



Enrollment Agreement 2019-2020

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: New Registration Re-Enrollment
 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	Mother/Guardian/Sponsor	Father/Guardian/Sponsor
	Name:	Name:
Home Address (include street, city, state, zip)		
Home Phone Number		
Cell Phone + Carrier	Carrier:	Carrier:
Email Address (checked often)		
Employer		
Occupation		
Employer Address (include street, city, state, zip)		
Business Phone		

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 (other than parents/guardians/sponsors listed above)

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	Emergency Contact #1	Emergency Contact #2
	Name:	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 _____ Date _____ Staff initial _____



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Child's Name: _____

Rate Agreement and Contract

Hours of Operation

Regular operating hours are 6:45 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 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. 1st-must be potty trained)
 Pre-Kindergarten (4 years old by October 1st)

Please Indicate Choice of Schedule:

T/Th (2) days per week (Bldg 1)
 MWF (3) days per week (Bldg 1)
 5 days per week (Bldg 1)

Please Indicate AM and Extra Hours:

A.M. Morning Session
 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 Terrific Two's
 Preschool (3 years old by Oct. 1st & must be potty trained)
 Pre-Kindergarten (4 by Oct. 1st & must be potty trained)

Please Indicate Choice of Schedule:

T/Th (2) days/week or 2 days: _____
 MWF (3) days/week or 3 days: _____
 4 day week, T-F or 4 days/week-which days: _____
 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
 10th hour (additional fee applies)

Please Indicate Calendar Choices:

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

SCHOOL AGE SESSIONS & SCHEDULE Grade of Child in 2019-20: Kindergarten 1st Grade 2nd Grade

Elementary School Name: _____ Elementary School Phone #: _____

Child will be attending: Morning Care _____ a.m. Drop-off Time Mon Tues Wed Thurs Fri
 Afternoon Care _____ p.m. 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 online at TRSchools.com or print paper form & submit to Transportation Dept prior to start.

Monthly Tuition

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

· I agree to the fee policies listed on Page 5.

· I understand that both parents/guardians/sponsors must complete, sign & return the annual tuition agreement to ensure my child's class placement.

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 these policies available at www.beachwoodnurseryschool.com:

- Office of Licensing "Information to Parents" Statement
- Discipline Policy
- Expulsion Policy
- Student Release Policy
- Communicable Disease & Medication Administration Policy
- Social Media Information/Policy
- Tuition Policy
- Parent & Community Resources
- BNS Parent Handbook AND, if applicable, 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. Information contained in the Parent Handbooks/Policies may be subject to change.

Parent signature: _____ Date _____

Staff initial _____



Enrollment Agreement 2019-2020

Early Childhood Education Program

Child's Name: _____

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? Yes No
- 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	Are any of these allergies life-threatening? <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 st 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 _____ Date _____ Staff initial _____



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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 Health 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 and a completed Universal Health Record Form)

For Pre-Kindergarten and younger children (School-Age Child, see p. 5 Parent Medical Declaration Section instead):
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

· 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 (*Does not apply to School-Age Child; see p. 5 Parent Medical Declaration Section instead)	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. (*Does not apply to School-Age Child; see p. 5 Parent Medical Declaration Section instead)	_____
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 <i>Child Emergency Contact and Release</i> .	_____

Emergency Medical Authorization & Consent

In case of a medical emergency, the staff will attempt to contact me, those listed in the <i>Child Emergency Contact and Release</i> , 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.	_____
In case of an accidental ingestion of a poisonous substance, I consent to my child being treated as directed by the Poison Control Center.	_____

Sunscreen, Insect Repellent, Diaper Cream Consent

I give my permission to this center to apply <input type="checkbox"/> sunscreen and <input type="checkbox"/> insect repellent to my child. <i>Please check which products you will permit.</i>	Initial _____
I understand that I must supply my own sunscreen and/or insect repellent with a valid expiration date and it will be labeled with my child's name.	_____
I <input type="checkbox"/> have <input type="checkbox"/> do not have special instructions for the application process: _____	_____
Applicable to Non-Potty Trained Children: <input type="checkbox"/> 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. <input type="checkbox"/> Not-Applicable	_____

Parent initial _____ Date _____ Staff initial _____



Enrollment Agreement 2019-2020
Early Childhood Education Program

Child's Name: _____

Medical Information (continued)

Parent's Medical Declaration Statement for School-Age Child

Please select one:	<input type="checkbox"/> My child is in good health and can participate in the normal activities of the program and has no conditions or special needs that require special accommodations.	<input type="checkbox"/> My child can participate in the normal activities of the program but has Conditions or Special Needs that require Special Accommodations as indicated below. Please list any allergies, medical conditions, including chronic health problems(such as asthma, seizures), behavioral disorders, special needs, etc.:
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Parent signature: _____ Date _____

Additional Agreements

Walking Excursions

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

Fee Policy

If accepted, I agree to pay the monthly tuition listed on Page 2 within the first seven days of the month to Beachwood Nursery School:

- | | |
|--|--|
| <ul style="list-style-type: none"> · I understand both parents/guardians/sponsors 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 fee even if my child is absent for one or more days. · 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. · Back-up credit card payment information must be kept on file and up-to-date for enrollment, which will be charged in case of non-payment of monthly tuition and will include the 2.75% credit card processing fee. · I understand past due tuitions referred to our collection agency will include collection fees of 40% of the claim amount plus court fees. | <ul style="list-style-type: none"> · I agree to pay the full tuition in advance of services rendered. · A non-refundable registration fee of \$150 is due yearly (or \$50 for school-age enrollment) per child. · A late fee of up to \$30 will be billed if tuition is not received on time. · A late pick up fee of \$10 per 15 minutes per child is due if my child is not picked up before closing. · 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 agree to the Infant Delayed Start Policy as detailed on the 2019-2020 Parent-School Tuition Agreement . |
|--|--|

Parent signature: _____ Date _____

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? <input type="checkbox"/> Phone <input type="checkbox"/> Text message <input type="checkbox"/> Email	Initial _____
May we photograph your child for student portfolios/assessment documentation? <input type="checkbox"/> Yes <input type="checkbox"/> No	Initial _____
May we photograph your child for occasional postings on Facebook, school website, and/or publicity? <input type="checkbox"/> Yes <input type="checkbox"/> No	Initial _____
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

Staff initial _____ Date Received & Reviewed _____