



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 School Year _____ / _____

Please check one: Re-Enrollment New Registration (Please provide birth certificate)
 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/Guardian/Sponsor Information	Parent/Guardian/Sponsor Name:	Parent/Guardian/Sponsor Name:
Home Address (include street, city, state, zip)		
Home Phone Number		
Cell Phone + Carrier		
Social Security Number		
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 TPA 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	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 _____ Staff initial _____ Date _____



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Child's Name: _____

Rate Agreement and Contract

Hours of Operation

Regular operating hours are 6:30 AM to 6:30 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 newjersey.news12.com and the TPA Website. 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

Please Indicate Choice of Program:

- Infant (6 weeks – 18 months)**
 - Part Time (Less than 6 hours)
 - Full Time (More than 6 hours)
- Toddler (19 months – 35 months)**
 - Part Time (Less than 6 hours)
 - Full Time (More than 6 hours)
- Preschool (3 years old by October 1st and must be toilet trained)**
 - Half Day (9:00am – 1:00pm)
 - Full Day (9:00am – 3:00pm)
 - Extended Day (6:30am – 6:30pm)
- Pre-Kindergarten (4 years old by October 1st)**
 - Half Day (9:00am – 1:00pm)
 - Full Day (9:00am – 3:00pm)
 - Extended Day (6:30am – 6:30pm)

Please Indicate Choice of Schedule:

- 5 days per week Mon Tues Wed Thurs Fri
- 4 days per week Mon Tues Wed Thurs Fri
- 3 days per week Mon Tues Wed Thurs Fri
- 2 days per week Mon Tues Wed Thurs Fri

School Aged Children (Kindergarten and Up)

School Name: _____ 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: The Preparatory Academy 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 Jackson School District Care Giver Authorization form & submit it to their child's school prior to start

Additional Services Provided:

Elementary and Middle School Children: Please Indicate If Care Is Needed For The Following:

- Shortened Days
- School Closures
- Winter Break
- Spring Break

Parent initial _____ Staff initial _____ Date _____



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Child's Name: _____

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

Tuition is due on the 25th of each month PRIOR to the performance of services. There will be a \$25.00 late fee charged if payment is not received by the 28th of every month.	
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 even if my child is absent for one or more days.	
Payment can be made by cash, check, or credit card. If you pay by credit card, you will be charged an additional 3% service fee.	
Upon initial enrollment, a half month tuition deposit is required.	
A non-refundable registration fee of \$100 per child is due upon registration for the school year.	
A non-refundable registration fee of \$100 per child is due upon registration for the camp program.	
A 2 week written notice is required for any child being withdrawn from TPA. Failure to provide notice in writing will result in forfeiture of the tuition deposit.	
I understand I must complete, sign and return an annual agreement to ensure my child's class placement.	
There is a late fee per child not picked up by their assigned time. The fee will be \$15 for the first 15 minutes and \$1 for every minute thereafter.	
Accounts 15 days in arrears may result in immediate termination of service.	
Returned checks will be charged a service fee of \$35, and must be replaced with cash or a money order within 7 days. Future payments must be made in cash or credit card.	
A major credit card is required to be kept on file to charge your account in the event that payment is not received by the 28th of the month.	
I understand past due tuitions referred to our collection agency will include collection fees that will not exceed 40% of the claim amount.	

Cardholder Name: _____

Credit Card Number: _____

Expiration Date: _____

Security Code: _____

Zip Code: _____

Parent signature: _____ Staff initial _____ Date _____



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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? 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)		(NONE) <input type="checkbox"/>	Please List Severity (Mild, Moderate, Severe)	
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 _____ Staff initial _____ Date _____



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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 Insurance Provider

Child's health insurance provider name	Policy number	Secondary health insurance provider name	Policy number
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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.theprepacad.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

- 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. **Initial** _____
- 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. _____
- 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. _____
- 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 TPA 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 sunscreen and insect repellent to my child. *Please check which products you will permit.* **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 have do not have special instructions for the application process. _____

Applicable to Non-ToiletTrained 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 _____ Staff initial _____ Date _____



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Child's Name: _____

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 (TPA General Parent Handbook) and agree to abide by them. In addition I will review the additional policies available on the school website: www.thepreacad.com **Initial**

Additional policies/school forms include:

- Office Of Licensing "Information To Parents" _____
- Policy On The Release of Children _____
- Guidelines For Positive Discipline _____
- Expulsion Policy _____
- Expulsion Policy Procedure _____
- Policy On The Management of Communicable Diseases _____
- Policy On The Methods Of Parental Notification (REMIND and PROCARE Sign Up) _____
- Policy On The Use Of Technology and Social Media _____
- Tuition Policy _____
- Universal Child Health Record Form (updated annually) _____
- Special Care Plan-for allergies, asthma, medical condition (updated annually) if needed _____
- Medical Home _____
- Communication Policy _____
- Health And Safety Workshops _____
- Community Resource Handbook Location _____
- Protective Factors Survey (Completed & handed in to the office) _____
- Pandemic Policy _____

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.

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

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 **Initial**

By providing TPA with your email address, you are authorizing TPA to send you school updates electronically. **Initial**

By Providing TPA with your cell phone & phone carrier, you authorize TPA 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*.

Parent/Guardian/Sponsor Signature Date Parent/Guardian/Sponsor Signature Date

