Office Use:

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 **Name:**		Father/Guardian/Sponsor **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 **Name:**	Emergency Contact #2 **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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Enrollment Agreement 2019-2020
Early Childhood Education Program

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 ___________

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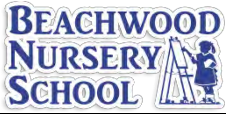

Enrollment Agreement 2019-2020
Early Childhood Education Program

Child's Name:

Medical Information

Child's name	Birth date	Height	Weight	Hair color	Eye color

Distinguishing marks

Child's Medical & Developmental History

1. Does your child have any special medical conditions? □ No □ Yes Explain
2. Does your child have any chronic illnesses? □ No □ Yes Explain
3. Please list a brief history of your child's serious injuries and hospitalizations.
4. Does your child have diabetes? □ No □ Yes *If yes, please attach special care plan from your physician.*
5. Does your child have asthma? □ No □ Yes *If yes, please attach special care plan from your physician.*
6. Will medication be administered regularly? □ No □ Yes *If yes, please attach special care plan from your physician.*
7. Does your child have any special dietary needs? □ No □ Yes Explain
8. Is your child able to fully participate in all activities? □ Yes □ No Explain
9. Does your child have any physical restrictions? □ No □ Yes Explain
10. Does your child function at the level of other children in his/her age group? □ Yes □ No Explain
11. Is your child able to walk □ Yes □ No
12. Can your child communicate his/her needs? □ Yes □ No
13. Does your child need assistance at meal time? □ No □ Yes Explain
14. Does your child rest during the day? □ No □ Yes
15. Is your child toilet trained? □ Yes □ No
16. Does your child use any special equipment, such as breathing machine, wheelchair, hearing aid, braces, glasses etc.? □ No □ Yes Explain
17. Does your child require one-to-one care/supervision on a regular basis for a significant period of time? □ No □ Yes Explain
18. 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)*

- □ Vision problems
- □ Hearing problems
- □ Constipation
- □ Diarrhea
- □ Asthma/breathing problems
- □ Nosebleeds
- □ Skin rashes
- □ Sore throats
- □ Ear infections
- □ Urinary tract infections
- □ Seizures
- □ Mouth sores
- □ Fainting
- □ Persistent cough
- □ 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?** □ **Yes** □ **No**

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

Additional Developmental Questions

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

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

Parent initial ____________ Date ________________ Staff initial ____________

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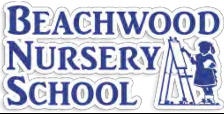

Enrollment Agreement 2019-2020
Early Childhood Education Program

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.beachwoodnurseryschoo.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

Initial

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) ________
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 *Child Emergency Contact and Release*. ________

Emergency Medical Authorization & Consent

Initial

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. ________

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

Initial

I give my permission to this center to apply □ sunscreen and □ insect repellant to my child. *Please check which products you will permit.* ________

I understand that I must supply my own sunscreen and/or insect repellant with a valid expiration date and 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.
□ Not-Applicable ________

Parent initial __________ Date ____________ Staff initial __________

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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:	☐ 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.	☐ 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.:

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:

- 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.
- 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? ☐Phone ☐Text message ☐Email	**Initial**
May we photograph your child for student portfolios/assessment documentation? ☐ Yes ☐ No May we photograph your child for occasional postings on Facebook, school website, and/or publicity? ☐ Yes ☐ 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 _____________

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2019-2020 BNS Early Learning Center Drop-In Care Registration Form

THIS FORM MUST BE RETURNED WITH YOUR TUITION DEPOSIT BY AUGUST 1st, 2019

- **IMPORTANT:** WE WILL DETERMINE THE NEED FOR OPENING ON ELC DAYS BASED ON THE NUMBER OF FAMILIES WHO HAVE ENROLLED FOR EACH DAY. **WE REQUIRE AT LEAST 10 FAMILIES TO REGISTER IN ORDER TO REMAIN OPEN.**
- An updated ELC calendar will be sent home with the final ELC schedule during the first week of school.
- Please indicate which ELC Days you will be using. Register with this form to secure your child's placement.
- You will be billed for ELC days on the 1st of the month. Payment will be due 1 week prior to each ELC day to secure your child's spot. (Ex. Payment for 10/14 ELC Day would be due 10/7)
- Please do not include the ELC payment in with your regular monthly tuition.
- This is open to all school day/extended day BNS Families registered for the Toms River Schools Calendar.
- We will accept School-Age children who are currently enrolled in our Before-care/After-care program.
- There are no credits or deductions for illness, inclement weather, emergency closings and/or daily absences as we maintain appropriate staffing ratios at all times.

Child's Name: ______________________________ Room #: ____________

____ *(Please check)* **My child WOULD need care on the ELC days selected below.**

BNS Early Learning Center Per Diem Drop-In Care	**Please check all dates needed.**	***Please indicate drop off/pick up times up to 9 hours below. We will be open from 7:00-5:30.** *A 10th hour will cost an additional $10.*	**Rates are as follows** **$50 per day (Potty Trained) $55 per day (Non-Potty Trained)**
1. Monday, 10/14			
2. Monday, 11/4			
3. Tuesday, 11/5			
4. Wednesday, 11/6			
5. Thursday, 11/7			
6. Friday, 11/8			
7. Thursday, 1/2			
8. Friday, 1/3			
9. Monday, 1/20			
10. Friday, 4/10			
11. Monday, 4/13			
12. Tuesday, 4/14			
13. Wednesday, 4/15			
14. Thursday, 4/16			
15. Friday, 4/17			

____ *(Please check)* **My child WOULD NOT need care on ELC days for the 2019-2020 school year.**

Parent Signature: ______________________________ Date: __________

Parent-School Tuition Agreement 2019-2020
Early Childhood Education Program

BEACHWOOD NURSERY SCHOOL

1. Child and Parents'/Guardians' Contract, Billing & Payment Information for Each Child Enrolled

Child Name____ Date____________________

Mother's Name_______________________________ Father's Name_______________________________

Mother's Soc. Security # ☐☐☐ - ☐☐ - ☐☐☐☐ *REQUIRED*
Father's Soc. Security # ☐☐☐ - ☐☐ - ☐☐☐☐ *REQUIRED*

Address____
Street address *City/Town* *State* *Zip Code*

Registration Fee paid at enrollment $__________ Date__________ Ck./Receipt #__________ Credit Card__________
Tuition Deposit due by Aug. 1--Paid $__________ Date__________ Ck./Receipt #__________ Credit Card__________

Program enrolled______________ Weekly schedule__________ Annual Tuition Total $_______ Monthly Tuition Amt $_______

The annual tuition is based on the Toms River Schools' Calendar of 180 days for a 5-day program, 105 days for a 3-day MWF program, and 75 days for a 2-day T/Th program. Tuition is due monthly, divided into **10 payments** for your convenience with the first payment due no later than August 1st for September enrollment, or prior to the first day of attendance for mid- school year admission. Other tuition schedule options are available. Monthly tuition is due on the 1st of the month. A **Late Fee of $15** will be added after the 7th of the month and **$30** after the 15th. *Credit card payments will include a 2.75% processing fee. The summer program is handled separately from the school year.

CHOICE OF TUITION SCHEDULE

☐ Option #1: Annual Tuition in Ten Equal Monthly Payments.
Tuition Deposit due by August 1st; this is the first of 10 payments. Remaining balance paid in 9 more monthly payments on Sept. 1st, Oct. 1st, Nov. 1st, Dec. 1st, Jan. 1st, Feb. 1st, Mar. 1st, Apr. 1st and May 1st. (This is the default payment option).

☐ Option #2: Annual Tuition payable in 2 Payments.
Tuition Deposit due August 1st. Balance must be paid in full by Oct. 1st for a 2.5% discount.

☐ Option #3: Annual Tuition payable in 3 Payments.
Tuition Deposit due August 1st. Balance paid in 2 installments on Sept. 1st and Jan. 1st for a 1.25% discount.

☐ Option #4: Annual Tuition in 20 Payments. Biweekly payments: (50% of Tuition Deposit Due August 1st/Balance of Tuition Deposit due June 1st). 18 payments due the 1st and 15th of each month, Sept. 1st through May 15th.

Custom Options:
☐ Subsidy: Please check if you receive a child-care subsidy and attach a copy of the contract to this form. You are responsible for monthly copay and supplement charges not covered by the child-care subsidy, due to BNS at the beginning of the month.
☐ Infant Delayed Start Policy for infants beginning school in October or later instead of September:
Tuition Deposit is due August 1st for All Students. If infant does not begin school by October 1, 50% Monthly Tuition will be due October 1 and November 1 to hold class placement until start; regular monthly tuition payment begins December 1st to continue to hold the child's class placement. Indicate child's estimated start date: __________ Parent Initials:__________
☐ ELC Childcare Days: If interested in additional days of care, please complete the ELC Drop-in Care Registration Form.

INDICATE PAYMENT METHOD SELECTION

☐ A: In-person tuition payments by check, money order or cash
☐ B: Bill pay set up by you and your bank to automatically send payment to BNS
☐ C: Credit Card payment in person at the BNS office
☐ D: Enroll in Monthly Credit Card autopay plan to charge card on 5th of month

2. Personal Guarantee – Agreement to Pay – Parent-School Tuition Agreement 2019-2020 – Beachwood Nursery School

I/We understand that each parent/guardian of the child/children enrolled at Beachwood Nursery School must sign the Parent-School Agreement on an annual basis attesting that I/we are both jointly and separately liable for my/our child/children's current school year tuition and any unpaid balance. I/We understand past due tuitions referred to our collection agency will include collection fees of 40% of the claim amount plus court fees. ***Both parents' signatures are required.***

____ ______________
Signature of Mother/Guardian ** Date

____ ______________
Signature of Father/Guardian ** Date

3. REQUIRED Back-Up Payment by Credit Card Agreement – Parent-School Tuition Agreement 2019-2020 – Beachwood Nursery School

AUTHORIZATION FOR BACK-UP PAYMENT OF TUITION VIA CREDIT CARD (REQUIRED)

BNS requires a valid credit card set up as a back-up payment method for tuition payment. Your credit card information is stored safely and securely online in an online payment gateway, Tuition Express, managed by our center's Procare Software system. Back-up payment of your monthly payment or past due balance will be processed when tuition payments are not received by the 7th of the month, according to the tuition agreement, and will be charged to your credit card, with processing fee and any applicable late fees.

I (we) hereby authorize *BEACHWOOD NURSERY SCHOOL, INC.* to store my credit card information in the Tuition Express system and to initiate a charge to the below-referenced credit card account when payment is past due and has not been made according to Page 1 of the Parent-School Tuition Agreement. Current, valid credit card information must be maintained and updated as expiration dates or card numbers change.

Back-Up Payment Credit Card Information

______________________________ ______________________________
Cardholder Name *Phone #*

______________________________ ______________ ______________
Cardholder Billing Address *City & State* *Billing Zip*

______________________________ ______________ ______________
Credit Card Number *Expiration Date* *3- or 4-digit Security Code*

______________________________ ______________
Cardholder Signature *Today's Date*

4. Automatic Recurring Monthly Payment by Credit Card

AUTHORIZATION FOR RECURRING MONTHLY CREDIT CARD PAYMENTS

We offer the safety, convenience and ease of monthly payments by credit card through Tuition Express – an automatic payment processing system that allows on-time tuition and fee payments to be charged to your credit card. Your account information is stored securely in the Tuition Express/ Procare Software system.

☐ I wish to set up 10 automatic recurring monthly payments according to the monthly payment plan schedule of August 1 of 2019 (tuition deposit), Sept. 1, Oct. 1, Nov. 1, Dec. 1, Jan. 1 of 2020, Feb. 1, Mar. 1, Apr. 1 and May 1 of 2020. Charges will be run on approximately the 5th day of each of the 10 months. Payments will include a 2.75% processing fee.

I (we) hereby authorize *BEACHWOOD NURSERY SCHOOL, INC.* to initiate monthly credit card charges according to the completed Parent-School Tuition Agreement. Current, valid credit card information must be maintained and updated as expiration dates or card numbers change. To properly affect the cancellation of this agreement, I (we) are required to give 10 days' written notice.

Credit Card Information for Recurring Monthly Charges

______________________________ ______________
Cardholder Signature *Today's Date*

☐ Check here to apply all of the credit card information from Section 3 above for recurring monthly payments
☐ Complete below ONLY if monthly payment credit card information is different from card listed above in Section 3

______________________________ ______________________________
Cardholder Name *Phone #*

______________________________ ______________ ______________
Cardholder Billing Address *City & State* *Billing Zip*

______________________________ ______________ ______________
Credit Card Number *Expiration Date* *3- or 4-digit Security Code*

Office Use Only: ______________________ ____________ ____________
Employee Signature *Date Received* *Date Data Entered*

Please have physician: 1) Complete first box in Section II with physical examination date & 2) Attach list of immunizations as second page. Return to Beachwood Nursery School before July 1 to complete registration and/or resubmit with each yearly physical exam. BNS Fax 732-341-1402, Phone 732-244-1550.

APPENDIX H

UNIVERSAL CHILD HEALTH RECORD

Endorsed by: *American Academy of Pediatrics, New Jersey Chapter*
New Jersey Academy of Family Physicians
New Jersey Department of Health

SECTION I - TO BE COMPLETED BY PARENT(S)

Child's Name *(Last)* *(First)*	Gender ☐ Male ☐ Female	Date of Birth / /
Does Child Have Health Insurance? ☐Yes ☐No	If Yes, Name of Child's Health Insurance Carrier	
Parent/Guardian Name	Home Telephone Number ( ) -	Work Telephone/Cell Phone Number ( ) -
Parent/Guardian Name	Home Telephone Number ( ) -	Work Telephone/Cell Phone Number ( ) -

I give my consent for my child's Health Care Provider and Child Care Provider/School Nurse to discuss the information on this form.

Signature/Date	This form may be released to WIC. ☐Yes ☐No

SECTION II - TO BE COMPLETED BY HEALTH CARE PROVIDER

Date of Physical Examination:	Results of physical examination normal? ☐Yes ☐No

Abnormalities Noted:	Weight *(must be taken within 30 days for WIC)*	
	Height *(must be taken within 30 days for WIC)*	
	Head Circumference *(if <2 Years)*	
	Blood Pressure *(if ≥3 Years)*	

IMMUNIZATIONS	☐ Immunization Record Attached ☐ Date Next Immunization Due: _____

MEDICAL CONDITIONS

Chronic Medical Conditions/Related Surgeries • List medical conditions/ongoing surgical concerns:	☐ None ☐ Special Care Plan Attached	Comments
Medications/Treatments • List medications/treatments:	☐ None ☐ Special Care Plan Attached	Comments
Limitations to Physical Activity • List limitations/special considerations:	☐ None ☐ Special Care Plan Attached	Comments
Special Equipment Needs • List items necessary for daily activities	☐ None ☐ Special Care Plan Attached	Comments
Allergies/Sensitivities • List allergies:	☐ None ☐ Special Care Plan Attached	Comments
Special Diet/Vitamin & Mineral Supplements • List dietary specifications:	☐ None ☐ Special Care Plan Attached	Comments
Behavioral Issues/Mental Health Diagnosis • List behavioral/mental health issues/concerns:	☐ None ☐ Special Care Plan Attached	Comments
Emergency Plans • List emergency plan that might be needed and the sign/symptoms to watch for:	☐ None ☐ Special Care Plan Attached	Comments

PREVENTIVE HEALTH SCREENINGS

Type Screening	Date Performed	Record Value	Type Screening	Date Performed	Note if Abnormal
Hgb/Hct			Hearing		
Lead: ☐ Capillary ☐ Venous			Vision		
TB (mm of Induration)			Dental		
Other:			Developmental		
Other:			Scoliosis		

☐ ***I have examined the above student and reviewed his/her health history. It is my opinion that he/she is medically cleared to participate fully in all child care/school activities, including physical education and competitive contact sports, unless noted above.***

Name of Health Care Provider (Print)	Health Care Provider Stamp:
Signature/Date	

Instructions for Completing the Universal Child Health Record (CH-14)

Section 1 - Parent

Please have the parent/guardian complete the top section and sign the consent for the child care provider/school nurse to discuss any information on this form with the health care provider.

The WIC box needs to be checked only if this form is being sent to the WIC office. WIC is a supplemental nutrition program for Women, Infants and Children that provides nutritious foods, nutrition counseling, health care referrals and breast feeding support to income eligible families. For more information about WIC in your area call 1-800-328-3838.

Section 2 - Health Care Provider

1. Please enter the date of the physical exam that is being used to complete the form. Note significant abnormalities especially if the child needs treatment for that abnormality (e.g. creams for eczema; asthma medications for wheezing etc.)
   - **Weight** - Please note pounds vs. kilograms. If the form is being used for WIC, the weight must have been taken within the last 30 days.
   - **Height** - Please note inches vs. centimeters. If the form is being used for WIC, the height must have been taken within the last 30 days.
   - **Head Circumference** - Only enter if the child is less than 2 years.
   - **Blood Pressure** - Only enter if the child is 3 years or older.

2. **Immunization** - A copy of an immunization record may be copied and attached. If you need a blank form on which to enter the immunization dates, you can request a supply of Personal Immunization Record (IMM-9) cards from the New Jersey Department of Health, Vaccine Preventable Diseases Program at 609-826-4860. The Immunization record must be attached for the form to be valid.
   - "Date next immunization is due" is optional but helps child care providers to assure that children in their care are up-to-date with immunizations.

3. **Medical Conditions -** Please list any ongoing medical conditions that might impact the child's health and well being in the child care or school setting.

   a. Note any significant medical conditions or major surgical history. **If the child has a complex medical condition, a special care plan should be completed and attached for any of the medical issue blocks that follow.** A generic care plan (CH-15) can be downloaded at www.nj.gov/health/forms/ch-15.dot or pdf. Hard copies of the CH-15 can be requested from the Division of Family Health Services at 609-292-5666.

   b. **Medications -** List any ongoing medications. Include any medications given at home if they might impact the child's health while in child care (seizure, cardiac or asthma medications, etc.). Short-term medications such as antibiotics do not need to be listed on this form. Long-term antibiotics such as antibiotics for urinary tract infections or sickle cell prophylaxis should be included.

   PRN Medications are medications given only as needed and should have guidelines as to specific factors that should trigger medication administration. *Please be specific about what over-the-counter (OTC) medications you recommend, and include information for the parent and child care provider as to dosage, route, frequency, and possible side effects. Many child care providers may require separate permissions slips for prescription and OTC medications.*

   c. **Limitations to physical activity -** Please be as specific as possible and include dates of limitation as appropriate. Any limitation to field trips should be noted. Note any special considerations such as avoiding sun exposure or exposure to allergens. Potential severe reaction to insect stings should be noted. Special considerations such as back-only sleeping for infants should be noted.

   d. **Special Equipment** – Enter if the child wears glasses, orthodontic devices, orthotics, or other special equipment. Children with complex equipment needs should have a care plan.

   e. **Allergies/Sensitivities -** Children with life-threatening allergies should have a special care plan. Severe allergic reactions to animals or foods (wheezing etc.) should be noted. Pediatric asthma action plans can be obtained from The Pediatric Asthma Coalition of New Jersey at www.pacnj.org or by phone at 908-687-9340.

   f. **Special Diets** - Any special diet and/or supplements that are medically indicated should be included. Exclusive breastfeeding should be noted.

   g. **Behavioral/Mental Health issues** – Please note any significant behavioral problems or mental health diagnoses such as autism, breath holding, or ADHD.

   h. **Emergency Plans -** May require a special care plan if interventions are complex. Be specific about signs and symptoms to watch for. Use simple language and avoid the use of complex medical terms.

4. **Screening** - This section is required for school, WIC, Head Start, child care settings, and some other programs. This section can provide valuable data for public heath personnel to track children's health. Please enter the date that the test was performed. Note if the test was abnormal or place an "N" if it was normal.
   - For lead screening state if the blood sample was capillary or venous and the value of the test performed.
   - For PPD enter millimeters of induration, and the date listed should be the date read. If a chest x-ray was done, record results.
   - Scoliosis screenings are done biennially in the public schools beginning at age 10.

   This form may be used for clearance for sports or physical education. As such, please check the box above the signature line and make any appropriate notations in the Limitation to Physical Activities block.

5. Please sign and date the form with the date the form was completed (note the date of the exam, if different)
   - Print the health care provider's name.
   - Stamp with health care site's name, address and phone number.