



Ivy Hedge
Early Childhood Learning Center
 Our excellent curriculum includes tender loving care.
 www.IvyHedge.com
 65 Monmouth Road, Rear Building - Oakhurst, NJ 07755

Beginners
2017 - 2018
 Child MUST be 2 1/2
 on or before 10/1/17.

NJ State Approved

Melissa Kopec, Director

Our 46th Year

Registration Form

Ph: (732) 483-0088

Fax: (732) 483-0801

Child's Name _____ (please print) Gender _____

Preferred Name _____ Home Phone _____
 (name child answers to)

Date of Birth _____ Age in Sept. 2017 _____
 month day year years -- months

Family Address _____ Zip _____

***Family Email Address** _____ *(*Please provide as this is direct line of communication.)*

| | |
|---------------------------|---------------------------|
| Father's First Name _____ | Mother's First Name _____ |
| Father's Occupation _____ | Mother's Occupation _____ |
| Place of Business _____ | Place of Business _____ |
| Business Phone _____ | Business Phone _____ |
| Cell Phone _____ | Cell Phone _____ |

Person Authorized to Pick Up Child and/or Contact in Case of Emergency if Neither Parent is Available:

| | |
|--------------------|--------------------|
| Name _____ | Name _____ |
| Relationship _____ | Relationship _____ |
| Address _____ | Address _____ |
| Phone/Cell _____ | Phone/Cell _____ |

Child's Doctor _____ Phone _____
 Address _____

I hereby give the staff members of Ivy Hedge School authorization to handle any necessary medical emergency for my child until I can arrive on the scene.

Parent's Signature

Indicate where appropriate and list which days you prefer:

AM Session 9 am to 12 pm 2 days _____ 3 days _____ 5 days _____

3/4 Day (circle one below)

8 to 3 8:30 to 3:30 9 to 4 2 days _____ 3 days _____ 5 days _____

Full Day 7 am to 6 pm 2 days _____ 3 days _____ 5 days _____

Are you child's immunizations up to date? Yes / No (please circle one.) If no, please see Melissa.

I have received a copy and understand the Expulsion Policy.

Parent's Signature

I have received and understand the DYFS Information Parents Sheet.

Parent's Signature

PLEASE TURN THE PAGE OVER AND COMPLETE OTHER SIDE.

Please answer the following questions so we may better serve you and your child.

1. Has your child been left in the care of others? _____
2. How does your child express anger? _____
frustration? _____
Has your child ever bitten anyone or anything? _____
3. Does he/she have any noticeable fears? (dogs, darkness, noise, etc.) _____
4. How is discipline administered? _____
By whom? _____
5. Marital status: Married _____ Separated _____ Divorced _____ Single _____ Second Marriage _____
6. Is your child adopted? _____ If yes, how old was he/she when you got him/her? _____
7. Number in order of priority (1 to 4) the reasons you are sending your child to nursery school.
_____ to separate a little from Mommy _____ to develop socially and emotionally
_____ I work part time _____ for the fun of it and to enrich his/her life
8. List name, gender, and age of any other children living at home.

| Name | Gender | Age | Name | Gender | Age |
|------|--------|-----|------|--------|-----|
|------|--------|-----|------|--------|-----|

9. If your child has allergies, please list all of them. If he/she has none, please write the word "NONE".
Supply a doctor's note for your child's allergies. _____
10. My child will enter kindergarten in September _____ (write correct year)
11. Check your holiday. _____ We celebrate Hanukkah. _____ We celebrate Christmas. _____
12. A copy of my child's birth certificate is attached.

FINANCIAL AGREEMENT

Monies due with this form are: _____ Today's Date: _____

1. \$125.00 (non-refundable) registration fee. _____
2. Security Deposit (one month's tuition) due by March 1, 2017. This covers your child's "last" month at school whenever that month occurs. It is not refundable after June 1, 2017 and after the school year has begun. _____
3. I understand that the tuition is my annual fee and monthly payments are made as convenience only. My payment will be considered "overdue" after the 10th of each month and a \$25.00 late fee will be added to my bill. _____
4. Please circle payment plan 10 month or 12 month _____
5. Any change after October 1, 2017 made in your child's schedule will result in a \$20.00 fee per change. **TOTAL** _____
6. I have read and agree to the above terms. _____

Parent's Signature

**Note: Refunds or credits due to extended illness or vacations are not possible.
Please refrain from asking.**