



info@aplusacademychildcare.com  
2353 S. Black Horse Pike,  
Williamstown NJ 08094  
**856-318-1266**

## REGISTRATION FORM

### CHILD'S INFORMATION

Child's Full Name: \_\_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_-\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Nickname: \_\_\_\_\_

Is your child fully potty trained? Yes ☐ No ☐

### ENROLLMENT INFORMATION

Desired Date of Enrollment: \_\_\_\_/\_\_\_\_/\_\_\_\_

Enrollment Type: Full Time ☐ Before Care ☐ After Care ☐

(check all that apply)

Days care is needed: Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐

Hours care is needed: \_\_\_\_\_ to \_\_\_\_\_

### PARENT / GUARDIAN INFORMATION

Parent / Guardian Name: \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_-\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Occupation: \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_-\_\_\_\_ ext. \_\_\_\_

Name of Employer: \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_-\_\_\_\_

Business Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Work Hours: \_\_\_\_\_ to \_\_\_\_\_

## PARENT / GUARDIAN INFORMATION

Parent / Guardian Name: \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_-\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Occupation: \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_-\_\_\_\_ ext. \_\_\_\_

Name of Employer: \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_-\_\_\_\_

Business Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Work Hours: \_\_\_\_\_ to \_\_\_\_\_

Parent / Guardian with legal custody

Parents are: Married ☐ Living Together ☐ Divorced ☐ Separated ☐ Widowed ☐ Single ☐

Other Household Members:

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship: \_\_\_\_\_

## CHILD PICK-UP INFORMATION

Please list below the people who have \* **PERMISSION** \* to pick up your child.

*\* Note: Anyone picking up your child must have picture ID.*

Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_-\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_-\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_-\_\_\_\_ Relationship: \_\_\_\_\_

## CHILD PICK-UP INFORMATION

Please list those persons who **\*Do Not Have Permission\*** to pick up our child.  
*Please explain the reason below or talk to your caregiver so she / he is aware of the situation.*

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Reason: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Reason: \_\_\_\_\_

## EMERGENCY CONTACTS

### Primary Emergency Contact (*other than parents or guardian*)

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_-\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_-\_\_\_\_

Address: \_\_\_\_\_

### Secondary Emergency Contact (*other than parents or guardian*)

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_-\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_-\_\_\_\_

Address: \_\_\_\_\_

*Any Special Instructions on how to reach parents:*

## EMERGENCY INFORMATION

1. Child's Physician: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_-\_\_\_\_
2. Preferred Hospital: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_-\_\_\_\_
3. Child's Dentist: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_-\_\_\_\_
4. Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_
5. Regular Medications: \_\_\_\_\_
6. Blood Type: \_\_\_\_\_
7. Medicine allergic to: \_\_\_\_\_
8. Food Allergies: \_\_\_\_\_
9. Any other Allergies: \_\_\_\_\_
10. Immunization Record: Date of Last Immunization: \_\_\_\_\_
11. Any special health conditions? \_\_\_\_\_
12. Child Has Had:
 

<input type="checkbox"/> Measles <input type="checkbox"/> German Measles <input type="checkbox"/> Chicken Pox <input type="checkbox"/> Mumps <input type="checkbox"/> Whooping Cough <input type="checkbox"/> Other: _____	Child Suffers From: <input type="checkbox"/> Headaches <input type="checkbox"/> Earaches <input type="checkbox"/> Sore Throat <input type="checkbox"/> Stomach Aches <input type="checkbox"/> Flu / Colds <input type="checkbox"/> Other: _____
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## IMMUNIZATION RECORD

**DPT** 1. \_\_\_\_/\_\_\_\_/\_\_\_\_ 2. \_\_\_\_/\_\_\_\_/\_\_\_\_ 3. \_\_\_\_/\_\_\_\_/\_\_\_\_ 4. \_\_\_\_/\_\_\_\_/\_\_\_\_ 5. \_\_\_\_/\_\_\_\_/\_\_\_\_

**Polio** 1. \_\_\_\_/\_\_\_\_/\_\_\_\_ 2. \_\_\_\_/\_\_\_\_/\_\_\_\_ 3. \_\_\_\_/\_\_\_\_/\_\_\_\_ 4. \_\_\_\_/\_\_\_\_/\_\_\_\_ 5. \_\_\_\_/\_\_\_\_/\_\_\_\_

**MMR** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Measles** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Mumps** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Rubella** \_\_\_\_/\_\_\_\_/\_\_\_\_



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## ENROLLMENT CONTRACT

It is my / our desire to have my / our child / children enrolled in the daycare program at **A Plus Academy Childcare and Learning Center**.

I / we have received a copy of the A Plus Academy's policy handbook. I / we have read, understand and agree to abide by the policies contained therein. Unless otherwise notified, the child / children will be accepted and permanently enrolled. I / we further understand that if the policies outlined in this handbook were not adhered to, it would be sufficient cause for the removal of the child / children from the daycare program.

I / we also agree to give a minimum of two weeks written notice (ten full daycare days) of my / our intent to withdraw my / our child / children from the daycare program. If two weeks notice is not given, I / we agree to make full tuition payment for one week.

***Please initial next to each item. We want to be sure you understand and agree to these policies.***

- \_\_\_\_\_ I / we understand that I / we must provide a completed medical form to the daycare.
- \_\_\_\_\_ I / we have contracted for the hours of \_\_\_\_\_ to \_\_\_\_\_.
- \_\_\_\_\_ I / we understand the daycare fees are \_\_\_\_\_ per week.
- \_\_\_\_\_ I / we clearly understand that under the contract with **A Plus Academy Childcare and Learning Center**, full tuition is due even if my child / children is absent and will pay full tuition fee under the agreement.
- \_\_\_\_\_ I / we understand daycare payment is due Friday. **Late fees are \$10.00 per day.**
- \_\_\_\_\_ I / we understand the late pick up / early drop off fee is **\$1.00 per minute.**
- \_\_\_\_\_ I / we understand the pick up policy for other than parental pick up.
- \_\_\_\_\_ I / we understand the illness policy.
- \_\_\_\_\_ I / we understand the meal policy.
- \_\_\_\_\_ I / we are contracting for (year round, school year only, summer only) arrangements.
- \_\_\_\_\_ I / we understand the behavior policy and I / we have read and shared the daycare rules with my / our child / children.
- \_\_\_\_\_ I / we understand the returned check policy.
- \_\_\_\_\_ I / we agree to pay the one week tuition and a **\$50.00 NON-REFUNDABLE fee** during per-enrollment.

**A Plus Academy Childcare and Learning Center**

Parent: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

## MEDICAL AUTHORIZATION

I understand that **A Plus Academy Childcare and Learning Center** (*hereafter, the Child Care Program*) will not request information concerning my child from any agency without my written consent.

In case of accident or injury to my child, I understand that someone from the Child Care Program will contact me immediately. If I am not available, the program may contact the friends, neighbors or relatives that I have indicated to be contacted in emergency situations. I have provided the Child Care Program with the names and phone numbers of the individuals who may be called in emergencies.

If none of my emergency contacts are available, I authorize the Child Care Program to have my child transported to the hospital for treatment. My hospital of preference is \_\_\_\_\_. This authorization applies to each and every day that my child is cared for by the Child Care Program, including days on which car trips, picnics or other excursions are a part of the programming activities.

In order to ask the Child Care Program to give medication to my child while at the program, I must provide the Child Care Program with a completed medication authorization form signed by me.

These arrangements are in effect as long as my child is enrolled in the Child Care Program or unless I notify the Child Care Program, in writing, of my cancellation.

Child's Name : \_\_\_\_\_

Parent Signature(s): \_\_\_\_\_

Date : \_\_\_\_\_

## DISCIPLINE POLICY

The acceptable method of discipline at A Plus Academy is positive discipline. Positive discipline is a process of teaching children how to behave appropriately. Positive discipline respects the rights of the individual child, the group and the adult. Positive discipline is different from punishment. Punishment tells children what they should not do; positive discipline tells children what they should do. Punishment teaches fear; positive discipline teaches self-esteem.

The staff of A Plus Academy will always be clear and precise as to what behavior is expected and must keep in mind the age and ability of a particular child or group of children so as not to have inappropriately expectations.

If a particular child is having difficulty with behavior in the group, the staff member will remind the child of what is expected. If a child does not follow the directions, the staff member will point out the inappropriate behavior and remove the child from the center or the group for "time out" period. The "time out" period should be short in duration (2-5 minutes), and should proceed by clear instructions from the staff as to why it is being done and what behavior will be expected after "time out". If child continues to be disruptive, it is possible to move the child to another group for a period of time so the interaction with one group and staff can be altered. If child's behavior becomes a constant source of interruption, it is advisable that the staff member discuss the problem with the head teacher or director and present the situation to the parents to discuss a method of helping control the child's behavior. If child's behavior cannot be controlled in an appropriate time frame, the director has the option to request removal from the program.

If a child becomes physically aggressive with staff, parents will be notified verbally of the incident. The second incident will carry a written notice. The third incident will result in immediate dismissal from the program.

A child shall not be deprived of food, isolated or subject to corporal punishment or abusive physical exercise as a means of punishment either by staff or another child.

These steps are the only acceptable means of discipline which staff members are permitted to employ.

Parent/Guardian Signature \_\_\_\_\_

## PRIVACY PERMISSION AGREEMENT

Child's Name \_\_\_\_\_

Our first priority is to protect your child's health and safety. To ensure that we are operating with your full understanding and agreement about your family's privacy, we must ask that you grant permission to conduct the following activities. Please check off each them to which you give your consent, and sign below:

- ☐ Placing photos of your child around the center
- ☐ Giving copies of photos of your children to other families in our care
- ☐ Placing photos of your child in photo albums for viewing by prospective clients and other families in our care
- ☐ Using photos of your children in our marketing flyers
- ☐ Using photos of your children on our Website
- ☐ Posting artwork and other crafts that include your child's name around our center
- ☐ Using an electronic monitor to listen to your child from another room
- ☐ Listing the name of your child or other members of your family in our client newsletter and posting this information on our bulletin board
- ☐ Using photos of your child on Social Media

\_\_\_\_\_  
Parent(s) / Legal Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent(s) / Legal Guardian Signature

\_\_\_\_\_  
Date