



## ENROLLMENT FORM

### ENROLLMENT INFORMATION

\*Office Use Only: Today's Date \_\_\_\_\_ Start Date \_\_\_\_\_ Program \_\_\_\_\_ Rm# \_\_\_\_\_ Sponsor: \_\_\_\_\_

Scheduled Days & Hours: Mon. \_\_\_\_\_ Tues. \_\_\_\_\_ Wed. \_\_\_\_\_ Thurs. \_\_\_\_\_ Fri. \_\_\_\_\_

Registration Fee \$ \_\_\_\_\_ Security Deposit (2 week's tuition) \$ \_\_\_\_\_ Extended Hrs Fee \$ \_\_\_\_\_ Total due each Mon. \$ \_\_\_\_\_

### IDENTIFYING INFORMATION

Child's Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Nick-Name: \_\_\_\_\_ Sex: \_\_\_\_\_

Home Address: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Cell Phone#: \_\_\_\_\_ Work Phone#: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Occupation: \_\_\_\_\_

Place of Business: \_\_\_\_\_

Business Address: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Cell Phone#: \_\_\_\_\_ Work Phone#: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Occupation: \_\_\_\_\_

Place of Business: \_\_\_\_\_

Business Address: \_\_\_\_\_

### FAMILY INFORMATION:

Who does child reside with? Explain if necessary \_\_\_\_\_

Names & Ages of other siblings \_\_\_\_\_

List names & types of family pets \_\_\_\_\_

### TOILETING (Answer YES or NO to each)

Toilet training has started \_\_\_\_\_ Child wears: Diapers \_\_\_\_\_ Underpants \_\_\_\_\_ Has accidents \_\_\_\_\_

Asks to go potty \_\_\_\_\_ Needs reminding \_\_\_\_\_ Name for urination \_\_\_\_\_ Name for BM \_\_\_\_\_

Describe any help child needs or difficulty child has when toileting \_\_\_\_\_

### SLEEP

Does child nap daily? \_\_\_\_\_ Approximate nap times: from \_\_\_\_\_ to \_\_\_\_\_, from \_\_\_\_\_ to \_\_\_\_\_

Describe any sleep concerns: \_\_\_\_\_

## PARENT/GUARDIAN'S OBJECTIVE & OBSERVATIONS

What goals do you have for your child in this program? \_\_\_\_\_

Describe child's typical daily schedule: \_\_\_\_\_

Communication- Understands well: \_\_\_\_\_ Verbalizes well: \_\_\_\_\_ Any Fears: \_\_\_\_\_

How does the child play with others? \_\_\_\_\_

List child's previous formal group experience (pre-school, dance, sports etc.) \_\_\_\_\_

**EMERGENCY INFORMATION** List 2 persons authorized to pick up your child if parents/guardian cannot be reached. A minimum of 2 phone #'s per person is required.

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_ Phone #1 \_\_\_\_\_ Phone #2 \_\_\_\_\_

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_ Phone #1 \_\_\_\_\_ Phone #2 \_\_\_\_\_

Please indicate anyone who has restrictions or is NOT allowed to pick up child:

(Please provide court order or other legal documentation if the above mentioned is the child's biological parent.)

List all allergies &/or dietary restrictions: \_\_\_\_\_

\*Please provide a care plan for allergies &/or dietary restrictions from pediatrician.

Child's Physician \_\_\_\_\_ Phone# \_\_\_\_\_

Community Medical Center/Ambulance to be contacted for emergencies requiring immediate medical attention. Expenses incurred will be borne by child's guardian.

I give permission to allow my child to be photographed while at the center Yes \_\_\_ No \_\_\_

Photos of my child may be posted on Cherry Lane's Public Website & FB Yes \_\_\_ No \_\_\_

Photos of my child may be posted on Cherry Lane's PRIVATE FB group ONLY Yes \_\_\_ No \_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

I have read, understand & agree to abide by the policies & procedures in the Parent Handbook, which include, but are not limited to:

- Schedule- Students may not arrive before or remain after their 9 pre-scheduled hours.
- Expulsion
- Release and Dismissal of the Children
- Health and Communicable Disease Management
- Discipline Policy
- Use of Technology & Social Media
- "Information to Parents" Statement
- Tuition for each contracted spot remains consistent regardless of absence or closure.

Parent/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

# EMERGENCY CONTACTY FORM

Please indicate the order you wish to be contacted in the event of an emergency (ie; Mom, Dad, Grandparent, etc.). A minimum of 2 phone #'s per contact person is required.

CHILD'S NAME: \_\_\_\_\_

CONTACT #1: Name: \_\_\_\_\_

Relationship to student: \_\_\_\_\_

Phone#1: \_\_\_\_\_

Phone#2: \_\_\_\_\_

Phone#3: \_\_\_\_\_

CONTACT #2: Name: \_\_\_\_\_

Relationship to student: \_\_\_\_\_

Phone#1: \_\_\_\_\_

Phone#2: \_\_\_\_\_

Phone#3: \_\_\_\_\_

CONTACT #3: Name: \_\_\_\_\_

Relationship to student: \_\_\_\_\_

Phone#1: \_\_\_\_\_

Phone#2: \_\_\_\_\_

Phone#3: \_\_\_\_\_



CHERRY LANE CHILD CARE & LEARNING CENTER INC.  
RECURRING CREDIT CARD PAYMENT AUTHORIZATION FORM

If you would like to enjoy the convenience of automatic recurring billing, simply complete the Credit Card Information Form below and return it to the office tuition box. All requested information is required. Upon approval, your credit card will automatically be billed on Wednesdays only, for the amount indicated. 3% service fee will be added to all transactions. Total charges will appear on your monthly credit card statement. You may cancel automatic billing at any time by contacting our office.

CREDIT CARD INFORMATION:

I, \_\_\_\_\_ authorize Cherry Lane Child Care & Learning Center Inc. to automatically bill the card listed below as specified.

PRODUCT SERVICE DESCRIPTION: Child Care Services.

RECURRING AMOUNT \$ \_\_\_\_\_ 3% service fee will be added to all transactions.

FREQUENCY (check one) Weekly \_\_\_\_\_ Monthly \_\_\_\_\_ WEDNESDAYS ONLY

START DATE \_\_\_/\_\_\_/\_\_\_\_\_ END DATE \_\_\_/\_\_\_/\_\_\_\_\_ NO END DATE \_\_\_\_\_

CARD TYPE: VISA \_\_\_\_\_ MasterCard \_\_\_\_\_ Discover Card \_\_\_\_\_

CARD HOLDER : \_\_\_\_\_

CREDIT CARD #: \_\_\_\_\_ EXP.DATE: \_\_\_/\_\_\_/\_\_\_\_\_

CARD HOLDER BILLING ZIP CODE: \_\_\_\_\_ SECURITY CODE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_/\_\_\_/\_\_\_\_\_

Notify me at the following email address when my credit card is charged:

\_\_\_\_\_



## IMPORTANT HEALTH INFORMATION

In accordance with the Ocean County Health Department and DCF "Office of Licensing", the following health guidelines must be followed to continue enrollment in Cherry Lane:

- It is a mandatory requirement for each child that a UNIVERSAL CHILD HEALTH RECORD is completed by their pediatrician for initial enrollment and updated annually.
- An up to date IMMUNIZATION RECORD from your child's pediatrician must also be submitted to the office each time your child receives a vaccination.
- INFLUENZA VACCINE Children (between 6 months & 59 months) enrolled in NJ licensed child care centers must provide written physician's documentation indicating they have received the FLU SHOT no later than December 1<sup>st</sup>.

We ask that parents review the following health policies and tips:

- Parents are required to contact their child's classroom and/or the office before 9:30am in the event their child will be absent. Please indicate communicable illnesses if applicable.
- In the event a child exhibits symptoms of fever, rash, vomiting or diarrhea parents/ guardians will be contacted to pick up within a one-hour period.
- Following symptoms of rash, vomiting diarrhea or fever, children must be symptom/fever free for one full day \*without the aid of a medication/fever reducer.
- Be aware; signs and symptoms of Covid-19 and the flu typically include fever over 100 degrees, cough, sore throat, a runny or stuffy nose, body aches, headache, lethargy, and occasionally stomachache with or without nausea and vomiting.
- Please teach your child to wash their hands often, keep hands away from face, not share personal items (drinks, food or unwashed utensils), to cover up coughs or sneezes using tissue or their elbow, arm or sleeve instead of the hand.
- Please keep all personal items at home to decrease the transferring of germs.

In our ongoing efforts to ensure a safe, healthy environment and decrease the threat of food and allergy related incidents, we ask that you review the following food policies:

- The center must be provided with written documentation/action plan indicating any potential allergies as well as an epi-pen if necessary.
- Please teach your child about allergies and remind them not to trade or share food.
- Class snacks provided by families for birthdays, holidays etc. must be nut free and store-bought with the ingredients clearly labeled.
- To avoid allergy related incidents, our infant & toddler rooms are NUT-FREE. We ask that parents of children in these rooms serve foods containing nuts at home only.

We appreciate your continued support and cooperation  
in complying with all health guidelines.