

GOTTA LOVE ME CHILDCARE

36 W. Maple Ave, Merchantville, NJ 08109

WELCOME LETTER

Dear Parent/Guardian,

Welcome to Gotta Love Me Childcare *Daycare, Before & After School Program and Summer Camp*! We are thrilled to have you join our family.

Our program is dedicated to providing a safe, nurturing, and educational environment for your child. Please review the enclosed information carefully and return the necessary forms to complete enrollment.

If you have any questions, feel free to contact us at 856-444-0751; gottaloveme2024@outlook.com.

Sincerely,

Brenda G. Jones
Director/ Owner
Gotta Love Me Childcare

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PROGRAM OVERVIEW

- **Mission Statement:** Our goal is to provide a safe and inspiring space where children can learn, grow, and explore through structured activities and play.
- **Ages Served:** 21/2yrs – 13yrs old
- **Hours of Operation:** 6:45AM – 5:30PM (We follow school schedule) **(Afterschool Programs in schools begin at 7AM – 5:30PM)
- **Location:** 36 W Maple Ave, Merchantville, NJ 08109
- **Contact Information:** (856) 444-0751

Email: gottaloveme2024@outlook.com

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ENROLLMENT REQUIREMENTS

To enroll your child, please submit the following:

- 1. Completed Enrollment Form**
- 2. Emergency Contact & Authorized Pickup Form**
- 3. Medical & Immunization Records**
- 4. Parent Handbook Acknowledgment Form**
- 5. Tuition Agreement Form**
- 6. Allergy & Special Needs Form (if applicable)**

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ENROLLMENT FORM

Child's Information:

Full Name: _____

DOB: _____ Age: _____

Grade: _____ Gender: _____

School: _____

Home Address: _____

Parent/Guardian Information:

Name: _____

Phone Number: () _____ - _____

Email: _____

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Address (if different from child): _____

Employer: _____

Work Phone: () _____ - _____

Name of Siblings: *(if they attend GLM)*

1. _____
2. _____
3. _____
4. _____

Emergency Contact *(other than parents):*

Name: _____

Phone Number: () _____ - _____

Relationship to Child: _____

Name: _____

Phone Number: () _____ - _____

Relationship to Child: _____

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Authorized Pickup:

NAME	CONTACT #	PRIORITY
Sample: Joe Doe	555-555-5555	1, 2, 3

Medical and Immunization Records:

Primary Physician's Name:	Contact #:

List any allergies:	

List any medical conditions:	

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List any current medication:	

Please attach copy of current Immunizations Record

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PARENT HANDBOOK ACKNOWLEDGMENT FORM

I, _____,

acknowledge that I have received, read, and agree to the policies outlined in the Parent Handbook.

Signature: _____ **Date:** _____

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TUITION AGREEMENT FORM:

Registration fee: \$ _____ (*non-refundable*)

Tuition Rate: \$ _____ *per [week/month]*

Before and After School: _____

Before only: _____

After only: _____

Summer Camp: _____

****Due on Fridays for the upcoming week.****

Payment Methods Accepted: Online (*Square Link*)

Late Payment Policy: If tuition is not paid by Monday 10AM a \$30.00 late fee will be added to your account. An additional late fee of \$20.00 will be added to your account \$50.00 or more every week you have a balance on your account.

Parent/Guardian Signature: _____

Date: _____

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PHOTO RELEASE FORM:

I, _____, give/do not give
permission for my child, _____, to be
photographed for educational and promotional purposes.

Signature: _____

Date: _____

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BEHAVIOR POLICY AGREEMENT:

We strive to provide a positive environment. Please review our behavior expectations and consequences outlined in the Parent Handbook.

Parent/Guardian Signature: _____

Date: _____

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RELEASE AUTHORIZATION:

Gotta Love Me Childcare will ONLY release your child(ren) to authorized person that you have given permission to pick up your child(ren). GLMC will also call (facetime) to ensure a person's pick up is authorized to do so. We ask that you make us aware in advance if you will be sending someone else to pick up your child(ren).

Parent/Guardian Signature: _____

Date: _____

THANK YOU!

We are excited to WELCOME you and your family to partner with you in your child's early education journey. If you have any questions, please reach out to us at 856-444-0751; or email: gottaloveme2024@outlook.com .