

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

**Enrichment  
 Afternoon  
 Session Only**  
  
**2011-2012**

**NJ State Approved**  
**Our 40th Year**

**Registration Form**

**Melissa Kopec, Director**  
**Ph: (732) 483-0088**  
**Fax: (732) 483-0801**

Child's Name \_\_\_\_\_ Gender \_\_\_\_\_  
 (please print)

Preferred Name \_\_\_\_\_ Home Phone \_\_\_\_\_  
 (name child answers to)

Date of Birth \_\_\_\_\_ Age in Sept. 2011 \_\_\_\_\_  
 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:

<b>PM Enrichment Program</b>	1:00 to 4:00 pm	2 days _____	3 days _____	5 days _____
<b>PM Session with Lunch</b>	12:00 to 4:00 pm	2 days _____	3 days _____	5 days _____
<b>3/4 Day</b>	12:00 to 6:00 pm	2 days _____	3 days _____	5 days _____

Are you child's immunizations up to date? Yes / No (please circle one.) If no, please explain on lines below.

\_\_\_\_\_  
 \_\_\_\_\_

I hereby grant permission for my child to participate in any school sponsored bus trips.

Yes \_\_\_\_\_ No \_\_\_\_\_ I am available to chaperone. Yes \_\_\_\_\_ No \_\_\_\_\_

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. Is your child enrolled in a kindergarten program? \_\_\_\_\_
2. If yes, what are the hours? \_\_\_\_\_
3. Has your child attended a nursery school program? \_\_\_\_\_
4. If yes, how many years? \_\_\_\_\_
5. Is your child adopted? \_\_\_\_\_
6. If yes, at what age was he/she when you brought him/her home? \_\_\_\_\_
7. Can your child count to 100? \_\_\_\_\_
8. Does your child know all the letters of the alphabet? \_\_\_\_\_
9. Can your child read? \_\_\_\_\_
10. Does your child play a musical instrument? \_\_\_\_\_ If yes, what instrument? \_\_\_\_\_
11. List name, gender, and age of any other children living at home.

Name	Gender	Age	Name	Gender	Age
12. Please list any food allergy your child may have. _____					
13. My child will attend first grade in September of _____ (write correct year)					
14. Check your holiday. We celebrate Hanukkah. _____ We celebrate Christmas. _____					
15. A copy of my child's birth certificate is attached.					

**FINANCIAL AGREEMENT**

Monies due with this form are: \_\_\_\_\_ Today's Date: \_\_\_\_\_

1. \$100.00 (non-refundable) registration fee. \_\_\_\_\_
2. Security Deposit (one month's tuition) due by March 1, 2011. This covers your child's "last" month at school whenever that month occurs. It is not refundable after June 1, 2011 and after the school year has begun. \_\_\_\_\_
3. A Materials Fee of \$150.00 is due by June 1, 2011. \_\_\_\_\_
4. 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.
5. Any change after October 1, 2011 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.  
Thank you for not asking.**