

Creative Starts Academic Learning Center

Child's Name _____ Date of Birth _____

Date of Enrollment _____ Sex _____

Address _____

Parent's Name _____ Parent's Name _____

Home Address _____ Home Address _____

Home Phone _____ Home Phone _____

Occupation _____ Occupation _____

Business Address _____ Business Address _____

Business Phone _____ Business Phone _____

Persons Authorized To Assume Responsibility For The Child If Parent Is Not Available.

Name _____ Name _____

Relationship _____ Relationship _____

Address _____ Address _____

Phone _____ Phone _____

CHILD'S DOCTOR _____ Phone _____

Address _____

SPECIAL REQUESTS:

By My Signature, I Attest To The Following:

- * That the above information is correct.
- * That in the event of a medical emergency, I authorize Creative Starts Academic Learning Center, LLC to seek emergency medical care for my child as deemed necessary by the Director.
- * That I have received the Information To Parents Document.

Parent Signature

CUSTODIAL INFORMATION:

If a non-custodial parent is not included among those person authorized by the custodial parent to pick up the child, please explain below and attach a copy of appropriate documents. (Court Order)

Creative Starts Academic Learning Center

CHILD'S NAME _____ DATE _____
BIRTHDATE _____ Preferred Start Date _____

CHILD LIVES WITH () MOTHER () FATHER () BOTH PARENTS
() OTHER _____

MOM'S NAME _____
ADDRESS _____
CITY & STATE _____ ZIP _____
HOME PHONE _____ WORK PHONE _____
EMPLOYER NAME _____
ADDRESS _____

DAD'S NAME _____
ADDRESS _____
CITY & STATE _____ ZIP _____
HOME PHONE _____ WORK PHONE _____
EMPLOYER NAME _____
ADDRESS _____

AUTHORIZED OTHERS (People Permitted To Pick Up Child):

NAME & ADDRESS	RELATIONSHIP	PHONE
1. _____ _____	_____	_____
2. _____ _____	_____	_____

AUTHORIZED OTHERS TO SIGN FOR EMERGENCY TREATMENT:

NAME	HOME PHONE	WORK PHONE
1. _____	_____	_____
2. _____	_____	_____

CHILD'S PHYSICIAN _____ PHONE _____
ADDRESS _____ CITY, STATE _____

Does child have any physical or mental handicaps or limitations? (i.e allergies) _____
EXPLAIN: _____

The staff of Creative Starts Academic Learning Center LLC will take responsible measures to supervise the daily activities of the children. In the course of a day, children may become injured. The Center will notify the parent immediately. In cases of extreme emergency, children will be taken to Immediate Medical Care (1989 Route 88 East, Brick, NJ) or Brick hospital.

I authorize my child to be taken to Immediate Medical Care or Brick hospital for emergency medical care. I understand that the Center is not financially responsible for services rendered by Immediate Medical Care or Brick hospital.

Medical Carrier Number: _____

Parent's Signature _____ Date _____

Creative Starts Academic Learning Center

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 in our Center, with this information 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's Division of Youth and Family Services (DYFS).

Please read this statement carefully and, if you have any questions, feel free to contact us at: (732) 458-3737.

Sincerely,

Joseph Capezio and Margherita Kearns
Owners/Directors

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

Name of Child: _____

Name of Parents: _____

I have received and read a copy of the Information to Parents statement prepared by the Bureau of Licensing in the Division of Youth and Family Services.

Signature: _____ Date: _____

Creative Starts Academic Learning Center

Expulsion Policy

Purpose: To ensure the safety of the children and the Child Care Center staff

Policy: Child Care Center staff will use the interventions listed below to provide appropriate behavior management in the classroom. If a child continues to display unsafe/inappropriate behavior that puts the other children and/or the Child Care staff at risk, the Child Care Center director(s) in conjunction with the child's teacher will evaluate the appropriateness of the child's placement in the program. The Child Care Center reserves the right to dismiss a child from the program when safety concerns remain unresolved. The Center will provide the child's parent/guardian a two-week (ten day) notification whenever possible to allow for other child care arrangements.

Procedure: The Child Care Center staff is trained to provide the following intervention to manage behavior in the classroom. The Child Care staff will inform the director(s) of any behavior that becomes unsafe and/or is a threat to other children or Child Care staff.

1. Collaborate with parents to meet each child's individual needs. Inform the parents of problems in a child's behavior as they arise.
2. Give the child choices and praise positive behavior
3. Use distraction and redirection with the child ("Have you tried ...")
4. Model cheerful, cooperative, and appropriate behavior
5. Ignore behavior that may be annoying, but is ultimately harmless
6. Use "when-then" statements (more effective than "if you don't ____, then you can't ____")
7. Hold a brief and quiet conversation with the child to address the behavior using a calm tone of voice.
8. Separate children when necessary
9. Remove the child from the situation or the area (this may or may not be inclusive and age appropriate "time-out").

Unsafe/Inappropriate behavior includes, but is not limited to the following:

1. Excessive biting of other children
2. Repeated aggressive acts toward other children or staff
3. Threatening and/or taunting peers or staff
4. Sexual touching of other children and/or a focus on sexual matters

Parent/Guardian Signature _____ Date _____

Creative Starts Academic Learning Center

Tuition Information and Agreement

CHILD'S NAME _____

ADDRESS _____

HOME TELEPHONE _____

OFFICE TELEPHONE (MOM) _____

OFFICE TELEPHONE (DAD) _____

CELL TELEPHONE (MOM) _____

CELL TELEPHONE (DAD) _____

E-MAIL ADDRESS _____

DATE OF BIRTH (child) _____

OCCUPATION (MOTHER) _____

OCCUPATION (FATHER) _____

HOW DID YOU HEAR ABOUT US?: _____

General Information

REGISTRATION FEE: \$50.00 For Each Child

MAT FEE: \$22.00 For Each Child (Purchase) \$7.00 For Each Child (Rent)

ANNUAL MATERIALS FEE: \$20.00 For Each Child

CHILD'S SCHEDULE

MONDAY: _____ TO _____

TUESDAY: _____ TO _____

WEDNESDAY: _____ TO _____

THURSDAY: _____ TO _____

FRIDAY: _____ TO _____

EFFECTIVE DATE FROM _____ TO _____

TUITION AGREEMENT CONDITIONS

1. I agree to pay *Creative Starts Academic Learning Center LLC* a registration fee at the time of enrollment. I understand that this fee is non-refundable.
2. An annual non-refundable materials fee of \$20.00 is billed each September payable upon registration or renewal of contract.
3. I agree to pay a \$20.00 processing fee for each time any check is returned from the bank due to insufficient funds.
4. I understand that if my child remains at the Center past the designated closing time, I will be charged and agree to pay \$1.00 per minute past the designated closing time of the Center.
5. During the course of the contract, I understand that a maximum of 1 week vacation is permitted for the September - August contract period, provided my child is enrolled for the full twelve months. (If my child will not be attendance for the summer, the vacation week is forfeited.) The number of days that equal the 1 week are based on the child's regularly scheduled hours. I understand that my 1 week vacation is equal to 5 days. The Center must be informed, in writing, two weeks in advance. In the event that I wish to take more than the 1 week off, 5 days, I may guarantee a space for more than the allotted 1 week by paying the regular tuition during the period of absence.
6. I agree to give two (2) weeks written notice before withdrawing my child from the *Child Care Center* or before changing my permanent schedule.
7. Should I not need child care during the summer months, I agree to notify the director in writing no later than April 30th.
8. I agree to submit Health and Immunization records at time of enrollment (prior to my child's first day) and updates every six months. All other enrollment forms must be completed and returned.

9. I have received a copy of the DYFS Information to Parents.
10. Creative Starts Academic Learning Center relationship with the parent(s) is considered "at-will". Creative Starts reserves the right to suspend/terminate child care services with or without notice and with or without cause. Said decision will be at the discretion of the directors/owners.
11. _____ has my permission to be involved in day trips.
(Son/Daughter)
I understand that I will be notified in advance. Special excursions will be planned in advance.
12. The undersign hereby authorizes an interview and/or photographs by Creative Starts Academic Learning Center LLC child care staff or Public Relations. The purpose for the interview and/or photographs is promotion of Creative Starts Academic Learning Center LLC.
- The consent is intended to release all personnel of Creative Starts Academic Learning Center from any claim arising out of the use of such interview and/or photographs.
13. I authorize the director or any of the teachers to call an emergency ambulance or the local police in case of an accident or acute illness, and allow for possible emergency medical care in case I am not immediately available.
14. Tuition is to be paid weekly. Tuition fees are due every Monday, at the time of drop-off, of the week in which your child is enrolled. However, arrangements may be made if you wish to pay bi-weekly or monthly, in advance. Creative Starts **DOES NOT** charge a security deposit. CSALC reserves the right to adjust tuition rates and fees at anytime and at the sole discretion of the owners/directors.
15. I understand that Creative Starts Academic Learning Center will be closed in observance of the following holidays and can close at any time with or without notice. The holidays are as follows: New Year's Day, Memorial Day, Independence Day, Labor Day, Thanksgiving Day and Christmas Day. I understand that Creative Starts Academic Learning

Center will close at 3:00p on Christmas Eve and New Year's Eve. All fees are prorated. I am responsible for paying the Center's fees on holidays, early closings, sick days, personal days, snow days, or days the Center is closed due to other acts of God. School closings will be announced on the radio on 92.7 (WOBM) and 94.3 (The Point). You may also check the web: wobm.com or 943thepoint.com.

16. In the event of a possible early dismissal from Creative Starts due to inclement weather, I understand that I am required to leave an emergency telephone number with the director/staff of Creative Starts. I understand that I must be available (or designee) to pick-up my child within 1 hour of a call from Creative Starts. I understand that I must pick-up my child and depart Creative Starts within that hour. I understand that I will be charged a \$50.00 fee if I do not pick up my child within the 1 hour of call. Said \$50.00 fee must be paid within 3 days. Failure to render payment will result in my child not being readmitted Creative Starts until payment is received.
17. For Parents of Before/After Students: In the event of a closing of public school due to inclement weather, I agree to pay an additional \$28.00 per day per child for the child's attendance at Creative Starts. In the event of a delayed opening or early dismissal from public school due to inclement weather, I agree to pay an additional \$14.00 per day per child for the child's attendance at Creative Starts.
18. Should additional child care hours be requested and approved (beyond contracted hours as indicated in the attached child's schedule) I agree to pay any additional amount at the most current rate.
19. If anyone other than the parent/guardian drops-off or picks-up my child from Creative Starts Academic Learning Center, LLC, I will contact the director or teachers prior to the child's drop-off or pick-up.
20. **A \$2.00 fee, per day, will be charged for failure to sign your child in or out. A \$1.00 per day fee will be charged for each day a child does not have a sheet to cover his/her sleeping mat as required by DFS.**

21. Any costs incurred by Creative Starts to administratively process legal matters related to the personal affairs of our parent(s)/ child(ren) will be charged to the parent at an initial rate of \$50.00 per hour for the first 4 hours and \$100.00 per hour for any additional hours exceeding 4 hours. A retainer must be provided before the commencement of any legal matters. In the event Creative Starts is required to defend against any legal actions related to the personal affairs of our parent(s)/child(ren) any and all costs, including but not limited to, court fees and attorney fees, will be the responsibility of the parent(s).
22. Any information/data (with the exception of FSA's which require a one week notification) requested by parents require a one-month's notification to Creative Starts Academic Learning Center for processing/completion.
23. Any or any questions, comments, etc., you may contact us by phone or e-mail: creativestarts@verizon.net

Parent's signature

Date

Director

Creative Starts Academic Learning Center

We'd Like To Include Your Child's Photograph
Of
Our Creative Starts' Daily Activities
On Our Website.

WEBSITE PHOTO AUTHORIZATION:

_____ YES. I _____,
give permission for Creative Starts Academic Learning Center (CSALC) to
use my child's: _____

(child's name)

photograph for your Creative Starts Academic Learning Center (CSALC)
website and hereby, release and discharge CSALC, its agents, and employees
for any and all claims that my child or family member(s) may incur as a result
of participation in any CSALC programs.

_____ NO. I Decline to have my child's photograph on the website.

Signature: _____ Date: _____
(Parent/Guardian)