



Ivy Hedge

Early Childhood Learning Center
Our excellent curriculum includes tender loving care.
www.IvyHedge.com
65 Monmouth Road, Rear Building • Oakhurst, NJ 07755
Email: ivyhedgeclc@gmail.com

Beginners
2020 - 2021
Child MUST be 2 1/2
on or before 10/1/20.

NJ State Approved
Our 49th 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. 2020 _____
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 your 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. \$150.00 (non-refundable) registration fee. _____
 2. Security Deposit (one month's tuition) due by March 1, 2020. This covers your child's "last" month at school whenever that month occurs. It is not refundable after June 1, 2020 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, 2020 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.**