



Registration taken by: _____

Date: _____

Start Date: _____

Room #: _____

ENROLLMENT FORM

CHILD'S INFORMATION:

Gender: M / F

Date of Birth: _____

Last Name: _____ First Name: _____

School Meal Plan: _____ Regular _____ Vegetarian

ALLERGIES OR OTHER IMPORTANT INFORMATION:

Registration fee paid: <input type="checkbox"/> Yes <input type="checkbox"/> No	Security Placement Fee paid: <input type="checkbox"/> Yes <input type="checkbox"/> No
Infant 0-18 Months: Part Time – Morning Session: _____ Afternoon Session: _____ Full Time _____	
Young Toddler 19 Months-2 ½ Years: Part Time – Morning Session: _____ Afternoon Session: _____ Full Time _____	
Older Toddler 2 ½ Years – 3 Years: Part Time – Morning Session: _____ Afternoon Session: _____ Full Time _____	
Preschool 3 – 4 years: Full Time _____ with After School Program : Full Time: _____ Up to 3 Days p/week: _____ Up to 2 Days p/week: _____	

PARENT/GUARDIAN 1 INFORMATION:

Last Name: _____ First Name: _____

Home Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____
Cell Phone: _____
Work Phone: _____
Email Address: _____

Employer: _____

Address: _____

City: _____ State: _____ Zip: _____

PARENT/GUARDIAN 2 INFORMATION:

Last Name: _____ First Name: _____

Home Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____
Cell Phone: _____
Work Phone: _____
Email Address: _____

Employer: _____

Address: _____

City: _____ State: _____ Zip: _____



CUSTODIAL INFORMATION:

If a non-custodial parent is not among those persons authorized to pick up the child, a court order must be provided.

Please check the appropriate box below.

Yes, this situation applies. A court order is attached.

Not Applicable.

EMERGENCY CONTACTS / AUTHORIZED PICK-UPS:

1. Name: _____

Relation to Child: _____

Address: _____

Cell Phone: _____

2. Name: _____

Relation to Child: _____

Address: _____

Cell Phone: _____

3. Name: _____

Relation to Child: _____

Address: _____

Cell Phone: _____

EMERGENCY CARE AUTHORIZATION:

State law requires that we have written authorization from a child's legal guardian to seek medical help in the event of a medical emergency. Signing the statement at the bottom of this letter will provide us with that authorization.

Our policy in the event of a medical emergency is to contact you first. If we cannot contact you, we will try to contact others you may designate. In the event that we are unable to contact you or your designated representative(s), or if the medical emergency warrants immediate response, we will act on your behalf and in the best interest of the child.

Parent/Guardian Signature

Date



Registration fee paid: ___ Yes ___ No

Days/Hours: _____ Rate: _____

The following are terms between Hudson Sprouts Academy and the parents of:

Child's Name: _____ Date: _____

1. The center is open from 6:30 AM to 6:30 PM.

- All children must be here by 9:30 am
- Part Time afternoon session: children must arrive between 1:30-2 pm
- Any child picked up after 6:30 pm will be charged \$1.00 for every minute late.
- Payments are due the 1st of current month. any payment made after the 1st will incur a late fee of \$25.00

Please see Parent Handout for specific arrival and pick-up times that correspond to your child (pages 5 and 6).

2. There is a onetime non-refundable registration fee of **\$150.00** cash or certified check is due at time of enrollment.

3. A Security Placement Fee (Apart from Registration Fee) of **\$750.00** cash, check, or credit card is due at time of enrollment.

- Hudson Sprouts Academy requires a full academic school year (September – June) commitment from all of our pre-kindergarten families. If commitment is not met, security placement fee, tuition, and yearly school supplies fees are forfeited. The security placement fee is **non-refundable** and will **only** be applied to the last month of the academic school year (June). *Applicable to Preschool ONLY.*
- Infant and Toddler families security placement fee will be applied to final month's tuition. The security placement fee is **non-refundable** and will **only** be applied to the final month's tuition when notice is given in writing 30 days prior to withdrawal.

3. Tuition is to be paid in full each month; we do not hold your child's space without FULL payment.

- Tuition fees are subject to a 4% annual increase.
- Late payment fees are \$25 per incident.
- 3 late payments may lead to removal of your child from the program.
- Return Check Fee is \$35.00, additionally a probation period of 90 days, resulting in payments being made in cash or money order.

PARENTS ARE RESPONSIBLE FOR PAYING FOR THE ENTIRE PROGRAM TUITION CHOSEN REGARDLESS OF HOLIDAYS, INCLEMENT WEATHER, AND/OR DESIRED START DATES AND STUDENT ABSENCES.

4. Parents are to notify administration 30 days before school withdrawal. Failure to provide required notice will continue to accrue payment for the following month.

ILLNESS – It is our policy that parents will be called to pick up a child if are not feeling well enough to participate in activities. Please call the school by 9:30am if your child will not be attending for the day. Children with diarrhea or vomiting may not return to school for 24 hours after the last incident occurred. Children with Pink Eye may not return to school until oozing has stopped and prescription medication has been administered for 24 hours. After a fever, children must have a normal temperature for 24 hours before returning to school. Please keep in mind we have the responsibility to serve the health and well-being of all students and staff. The policies will be strictly enforced.

EMERGENCY INFORMATION – Should your home or office information change, please remember to inform the school so change can be reflected on registration materials.

LABELING – Please label all your child's items before bringing them to school, such as jackets, hats, gloves, diapers, crib sheets, bottles, blankets, etc.

PICK UP – There may be occasions when you will not be able to pick up your child. List the people you permit to pick up your child on the registration form. Please let us know, whenever possible if someone else will be picking up your child. If a situation arises during the day, please contact us immediately. We will not allow anyone to pick up a child without proper ID.

I, _____ agree to the above terms of this agreement.



Parent/Guardian Signature

Date

Dear Parent(s)/Guardian(s):

In keeping with New Jersey's child care center licensing requirements, we are obligated to provide you, as the parent of a child enrolled at our center, with this informational statement. The statement highlights, among other things: your right to visit and observe our center at anytime without having to secure prior permission; the center's obligation to be licensed and comply with licensing standards; and the obligation of all citizens to report suspected child abuse/neglect/exploitation to the state's Department of Child Protection and Permanency, DCP&P (formerly the Division of Youth and Family Services, DYFS).

Please read this statement carefully and, if you have any questions, please feel free to contact us at the number below.

Sincerely,
Ms. Sarah Metelsky
Director, Hudson Sprouts Academy

Please complete and return this portion to the center. (Please Print)

Name of Child: _____

Name of Parent(s): _____

I have read and received a copy of the Information to Parents documentation prepared by the Bureau of Licensing in the state's Department of Child Protection and Permanency, DCP&P.

Signature: _____ Date: _____



STUDENT INFORMATION / EMERGENCY CONTACT FORM

Student's Name: _____ Date of birth: _____

Address: _____ City: _____ State: _____ Zip: _____

PARENT/GUARDIAN 1 - INFORMATION:

Name: _____
Address: _____
City/State/Zip: _____
Home Phone: _____
Cell Phone: _____
Work Phone: _____

PARENT/GUARDIAN 2 - INFORMATION:

Name: _____
Address: _____
City/State/Zip: _____
Home Phone: _____
Cell Phone: _____
Work Phone: _____

**It is extremely important to have the correct information on file for each student at all times.
All parents are required to call the office if information on this form changes.**

EMERGENCY CONTACT # 1:

Name: _____
Address: _____
City/State/Zip: _____
Home Phone: _____
Cell Phone: _____
Work Phone: _____

EMERGENCY CONTACT # 2:

Name: _____
Address: _____
City/State/Zip: _____
Home Phone: _____
Cell Phone: _____
Work Phone: _____



EXPULSION POLICY

PAGE 1

NAME OF CENTER: _____

NAME OF CHILD: _____

SIGNATURE OF PARENT: _____

Unfortunately, there are sometimes reasons we have to expel a child from our program either on a short term or permanent basis. We want you to know we will do everything possible to work with the family of the child(ren) in order to prevent this policy from being enforced. The following are reasons we may have to expel or suspend a child from this center:

IMMEDIATE CAUSES FOR EXPULSION

- The child is at risk of causing serious injury to other children or himself/herself.
- Parent threatens physical or intimidating actions toward staff members.
- Parent exhibits verbal abuse to staff in front of enrolled children.

PARENTAL ACTIONS FOR CHILD'S EXPULSION

- Failure to pay/habitual lateness in payments.
- Failure to complete required forms including the child's immunization records.
- Habitual tardiness when picking up your child.
- Verbal abuse to staff.
- Other (explain)

CHILD'S ACTIONS FOR EXPULSION

- Failure of child to adjust after a reasonable amount of time.
- Uncontrollable tantrums/angry outbursts.
- Ongoing physical or verbal abuse to staff or other children.
- Excessive biting.
- Other (explain)

SCHEDULE OF EXPULSION

- If after the remedial actions above have not worked, the child's parent/guardian will be advised verbally and in writing about the child's or parent's behavior warranting an expulsion. An expulsion action is meant to be a period of time so that the parent/guardian may work on the child's behavior or to come to an agreement with the center.
- The parent/guardian will be informed regarding the length of the expulsion period.
- The parent/guardian will be informed about the expected behavioral changes required in order for the child or parent to return to the center.
- The parent/guardian will be given a specific expulsion date that allows the parent sufficient time to seek alternate child care (approximately one to two weeks' notice depending on risk to other children's welfare or safety.)
- Failure of the child/parent to satisfy the terms of the plan may result in permanent expulsion from the center.



EXPULSION POLICY

PAGE 2

NAME OF CENTER: _____

NAME OF CHILD: _____

SIGNATURE OF PARENT: _____

A CHILD WILL NOT BE EXPELLED

If a child's parent(s):

- Made a complaint to the Office of Licensing regarding a center's alleged violations of the licensing requirements.
- Reported abuse or neglect occurring at the center.
- Questioned the center regarding policies and procedures.
- Without giving the parent sufficient time to make other child care arrangements.

PROACTIVE ACTIONS THAT CAN BE TAKEN IN ORDER TO PREVENT EXPULSION

- Staff will try to redirect child from negative behavior.
- Staff will reassess classroom environment.
- Staff will always use positive methods and language while disciplining children.
- Staff will always use positive methods and language while disciplining children.
- Staff will praise appropriate behavior.
- Staff will consistently apply consequences for rules.
- Child will be given verbal warnings.
- Child will be given time to regain control.
- Child's disruptive behavior will be documented and maintained in confidentiality.
- Parent/guardian will be notified verbally.
- Parent/guardian will be given written copies of the disruptive behaviors that might lead to expulsion.
- The director, classroom staff and parent/guardian will have a conference(s) to discuss how to promote positive behaviors.
- The parent will be given literature or other resources regarding methods of improving behavior. Recommendation of evaluation by professional consultation on premises.
- Recommendation of evaluation by local school district child study team.



THINGS YOU WILL NEED

- CLEAN BLANKET (Over 12 months old)
- CLEAN COT/ CRIB SHEET
- WET WIPES
- DIAPERS/PULL-UPS (If necessary)
- FULL CHANGE OF CLEAN CLOTHES



Picture/Video Permission Form

I give permission to Hudson Sprouts Academy to take pictures and/or videos of my child,
_____, while in school or while engaging in school activities. I am aware that these
photos/videos may be used for Hudson Sprouts Academy website(s), Instagram, Facebook Page, Twitter, or other.

Date: _____

Signed: _____

Walking Field Trips Permission Form

I give permission to my child, _____, to attend walking field trips to the park and
participate in fire drills that will take him/her out of the school building. Two adults will supervise the children
during all outdoor activities.

Date: _____

Signed: _____



Student's Insurance Information

(Please attach a copy of your insurance card to this form. Children must have medical insurance in order to participate in activities offered by Hudson Sprouts Academy)

Parent Name _____

Student Name _____

Insurance Company: _____

Group I.D. Number: _____

Policy Number: _____

Child is covered until: _____ / _____ / _____

Policy Holder's Name: _____

Parent/Guardian Signature _____ Date _____

Director Signature _____ Date _____

Make Copy of Current Insurance Card Below:



School Calendar 2018-2019

REVISED

September 6th - First Day of School

October 8th - Columbus Day Observance

November 12th - Veteran's Day Observance

November 23-24th - Thanksgiving Recess

December 24th Christmas Eve (4:00 dismissal)

December 25th – Christmas Day Observance

January 1st - New Year's Day Observance

January 21th - Martin Luther King Jr. Birthday Observance

February 18th - President's Day Observance

April 19th –Good Friday Observance

May 27th - Memorial Day Observance

July 4th- Independence Day Observance

Red Font – School Closure

Green Font –Early Dismissal

Parent/Teacher Conferences: Hudson Sprouts conducts 2 Parent/Teacher Conferences per academic school year. During these meetings, an early dismissal will be implemented for the classes conducting their meetings on that specific day.

Parents are responsible to pay for full program tuition regardless of desired start date, holidays, and inclement weather or student absences.

Hudson Sprouts reserves the right to make changes to the academic school calendar in the event of an unexpected occurrence, including but not limited to inclement weather.

The above information has been explained to me by the center Director. I am fully aware of the closure dates that Hudson Sprouts has scheduled for the school year and summer camp months.

Signature

Date

To Our Hudson Sprouts Families,

Thank you for allowing Hudson Sprouts Academy to become your child's second home. At Hudson Sprouts, we look forward to providing the best form of childcare and having your child grow and sprout with us! We would like



to continue to provide incomparable daycare and early childhood education services for you. With that, we would like to remind you of some of our company policies that we have in place.

- **UNIFORMS (pre-K only):** are to be worn at all times prior to drop off. For your convenience, we do have additional uniforms for sale at our school. Please see the Director or Assistant Director for assistance.
 - School year (September-June) we ask that **ONLY** the polo short/long sleeve be worn.
- **MORNING DROP OFF TIMES-** To keep Hudson Sprouts on a routine schedule and ensure the quality of our programs, we remind parents that school uniformed students must be in school no later than 9am.
 - Non-school uniform students – infants and toddlers must be in school no later than 9:30am. Please show courtesy to our Hudson Sprouts staff, as they implement a fun-filled, educational day!
- **SCHOOL BAGS:** As a part of your child’s prekindergarten tuition, we provide Hudson Sprouts Academy school bags. Please ensure all of your child’s belongings are kept together and returned daily. Also, these bags must be used daily; even if they are empty they must be brought to school daily. These are the only bags that need to be used between the staff and the parents. The use of outside book bags and shopping bags are not permitted in prekindergarten.
- **STROLLERS-** At this time we are limited in space with the amount of strollers we can accommodate in our school. We ask parents to be courteous and allow the stroller area to be primarily for infants and toddlers.
- **PERSONAL ITEMS & TOYS FROM HOME:** For our older sprouts, aged 13 months to 4 years old, we provide cups, plates, and utensils. We ask that all personal cups, utensils and toys are **NOT** to be brought to school. Personal sippy cups are allowed.

Signature

Date

Preschool Family Survey



Please help our staff learn as much as they can about your child!

About the Family:

Child's Name: _____ Child's Nickname: _____

Student's Birthday: _____ Language(s) spoken in the home: _____

Guardians' names: _____

Siblings/Other People in the Household:

Pets in the home?: _____

About your Child. (Please circle):

Please describe your child in 3 words: _____

Your child tends to use their:	Left Hand	Right Hand	Both Hands	Not Applicable
Is this their first time in a child care setting?	Yes	No		
Does your child nap at home?	Yes	No	Scheduled Time?:	_____
Does your child use the toilet independently?	Yes	No		

Allergies or medical needs (i.e. asthma): _____

Is there anything else you would like to share?: _____



CHILD HEALTH RECORD

New Jersey Department of Health

SECTION I - TO BE COMPLETED BY PARENT(S)

Child's Name (Last)	(First)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth / /
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Does Child Have Health Insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, Name of Child's Health Insurance Carrier
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Parent/Guardian Name	Home Telephone Number	Work Telephone/Cell Phone Number
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Parent/Guardian Name	Home Telephone Number	Work Telephone/Cell Phone Number
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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. <input type="checkbox"/> Yes <input type="checkbox"/> No
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SECTION II - TO BE COMPLETED BY HEALTH CARE PROVIDER

Date of Physical Examination:	Results of physical examination normal? <input type="checkbox"/> Yes <input type="checkbox"/> No
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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:	<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached	Comments
Medications/Treatments • List medications/treatments:	<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached	Comments
Limitations to Physical Activity • List limitations/special considerations:	<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached	Comments
Special Equipment Needs • List items necessary for daily activities	<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached	Comments
Allergies/Sensitivities • List allergies:	<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached	Comments
Special Diet/Vitamin & Mineral Supplements • List dietary specifications:	<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached	Comments
Behavioral Issues/Mental Health Diagnosis • List behavioral/mental health issues/concerns:	<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached	Comments
Emergency Plans • List emergency plan that might be needed and the sign/symptoms to watch for:	<input type="checkbox"/> None <input type="checkbox"/> 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: <input type="checkbox"/> Capillary <input type="checkbox"/> 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	