



ENROLLMENT FORM

CHILD'S INFORMATION:

Gender: M / F

Date of Birth: _____

Last Name: _____ First Name: _____

School Meal Plan: _____ Regular _____ Vegetarian

ALLERGIES OR OTHER IMPORTANT INFORMATION:

I ___ give / ___ do not give permission for my child to be photographed in connection with the school.

I ___ give / ___ do not give permission for my child to participate in walking trips around the neighborhood.

Parent/Guardian Signature

Date

PARENT/GUARDIAN 1 INFORMATION:

Last Name: _____ First Name: _____

Home Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____

Employer: _____

Cell Phone: _____

Address: _____

Work Phone: _____

City: _____ State: _____ Zip: _____

Email Address: _____

PARENT/GUARDIAN 2 INFORMATION:

Last Name: _____ First Name: _____

Home Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____

Employer: _____

Cell Phone: _____

Address: _____

Work Phone: _____

City: _____ State: _____ Zip: _____

Email Address: _____



CUSTODIAL INFORMATION:

If a non-custodial parent is not among those persons authorized to pick up the child, a court order must be provided. Please check the appropriate box below.

_____ Yes, this situation applies. A court order is attached.

_____ Not Applicable.

EMERGENCY CONTACTS / AUTHORIZED PICK-UPS:

1. Name: _____

Relation to Child: _____

Address: _____

Cell Phone: _____

2. Name: _____

Relation to Child: _____

Address: _____

Cell Phone: _____

3. Name: _____

Relation to Child: _____

Address: _____

Cell Phone: _____

EMERGENCY CARE AUTHORIZATION:

State law requires that we have written authorization from a child's legal guardian to seek medical help in the event of a medical emergency. Signing the statement at the bottom of this letter will provide us with that authorization.

Our policy in the event of a medical emergency is to contact you first. If we cannot contact you, we will try to contact others you may designate. In the event that we are unable to contact you or your designated representative(s), or if the medical emergency warrants immediate response, we will act on your behalf and in the best interest of the child.

Parent/Guardian Signature

Date

Registration taken by:

Date: _____

Start Date: _____

Room #: _____



Registration fee paid: ___ Yes ___ No

Days/Hours: _____

Rate: _____

The following are terms between Academy House CDC and the parents of:

Child's Name: _____ Date: _____



1. We are open from 7:00 AM to 6:00 PM.

- ALL CHILDREN MUST BE HERE BY 9:30 AM
- ANY CHILD PICKED UP AFTER 6:00 PM WILL BE CHARGED \$1.00 FOR EVERY MINUTE LATE.
- ALL CHILDREN SIGNED UP FOR 5:00 PM CARE: PICKED UP AFTER 5:00 PM WILL BE CHARGED \$1.00 FOR EVERY MINUTE.
- PAYMENTS ARE DUE THE 1st OF CURRENT MONTH.

2. There is a onetime **\$150.00** non refundable registration fee.

3. Tuition is to be paid in full each month; we do not hold your child's space without payment.

**TUITION INCLUDES SICK DAYS, HOLIDAYS, VACATION AND SNOW DAYS.
IF YOUR CHILD IS ABSENT THE TUITION IS STILL DUE.**

4. Parents who use the E Child card, MUST swipe in and out EVERYDAY. IF YOU DO NOT BACK SWIPE WITHIN THE 10 DAY PERIOD YOU WILL BE RESPONSIBLE FOR PAYMENT FOR EVERY DAY MISSED.

ILLNESS – It is our policy that parents will be called to pick up a child if are not feeling well enough to participate in activities. Please call the school by 9:30am if your child will not be attending for the day. Should your child require medical attention during the day, parents must document that information in a log. Children with diarrhea or vomiting may not return to school for 24 hours after the last incident occurred. Children with Pink Eye may not return to school until oozing has stopped and prescription medication has been administered for 24 hours. After a fever, children must have a normal temperature for 24 hours before returning to school. Please keep in mind we have the responsibility to serve the health and well being of all students and staff. The policies will be strictly enforced.

EMERGENCY INFORMATION – Should your home or office information change, please remember to inform the school so change can be reflected on registration materials.

LABELING – Please label all your child's items before bringing them to school, such as jackets, hats, gloves, diapers, crib sheets, bottles, blankets, etc.

PICK UP – There may be occasions when you will not be able to pick up your child. List the people you permit to pick up your child on the registration form. Please let us know, whenever possible if someone else will be picking up your child. If a situation arises during the day, please contact us immediately. We will not allow anyone to pick up a child without proper ID.



I, _____ agree to the above terms of this agreement.

Parent/Guardian Signature

Date



Dear Parent:

In keeping with New Jersey's child care center licensing requirements, we are obligated to provide you, as the parent of a child enrolled at our center, with this informational statement. The statement highlights, among other things: your right to visit and observe our center at anytime without having to secure prior permission; the center's obligation to be licensed and comply with licensing standards; and the obligation of all citizens to report suspected child abuse/neglect/exploitation to the State's Child Protection and Permanency, CP&P (formerly the Division of Youth and Family Services, DYFS).

Please read this statement carefully and, if you have any questions, please feel free to contact us at the below number.

Sincerely,
Administration

Please complete and return this portion to the center. (Please Print)

Name of Child: _____

Name of Parent(s): _____

I have read and received a copy of the Information to Parents documentation prepared by the Bureau of Licensing in the Child Protection and Permanency, CP&P.

Signature: _____ Date: _____



STUDENT INFORMATION / EMERGENCY CONTACT FORM

Student's Name: _____ Date of birth: _____

Address: _____ City: _____ State: _____ Zip: _____

PARENT/GUARDIAN 1 - INFORMATION:

Name: _____
Address: _____
City/State/Zip: _____
Home Phone: _____
Cell Phone: _____
Work Phone: _____

PARENT/GUARDIAN 2 - INFORMATION:

Name: _____
Address: _____
City/State/Zip: _____
Home Phone: _____
Cell Phone: _____
Work Phone: _____

It is extremely important to have the correct information on file for each student at all times.
All parents are required to call the office if information on this form changes.

EMERGENCY CONTACT # 1:

Name: _____
Address: _____
City/State/Zip: _____
Home Phone: _____
Cell Phone: _____
Work Phone: _____

EMERGENCY CONTACT # 2:

Name: _____
Address: _____
City/State/Zip: _____
Home Phone: _____
Cell Phone: _____
Work Phone: _____



NAME OF CENTER: _____

NAME OF CHILD: _____

SIGNATURE OF PARENT: _____

Unfortunately, there are sometimes reasons we have to expel a child from our program either on a short term or permanent basis. We want you to know we will do everything possible to work with the family of the child(ren) in order to prevent this policy from being enforced. The following are reasons we may have to expel or suspend a child from this center:

IMMEDIATE CAUSES FOR EXPULSION

- The child is at risk of causing serious injury to other children or himself/herself.
- Parent threatens physical or intimidating actions toward staff members.
- Parent exhibits verbal abuse to staff in front of enrolled children.

PARENTAL ACTIONS FOR CHILD'S EXPULSION

- Failure to pay/habitual lateness in payments.
- Failure to complete required forms including the child's immunization records.
- Habitual tardiness when picking up your child.
- Verbal abuse to staff.
- Other (explain)

CHILD'S ACTIONS FOR EXPULSION

- Failure of child to adjust after a reasonable amount of time.
- Uncontrollable tantrums/angry outbursts.
- Ongoing physical or verbal abuse to staff or other children.
- Excessive biting.
- Other (explain)

SCHEDULE OF EXPULSION

- If after the remedial actions above have not worked, the child's parent/guardian will be advised verbally and in writing about the child's or parent's behavior warranting an expulsion. An expulsion action is meant to be a period of time so that the parent/guardian may work on the child's behavior or to come to an agreement with the center.
- The parent/guardian will be informed regarding the length of the expulsion period.
- The parent/guardian will be informed about the expected behavioral changes required in order for the child or parent to return to the center.
- The parent/guardian will be given a specific expulsion date that allows the parent sufficient time to seek alternate child care (approximately one to 2 weeks notice depending on risk to other children's welfare or safety.
- Failure of the child/parent to satisfy the terms of the plan may result in permanent expulsion from the center.



NAME OF CENTER: _____

NAME OF CHILD: _____

SIGNATURE OF PARENT: _____

A CHILD WILL NOT BE EXPELLED

If a child's parent(s):

- Made a complaint to the Office of Licensing regarding a center's alleged violations of the licensing requirements.
- Reported abuse or neglect occurring at the center.
- Questioned the center regarding policies and procedures.
- Without giving the parent sufficient time to make other child care arrangements.

PROACTIVE ACTIONS THAT CAN BE TAKEN IN ORDER TO PREVENT EXPULSION

- Staff will try to redirect child from negative behavior.
- Staff will reassess classroom environment.
- Staff will always use positive methods and language while disciplining children.
- Staff will always use positive methods and language while disciplining children.
- Staff will praise appropriate behavior.
- Staff will consistently apply consequences for rules.
- Child will be given verbal warnings.
- Child will be given time to regain control.
- Child's disruptive behavior will be documented and maintained in confidentiality.
- Parent/guardian will be notified verbally.
- Parent/guardian will be given written copies of the disruptive behaviors that might lead to expulsion.
- The director, classroom staff and parent/guardian will have a conference(s) to discuss how to promote positive behaviors.
- The parent will be given literature or other resources regarding methods of improving behavior. Recommendation of evaluation by professional consultation on premises.
- Recommendation of evaluation by local school district child study team.



NOTICE OF INCOMPLETE

CHILDREN'S RECORDS

Child's Name: _____

Parent's Name: _____

Date Notice Given: _____ Date Enrolled: _____

In checking our records, we have found we do not have the following information for your child:

- _____ Enrollment Form
- _____ Universal Health Form
- _____ Immunization Record
- _____ Birth Certificate
- _____ Parent Contact Information
- _____ Emergency Contact Information Form
- _____ Names of person authorized to pick up child from center
- _____ Expulsion Policy Form
- _____ Food Program

Remarks: (Allergies, etc.)

Please return necessary forms to the center by the date provided. If you have any questions, please contact the center. Thank you.



THINGS YOU WILL NEED

- ✓ CLEAN FITTED SHEET FOR COT
- ✓ CLEAN BLANKET
- ✓ WET WIPES
- ✓ DIAPERS/PULL-UPS
- ✓ CHANGE OF CLOTHING “CLEAN”