

APPLES & BOOKS LEARNING CENTER

Important Information Sheet

Child's Name: _____ DOB: _____ Age: _____ Weight: _____ Home tel. _____
Mother's Info: Name _____ Work _____ Cell _____ Home _____
Father's Info: Name _____ Work _____ Cell _____ Home _____
Guardian's Info: Name _____ Work _____ Cell _____ Home _____

Emergency Medical Release:

In the event that a medical emergency occurs, I authorize Apples & Books Learning Center to seek emergency medical care for my child as deemed necessary by the Director.

Information to Parents Statement:

I have read and received the Department of Children and Families Office of Licensing Information to Parent's statement located in the ABLC handbook.

Discipline Policy:

There shall be no hitting, corporal punishment, abusive language, ridicule or harsh, humiliating or frightening treatment, or any other kind of child abuse or neglect. Our methods of guidance and support shall be positive and consistent with the developmental needs of each child. Children shall not be isolated without adult supervision. Discipline will be consistent. Discipline shall not be associated with behavior of children in regard to rest, toileting or food. When a child is not cooperating in the group, we will call attention to children who are good listeners and are cooperating (positive reinforcement). If the child continues to be uncooperative, the co-teacher will sit with the child in the group. If the negative behavior persists, the child will be removed from the group and placed elsewhere within the classroom. Parents will be informed if negative behavior persists.

Expulsion Policy

I have received a copy of the center's policy on the expulsion of children from enrollment. This policy is found in the ABLC Parent Handbook.

Written Parent Statement:

My child is in good health and can participate in the normal activities of the program.

Year Round Program Payments/Deposits/Refunds:

A one month security deposit is required to hold a spot for your child. Security deposits are refunded when 30 days written notice is given. New applicants must give 60 days written notice; otherwise refund cannot be given. Payment is due the first of every month. Enrollment is for an entire school year (September through August), including summers and holidays. Full Day Programs include breakfast, lunch and snack. 8:30-12:30 Half Day Program includes breakfast and lunch. There will be a 10% price reduction for the 2nd child in the family. Reduction applied to lower monthly tuition. No credit will be given for illness, holidays, vacation or absence. Registration is taken on a first come, first serve basis.

Summer Program Payments/Deposits/Refunds:

There is a \$45 registration fee for those NOT enrolled in our regular school year. To ensure a high quality summer camp program: A deposit of \$500 must be paid at time of registration. Prior to May 1st: All cancellations will incur a \$250 administrative fee. After May 1st, no refunds will be given. Payment is due the first of every month. Full Day Programs include breakfast, lunch and snack. 8:30-12:30 Half Day Program includes breakfast and lunch. There will be a 10% price reduction for the 2nd child in the family. Reduction applied to lower monthly tuition. No credit will be given for illness, holidays, vacation or absence. Registration is taken on a first come, first serve basis.

Person(s) other than parent that can be contacted in case of illness or emergency:

Name _____ Phone _____ Relationship _____
Address _____
Doctor's Name, Address & Telephone _____
Health Ins. Co. _____ Policy# _____ Dentist's Name & Telephone _____
Allergies, Medical Conditions or Dietary Restrictions _____
Name & purpose of medication taken _____

Note: All medication sent to ABLC must be given to the Director and labeled clearly with Doctor's instructions. A medication release must also be completed. Please have your child's doctor fax us a copy of your child's immunization records. All children must have medical records.

I authorize Apples and Books Learning Center staff to apply sunscreen to my child's exposed skin on an as needed basis.

I have read and understand all the policies set forth by Apples and Books Learning Center. I hereby allow my child to participate in all aspects of the program including field trips. I consent that photographs and videos taken of my child are the property of Apples and Books Learning Center and may be reproduced as Apples and Books Learning Center desires, free of any claim on my part.

Parent/Guardian Signature _____

Date _____

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