or you can pay when the activity occurs.

By enrolling your child in the 2024-25 school year at THINKschool, you are committing to pay for the entire school year, September – June, even if you decide to leave before the conclusion of the year. There are no exceptions here under any circumstances.

Now, let's talk about the school day and tuition!

All students will be required to stay the entire school portion of the day, 9:00 AM – 4:00 PM. School opens at 8AM and all students must be in school by 8:50 AM to start their classes at 9 AM.

TUITION BREAKDOWN

*school tuition will be paid monthly for the 2024-25 school year.

NEW STUDENT PRICING
School tuition: \$12,500 annually (\$1,250 monthly)
After-school: \$3,750 annually (\$375 monthly) 4:00 - 6:30 pm includes 1 snack
Meal plan: \$2,750 annually (\$275 monthly) includes hot lunch and 2 snacks daily

All tuition payments for the school year will then be due on the 1st of the month, paid ahead of time
Ex. On August 1, 2023, September tuition is due; On September 1, 2023, October tuition is due; etc.

Optional Additions. Please check what you are interested in.

Meal Plan - \$275 monthly After-School - \$375 monthly

THINKschool Admissions Agreement

All guidelines and policies from the 2024-25 school year remain applicable. Should you request a copy of these policies, you can find them within the new student application form on our website. This applies to the Admissions Agreement, Parent/Guardian and Student Conduct Policy, Attendance Policy, Parent Involvement Contract, and all additional policies and reminders.

Please sign below to assure that you have read, understood, and agreed to the policies, guidelines, reminders.

Child's Full Name: _____

Parent's Full Name: _____

Signature _____ Date: ____/____/____

Media Release

I hereby give permission for my child to be photographed/videod as part of routine throughout the year. I understand that this media may be used to keep a journal of activities, to share during power point presentations and/or reports to our donors and for promotional purposes including flyers, brochures, newspaper and on the internet. I understand that although my child's photograph may be used for advertising, his or her identity will not be disclosed, I do not expect compensation and that all media is the property of THINKschool and its affiliates.

Child's Full Name: _____

Parent's Full Name: _____

Signature _____ Date: ____/____/____