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 Preschool 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 9:00AM-1:00PM Monday - Thursday, and 9:00AM-12:00PM 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 child during our school year.

In His continued service and yours,
Joanne Kirschner
Director

Our Tuition Rate for the School Year 2026-2027

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

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 classes are from 9:00AM - 12:00PM each day. Nursery is from 9AM - 12PM.

Preschool Classes
Child must be 3yrs old by Oct. 1st

_____(2 Days) Monday/Wednesday
_____(2 Days) Tuesday/Thursday
_____(3 Days) Monday/Wednesday/Friday
_____(3 Days) Tuesday/Thursday/Friday

Pre K Classes
Child must be 4yrs old 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

_____ **Nursery** *(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)

Nursery/Preschool/Pre-K Days:_____

Child's Personal Information

Child's Full Name:_____ Birth date:_____

Mother (Guardian):_____

Father (Guardian):_____

Marital Status of Parents: Married_____ Single_____ Separated_____ Divorced_____

Stepmother:_____ Stepfather:_____

Custody/Visiting Arrangements:_____

_____

Church Affiliation:_____

If child is adopted: Age of adoption:_____ Does your 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 your child had group play experiences or previous preschool experience?_____

Where?_____

How would you rate their experience?_____

Does your child have neighborhood playmates?_____

Where To Reach Parents

Father's Name:_____ Occupation:_____

Place of Business:_____ Hours:_____

Business Address:_____

Business Phone:_____ Cell Phone:_____

Mothers'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 in 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.

Behavior and Personality

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

_____

Does your child have any speech delays? _____

a. If so, are they currently receiving speech therapy? _____
b. 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? _____

_____

a. 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 below. 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 EpiPen is part of your child's emergency care plan, additional medication release forms will need to be completed.*

Please write **NONE** if your child has no known allergies.

_____

_____

_____

_____

_____

_____

_____

_____

_____

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.

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

Child's Name: _____

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

Nursery:	**2 Days@ $86.00 bi-weekly | annual = $1,720.00**
Preschool/Pre-K:	**2 Days @ $116.00 bi-weekly | annual = $2,320.00**
	3 Days @ $174.00 bi-weekly | annual = $3,480.00
	4 Days @ $232.00 bi-weekly | annual = $4,640.00
	5 Days @ $290.00 bi-weekly | annual = $5,800.00

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 _____ Joanne Kirschner, Director Date: _____

Department of Children and Families

Office of Licensing

INFORMATION TO PARENTS

Under provisions of the Manual of Requirements for Child Care Centers (N.J.A.C. 3A:52), every licensed child care center in New Jersey must provide to parents of enrolled children written information on parent visitation rights, State licensing requirements, child abuse/neglect reporting requirements and other child care matters. The center must comply with this requirement by reproducing and distributing to parents and staff this written statement, prepared by the Office of Licensing, Child Care & Youth Residential Licensing, in the Department of Children and Families. In keeping with this requirement, the center must secure every parent and staff member's signature attesting to his/her receipt of the information.

Our center is required by the State Child Care Center Licensing law to be licensed by the Office of Licensing (OOL), Child Care & Youth Residential Licensing, in the Department of Children and Families (DCF). A copy of our current license must be posted in a prominent location at our center. Look for it when you're in the center.

To be licensed, our center must comply with the Manual of Requirements for Child Care Centers (the official licensing regulations). The regulations cover such areas as: physical environment/life-safety; staff qualifications, supervision, and staff/child ratios; program activities and equipment; health, food and nutrition; rest and sleep requirements; parent/community participation; administrative and record keeping requirements; and others.

Our center must have on the premises a copy of the Manual of Requirements for Child Care Centers and make it available to interested parents for review. If you would like to review our copy, just ask any staff member. Parents may view a copy of the Manual of Requirements on the DCF website at http://www.nj.gov/dcf/providers/licensing/laws/CCCmanual.pdf or obtain a copy by sending a check or money order for $5 made payable to the "Treasurer, State of New Jersey", and mailing it to: NJDCF, Office of Licensing, Publication Fees, PO Box 657, Trenton, NJ 08646-0657.

We encourage parents to discuss with us any questions or concerns about the policies and program of the center or the meaning, application or alleged violations of the Manual of Requirements for Child Care Centers. We will be happy to arrange a convenient opportunity for you to review and discuss these matters with us. If you suspect our center may be in violation of licensing requirements, you are entitled to report them to the Office of Licensing toll free at 1 (877) 667-9845. Of course, we would appreciate your bringing these concerns to our attention, too.

Our center must have a policy concerning the release of children to parents or people authorized by parents to be responsible for the child. Please discuss with us your plans for your child's departure from the center.

Our center must have a policy about administering medicine and health care procedures and the management of communicable diseases. Please talk to us about these policies so we can work together to keep our children healthy.

Our center must have a policy concerning the expulsion of children from enrollment at the center. Please review this policy so we can work together to keep your child in our center.

Parents are entitled to review the center's copy of the OOL's Inspection/Violation Reports on the center, which are available soon after every State licensing inspection of our center. If there is a licensing complaint investigation, you are also entitled to review the OOL's Complaint Investigation Summary Report, as well as any letters of enforcement or other actions taken against the center during the current licensing period. Let us know if you wish to review them and we will make them available for your review or you can view them online at https://childcareexplorer.njccis.com/portal/.

Our center must cooperate with all DCF inspections/investigations. DCF staff may interview both staff members and children.

Our center must post its written statement of philosophy on child discipline in a prominent location and make a copy of it available to parents upon request. We encourage you to review it and to discuss with us any questions you may have about it.

Our center must post a listing or diagram of those rooms and areas approved by the OOL for the children's use. Please talk to us if you have any questions about the center's space.

Our center must offer parents of enrolled children ample opportunity to assist the center in complying with licensing requirements; and to participate in and observe the activities of the center. Parents wishing to participate in the activities or operations of the center should discuss their interest with the center director, who can advise them of what opportunities are available.

Parents of enrolled children may visit our center at any time without having to secure prior approval from the director or any staff member. Please feel free to do so when you can. We welcome visits from our parents.

Our center must inform parents in advance of every field trip, outing, or special event away from the center, and must obtain prior written consent from parents before taking a child on each such trip.

Our center is required to provide reasonable accommodations for children and/or parents with disabilities and to comply with the New Jersey Law Against Discrimination (LAD), P.L. 1945, c. 169 (N.J.S.A.
10:5-1 et seq.), and the Americans with Disabilities Act (ADA), P.L. 101-336 (42 U.S.C. 12101 et seq.). Anyone who believes the center is not in compliance with these laws may contact the Division on Civil Rights in the New Jersey Department of Law and Public Safety for information about filing an LAD claim at (609) 292-4605 (TTY users may dial 711 to reach the New Jersey Relay Operator and ask for (609) 292-7701), or may contact the United States Department of Justice for information about filing an ADA claim at (800) 514-0301 (voice) or (800) 514-0383 (TTY).

Our center is required, at least annually, to review the Consumer Product Safety Commission (CPSC), unsafe children's products list, ensure that items on the list are not at the center, and make the list accessible to staff and parents and/or provide parents with the CPSC website at https://www.cpsc.gov/Recalls. Internet access may be available at your local library. For more information call the CPSC at (800) 638-2772.

Anyone who has reasonable cause to believe that an enrolled child has been or is being subjected to any form of hitting, corporal punishment, abusive language, ridicule, harsh, humiliating or frightening treatment, or any other kind of child abuse, neglect, or exploitation by any adult, whether working at the center or not, is required by State law to report the concern immediately to the State Central Registry Hotline, toll free at (877) NJ ABUSE / (877) 652-2873. Such reports may be made anonymously. Parents may secure information about child abuse and neglect by contacting: DCF, Office of Communications and Legislation at (609) 292- 0422 or go to www.state.nj.us/dcf/.

I,_____, have received from the Children's Garden Christian School the informational statement from the State of New Jersey regarding child care centers and licensing regulations.

Parent/Guardian Signature _____ **Date** _____