

Welcome to the Children's Garden Christian School

“Our mission is to introduce children to God’s love through His words,
There by providing the spiritual tools necessary to do God’s will”

We are pleased that you have chosen our school for your child’s nursery and/or pre-school education. Our goal is to provide your child with a safe and loving environment that will foster their social, emotional, and academic development, while fulfilling our mission statement. We realize that you have entrusted us with your greatest treasure, your child. We take that trust most seriously.

Attached, you will find the necessary forms for registration. Please complete and sign all paperwork in this packet where indicated. When all paperwork, excluding the medical forms, has been completed, return them along with the \$60.00 non-refundable registration fee. Your child will then be put on a classroom roster. Medical forms must be signed by the doctor and returned on your child’s first day of school. This includes a copy of their immunizations and a signed Medical Release Form. If you have any questions regarding the information in this packet, please call the school at 856-728-4535 and speak to the school director. School hours are 9-1 daily and 1-4p.m. Monday, Tuesday, Wednesday, and Thursday, 9 to noon on Friday.

We will be happy to assist you during these times and answer any questions and/or arrange a classroom visitation.

Again, thank you for choosing the Children’s Garden Christian School.
The staff and I are eagerly looking forward to serving you and your family during our school year.

In His continued service and yours,
Karen Mucci
Director

Our Tuition Rates for the School Year 2017-2018

Our tuition is based on a school year and broken down into 20 equal payments.

- 1 day @ \$900.00 ~ \$45.00 bi-weekly (Nursery Only)
- 2 days @ \$1800.00 ~ \$90.00 bi-weekly
- 3 days @ \$2700.00 ~ \$135.00 bi-weekly
- 4 days 9:00 to Noon \$3600.00 ~ \$180.00 bi-weekly
- 5 days 9:00 to Noon \$4500.00 ~ \$225.00 bi-weekly
- 4 days 9:00 to 1:00 PM ~ \$4800.00 ~ \$240.00 bi-weekly
- 5 days 9:00 to 1:00 PM ~ \$6000.00 ~ 300.00 bi-weekly

Child's Name: _____ Birthdate _____

Address: _____

Phone: _____ Allergies _____

Mother's Name: _____ Cell Phone: _____

Father's Name: _____ Cell Phone: _____

Email Address: _____

Please Select One of the Following Programs and indicate 1st, 2nd or 3rd choice

Pre-K Programs (4 to 5 Days) 9:00 AM ~1:00 PM

Monday thru Friday (Miss Christine)

Monday thru Thursday (Miss Christine)

Pre-K Programs (4 to 5 Days) 9:00 AM to Noon

Monday thru Friday (Miss Christine)

Monday thru Thursday (Miss Christine)

Pre-K Programs (2 or 3 Days) 9:00 AM to Noon

Monday/Wednesday (Miss Kate)

Monday/Wed./Friday (Miss Kate)

Tuesday/Thursday (Miss Kate)

Tuesday/Thurs./Friday (Miss Kate)

Pre-K PM (2 or 3 Days) 1:00 PM to 4:00 PM

Tuesday/Thursday (Miss Kate)

Tuesday/Wed./Thursday (Miss Kate)

Nursery Programs 9:00 AM to Noon

Monday/Wednesday

Tuesday/Thursday

Monday/Wednesday/Friday

Tuesday/Thursday/Friday

Friday Only

Nursery Program 1:00 PM to 4:00 PM

Tuesday/Thursday

Registration Fee Paid: \$60.00 Cash: _____ Check#: _____ **Non-Refundable

Class Assignment:

Teacher: _____ Class: _____ Date: _____

Child's Personal Information

Child's Full Name _____ Birth date _____

Mother (Guardian) _____ Age _____

Father (Guardian) _____ Age _____

Marital Status of Parents: Married _____ Single _____ Separated _____ Divorced _____

Stepmother _____ Stepfather _____

Custody/Visiting Arrangements _____

Church Affiliation _____

If child is adopted: Age at adoption _____ Does child know? _____

Brothers and Sisters of Child

Name _____ Birth date _____ Age _____

Name _____ Birth date _____ Age _____

Name _____ Birth date _____ Age _____

Name _____ Birth date _____ Age _____

Has child had group play experience or previous Pre-school experience? _____

Where?: _____

How would you rate their experience? _____

Does child have neighborhood playmates? _____

Where to Reach Parents

Father's Name _____ Occupation _____

Place of Business _____ Hours _____

Business Address _____

Business Phone _____ Cell Phone _____

Mother's Name _____ Occupation _____

Place of Business _____ Hours _____

Business Address _____

Business Phone _____ Cell Phone _____

Two People to Notify In Case Of Emergency (Other Than Parents)

Name _____ Address _____

Phone _____ Cell Phone _____

Relationship to child _____

Name _____ Address _____

Phone _____ Cell Phone _____

Relationship to child _____

Escorts Other Than Parents

Name _____ Phone _____ Cell _____

Name _____ Phone _____ Cell _____

Custodial Information

If a non-custodial parent is not included among those persons so authorized by the custodial parent to pick up the child, please explain on a separate letter and attach a copy of the appropriate court ordered documents. Children's Garden reserves the right to refuse to release a child to a parent, guardian or approved escort that is under the influence or deemed impaired. The Director will be notified and the necessary steps will be taken as provided by the Division of Youth & Family Services of the State of New Jersey.

Does child have any special fears you are aware of? _____

Does child have any speech problems? _____ If so, are they currently receiving speech therapy? _____

Where? _____

Are there **any** other problems that we should be aware of? _____

What method of behavior control is used in your home? _____

When this is used, what is your child's usual reaction? _____

Describe your child's personality _____

Health History of Child

What past illnesses has your child had? _____ At what age? _____

Chicken Pox? _____ Scarlet Fever? _____ Diabetes? _____ Mumps? _____

Measles? _____ Hepatitis? _____ Others? _____

Does your child have frequent colds? _____ Tonsillitis? _____ Asthma? _____

Ear Aches? _____ Frequent Stomach Aches? _____ Vomit Easily? _____

Choke on food easily? _____ Was child premature? _____

Has he/she had any serious accidents or been in any situations that you feel we need to know?

Please explain _____

Emergency Medical Release

I, _____, give my permission to the director, teachers and the support staff of the Children's Garden Christian School to seek and obtain any emergency medical care that my child, _____, may require while under their care.

Please furnish your medical insurance company name and the number of your policy,

Insurance Company _____ Policy Number _____

Parent-Guardian Signature _____

In the event of an emergency, 911 will be called and parents/guardians or emergency contacts will be notified.

Child's Physician _____ Phone Number _____

Children's Garden Christian School Contract

Child's Name _____

This is to certify that the Children's Garden Christian School located at 1636 North Main Street,

Williamstown, NJ. and _____ have

entered into an agreement as of _____. I understand that my child will

attend the Children's Garden Christian School during the scheduled AM or PM hours for **1, 2, 3, 4 or 5** days a

week for annual tuition of:

Please circle appropriate day & tuition amount.

1 day @ \$900.00 2 days @ 1800.00 3 days @ \$2700.00

4 days 9:00 to noon @ \$3600.00 5 days 9 :00 to noon @ \$4500.00

4 days 9:00 AM to 1:00 PM @ \$4800.00 5 days 9:00 AM to 1:00 PM @ \$6000.00.

Tuition payments are based on an annual tuition and broken down into bi-weekly payments. A payment schedule will be provided for your records. No child will be admitted after 2 missed payments unless payment arrangements have been made with the director. No make-up days are given, but student's missed classroom projects will be given to the parents upon their child's return to school.

A medical (Universal) form is provided upon registration and must be completed along with an up to date immunization record signed by a physician by the first day of school. The state mandates that each child needs to get a flu vaccine by December 31st. In order to be in compliance, students who have not been vaccinated will not be allowed to return to school after December 31st. Children with communicable diseases (mumps, chicken pox, pink eye, measles, head lice, etc) will not be admitted to school during their contagious period. A doctor's note may be requested upon their return.

If anyone other than the authorized person(s) will be picking up a child, the school must be notified either that morning in writing, or by telephone during the school day prior to dismissal. Persons will be asked to prove ID with a photo driver's license before the child is released. In no case will a child be released to anyone other than the parents without the parent's written or oral permission. The school must be provided with current phone numbers of authorized persons that can be reached during the school day in the event of an emergency. Parents/Guardians/Escorts must sign children in upon arrival and initial them out upon dismissal.

The Children's Garden Christian School reserves the right to refuse to release a child to a parent/guardian or approved escort that is under the influence or deemed impaired. The director will be notified and the steps will be taken provided by the Division of Youth and Family Services of the State of New Jersey.

The Children's Garden Christian School reserves the right to have a child withdrawn due to circumstances in which the child shows behavior that can be harmful to himself or to others, becomes disruptive to the daily routine, shows an unreadiness for a school group experience or it is determined that the Children's Garden is unable to meet the child's needs. A conference will be scheduled and a period of 2 weeks will be given to locate another school.

Parents/Guardians should understand and review this contract very carefully as it represents a standing agreement between the parties involved.

Parent/Guardian _____ Karen Mucci ~ Director Date: _____

Our school is required by the State Child Care Center Licensing Law to be licensed by the Bureau of Licensing of the New Jersey Division of Youth and Family Services. A copy of the current license must be posted in a prominent location at our center. *Children's Garden's license is posted on the bulletin board outside the director's office.*

To be licensed, our school must comply with the **Manuel of Requirements for Child Care Centers**. (the official licensing regulations). The regulations cover such areas as; physical environment, life safety, staff qualifications, supervision and staff/child ratios, program activities and equipment, health, food and nutrition, rest and sleep requirements, parent/community participation, administrative and record keeping requirements, and others.

Our school must have on the premises a copy of the Manuel of Requirements and make it available to interested parents for review. If you would like to review our copy, just ask the director or assistant director. Parents may secure a copy of **the Manuel of Requirements for Child Care Centers**, for a nominal fee, by writing to the Bureau of Licensing, Division of Youth and Family Services, CN 717, Trenton, NJ 08625.

We encourage parents to discuss with us any questions or concerns about the policies and programs of our school or the meaning, application or alleged violations of the Manuel of Requirements. We will be happy to discuss these matters with you at the earliest opportunity. If you suspect our school may be in violation of Licensing standards, you are entitled to report them to the Bureau of Licensing. Of course, we would appreciate your bringing these concerns to our attention, too.

Children's Garden is required to have a policy concerning the release of children to parents and other people authorized by the parents to be responsible for the child. Please discuss with us your plans for your child's departure from our school.

Our school must have a policy about the dispensing of medicine and the management of communicable diseases. Please speak with us about these policies (noted in our handbook) so we can work together to keep our children healthy. Parents are entitled to review the school's copy of the Bureau of Licensing's Inspection/Violation Reports of the school, which are issued at every state inspection of our school.

If there is a licensing complaint investigation, you are also entitled to review the Bureau's Complaint Investigation Summary Report, as well as any letters of enforcement or other actions taken against our school during the current licensing period. Let us know if you wish to review them and we will make them available to you.

Our school must cooperate with all DYFS inspection/investigations. DYFS staff may interview both staff members and children.

Our school must post its written statement of philosophy on child discipline in a prominent location (bulletin board outside school's office) and make a copy of it available to parents upon request. We encourage you to review it and to discuss with us any questions you may have about it.

Our school must post a listing or diagram of those rooms and areas approved by the Bureau for children's use. Please talk to us if you have any questions about the school's space.

Our school offers parents of enrolled children ample opportunity to participate in and observe the activities of the school. Parents wishing to participate in the activities or operations of the school should discuss their intent with the school's director, who can advise them of what opportunities are available. Parents of enrolled children may visit our school at any time without having to secure prior approval from the director or any staff member. Please feel free to do so when you can. We welcome visits from our parents.

Each year, parents of currently enrolled children are selected to participate as room parents for their child's class. Room parents meet once a month to discuss, exchange ideas, and review yearly activities.

Our school will inform parents in advance of every field trip, outing, or special event away from the school and must obtain prior written permission from the parents before taking a child on each trip. Anyone who has a reasonable cause to believe that an enrolled child has been or is being subjected to any form of hitting, corporal punishment, abusive language, ridicule, harsh, humiliating, or frightening treatment or any kind of child abuse, neglect or exploitation by any adult, whether working at the Children's Garden or not, is required by state law to report the concern immediately to the:

Division of Youth and Family Services
NJ Abuse Hotline – 877-NJ ABUSE or 877- 652-8273 or to any district office
Such reports may be made anonymously.
Parents may secure information about child abuse and neglect by contacting:
Community Education Office, Division of Youth and Family Services,
CN 717, Trenton, NJ 08625

We, at the Children's Garden Christian School, hope you have taken the time to read the above statement carefully. If you have any questions about its content please feel free to contact,
Karen M. Mucci, Director
or Christine DiStefano, Assistant Director
Our school phone number is 856-728-4535.

I, _____,

have received from the Children's Garden Christian School the informational statements from the State of New Jersey regarding child care centers and licensing regulations.

Parent/Guardian's Signature _____ Date _____