

50 Years in Business providing Quality Early Childhood Education



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

AM & PM
Pre-Kindergarten
2021-2022
Child MUST be 4
on or before 9/1/21.

NJ State Approved
Our 50th Year

Registration Form

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

Child's Name (please print) Gender

Preferred Name (name child answers to) Home Phone

Date of Birth (month day year) Age in Sept. 2021 (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 Relationship Address 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 which days you prefer:

AM Session 9 am to 1 pm 2 days 3 days 5 days

PM Session 1:15 to 4:00 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 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 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 prepare for kindergarten _____ to develop socially and emotionally
_____ to develop academic skills _____ 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 _____ We Celebrate both _____					
12. A copy of my child's birth certificate is attached.					

FINANCIAL AGREEMENT

- Monies due with this form are: _____ Today's Date: _____
1. \$250.00 (non-refundable) registration fee. _____
 2. By signing this contract, I agree to make payments to Ivy Hedge on a monthly basis to pay for the 2021-2022 school year in its entirety. _____
 3. A Materials Fee of \$150.00 is due by June 1, 2021. _____
 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. Please circle payment plan 10 month or 12 month _____
 6. Any change after October 1, 2021 made in your child's schedule will result in a \$20.00 fee per change. **TOTAL** _____
 7. 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.**