



ENROLLMENT CONTRACT 2019- 2020

Child's Name: _____

I. DID YOU COMPLETE, SIGN AND SUBMIT ALL REQUIRED DOCUMENTATION?

FORMS & DOCUMENTS	PAGE	INITIALS
Personal Information	1	
Medical Information/ Health Records -Part II	2	
Emergency Contacts & Child Release Authorization	3	
Consent Form and Tuition Policies	4	
State Information to Parents	5 & 6	
Child's Habits	7	
One Call Form	8	
Little Me Concierge	9-10	

II. SCHEDULED DAYS

Monday	Tuesday	Wednesday	Thursday	Friday

Please indicate the days and number of hours your child will attend the center. The total hours per week for part time are 20 hours or less, otherwise you are deemed full time. If you elect to enroll your child as a full time student, you are able to utilize the center Monday through Friday from 7:00 am until 7:00 pm. Little Me Concierge hours are 2:30 pm until 7:00 pm on regular school days.

III. TUITION AGREEMENT

Educational Fee: \$500.00

Annual Registration Fee: \$150.00

Annual Registration fee for LMC \$100

Monthly Rate: \$ _____

Weekly Rate: \$ _____

Sibling Rate: \$ _____

IV. ENROLLMENT DATA

Date Forms were completed: _____

Date Registration Submitted: _____

First Day of Class: _____

Age on First Day of Class: _____

Classroom: _____

Mother's Signature _____ Date _____

Father's Signature _____ Date _____



721 Washington St.
Hoboken, NJ 07030
(201) 792-0253

Personal Information

Child's Last Name _____ Date of
Birth _____

Child's First Name _____ Child's Middle
Name _____

Parent's Information

Mother's / Guardian's Name

Home Address

Employer _____ Occupation

Work Address

Contact Numbers

Home (____) _____
(____) _____

Work

Cellular (____) _____
(____) _____

Other

Four-digit Security Code _____
Code _____

Four digit Security

Email _____

Father's / Guardian's Name

Home Address

Employer _____ Occupation

Work Address

Contact Numbers

Home (_____) _____ Work (_____) _____

Cellular (_____) _____ Other (_____) _____

Email _____

A Whole New World Academy request that you inform us of any changes IMMEDIATELY.

Mother's Signature

Date

Father's Signature

Date

Page 2



Medical Information & Immunization Records

Medical Information - Part I

Child's Physician _____

Address _____

Contact Number _____

Child's Dentist _____
Address _____
Contact Number _____

Medical Insurance Company _____
Policy Number _____
Insured's Name _____

Health Record - Part II

Please furnish A Whole New World Academy of Hoboken with an updated copy of your child's immunization records and a statement from the child's physician stating that your child is free of any infections or contagious diseases.

Does your child have any medical conditions? Yes / No

If yes, please explain

In the event that a medical emergency occurs, I authorize "A Whole New World Academy of Hoboken" to secure emergency medical care for my child to the best of their ability. I hereby authorize the above name Physician / Dentist to provide emergency treatment to my child.

Mother's Signature _____ Date _____

Father's Signature _____ Date _____

Page 3



Emergency Contacts & Child Release Authorization

Children will not be released to anyone whose name is not on the following list, without written permission from a parent. In the event of an emergency, parent must call A Whole New World Academy of Hoboken and furnish sufficient documentation to enable individual to pick-up your child.

Please provide a picture and identification for each person listed below. A Whole New World Academy will not release any child to a person or persons whom we feel is not capable of caring for your child. Your signature below states that you give us full permission to release your child to the individual(s) name below. By signing below, you also agree that we can use our best judgment and not release your child to the named individual if we feel this is not in the best interest of your child (intoxicated, angry, lack of a car seat, etc.).

If a parent or another person is specifically "NOT" authorized to visit or pick-up your child, please furnish us with the appropriate court documentation. A Whole New World Academy will not be put in a position of defending either parent and / or

guardian. We will always defend the right of the child to have a safe and positive environment free of any turmoil or negative disturbances.

I _____ *authorized the following individuals listed below to pick-up or visit my child* _____ *at A Whole New World Academy of Hoboken.*

Name		
Address		
Relationship		Driver's license #
Cell	Work	Home

Telephone Numbers

Name		
Address		
Relationship		Driver's license #
Cell	Work	Home

Telephone Numbers

Name		
Address		
Relationship		Driver's license #
Cell	Work	Home

Telephone Numbers

By signing your name, you are legally authorizing A Whole New World Academy to release your child to any / all individuals named above. Please notify us immediately of any changes

Mother's Signature _____ Date _____

Father's Signature _____ Date _____

Page 4



Consent Form & Tuition Policies

<i>Initials</i>	<i>Please read each statement and initial</i>
-----------------	---

	1. I have received and read A Whole New World Academy's Parent Handbook which outlines the center's policies and procedures. By signing below, I agree to abide by all the rules and regulations presented in the Parent Handbook.
	2. I will not hold A Whole New World Academy of Hoboken liable for any injury to my child, including but no limited to biting and hitting from another child.
	3. I authorize my child_____ to go on short and local walking trips around the center and Hoboken parks.
	4. I agree to pay an Annual Registration Fee every September.
	5. I agree to pay tuition on the first day of each month my child attends A Whole New World Academy of Hoboken or every Monday with no deductions for absences, holidays or vacation. If tuition is not paid on a timely manner, a late payment penalty may apply.
	6. A 10% sibling discount is given to each child.
	7. I agree to pay a returned check fee of \$30.00.
	8. In case of withdrawal of my child/children. I agree to give the center a two weeks written notice.
	9. The Terms of the Agreement are subject to change in whole or in part by A Whole New World Academy of Hoboken with a two-week notice.
	10. This agreement may be terminated at any time by A Whole New World Academy of Hoboken, if it is in the best interest of the child or end their enrollment.
	11. I agree to pay a Late Pick-Up Fee of \$1.00 per minute if I do not pick up my child by 7:00 pm SHARP.
	12. I understand all the fees identified above are not refundable.

I _____ agree to all the terms of A Whole New World Academy of Hoboken, including reading and abiding to Parent Handbook, consenting to walks and field trips in Hoboken, and paying the tuition in accordance to the fees and policies stated above.

Mother's Signature_____ Date_____

Father's Signature_____ Date_____



Information Required by the State of New Jersey to Parents

Pursuant to the Manual of Requirements for Child Care Centers (N.J.A.C 10:122), every licensed child care center in New Jersey must provide parents of enrolled children, with written information on visitation rights, licensing requirements, child abuse/neglect, reporting requirements and other child care matter. The center may comply with this requirement by asking Parents to read and sign a written statement prepared by the Office of Licensing, Child Care & Youth Residential Licensing, in the Department of Children and Families (DCF) or by incorporating the required information in its own handbook or other informational materials. In an effort to exceed the State's

requirements, we are furnishing you with this notice and also incorporating the information into our Parent Handbook. To ensure you are aware of our policies, we require that prior to enrolling your child, you sign a statement stating that you received, read and will abide by the terms in the Parent Handbook.

1. Our center is required by the State Child Care Center Licensing Law to be licensed by the Office of Licensing, Child Care & Youth Residential Licensing, in the Department of Children and Families. A copy of our current license is prominently posted in the front of our center.
2. To obtain a license our center has complied and continues to comply with the Manuals of Requirements for Child Care Centers, equipment, rest and sleep requirements, parent participation, record keeping requirements and other regulations.
3. Our center has a copy of the Manual in the office at all times for your review. Parents may also secure a copy Manual of Requirements by sending a \$5 fee made payable to the Treasurer, State of New Jersey and mailing it to: NJ Department of Children and families, Office of Licensing, Publication Fees, PO Box 657 Trenton NJ 08646-9845
4. We encourage parents to discuss with us any questions or concerns about the policies and programs at the center. We will be happy to arrange a convenient opportunity for you to review and discuss these matters with us. If you suspect our center may be in violation of any licensing standards, you are entitled to report them to the Bureau of Licensing toll free 877-667-9845. Of course, we would appreciate that you inform us of your concerns.
5. Our center has set forth policies for the release of your child, which are detailed in both Parent Handbook and Enrollment Application.
6. Our center has set forth policies concerning the dispensing of medicine and the management of communicable diseases. Please refer to both Parent Handbook and the enrollment application.
7. Our center's philosophy on child discipline is part of the center's mission statement and is clearly highlighted in our Parent Handbook. We encourage you to review our policies and discuss with us any questions you may have.
8. Our center offers parents of enrolled children ample opportunities to visit participate in and observe the activities of the center. Parents wishing to participate in any operations of the center should discuss their interest with the center's management team and / or Director. We always welcome visits from parents and parent's participation.
9. Parents are informed in advance of field trips or special events away from the center, which require prior written consent.

Page 6

10. Anyone who has reasonable cause to believe that an enrolled child has been or is being subject to any form of hitting, corporal punishment or abusive language, ridicule, any kind of child abuse, neglect or exploitation, is required by the state law to report these concerns immediately to the State Central Registry Hotline. 877-652-2873. Such reports may be made anonymously. Parents may secure information about child abuse and neglect by contacting: DCF, Office of Communications and Legislation at 609-292-0422
11. Our center must have a policy concerning the expulsion of children from enrollment at the center. Please review this policy so we can work together to keep your child in our center.
12. Parents are entitled to review the center's copy of the Office of Licensing's Inspection/Violation Reports on the center, which are issued after every State licensing inspection of our center. If there is a licensing complaint investigation, you are also entitled to review the Office's Complaint Investigation Summary Report, as well as any letters of enforcement or other actions taken against the center during the current licensing period. Let us know if you wish to review them and we will make them available for your review.
13. Our center must cooperate with all DCF inspections/Investigations. DCF staff may interview both staff members and children.

14. Our center must post its written statement of philosophy on child discipline in a prominent location 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.
15. Our center must post a listing or diagram of those rooms and areas approved by the Office for the children's use. Please talk to us if you have any questions about the center's space.
16. Our center is required to provide reasonable accommodations for children and/or parents with disabilities and to comply with the New Jersey law Against Discrimination (LAD), P.L. 1945,c. 169 (N.J.A. 10:5-1 et seq), and the Americans with Disabilities Act (ADA), P.L. 101-336 (42 U.S.C. 12101 et seq). Anyone who believes the center is not in compliance with these laws may contact the Division on Civil Rights in the New Jersey Department of Law and Public Safety for information about filing an LAD claim at 609-292-4605 (TTY users may dial 711 to reach the New Jersey Relay Operator and ask for 609-292-7701, or may contact the United States Department of Justice for information about filing an ADA claim at 800-514-0301 (voice) or 800-514-0383 (TTY).
17. Our center is required, at least annually, to review the Consumer Product Safety Commission (CPSC), unsafe children's products list, ensure that items on the list are not at the center, and make the list accessible to staff and parents and/or provide parents with the CPSC website at <http://www.cpsc.gov/Recalls>. Internet access may be available at your local library. For more information call the CPSC at 800-638-2772.

By signing below, you attest to the fact that you have read the Information to Parents statement prepared in compliance with the Bureau of Licensing in the Division of Youth and Family Services.

Mother's Signature _____ Date _____

Father's Signature _____ Date _____

Page 7



Child's Habits

Life At Home

Nap Schedules _____

Eating Schedules _____

Any Food Allergies _____

Any Health or Religious Restrictions _____

Primary Language spoken at home _____

What does your child like _____

What does your child dislike _____

What makes your child upset or unhappy _____

What is the best way to comfort you child in a stressful situation _____

Can your child participate in all school activities? If no, please explain _____

Any Siblings? If yes, please provide name(s) and date of birth

Sibling's name	Date of Birth
----------------	---------------

Sibling's name	Date of Birth
----------------	---------------

Sibling's name	Date of Birth
----------------	---------------

Mother's Signature _____ Date _____

Father's Signature _____ Date _____



One Call Form

PLEASE COMPLETE THE FOLLOWING INFORMATION FOR YOUR CHILD AND RETURN TO THE OFFICE.

CHILD'S NAME: _____

DO YOU HAVE MORE THAN ONE CHILD AT THE CENTER? YES NO

PLEASE PROVIDE TELEPHONE NUMBERS AND EMAIL ADDRESSES THAT CAN BE USED TO CONTACT YOU.

EVERY TELEPHONE NUMBER AND EMAIL ADDREESS LISTED BELOW WILL RECEIVE AUTOMATED NOTIFICATION THAT WILL REMIND PARENTS OF SCHOOL CLOSING DATES, EVENTS AT THE DAYCARE CENTER AND SNOW DAYS.

PLEASE PRINT CLEARLY

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

I AM AUTHORIZING A WHOLE NEW WORLD ACADEMY OF HOBOKEN TO SEND AUTOMATED MESSAGES TO THE TELEPHONE NUMBER(S) AND EMAIL ADDRESSES LISTED ABOVE.

Mother's Signature	Date
Father's Signature	Date

Page 9

Little Me Concierge



Procedures to Ensure a Seamless Pick -up

In order to ensure a seamless pick up, please provide us with the following information:

- A current picture of your child (via email).
- Your child's school, room number and teachers name.
- If your child will participate in any extracurricular activities please inform the office immediately so we can plan accordingly.
- Inform us of early dismissal and school closings. In addition, we ask that you also make the office aware of days when your child is out from school.

- There is also an authorization form which we ask that you provide to your child's school prior to the first day of pick up. This will inform their school of the individuals within our staff who will be picking up your child on a daily basis.

Little Me Concierge



Drop in Care 2019-2020

September	October	November	December	January
Date _____	Date _____	Date _____	Date _____	Date _____
Date _____	Date _____	Date _____	Date _____	Date _____
Date _____	Date _____	Date _____	Date _____	Date _____
Date _____	Date _____	Date _____	Date _____	Date _____
Date _____	Date _____	Date _____	Date _____	Date _____
Date _____	Date _____	Date _____	Date _____	Date _____
Date _____	Date _____	Date _____	Date _____	Date _____
Fee \$ _____	Fee \$ _____	Fee \$ _____	Fee \$ _____	Fee \$ _____
February	March	April	May	June

Date _____	Date _____	Date _____	Date _____	Date _____
Date _____	Date _____	Date _____	Date _____	Date _____
Date _____	Date _____	Date _____	Date _____	Date _____
Date _____	Date _____	Date _____	Date _____	Date _____
Date _____	Date _____	Date _____	Date _____	Date _____
Date _____	Date _____	Date _____	Date _____	Date _____
Date _____	Date _____	Date _____	Date _____	Date _____
Fee \$ _____	Fee \$ _____	Fee \$ _____	Fee \$ _____	Fee \$ _____

Full Day / No School: \$75.00 per day (7:00am -7:00pm)

Full Week: Monday - Friday \$375.00 per week (7:00am - 7:00pm)

Payments: Monthly payments are due on the first day of the month while weekly payments are due the first day of the week.

Payments are non-refundable

Additional Days: The regular rates apply if your child’s school closes for inclement weather.

Drop Off: Parents are required to drop off their child/children as well as provide meals and snacks.

Child’s Name: _____

Parents Name: _____

Parents Signature: _____