



# Enrollment Agreement

## Early Childhood Education Program

Completion of this agreement is required for enrollment. This form will enable us to better understand your child and meet his/her needs. Much of the information requested is necessary to comply with state child care licensing regulations.

### Enrollment Information

Please check one:  Re-Enrollment  New Registration  
 How did you hear of our program?  Alumni Family  Friend/Family \_\_\_\_\_  Website  Facebook  Advertisement

### Child's Information

Child's first name		Child's middle name	Child's last name	Child's nickname
Date of Birth / /	Sex	Child's primary home language	Parent/guardian/sponsor primary home language	
Child's home address			City	State Zip

### Family Information

List family members & pets your child lives with – include first names, relation and ages of siblings

Parent Information	<u>Mother/Guardian/Sponsor</u> Name: _____	<u>Father/Guardian/Sponsor</u> Name: _____
Home Address (include street, city, state, zip)		
Home Phone Number		
Cell Phone + Carrier		
Employer		
Occupation		
Employer Address (include street, city, state, zip)		
Business Phone		
Email Address (checked often)		

**Marital Status:**  Married  Divorced  Separated  Widow  Not Married

**NOTE:** It is legal for either parent to pick up a child unless we have a copy of a court order restricting visitation/pick-up. Please bring the original court papers regarding custody arrangements for us to copy in order for us to comply. **Have you provided BNS with current court orders/legal documentation?** \_\_\_\_\_

**PERSONS NOT AUTHORIZED TO VISIT OR PICK UP CHILD:** \_\_\_\_\_ Relationship to child: \_\_\_\_\_

### Child Emergency Contact and Release Information (do not include parents/guardians/sponsors)

Please notify the center if an Emergency Release Contact will pick up your child on a given day. [For the safety of your child, we request that all authorized pick up persons with whom staff is not familiar provide a photo ID at the time of pick up.]

Emergency Contact Information	<u>Emergency Contact #1</u> Name: _____	<u>Emergency Contact #2</u> Name: _____
Relation to Child:		
Home Address (include street, city, state, zip)		
Home Phone Number		
Cell Phone		
Employer		
Business Phone		

The persons designated in this section will be contacted by us if you cannot be reached in the event of a medical or other emergency. Our staff will only release your child to you or to those persons listed above. If you want a person who is not identified above to pick up your child, you must notify our staff in advance, in writing. Your child will not be released without prior authorization.

Parent initial \_\_\_\_\_ Staff initial \_\_\_\_\_ Date \_\_\_\_\_



**Enrollment Agreement**  
**Early Childhood Education Program**

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

**Rate Agreement and Contract**

**Hours of Operation**

Regular operating hours are 6:30 AM to 5:30 PM except closings for various holidays, and inclement weather as described in the Family Handbook. Please consult the current calendar for holidays. There is no reduction in tuition as a result of center closures.

The procedure to notify families should severe weather or other conditions prevent the program from opening on time or at all will be announced at [www.wobm.com](http://www.wobm.com) under Ocean County Storm Watch. If it becomes necessary to close early, we will contact you or someone listed in the *Emergency Contact and Release*, and it will be your responsibility to arrange for your child's early pick up.

**Scheduled Attendance**

**HALF DAY (2 ½ hour) SESSIONS ONLY**

**Please Indicate Choice of Program**

- Preschool (3 years by Oct. 1<sup>st</sup>-must be potty trained)
- Pre-Kindergarten (4 years old by October 1st)

**Please Indicate Choice of Schedule:**

- T/Th (2) days per week
- MWF (3) days per week
- 5 days per week

**Please Indicate AM, PM, Extra Hours:**

- A.M. Morning Session
- P.M. Afternoon Session (PreK Only)
- Lunch Bunch (11:30-12:30-additional fee applies)

Half-Day Schedule based on Toms River Schools' Calendar

**School Day & Extended Day SESSIONS ONLY**

**Please Indicate Choice of Program**

- Infant /Toddler (8 weeks - 20 months)
- Terrific Two's (20-30 months by October 1<sup>st</sup>)
- Junior Preschool (2 ½ yrs old-interest in potty training)
- Preschool (3 years by Oct. 1<sup>st</sup>-must be potty trained)
- Pre-Kindergarten (4 by October 1st)

**Please Indicate Choice of Schedule:**

- T/Th (2) days per week  2 days \_\_\_\_\_ (Bldg 2)
- MWF (3) days per week  3 days \_\_\_\_\_ (Bldg 2)
- 4 days per week \_\_\_\_\_ (Bldg 2)
- 5 days per week

**Please Indicate School Day or Extended Day:**

- School Day (6 hours: 9:00-3:00)
- Extended Day (up to 9 hours) from \_\_\_\_ AM to \_\_\_\_ PM
- 10<sup>th</sup> hour (additional fee applies)

**Please Indicate Calendar Choices:**

- Toms River School Year Calendar (180 days)
- Early Learning Center Calendar (ELC Per Diem Days)

**School Age Session/Schedule**

Elementary School name: \_\_\_\_\_

Elementary School Phone # \_\_\_\_\_

Child will be attending:  Morning Care \_\_\_\_\_ Drop off time  Mon  Tues  Wed  Thurs  Fri  
 Afternoon Care \_\_\_\_\_ Pick up time  Mon  Tues  Wed  Thurs  Fri

\*Note: Beachwood Nursery School is not liable for the child until he/she arrives at the program. Your child's safety is our number one priority.

\*Parent must fill out the T.R. Schools Transportation form via online at TR Schools website or print paper version & submit to Transportation Dept prior to start

**Fee Policy:**

*Please initial each line and sign below acknowledging you have read the following policies.*

If accepted, I agree to pay the monthly tuition of \$ \_\_\_\_\_ within the first seven days of the month to Beachwood Nursery School. \_\_\_\_\_

I understand I must complete, sign & return an annual tuition agreement to ensure my child's class placement. \_\_\_\_\_

I understand that payment is due regardless of vacation, illness, holiday, emergency closing, etc. \_\_\_\_\_

I agree to pay the full tuition in advance of services rendered. \_\_\_\_\_

I agree to pay the full tuition fee even if my child is absent for one or more days. \_\_\_\_\_

A late fee of up to \$30 will be billed if tuition is not received on time by the 7<sup>th</sup> of the month. \_\_\_\_\_

A non-refundable registration fee of \$150 is due yearly. \_\_\_\_\_

A late pick up fee of \$10 per 15 minutes per child is due if my child is not picked up before closing. \_\_\_\_\_

Accounts 15 days in arrears may result in immediate termination of service. \_\_\_\_\_

Returned checks will be assessed a service fee of \$25, and must be replaced with cash or money order within 7 days. Future payments must be made in cash or credit card. \_\_\_\_\_

I understand there is a \$10 fee to change my child's schedule. Any schedule changes must be received in writing 2 weeks prior to change & must be approved by the office. \_\_\_\_\_

A 4-week written notice is required for any child being withdrawn from the program. Failure to provide notice in writing will result in forfeiture of tuition deposit. \_\_\_\_\_

I understand past due tuitions referred to our collection agency will include collection fees not to exceed 40% of the claim amount. \_\_\_\_\_

Mother/Guardian/Payer Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Father/Guardian/Payer Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Social Security #: \_\_\_\_\_



**Medical Information**

Child's name	Birth date	Height	Weight	Hair color	Eye color
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Distinguishing marks \_\_\_\_\_

**Child's Medical & Developmental History**

- Does your child have any special medical conditions?  No  Yes Explain \_\_\_\_\_
- Does your child have any chronic illnesses?  No  Yes Explain \_\_\_\_\_
- Please list a brief history of your child's serious injuries and hospitalizations. \_\_\_\_\_
- Does your child have diabetes?  No  Yes *If yes, please attach special care plan from your physician.*
- Does your child have asthma?  No  Yes *If yes, please attach special care plan from your physician.*
- Will medication be administered regularly?  No  Yes *If yes, please attach special care plan from your physician.*
- Does your child have any special dietary needs?  No  Yes Explain \_\_\_\_\_
- Is your child able to fully participate in all activities?  Yes  No Explain \_\_\_\_\_
- Does your child have any physical restrictions?  No  Yes Explain \_\_\_\_\_
- Does your child function at the level of other children in his/her age group?  Yes  No Explain \_\_\_\_\_
- Is your child able to walk  Yes  No \_\_\_\_\_
- Can your child communicate his/her needs?  Yes  No \_\_\_\_\_
- Does your child need assistance at meal time?  No  Yes Explain \_\_\_\_\_
- Does your child rest during the day?  No  Yes \_\_\_\_\_
- Is your child toilet trained?  No  Yes \_\_\_\_\_
- Does your child use any special equipment, such as breathing machine, wheelchair, hearing aid, braces, glasses etc.?  No  Yes Explain \_\_\_\_\_
- Does your child require one-to-one care/supervision on a regular basis for a significant period of time?  No  Yes Explain \_\_\_\_\_
- Does your child require any accommodations or modifications to fully and equally enjoy and participate in a group care setting?  
 No  Yes Explain \_\_\_\_\_

**Illness History** *(please check all that apply)*

<input type="checkbox"/> Vision problems	<input type="checkbox"/> Nosebleeds	<input type="checkbox"/> Seizures
<input type="checkbox"/> Hearing problems	<input type="checkbox"/> Skin rashes	<input type="checkbox"/> Mouth sores
<input type="checkbox"/> Constipation	<input type="checkbox"/> Sore throats	<input type="checkbox"/> Fainting
<input type="checkbox"/> Diarrhea	<input type="checkbox"/> Ear infections	<input type="checkbox"/> Persistent cough
<input type="checkbox"/> Asthma/breathing problems	<input type="checkbox"/> Urinary tract infections	<input type="checkbox"/> Other

*Please attach special care plan from your physician for any of these illnesses.*

**Allergies** *(please list)*

Medication Allergies	Reaction	Food Allergies	Reaction
_____	_____	_____	_____
_____	_____	_____	_____
Bee Stings Allergies	Reaction	Respiratory Allergies	Reaction
_____	_____	_____	_____
_____	_____	_____	_____
Other Allergies	Reaction	<b>Are any of these allergies life-threatening?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Has your child been prescribed an Epi-pen?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
_____	_____		

*Please attach care instructions from your physician for any life-threatening allergies.*

**Additional Developmental Questions**

Was your child born prematurely?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Has your child received the following screenings?		Has your child qualified or received Early Intervention Services?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, how many weeks?		<input type="checkbox"/> Hearing Screening	Date: _____	If Yes, list services received:	
Is this your child's 1 <sup>st</sup> school experience?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Speech Screening	Date: _____		
If no, please list the program:		<input type="checkbox"/> Vision Screening	Date: _____		
		<input type="checkbox"/> Dental Screening	Date: _____		

To the best of my knowledge the information contained above is accurate.

Parent initial \_\_\_\_\_ Staff initial \_\_\_\_\_ Date \_\_\_\_\_



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

**Medical Information (continued)**

**Child's Medical Care Provider**

Primary physician's name	Primary physician's practice name	Phone	
Physician's practice address	City	State	Zip
Preferred hospital/clinic for emergency care	City	State	
Dentist's name	Dentist's practice name	Phone	
Dentist's practice address	City	State	Zip

**Child's Insurance Provider: Does your child/family have health insurance?**  Yes  No

**If No, would you like information on NJ Family Care Insurance:**  Yes  No

**Child's Immunization History** (please attach a copy of your child's immunization records)

Below is a list of NJ Minimum immunization requirements for child care/preschool attendance:

For more detailed information, please visit: <http://nj.gov/health/cd/imm.shtml> or our school website: [www.beachwoodnurseryschool.com](http://www.beachwoodnurseryschool.com)

Diphtheria, tetanus & acellular pertussis (DTaP)	Influenza (IIV;LAIV)	Pneumococcal conjugate (PCV 13)	Varicella (Chickenpox) (VAR)
Inactivated Poliovirus (Polio)	Measles, Mumps, Rubella (MMR)	Haemophilus Influenzae type b (Hib)	

**Additional Medical Policies**

1. Prior to enrollment, I must provide the center with updated medical and immunization information for my child. This information is to be kept current and updated annually in accordance with state child care regulations. I understand all children must meet the NJ Minimum Immunization Requirements for School Attendance. NOTE: All Medical/Religious Exemptions require an annual letter describing exemption. **Initial** \_\_\_\_\_
2. I agree to provide information to the child care center about my child's conditions, illnesses, allergies or other needs. I have received a new **UNIVERSAL CHILD HEALTH RECORD** & understand the Universal Child Health Record must be updated annually. \_\_\_\_\_
3. If my child becomes ill with a reportable contagious disease, I understand that he/she will not be able to return until I bring in a physician's note stating that he/she is no longer contagious. \_\_\_\_\_
4. If my child becomes ill during his/her time at the child care center, the staff will contact me to pick up my child. I will arrange for pick up as soon as possible and no later than 1 hour after being contacted. If I cannot be reached, the staff will contact those listed in the *Child Emergency Contact and Release*. \_\_\_\_\_

**Emergency Medical Authorization & Consent**

- In case of a medical emergency, the staff will attempt to contact me, those listed in the *Child Emergency Contact and Release*, and lastly my physician. **Initial** \_\_\_\_\_
- In case of a medical emergency, I agree that my child may receive first aid, CPR, and/or emergency care. \_\_\_\_\_
- In case of a medical emergency, I permit the transportation of my child to a local hospital or other urgent care facility, if necessary by paramedics or other emergency personnel. \_\_\_\_\_
- In the case of a community disaster, I authorize BNS Staff to evacuate my child. \_\_\_\_\_
- In case of a medical emergency, I will be responsible for the emergency medical expenses. \_\_\_\_\_

**Sunscreen, Insect Repellent, Diaper Cream Consent**

- I give my permission to this center to apply  Sunscreen and  Insect repellent to my child. **Initial** \_\_\_\_\_
- I understand that I must supply my own sunscreen and/or insect repellent with a valid expiration date & it will be labeled with my child's name. \_\_\_\_\_
- I  Have  Do not have special instructions for the application process: \_\_\_\_\_
- Applicable to Non-Potty Trained Children:
- Yes, I give my permission to this center to apply diaper cream to my child. I understand I must supply my own diaper cream & label w/ my child's name. List Diaper Cream Brand: \_\_\_\_\_
- No or Not-Applicable

Parent initial \_\_\_\_\_ Staff initial \_\_\_\_\_ Date \_\_\_\_\_



# Enrollment Agreement

## Early Childhood Education Program

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

### Family Heritage, Customs, Culture, Holidays & Celebrations

What is your child's family heritage? \_\_\_\_\_  
 Are there special family customs, culture and/or holidays that you celebrate? \_\_\_\_\_  
 Would you be interested in sharing any of your customs or celebrations with your child's classroom? If so, please indicate what you would like to share: \_\_\_\_\_

### Which Categories Describe Your Child? (One or more categories may be checked)

- |  |   |                                |
|--|---|--------------------------------|
| <input type="checkbox"/> Latino/Hispanic           | <input type="checkbox"/> American Indian / Alaska Native          | <input type="checkbox"/> Asian |
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> Native Hawaiian / Other Pacific Islander | <input type="checkbox"/> White |

### Additional Agreements

#### Walking Excursions

I give my permission for my child to participate in supervised walking excursions near and around the center. Initial \_\_\_\_\_

#### Parent Handbook & School Policy/Procedures Acknowledgement

I understand and agree that it is my responsibility to read and familiarize myself with policies and procedures outlined in the BNS General Parent Handbook and agree to abide by them. In addition I will review the additional policies available on the school website: [www.beachwoodnurseryschool.com](http://www.beachwoodnurseryschool.com) Initial \_\_\_\_\_

Additional policies/school forms include:

Discipline Policy	_____
Expulsion Policy	_____
Student Release Policy	_____
Communicable Disease/Medication Administration Policy	_____
Office of Licensing "Information to Parents" Statement	_____
Tuition Policy	_____
Parent/Community Resources	_____
Infant/Toddler/Twos Supplemental Handbook	_____
Universal Child Health Record Form (updated annually)	_____
Special Care Plan (for allergies, asthma, medical condition) updated annually	_____

I understand that it is my responsibility to go directly to management with any questions I may have regarding the policies and procedures and information contained in this Enrollment Agreement. \_\_\_\_\_

I understand that information contained in the Parent Handbooks/Policies may be subject to change. \_\_\_\_\_

#### Private Employment Acknowledgement and Release

Any arrangement/employment between me & staff of this center (i.e., babysitting), outside of the programs & services offered by this center, is an individual endeavor & private matter not connected to or sanctioned by this center. This center shall remain harmless from any such arrangement. Initial \_\_\_\_\_

#### Media & Communication Release

What is your preferred method of communication? Phone Text message Email Initial \_\_\_\_\_

May we photograph your child for student portfolios/assessment documentation?  Yes  No Initial \_\_\_\_\_

May we photograph your child for occasional postings on Facebook, school website, and/or publicity?  Yes  No

By providing BNS with your email address, you are authorizing BNS to send you school updates electronically. Initial \_\_\_\_\_

By Providing BNS with your cell phone & phone carrier, you authorize BNS to communicate school info, closings, delays & emergencies via text messaging. Initial \_\_\_\_\_

### Contract Approval

I certify that I have read, understand, and accept all of the terms and conditions described in this *Enrollment Agreement*.

\_\_\_\_\_  
 Mother/Guardian/Sponsor Signature                      Date                      Father/Guardian/Sponsor Signature                      Date