

51 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
2022-2023
Child MUST be 4
on or before 9/1/22.

NJ State Approved
Our 51st 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. 2022 (years, months)

Family Address Zip

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

Mother/Father's First Name, Father/Mother's First Name, Mother/Father's Occupation, Father/Mother's Occupation, Place of Business, Business 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, Address, Phone

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 3 days 5 days

3/4 Day (circle one below) 8 to 3 8:30 to 3:30 9 to 4 3 days 5 days

Full Day 7 am to 6 pm 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. \$275.00 (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 2022-2023 school year in its entirety. \_\_\_\_\_
3. A Materials Fee of \$150.00 is due by June 1, 2022. \_\_\_\_\_
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, 2022 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.**