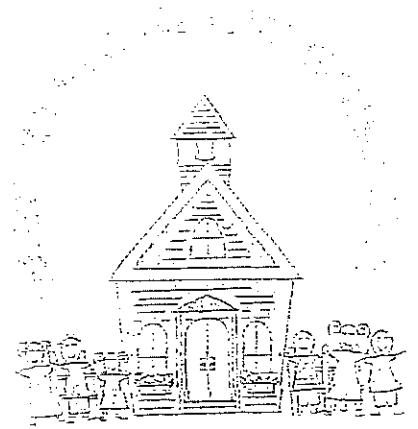


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Enrollment Application Checklist



	Completed Dated and Signed Application
	Copy of Birth Certificate
	Copy of Insurance Card
	Copy of Social Security Card
	Immunization Record
	Copy of Photo Id of Parent
	Universal Health Record
	Emergency Medical Authorization Form
	\$50 Money order for Registration Fee

Starting Supplies:

On your child's first day at WMGA, please provide the following:

Infants 6 weeks - 4 months

- 4 bottles labeled
- 1 powder or ready to feed formula
- or 2 day supply of breast milk
- 1 package of pampers
- 2 changes of clothing labeled
- 1 box of wipes and 1 refill
- 1 tub of diaper ointment

Infants 4-12 months

- same as infants 0-4 months
- 2 spoons
- 1 bowl

Toddlers 12-24 months

- 1 package of pampers
- 1 box of wipes
- 2 changes of clothing labeled
- 1 tub of diaper ointment
- 2 sippy cups

Children 24 -36 months

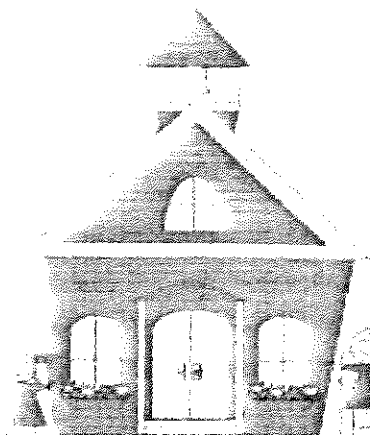
- 1 pack of pull ups or 2 change of underwear
- 1 box of wipes
- 2 changes of clothing labeled

Children 36 months and older

- 2 change of underwear

Watch Me Grow Academy

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Enrollment Application

Date: ____/____/____

Child's Name: _____ Child's Nick Name: _____

Child's Age: _____ Birthdate: ____/____/____ Gender: Male Female

Child's SSN#: _____ - _____ - _____

Mailing Address: _____ City: _____ State: _____

Zip: _____ Home Email Address : _____

Home Phone: (____) _____ - _____ Cell Phone: (____) _____ - _____

Person Responsible for Payment: _____

Mother's Information:

Name: _____ SSN#: _____ - _____ - _____

Address if different form the child:

Address: _____ City: _____ State: _____

Zip: _____ Home Email Address : _____

Home Phone: (____) _____ - _____ Cell Phone: (____) _____ - _____

Driver's License #: _____ State: _____

Place of Employment/School: _____

Address of Employer/ School: _____

Work/School Hours: _____ Work/School Phone: (____) _____ - _____

Work Email: _____

Father's Information:

Name: _____ SSN#: _____ - _____ - _____

Address if different form the child:

Address: _____ City: _____ State: _____

Zip: _____ Home Email Address : _____

Home Phone: (____) _____ - _____ Cell Phone: (____) _____ - _____

Driver's License #: _____ State: _____

Place of Employment/School: _____

Address of Employer/ School: _____

Work/School Hours: _____ Work/School Phone: (____) _____ - _____

Work Email: _____

Name of Child's Physician: _____

Physician's Address: _____ City: _____

State: _____ Physician's Phone #: (____) _____ - _____

Emergency Contact Information:

Name and Phone# of at least Two Persons to Contact if Parents Can not be Reached:

Name: _____ Phone#: (____) _____ - _____

Name: _____ Phone#: (____) _____ - _____

Persons Who May Pick Up Your Child Other than Parents without prior notice:

(*Persons must be at least 16 years of age)

Name: _____ Phone#: (____) _____ - _____

Relationship to child: _____

Name: _____ Phone#: (____) _____ - _____

Relationship to child: _____

Name: _____ Phone#: (____) _____ - _____

Relationship to child: _____

Name: _____ Phone#: (____) _____ - _____

Relationship to child: _____

List any Allergies: _____

Foods that your child may not have: _____

Special Needs for your child: _____

List any concerns you would like addressed: _____

What time of the Day We Expect Your Child to Arrive and Depart?

(*This is very important in planning staff to care for your child as well as catering.)

Monday: ____:____ - ____:____ Tuesday: ____:____ - ____:____
Wednesday: ____:____ - ____:____ Thursday: ____:____ - ____:____
Friday: ____:____ - ____:____

In the case of an emergency, I give my permission or my child to be taken to the nearest hospital. Parent's Signature: _____

_____ (initial) My child has permission to participate in field trips sponsored by Watch Me Grow Academy. It is also understood that individual permission slips will be required for each trip.

_____ (initial) I hereby give Watch Me Grow Academy permission and authorization to use still photograph's and video tapes of my child.

_____ (initial) Watch Me Grow Academy DO NOT ALLOW CORPORAL PUNISHMENT INCLUDING SPANKING, SLAPPING, BITING, PINCHING, JERKING ANY SIMILAR BEHAVIOR ON THE PREMISES.

POLICY AGREEMENT:

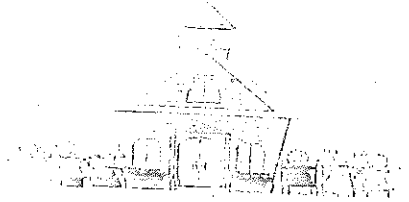
In applying to reserve childcare services, I agree to abide by the Policies of Watch Me Grow Academy as set forth in the Parent Handbook. In the event that I should desire to withdraw my child from Watch Me Grow Academy, I agree to give a written notice to the Director 2 weeks in advance of the last day of my child's attendance. I understand that my security deposit will be applied to my last 2 week's at Watch Me Grow Academy.

Date: ____/____/____ Desired Entry Date: ____/____/____

Parent's Signature: _____

Parent's Signature: _____

Date: ____/____/____



Dear Parent:

In keeping with New Jersey's child care center licensing requirements, we are obliged 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 any time without having to secure prior permission; the center's obligation to be licensed and to comply with licensing standards; and the obligation of all citizens to report suspected child abuse/neglect/exploitation to the State Central Registry Hotline (877) NJ ABUSE/ (877) 652-2873.

Please read this statement carefully and, if you have any questions, feel free to contact me at:

973-373-1160

Sincerely,

Director

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

Name of Child:

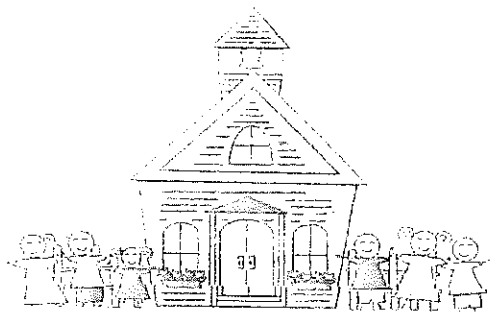
Name of Parent(s):

I have read and received a copy of the Information to Parents statement prepared by the Office of Licensing, Child Care & Youth Residential Licensing, in the Department of Children and Families.

Signature: _____

Date:

**Parental/Guardian Release for Photographs and
Videotaping**



I hereby give permission to the Watch Me Grow Academy to take and use photographs and/or videotapes of my child for the following purposes:

- Publicizing Watch Me Grow Academy, a day care program including but not limited to newsletters, and the center's websites, etc.
- Publicizing Watch Me Grow Academy in publications, news media and television network or cable for educational purposes only. I further understand that by giving my signed permission that the full name of the child and family will not be identified in the videotapes or still photographs other than by first name of the child only. The photographs and videotapes will not be used for commercial purposes, but only for educational purposes related to the operations of WMGA.

I have read and understand the above information and do hereby agree to give permission for my child to be photographed and/or videotaped for the purposes expressed above. _____ (initial if applicable) I give my permission for my child to be photographed and/or videotaped by the staff of WMGA. _____ (initial if applicable)

I have read the above information and DO NOT give my permission for my child to be photographed or videotaped by Watch Me Grow Academy.
_____ (initial if applicable)

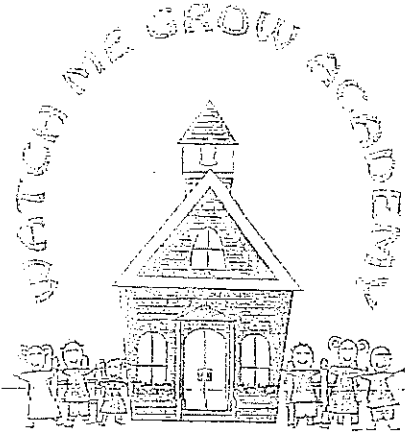
Print Child's Name _____

Parent or Guardian's
Address _____

Parent or Guardian's
Signature _____

Date _____

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Medical Treatment Release Form

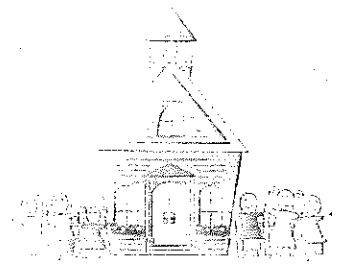
In the event that a medical emergency occurs, I authorize Watch Me Grow Academy to seek emergency medical care for my child as deemed necessary by staff members of the Watch Me Grow Academy.

I give permission for my child, _____, to be given first aid and emergency treatment by certified Watch Me Grow Academy staff. I acknowledge that no guarantees have been made to me as to the result of such treatment.

Parent's name _____ (print name)

Parent's signature _____

Date _____



MEDICATION CONSENT FORM

CHILD'S NAME: _____

CHILD'S CONDITION FOR ADMINISTERING MEDICATION:

- Cold Ear Infection Teething Injury
 Rash Sore Throat Other: _____

NAME OF MEDICATION: _____

- Prescription Non-Prescription Doctor's Approval Required

NAME OF DOCTOR WHO PRESCRIBED: _____

AMOUNT TO BE ADMINISTERED: _____

TIME(S) MEDICATION TO BE ADMINISTERED: _____ & _____

DATES MEDICATION TO BE GIVEN: _____ THROUGH _____

REFRIGERATION NECESSARY YES NO

POSSIBLE ADVERSE REACTIONS: _____

I authorize the administration of medication to my child.

PARENT'S SIGNATURE: _____ **DATE:** _____

DATE(S) ADMINISTERED	TIME(S) ADMINISTERED	ADVERSE REACTIONS OBSERVED	STAFF INITIALS

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 <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth / /
Does Child Have Health Insurance? <input type="checkbox"/> Yes <input type="checkbox"/> 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>I give my consent for my child's Health Care Provider and Child Care Provider/School Nurse to discuss the information on this form.</i>					
Signature/Date				This form may be released to WIC. <input type="checkbox"/> Yes <input type="checkbox"/> No	
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		
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			<input type="checkbox"/> Immunization Record Attached		
			<input type="checkbox"/> 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		
<input type="checkbox"/> <i>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.</i>					
Name of Health Care Provider (Print)			Health Care Provider Stamp:		
Signature/Date					

EXPULSION POLICY

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 or absent(s).

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 the risk to other children's welfare or safety). Failure of the child's parent to satisfy the terms of the plan may result in permanent expulsion from the center.

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, appropriate of activities, supervision.

Staff will always use positive methods and language while disciplining children.

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 given written copies of the disruptive behavior 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 behaviors.

Recommendation of evaluation by professional consultation on premises.

Recommendation of evaluation by local school district child study team.

EXPULSION POLICY- Acknowledgement

NAME OF CENTER: _____

NAME OF CHILD: _____

SIGNATURE OF PARENT: _____