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FAMILY REGISTRATION FORM (& PARENT CONTRACT)

Parent/Guardian Information

Registration Date: _____

Mother/Guardian First Name: _____ M.I. _____ Last Name: _____

Address: _____

Occupation: _____ Home Phone: () _____

Employed By: _____ Office Phone: () _____

Work Address: _____ Work Hours: _____ Cell Phone: () _____

Custodial Parent (If married, mark both parents)

Email: _____ Marital Status: Married Single Divorced

Separated Widowed Other _____

Father/Guardian First Name: _____ M.I. _____ Last Name: _____

Address: _____

Occupation: _____ Home Phone: () _____

Employed By: _____ Office Phone: () _____

Work Address: _____ Work Hours: _____ Cell Phone: () _____

Custodial Parent (If married, mark both parents)

Email: _____

Marital Status: Married Single Divorced Separated Widowed Other _____

Child Information

1st Child First Name: _____ M.I. _____ Last Name: _____

Name child prefers to be called: _____ Grade/Class: _____

Child's Address: _____

Gender: Male Female Date of Birth: _____ Child's S.S. #: _____

List any existing medical conditions, medication and/or special attention your child may require?

Allergies: _____

Pediatrician's Name: _____ Phone: () _____

Address: _____

Photographs: May we take and maintain a photo of your child for security purposes? Yes No

May we take and utilize and maintain photos of your child for promotional purpose? Yes. NO

Child Information - Continued

2nd Child First Name: _____ M.I.____ Last Name: _____

Name child prefers to be called: _____ Grade/Class: _____

Child's Address: _____

Gender: Male Female Date of Birth: _____ Child's S.S. #: _____

List any existing medical conditions, medication and/or special attention your child may require?

Allergies: _____

Pediatrician's Name: _____ Phone: () _____

Address: _____

Photographs: May we take and maintain a photo of your child for security purposes? Yes No

3rd Child First Name: _____ M.I.____ Last Name: _____

Name child prefers to be called: _____ Grade/Class: _____

Child's Address: _____

Gender: Male Female Date of Birth: _____ Child's S.S. #: _____

List any existing medical conditions, medication and/or special attention your child may require?

Allergies: _____

Pediatrician's Name: _____ Phone: () _____

Address: _____

Photographs: May we take and maintain a photo of your child for security purposes? Yes No

4th Child First Name: _____ M.I.____ Last Name: _____

Name child prefers to be called: _____ Grade/Class: _____

Child's Address: _____

Gender: Male Female Date of Birth: _____ Child's S.S. #: _____

List any existing medical conditions, medication and/or special attention your child may require?

Allergies: _____

Pediatrician's Name: _____ Phone: () _____

Address: _____

Photographs: May we take and maintain a photo of your child for security purposes? Yes No

Emergency Contacts & Authorized Pickup Persons:

1st Contact/Pick Up Name: _____ Phone: _____

Relationship to the Child: _____ PIN for check in/out (4 digits, numbers only) _____

Able to pick up all children in the family

Not able to pick up the following children: _____

2nd Contact/Pick Up Name: _____ Phone: _____

Relationship to the Child: _____ PIN for check in/out (4 digits, numbers only) _____

Able to pick up all children in the family

Not able to pick up the following children: _____

3rd Contact/Pick Up Name: _____ Phone: _____

Relationship to the Child: _____ PIN for check in/out (4 digits, numbers only) _____

Able to pick up all children in the family

Not able to pick up the following children: _____

4th Contact/Pick Up Name: _____ Phone: _____

Relationship to the Child: _____ PIN for check in/out (4 digits, numbers only) _____

Able to pick up all children in the family

Not able to pick up the following children: _____

PAYMENT AND FEES: _____

Hours of Care Needed: (Be sure to specify if AM or PM)

TIMES: Monday Tuesday Wednesday Thursday Friday
 Saturday Sunday

Drop Off _____ _____ _____ _____ _____

Pick Up _____ _____ _____ _____ _____

Payment for Care Provided: (please circle one)

1st Child: \$ _____ /per week \$ _____ /per day \$ _____ /per hour

2nd Child: \$ _____ /per week \$ _____ /per day \$ _____ /per hour

3rd Child: \$ _____ /per week \$ _____ /per day \$ _____ /per hour

Payments:

-Payments are due every week, two weeks or in a monthly basis previous to service.

-Payment must be made before services are rendered.

-Payments are to be made in full whether there is an interruption of services related to a health-related issues including but not limited to COVID-19 or any natural disaster events.

Additional Fees/Late Fees: (If applicable, please check one, indicate \$ amount)

- \$15 weekly lunch money catered by outside restaurant.
- \$ 15 dollar fee for late payments
- Parent's **will be** charged additional fees for early drop off or late pick up. Fees are as follows:
\$1.00 per minute

Holidays: (See enclosed form for holidays)

Payments made by other sources (W-2):

4Cs of Passaic County will pay licensed providers for days of attendance only. They do not pay providers for more than 3 consecutive sick days, or days the child is not authorized for. Therefore, it is my policy:

- Parent's **will be** responsible for payment on days the county/city does not make payment and the child does not attend childcare.

Vacations:

- Vacations for provider - Christmas Break (no more than 5 days) **will be paid** by 4Cs/parent.

Absences:

- If child is absent due to illness parents is still responsible for payment.

Additional Requirements:

- Parent is responsible for the following additional requirements:
Blankets/Diapers/Pull-up/Baby wipes/\$15 weekly lunch money

Termination:

- Termination of care for a child(ren) by the provider **will be paid** by parent during the two weeks notification termination period.
- Termination of care for a child(ren) by the parent **will be paid** for the two weeks notification termination period.

POLICIES AND PROCEDURES AGREEMENT:**Admission:**

Learningville Steam Academy will provide care for children between the ages of 2 ½- 13 Yrs. My operating hours are between 6:30 am-6:30 pm. Please be aware that although I specify my hours of operation, we will contract for specific hours for your child and you may be charged additional fees if you pick up or drop off your child beyond our contracted hours (see contract). I will never refuse to enroll a child on the basis of race, color, sex, sexual orientation, creed or handicap.

Enrollment Procedures:

Parents must meet with the me (the provider) in order to discuss their child's specific needs and to review the program's policies. The following forms are required to be on file for each child per certification standards:

- Parent information and checklist (to be completed by provider and parent together)
- Enrollment and emergency medical consent form
- Immunization Record *may be submitted within 30 days after enrollment*
- Health Report (**needs to be completed by physician**)

Termination:

This contract may be terminated by either the parent/guardian or provider by giving a 1-2 week written notice in advance of the ending date. Payment by parent/guardian may be due for the notice period, whether or not the child is brought to the provider for care (please refer to the contract). Reasons for a provider termination may include but are not limited to: failure of parents/guardians to pay, failure of parent/guardian to complete required forms, lack of parent cooperation, inability of provider to meet the child's needs, the inability of the child to adjust to childcare or the failure of parent to abide by contract/policies. In some cases, immediate termination may be necessary. Some reasons for *immediate* termination may include, but are not limited to; failure for a parent to pay required fees, health or safety reasons of the children in care. Communication between parents and the provider is very important. Termination due to any of these reasons would be a last resort of parents/guardian and provider being unable to resolve the issue together.

Liability:

This family childcare is covered by liability insurance both for my premises and for my operations. Name of insurance company _____.

Illness Policy:

It is not always easy to decide if a child should remain at home due to an illness. Children who come to childcare are expected, with few exceptions, to participate fully in child care activities. Children who are exhibiting the following symptoms will be sent home or should remain home:

- **Fever of 100 degrees or higher:** this signals an illness may make a child uncomfortable and unable to function well in childcare.
- **Vomiting, diarrhea or severe nausea:** these are symptoms that require a child to remain at home until a normal diet is tolerated the night before and the next morning.
- **Rashes:** rashes or patches of broken, itchy skin should be examined by a doctor if it appears to be spreading or not improving.

A child who is too ill to remain in care will be isolated from the other children. The parent will be notified of their child's illness and will be required to pick up their child within 30 minutes. (Please make arrangements for a Plan B with another friend or family member in case of an emergency).

Children with communicable diseases shall not attend childcare. Examples of communicable diseases include but are not limited to: Chicken Pox Influenza Pink Eye Mumps Strept Throat/Impetigo Lice Measles Whooping Cough Scarlet Fever etc.

It is important that you notify the provider if any medication has been administered to your child within the last 24 hours. Should there be a medical emergency it is crucial to report whether or not the child is on medication.

Health Procedures:

Each child 5 years of age or younger and is not enrolled in school, is required to have a physical examination report on file within 90 days of the first day of attendance. Children age 2 years and older must submit an updated Health Report Form every 2 years. Children under 2 must submit

an updated Health Report Form every 6 months. An immunization record for all children must be completed by the parent within 30 days of the first day of attendance.

Discipline:

All staff at Learningville STEAM Academy are required to follow NJ OOL Guidelines for Positive Discipline

“Positive discipline is a process of teaching children how to behave appropriately. Positive discipline respects the rights of the individual child, the group, and the adult. Methods of positive discipline shall be consistent with the age and developmental needs of the children, and lead to the ability to develop and maintain self-control.

Positive discipline is different from punishment. Punishment tells children what they should not do; positive discipline tells children what they should do. Punishment teaches fear; positive discipline teaches self-esteem. You can use positive discipline by planning ahead:

Anticipate and eliminate potential problems. • Have a few consistent, clear rules that are explained to children and understood by adults. • Have a well-planned daily schedule. • Plan for ample elements of fun and humor. • Include some group decision-making. • Provide time and space for each child to be alone. • Make it possible for each child to feel he/she has had some positive impact on the group. • Provide the structure and support children need to resolve their differences. • Share ownership and responsibility with the children. Talk about our room, our toys.

You can use positive discipline by intervening when necessary: • Re-direct to a new activity to change the focus of a child's behavior. • Provide individualized attention to help the child deal with a particular situation. • Use time-out -- by removing a child for a few minutes from the area or activity so that he/she may gain self-control. (One minute for each year of the child's age is a good rule of thumb). • Divert the child and remove from the area of conflict. • Provide alternative activities and acceptable ways to release feelings. • Point out natural or logical consequences of children's behavior. • Offer a choice only if there are two acceptable options. • Criticize the behavior, not the child. Don't say "bad boy" or "bad girl." Instead you might say

"That is not allowed here." You can use positive discipline by showing love and encouragement: • Catch the child being good. Respond to and reinforce positive behavior; acknowledge or praise to let the child know you approve of what he/she is doing. • Provide positive reinforcement through rewards for good behavior. • Use encouragement rather than competition, comparison or criticism. • Overlook small annoyances, and deliberately ignore provocations. • Give hugs and caring to every child every day. • Appreciate the child's point of view. • Be loving, but don't confuse loving with license

Positive discipline is NOT: • Disciplining a child for failing to eat or sleep or for soiling themselves • Hitting, shaking, or any other form of corporal punishment • Using abusive language, ridicule, harsh, humiliating or frightening treatment or any other form of emotional punishment of children • Engaging in or inflicting any form of child abuse and/or neglect • Withholding food, emotional responses, stimulation, or opportunities for rest or sleep • Requiring a child to remain silent or inactive for an inappropriately long period of time
Positive discipline takes time, patience, repetition and the willingness to change the way you deal with children. But it's worth it, because positive discipline works”

(Retrieved from

<https://www.nj.gov/dcf/providers/licensing/CCL.Guidelines.for.Positive.Discipline.pdf> on August 1, 2020)

A mandatory family meeting must be held, to develop most appropriate assistance plan, when there is evidence (supported by documentation) that a child's challenging behavior has become a safety concern to self and/or others. This meeting must occur before the child is allowed to continue attending our center.

Additional Comments & Information:

Is there is any other information that that would be helpful to our management and teaching staff?

By signing this Contract I Commit to obey by Learningville STEAM Academy's parent Handbook.

Signature:

Parent's Signature: _____ Date: _____

Thank You!