

# Welcome to the Children's Garden Christian School

“Our mission is to introduce children to God’s love through His words, thereby providing the spiritual tools necessary to do God’s will”

We are pleased that you have chosen our school for your child’s nursery and/or Pre-K education. Our goal is to provide your child with a safe and loving environment that will foster their social, emotional, and academic development, while fulfilling our mission statement. We realize that you have entrusted us with your greatest treasure, your child. We take that trust most seriously.

Attached, you will find the necessary forms for registration. Please complete and sign all paperwork in this packet where indicated. When all paperwork, excluding the medical forms, has been completed, return them along with the \$75.00 non-refundable registration fee. Your child will then be put on a classroom roster. Medical forms must be returned on your child’s first day of school. This includes a copy of their immunizations and a signed Medical Release Form.

If you have any questions regarding the information in this packet, please call the school at 856-728-4535 and speak to the school director. School hours are 9:00-1:00 Monday – Thursday, and 9:00-12:00 on Friday. We will be happy to assist you during these times and answer any questions and/or arrange a classroom visitation and tour.

Again, thank you for choosing the Children’s Garden Christian School. The staff and I are eagerly looking forward to serving you and your family during our school year.

In His continued service and yours,

Renée Markert

Director

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## Our Tuition Rate for the School Year 2025-2026

Our tuition is based on a school year and broken down into 20 equal payments

2 days @ \$116.00 bi-weekly - \$2,320.00 annual

3 days @ \$174.00 bi-weekly - \$3,480.00 annual

4 days @ \$232.00 bi-weekly - \$4,640.00 annual

5 days @ \$290.00 bi-weekly - \$5,800.00 annual

*Young 3s @ \$86.00 bi-weekly = \$1,720.00 annual*

## Registration Information

Child's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Allergies: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Please select one of the following programs and indicate 1st, 2nd, and 3rd choice

All AM classes are from 9:00 AM - 12:00 PM each day. Young 3s is from 9am - 11am

### Nursery Classes

Child must be 3 by Oct. 1st

\_\_\_\_ (2 days) Monday/Wednesday

\_\_\_\_ (2 days) Tuesday/Thursday

\_\_\_\_ (3 days) Mon/Wed/Fri

\_\_\_\_ (3 days) Tues/Thurs/Fri

### Pre K Classes

Child must be 4 by Oct. 1st

\_\_\_\_ (2 days) Monday/Wednesday

\_\_\_\_ (2 days) Tuesday/Thursday

\_\_\_\_ (3 days) Monday/Wednesday/Friday

\_\_\_\_ (3 days) Tuesday/Thursday/Friday

\_\_\_\_ (4 days) Monday - Thursday

\_\_\_\_ (5 days) Monday - Friday

\_\_\_\_\_ **Young 3s** *(Must be 2.5 by Sept. 1st) Meets 2 days a week. Class availability and days will be determined based on enrollment.*

Registration Fee Paid: \$75.00      Cash: \_\_\_\_\_ Check # \_\_\_\_\_ \*Non Refundable\*

Class Assignment (teacher assignment is TBD)

Young 3s/Nursery/Pre-K Days: \_\_\_\_\_

### **Child's Personal Information**

Child's Full Name \_\_\_\_\_ Birth date \_\_\_\_\_

Mother (Guardian) \_\_\_\_\_

Father (Guardian) \_\_\_\_\_

Marital Status of Parents/Guardians Married \_\_\_ Single \_\_\_ Separated \_\_\_ Divorced \_\_\_

Stepmother \_\_\_\_\_ Stepfather \_\_\_\_\_

Custody/Visiting Arrangements \_\_\_\_\_

\_\_\_\_\_

Church Affiliation: \_\_\_\_\_

If child is adopted: Age of adoption \_\_\_\_\_ Does child know of adoption? \_\_\_\_\_

#### Siblings of child

Name: \_\_\_\_\_ Birth date: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Birth date: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Birth date: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Birth date: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Birth date: \_\_\_\_\_ Age: \_\_\_\_\_

Has child had group play experiences or previous preschool experience? \_\_\_\_\_

Where? \_\_\_\_\_

How would you rate their experience? \_\_\_\_\_

Does child have neighborhood playmates? \_\_\_\_\_

### **Where To Reach Parents**

Father's Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

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

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

Business Phone: \_\_\_\_\_ Cell Phone \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

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

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

Business Phone: \_\_\_\_\_ Cell Phone \_\_\_\_\_

### **Emergency Contacts (Other Than Parents)**

1. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Relationship to Child \_\_\_\_\_

2. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Relationship to Child \_\_\_\_\_

### **Escorts other Than Parents (who else do you authorize release of your child for pickup?)**

1. Name as it appears on ID: \_\_\_\_\_

Phone: \_\_\_\_\_

2. Name as it appears on ID: \_\_\_\_\_

Phone: \_\_\_\_\_

### **Custodial Information**

**If a non-custodial parent is not included among those personal so authorized by the custodial parent to pick up the child, please explain on a separate letter and attach a copy of the appropriate court ordered documents. Children's Garden reserves the right to refuse to release a child to a parent, guardian or approved escort that is under the influence or deemed impaired. The Director will be notified and the necessary steps will be taken as provided by the Division of Youth & Family Services of the State of New Jersey.**

Does your child have any special fears you are aware of? \_\_\_\_\_

Does your child have any speech delays? \_\_\_\_\_ If so, are they currently receiving speech therapy? \_\_\_\_\_ Where? \_\_\_\_\_

Are there any other problems or issues you feel that we should be aware of?

What method of behavior management is used in your home? \_\_\_\_\_

When this is used, what is your child's usual reaction? \_\_\_\_\_

Describe your child's personality \_\_\_\_\_

### **Health History of Child**

What past illnesses has your child had? \_\_\_\_\_ Age \_\_\_\_\_

Chicken Pox? \_\_\_\_\_ Scarlet Fever? \_\_\_\_\_ Diabetes? \_\_\_\_\_ Mumps? \_\_\_\_\_

Measles? \_\_\_\_\_ Hepatitis? \_\_\_\_\_ Other? \_\_\_\_\_

Does your child have frequent colds? \_\_\_\_\_ Tonsillitis? \_\_\_\_\_ Asthma? \_\_\_\_\_

Ear aches? \_\_\_\_\_ Frequent Stomach aches? \_\_\_\_\_ Vomit easily? \_\_\_\_\_

Choke on food easily? \_\_\_\_\_ Was child premature? \_\_\_\_\_

Has he/she had any serious accidents or been in any situations that you feel we need to know? Please explain

## Allergies

Please list and explain any and all allergies. Please give detailed instructions if an allergic reaction were to occur during school hours. It is most important that your child's teacher be made aware of any and all allergies including food, insect stings, etc. Children's Garden is a nut-free building. If an epi pen is part of your child's emergency care plan, additional medication release forms will need to be completed.

**After enrollment is complete and your child has been assigned a teacher, please set up a conference with your child's teacher to review any special instructions with regards to any allergies and sign off on them. We ask that if your child has food allergies that you provide snacks daily. Please send snacks in with your child's name clearly written on the container and the staff will see that your child receives the snack that you have provided. We also ask that you send in some special snacks that can be put in our freezer, again labeled with your child's name to be used during birthday celebrations during snack time. A parent/guardian must be present for any school-wide party that involves food.**

Please circle NONE if your child has no known allergies

[illegible]

**With parent's signed permission, allergies and instructions will be posted in the teacher and assistant's view in the classroom for daily reference**

**Parent/Guardian signature** \_\_\_\_\_

## Medical Emergency Release Form

I, \_\_\_\_\_, give my permission to the director, teachers and the support staff of the Children's Garden Christian School to seek and obtain any emergency medical care that my child, \_\_\_\_\_, may require while under their care.

### Medical Insurance

Insurance Company \_\_\_\_\_

Policy Number \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

In the event of an emergency, 911 will be called and parents/guardians or emergency contacts will be notified.

Child's Pediatrician \_\_\_\_\_

Phone Number \_\_\_\_\_

## **Children's Garden Christian School Contract**

This is to certify that the Children's Garden Christian School, located at 1636 N. Main Street, Williamstown, NJ and (name) \_\_\_\_\_ have entered into an agreement as of (date) \_\_\_\_\_. I understand that my child will attend the Children's Garden Christian School during the scheduled class time for **1, 2, 3, 4 or 5** days a week for the annual tuition of : **Please circle the appropriate day & tuition amount**

**Young 3s**    **2 days @ \$86.00 biweekly - annual =\$1,720.00**

**Preschool/Pre-K**                      **2 days @ \$116.00 biweekly- annual = \$2,320.00**

**3 days @ \$174.00 biweekly- annual = \$3,480.00      4 days @ \$232.00 biweekly- annual = \$4,640.00**

**5 days @ \$290.00 biweekly- annual = \$5,800.00**

**Preschool Lottery**    I do / do not plan on applying for the public school preschool lottery. If I later decide to enroll my child in another school I agree to give the Director at least 30 days notice of accepting a new school choice.

Tuition payments are based on an annual tuition and broken down into bi-weekly payments. A payment schedule will be provided for your records. No child will be admitted after 2 missed payments unless payment arrangements have been made with the director. No make-up days are given, but student's missed classroom projects will be given to the parents upon their child's return to school.

A medical (Universal) form is provided upon registration and must be completed along with an up to date immunization record signed by a physician by the first day of school. The state mandates that all children between the ages of 3 to 59 months must have a flu vaccine by December 31st. In order to be in compliance, students who have not been vaccinated will not be allowed to return to school after December 31st. Children with communicable diseases ( mumps, chicken pox, pink eye, measles, head lice, etc.) will not be admitted to school during their contagious period. A doctor's note may be requested upon their return.

If anyone other than the authorized person(s) will be picking up a child, the school must be notified either that morning in writing or by telephone during the school day prior to dismissal. Persons will be asked to provide ID with a photo driver's license before the child is released. In no case will a child be released to anyone other than the parents without the parent's written or oral permission. The school must be provided with current phone numbers of authorized persons that can be reached during the school day in the event of an emergency. Parents/Guardians/Escorts must sign children in upon arrival and initial them out upon dismissal.

**Children's Garden reserves the right to refuse to release a child to a parent, guardian or approved escort that is under the influence or deemed impaired. The Director will be notified and the necessary steps will be taken as provided by the Division of Youth & Family Services of the State of New Jersey.**

The Children's Garden Christian School reserves the right to have a child withdrawn due to circumstances in which the child shows behavior that can be harmful to himself or others, becomes disruptive to the daily routine, shows an unreadiness for a school group experience or it is determined that the Children's Garden is unable to meet the child's needs. A conference will be scheduled and a period of 2 weeks will be given to locate another school. **Parents/Guardians should understand and review this contract very carefully, it is a standing agreement between the parties involved.**

Parent/Guardian \_\_\_\_\_ Renée Markert ~ Director    Date \_\_\_\_\_



**INFORMATION TO PARENTS**  
**from the Department of Children and Family Services**  
**Office of Licensing**

**Please click on the link below and then sign the statement. You will receive a printed copy on the first day of school.**

**<https://www.nj.gov/dcf/families/childcare/InfoParents.pdf>**

**I, \_\_\_\_\_ have read the  
Information to Parents Form from the State of New Jersey regarding child  
care centers and licensing regulations.**

**Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_**