



# Ivy Hedge

Early Childhood Learning Center  
Our excellent curriculum includes tender loving care.

www.IvyHedge.com

65 Monmouth Road, Rear Building - Oakhurst, NJ 07755

**Toddlers**

**2017 - 2018**

12 mo. To 28 mo.

**NJ State Approved**

**Our 46th Year**

## Registration Form

Melissa Kopec, Director

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
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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.**