

# **TOTSVILLE**

## **Childcare**

## **Learning**

## **Center**

### **Enrollment Forms**

**TOTSVILLE CHILDCARE LEARNING CENTER  
CHILD'S ENROLLMENT APPLICATION**

C H I L D	Name of Child	
	Date of Birth	
	Home Address	

P A R E N T	MOTHER		FATHER	
	Name		Name	
	Home Phone	( )	Home Phone	( )
	Home Address		Home Address	

W O R K	Mother's Work		Father's Work	
	Name of Business		Name of Business	
	Business Phone	( )	Business Phone	( )
	Business Address		Business Address	

Persons authorized to pick up your child and/or contact in case of emergency if neither parent is unavailable to assume responsibility for the child				
E M E R G E N C Y	Name of Contact # 1		Name of Contact # 2	
	Phone	( )	Phone	( )
	Relationship		Relationship	
	Address		Address	

D O C T O R	Child's Doctor	
	Telephone	( )
	Address	

C U S T O D I A N	<p>Name of person PROHIBITED from picking up the child: _____</p> <p>If a non-custodial parent is not included among those persons authorized by the custodial parent to pick up the child, please explain, below and attach a copy of appropriate court order.</p>
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I (We) attest that all of the information on this application is accurate, and that I (we) have received the following information:

1. Policy on the Release of Children
2. DCF Information to Parents
3. Policy on Disciplining, Child Sickness, or Special Care
4. Parent Agreement/Tuition Policy
5. Policy on the Management of Illness/Communicable Diseases
6. Policy on Methods of Parental Notification
7. Expulsion Policy
8. Policy on the Use of Technology and Social Media

Parent's Signature: \_\_\_\_\_

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

**AUTHORIZATION FOR CHILDREN PICKUP**

The names of at least one or two individuals, in addition to parents, who are authorized to pick up your child, must be on file in the office. If anyone else will be picking up your child, it is imperative that you notify the school's office in writing, on or before the day of occurrence.

**THE SCHOOL SHALL NOT RELEASE A CHILD TO ANYONE WHO IS NOT AUTHORIZED IN WRITING TO PICK UP.**

**PASSWORD (FOR UNUSUAL PICKUP):** \_\_\_\_\_

**This password is confidential. The password will be used to identify a parent when calling to authorize an unusual pickup. Pickup person does not need to know the password but should walk-in with two forms of government identification cards (e.g. driver's license, photo id)**

**PARENTAL AUTHORIZATION FOR EMERGENCY TREATMENT**

**CHILD'S NAME:** \_\_\_\_\_  
Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Address: \_\_\_\_\_  
Parent(s) Name: \_\_\_\_\_  
Parent(s) Address: \_\_\_\_\_

**CHILD'S MEDICAL INFORMATION**

Medical Problems: \_\_\_\_\_  
Any Special Medical Needs or Learning Disabilities: \_\_\_\_\_  
Allergies: \_\_\_\_\_  
Medicine(s) child is taking: \_\_\_\_\_  
Medicine(s) child is allergic to: \_\_\_\_\_  
Is any condition present that may result in an emergency? \_\_\_\_\_  
Name of Child's Doctor: \_\_\_\_\_ Telephone: \_\_\_\_\_

**CHILD'S INSURANCE**

Company/HMO: \_\_\_\_\_  
Group Number: \_\_\_\_\_ Identification #: \_\_\_\_\_

I (we) state that we are the parent(s)/guardian(s) having legal custody of the above child and attest that the information above is correct. I (we) authorize the above child care center director or director's designee to obtain emergency treatment for my child. I consent to an x-ray examination, anesthetic, medical or surgical diagnosis or treatment; and hospital care to be rendered to the minor at a recognized medical facility, under the general or special supervision of a licensed physician or surgeon.

The following steps will be followed in an emergency:

1. The parent/guardian will be contacted immediately.
2. The child's physician will be contacted.
3. We will attempt to contact you through all of the emergency persons listed on the child's application form.
4. If we cannot contact you or your child's physician, we will do any or all of the following:
  - A) Call for emergency first aid assistance/transportation.
  - B) Call another physician
  - C) Have the child transported to an emergency hospital in the company of a staff member.

Parent Signature: \_\_\_\_\_

**Medication Authorization**

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No child will be given prescribed oral or surface medication without physician permission. Non-prescribed medication to lower a child's temperature will not be allowed unless it is prescribed by a physician. Other non-prescribed medicine, diapering products, sunscreen lotions, and insect repellents will be given with parental permission and administered according to the manufacturer's instructions unless there are written instructions for their use provided by a licensed physician or dentist. Medication must be in its original container and have a legible label with the child's name and current prescription information. The administration of medicine is recorded and the record is available to the child's parent. Please send a dosage dispenser to be used in the administering of your child's medication. Please alert the staff to any possible side effects of the medication and when it is to be discontinued. If your child is on medication, you must inform the center director in writing of the name of the medication, time it was last given, amount given and any possible side effects we should be aware of. Any expired or unused portion will be returned to the child's parent or destroyed.

I hereby authorize the staff of TOTSVILLE Childcare Learning Center to administer the checked below listed medications. I understand that no prescribed medication will be given without physician permission, and that any non-prescribed medication will be administered according to the manufacturer's instructions only unless there are written instructions for their use provided by a licensed physician or dentist.

- Insect repellents
- Sunscreen lotions
- Diapering products
- Other... \_\_\_\_\_

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Signature of parent or guardian

**Parent Agreement**

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

Date of Birth: \_\_\_\_\_

Age Group: \_\_\_\_\_

Anticipated Use of Facility: From \_\_\_\_\_ to \_\_\_\_\_ (time)

M T W TH F (circle days)

- Payments are due in advance of service but no later than first scheduled day of the week of service.
- Parent agrees to complete all required forms and return them before the start date at school.
- Parent agrees to update personal information as it occurs. Parent understands that child cannot start or remain in school without proper documentation on file. If the child is absent from the center for more than 20 days, a new set of forms must be completed along with a re-registration fee of \$100.
- Parent agrees to provide all supplies requested by provider. Parent understands if required items are not supplied, items will be purchased by the provider and cost reimbursed by parent(s).
- Clean clothes, shoes, diapering products, and supplies must be packed and labeled for each child.
- All grooming materials must be supplied by the parents, such as ointments and creams (labeled)
- All belongings must be labeled and packed in a labeled carrying bag.
- Infants/toddlers sleep on their back in the crib unless specified by a doctor. In case a triangular wedge is needed to sleep on the side or any medical condition requires child to sleep on their tummy, a proper physician's note is required.
- There will be a \$50.00 service charge for any returned check. Tuition policy of the school is part of this agreement.
- A late pick-up fee after 6:30PM will be charged at a rate of \$15.00 per every 15 minute (or part thereof) after scheduled time. This fees is payable at the time of pickup.
- Please note that the tuition will remain exact amount for each week regardless of any holidays, sickness, or school closing due to inclement weather or any emergency. Unused days cannot be rolled forward/backward from one week to another. Any unscheduled closing will be posted on the website as well as on the answering- machine service by 5:30 AM. Consult tuition policy for further details.
- School will be closed at least on the following holidays (subject to change every year): New Year's Day, Memorial Day, President's Day, Good Friday, Independence Day, Labor Day, Thanksgiving weekend, Christmas Eve, and Christmas Day.
- All tuition and fees are non-refundable.
- The provider will only make any modification or addendum to this contract in writing. To ensure a safe learning environment for children, no verbal agreement of whatsoever kind is permitted between any parties.
- Parent signing this agreement is fully responsible for all tuition, fees or additional charges to school, irrespective of any other custodial/state agreements between parent and third parties. Any tuition not reimbursed by third parties becomes the responsibility of parent signing this agreement.
- To maintain low student teacher ratio, and to provide stable teaching environment, tuition is payable even if the child is absent from school for illness, vacation, or any other reason. TOTSVILLE will require all parents to obligate themselves to their entire tuition on a weekly basis. Your child cannot re-enter the center without this payment in full.
- It is parent's responsibility to call learning center if the student is going to be late or absent for the whole day. A note from the doctor must accompany child if medically required.
- TOTSVILLE discourages its employees from making independent child care arrangements with center families. However, in the event you enter into an arrangement with an TOTSVILLE employee to baby-sit for your family outside of the employees work hours and/or outside of the center hours, it must be done away from the center with the full knowledge and understanding that the babysitter enters into such an agreement as a private citizen and not as an TOTSVILLE employee. TOTSVILLE cannot be responsible for its employees away from the center, outside their working hours and will not be liable for their act or omission when not on TOTSVILLE property. You may

be required to sign an acknowledgement and waiver to this effect. If you enter into an independent agreement with a TOTSVILLE employee to care for your children, and this arrangement results in the person leaving TOTSVILLE employment, TOTSVILLE will charge you a finder's fee of \$1500.00

- Parent(s) grant permission to school to obtain any child academic and/or medical records from other agencies/schools/doctors on as needed basis. A photocopy of this agreement will serve as permission/authorization by parent to other parties to release records to school. In order to maintain ongoing academic/medical/health records in a timely fashion, parent(s) also grant permission to TOTSVILLE to submit any additional medical/academic forms directly to any agencies/doctors/schools/third parties for completion and sending back to school in a timely manner (within 5 days). Parent(s) also consent and grant authorization to school staff to discuss/clarify child related information from any agency/doctor/school so as to provide proper level of care.
- I (We) grant full permission to school to photograph, videotape, or film child using any digital or electronic communication. Photos can be used for program planning and/or public relations, and can be posted on website, classrooms, or any publication/display media.
- I (We) attest that child is not on any modified diet, and is free of any condition or allergy that may result in an emergency. I (We) further attest that child does not require any special care (medical or otherwise) while in school, and is healthy to participate in all activities during the day. I (We) attest that we are responsible for updating school administration in writing with any updates to child's condition (medical or otherwise). Parent(s) is also fully responsible for bringing updated medical records to school after child's doctor visit for any purpose.
- Parents and/or visitors once inside the center must sign in/out again at the reception desk (either on paper or via computer, if available). This will act as a secondary security check.
- TOTSVILLE Childcare Learning Center is not equipped to handle children in need of specialized care with regard to behavior. Noting any child with such needs, school will make reasonable accommodations or recommendations for parents to seek further help or evaluation at an appropriate facility.
- In certain circumstances, it may be necessary for the Director/Owner to decide to discontinue a child's attendance. Such a decision would be based on whether terminating enrollment is in the best interest of that child, the other children in the class and the overall operation of the center. Every effort will be made to correct a problematic situation before final decision is made. Termination of enrollment may be the result of the following: Non-payment of tuition (immediate termination), abuse of children, staff or property, disruptive or dangerous behavior, center's inability to meet the child's needs, and continued violation of TOTSVILLE Childcare Learning Center policies by parents or students. This is a partial list and TOTSVILLE reserves the right to end the enrollment of a child at any time for any reason deemed appropriate. Whenever possible, prior notification will be provided to the parent.
- Parent executing this agreement will be unconditionally and fully responsible for all legal or collection fees incurred in regards to enforcing this agreement.
- NJ State Licensing Agency maintains the right to interview or observe the physical condition of the children or staff members to inspect and audit child or facility records without prior consent.
- TOTSVILLE Childcare Learning Center requires two (2) week written notification prior to withdrawal from the center. Tuition will be charged for two weeks if written notice is not given.

I (We), the parent(s) of \_\_\_\_\_ have read the above tuition responsibility agreement and fee schedule, information to parents document, discipline, biting and child sickness or special care policies, completed enrollment forms, and understand rules and regulations (including medical emergencies, and medication procedures) which shall become part of my obligation to the center. I (We) fully understand this obligation and the reasons for its implementation.

Parent's Name (Printed): \_\_\_\_\_

Parent's Social Security Number: \_\_\_\_\_

Parent's Driver License Number: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_

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

Child's Starting Date: \_\_\_\_\_