

Tots & Blocks Pre-School



Tots & Blocks Pre-School

2 Worth Place, Old Bridge, NJ-08857 Phone: (732) 679-0088
 www.totsandblocks.com Email: info@totsandblocks.com

Registering for Tots & Blocks Pre-School 2020-2021 School Year

Payment due with Application:

1. **Non-Refundable Annual Registration Fee** - \$75.00
2. **One full month tuition deposit** Refundable if withdrawal notice is before May 31, 2020
 Withdrawal during school year requires 30 days dated and written notice at which time the prepaid deposit will be credited toward the last month the child attends. Lack of one month's written notice forfeits the deposit paid during enrollment.

Discounts –

- Registration fee for 2nd Child enrolled - \$50.00
- Half Day 2nd Child's Tuition Discount - \$10/month
- Full Day 2nd Child's Tuition Discount - \$20/month

RATES REFLECT MONTHLY TUITION

HALF DAY <i>9:00 - 11:30 AM OR 12:30 – 3:00 PM</i>		HALF DAY LUNCH BUNCH <i>9:00 AM - 1:00 PM</i>	
Two (2) Days (Tu, Th)	\$210.00	Two (2) Days (Tu, Th)	\$275.00
Three (3) Days (M, W, F)	\$270.00	Three (3) Days (M, W, F)	\$350.00
Five (5) Days	\$380.00	Five (5) Days	\$490.00

FULL DAY <i>9:00 AM – 3:00 PM</i>		BEFORE OR AFTER CARE <i>8:00 AM – 9:00 AM / 3:00 PM- 4:00 PM</i>	
Two (2) Days (Tu, Th)	\$410.00	Two (2) Days (Tu, Th)	\$60
Three (3) Days (M, W, F)	\$530.00	Three (3) Days (M, W, F)	\$80
Five (5) Days	\$750.00	Five (5) Days	\$100

TRANSPORTATION – Bus Service options:

Two (2) Days (Tu, TH)	Three (3) days (M,W,F)	Five (5) days (M to F)
Round Trip \$150.00 One Way \$80.00	Round Trip \$190.00 One Way \$100.00	Round Trip \$250.00 One Way \$130.00

DAILY-ADD ON'S (based on availability):

Extended Day (11:30 AM – 3:00 PM)	Lunch Bunch (11:30 AM – 1:00 PM)	Extended 2 ½ Hr OR After Lunch Bunch	Extended Full Day	Hot Lunch	Bus Service Rate	Before OR After Care
\$40	\$15	\$25	\$60	\$5	Round Trip - \$22 One Way - \$12.00	\$10

Tots & Blocks Pre-School

REGISTRATION FORM School Year

FOR OFFICE USE ONLY: Class: _____ Session: _____ Bus Driver: _____ Start Date: _____

Procure (initial & date) _____ Constant Contact (initial & date) _____

Teacher Copy Distributed (initial & date) _____ Billing (initial & date) _____

ENROLLMENT INFORMATION:

Number of Days per week: 5 days 3 days 2 days

AM (9:00 – 11:30) PM (12:30 – 3:00) Lunch Bunch (9:00 - 1:00) Full Day (9:00 – 3:00)

Before-Care/ After-Care

AM (8:00 – 9:00) AM (8:30 – 9:00) PM (3:00 - 4:00) PM (3:00 – 3:30)

Bus Service: YES / NO Pick Up Drop Off Both Way

Bus Address: _____

STUDENT INFORMATION:

First Name: _____ Last Name: _____ Gender: M / F

Date of Birth: _____ Age: _____ Enrollment Date: _____ Start Date: _____

Allergies or other important information: _____

Epi Pen: (NO) (YES) if yes, additional forms are needed Home Phone #: _____

[] **Initials – PHOTO CONSENT:** Permission is granted to use pictures taken at Tots & Blocks, or during school trips for Face-book, brochures, educational materials, books and for school publicity.

PARENT/GUARDIAN: Gender: M / F

First Name: _____

Last Name: _____

Address: _____

Cell Phone: _____

Email: _____

PARENT/GUARDIAN: Gender: M / F

First Name: _____

Last Name: _____

Address: _____

Cell Phone: _____

Email: _____

Languages spoken at home: _____ Siblings (name and age) _____

EMERGENCY CONTACT INFO & AUTHORIZED PICKUPS: (OTHER THAN PARENTS)

1. _____ Relationship: _____ Phone #: _____

2. _____ Relationship: _____ Phone #: _____

CHILD'S PHYSICIAN: Doctor's Name: _____ Phone #: _____

CUSTODIAL INFORMATION:

If a non-custodial parent is not among those persons authorized to pick up the child, a court order must be provided. Please check the appropriate box below. Yes, this situation applies. A court order is attached. Not Applicable

Parent's Name: _____ **Signature:** _____ **Date:** _____

Tots & Blocks Pre-School

FOR OFFICE USE ONLY:

Registration Fee:	\$ _____
Program: _____	\$ _____
Bus: _____	\$ _____
Others: _____	\$ _____
System Transaction Fee	\$ _____
Discount _____	\$- _____
Total	\$ _____

I UNDERSTAND AND AGREE:

An Annual Registration fee is due for each new school year; Non-Refundable Registration fee of a \$75.00 paid in advance to enroll my child. Tuitions may be raised annually.

To the policies and requirements outlined in the Tots & Blocks Pre-School Handbook and the Financial Agreement. Specifically, I understand that full tuition is due regardless of holidays, snow days, short term illnesses, or vacations. All returned transactions will be assessed a penalty to cover banking fees. In addition, I understand the Expulsion Policy and Information to Parents Document made by the Office of Licensing (included in the Parent Handbook).

In the event that a medical emergency occurs, I authorize Tots & Blocks Pre-School staff to perform the needed steps to help my child and for the staff to seek emergency care for my child as deemed necessary by the DIRECTOR. I authorize such medical provider to carry out required emergency treatment.

I understand that if my child has allergies or food sensitivities their name and allergy information will be posted in the classroom.

I understand that tuition will automatically be deducted from my bank account of the 1st of each month. Payments received after the 3rd of each month will be subject to \$25 "Late Fee". There will be a \$40.00 fee charged for any returned checks or accounts accessed which do not have sufficient funds to cover tuition payments.

Signing below indicates that you agree to comply with all policies, procedures, penalties, and responsibilities both financial and other as mandated by Parent Handbook. This Parent Handbook is self-extending annually and subject to changes and revisions at any time

WELCOME TO THE TOTS & BLOCKS FAMILY! WE LOOK FORWARD TO SHARING WONDERFUL MEMORIES WITH YOUR FAMILY. THESE ARE THE TIMES TO CHERISH IN YOUR CHILD'S LIFE!

Initials - WITHDRAWAL INFORMATION: Withdrawal during the school year requires 30 days written notice at which time the prepaid deposit will be credited toward the last month the child attends, after office approval.

Initials - EXTENDED ABSENCE: 30 day written notice and continue tuition payments to hold the spot. Breaks in tuition payment will forfeit the deposit and admission spot. For re-enrollment, student will be placed in an available classroom and will be charged the registration fees again.

Initials - Tots & Blocks is ECO-FRIENDLY. We will send notices and announcements to our families by email. Please add info@totsandblocks to your address book. Thank you for joining us in this small step to help the environment.

Initials - I authorize my child to take the Tots & Blocks School Bus if service is requested.

Initials - A \$5 system transaction fee will be applied to each month.

PAYMENT DUE WITH APPLICATION:

- NON-REFUNDABLE ANNUAL REGISTRATION FEE - \$75.00 session
- ONE Month tuition deposit (Applicable to the June Month Tuition)

All Tuition and Fees are Non-Refundable.

Parent's Name: _____ Signature: _____ Date: _____

Tots & Blocks Pre-School

TOTS & BLOCKS PRESCHOOL SCHOOL FINANCIAL AGREEMENT

This agreement is made and entered into between Tots & Blocks Pre-School and (Parent(s) Name)

The Center hereby accepts (Child's Name) _____ for enrollment beginning _____, 20____.

I/We the parent(s), agree to pay the applicable tuition and fees for the services which we subscribe per month under the following terms:

1. Yearly tuition is divided into equal monthly payments. Adjustments or pro-rated tuitions are not applicable for illness, vacations, and closings due to holidays, inclement weather or as a result of the end of the programs cycle. All monies, once paid are non-refundable. Once you have paid your child's tuition for the month, you are committed for the entire month. There is no exception to this policy. Any change in tuition becomes effective as of the 1st of the next month. This refers to a child moving from one program to the next or a shift in the number of days a child is scheduled to attend in the program in which they currently participate.
2. Any child registered who does not start at the Center on the agreed upon date will forfeit all deposits and fees paid (unless a written notice is confirmed by the office).
3. An annual registration fee (non-refundable) and a one-time only security deposit are due at the time of enrollment to guarantee space for your child. The security deposit will be held in a noninterest bearing account and will be applied to delinquent tuition payments if necessary. If in the event this security deposit is used for the above stated purpose it must be replaced before your child can return to school. The security deposit will be applied to the last month's tuition as a credit when your child leaves Tots & Blocks Pre-School. Security deposits will not be credited unless Tots & Blocks Pre-School is notified (in writing) at least 30 days prior to terminating services. The security deposit will be credited to the month of June school end year. Deposit must be used within the current school year and cannot be forwarded to the school next year.
4. It is the responsibility of the parent or guardian to maintain tuition payments throughout any intermission in attendance, regardless of length of time, to continue your account in good standing. Interruption of payments resulting from temporary withdrawal from the center will result in the forfeiture of the Security Deposit and risk losing the child's space. If space is available upon return, a new Registration Fee and Security Deposit will be required prior to reinstatement and is subject to all previous conditions.
5. Monthly tuition payments are due on the 1st of each month and will be automatically deducted using the automatic EFT (Electronic Funds Transfer) system. If this date falls on weekend or a holiday, payments will be due the last Tots & Blocks Pre-School business day prior to the due date. Payments received after the 3rd of each month will be subject to \$25 "Late Fee". As a courtesy we will waive the first late payment charge. Payments not received by the 3rd of the month will result in the interruption of the child's attendance until all financial obligations including late fees are up to date.
6. If you terminate services and have an outstanding balance due on your account, you will be held responsible for paying your bill. If it is necessary that we must seek legal action against you in order to obtain payments due, you will be responsible for all our collection and legal costs including attorney and court fees.
7. There will be a \$40.00 fee charged for any returned checks or accounts accessed which do not have sufficient funds to cover tuition payments.
8. A late pick-up fee will be imposed for children held after their scheduled pick-up time. This charge will be assessed at a rate of \$10.00 for each ten minute period, or portion there of beyond the scheduled pick-up time. This fee will be charged even if you have notified us that you will be late. The late pick-up fee will be billed to you on the following day and must be paid within two business days. We will use the clock located in the lobby to determine if the parent is late. Please set your watch to this time. Try to make alternate arrangements if you cannot be at the Center in time to pick up your child. This will save you a late fee and ensure our staff a timely departure. Chronic lateness is not acceptable, regardless of fees and could result in termination of services and forfeiture of your Security Deposit.
9. In the event your child has not been picked up by:
 - 12:45PM (for morning class)
 - 1:15PM (for lunch bunch)
 - 3:15PM (for evening class)

If we are unable to reach you or the emergency contact, we will by law call DCF (Division of Children and Families). See Policy on the Release of Children.

Signature of Parent / Guardian

Relationship

Date

TOTS & BLOCKS PRE-SCHOOL

2 Worth Place, P. O. Box 974, Old Bridge, NJ - 08857

(732) 679-0088

www.totsandblocks.com

Dear Parent of _____

In keeping with New Jersey's Child Care Licensing Requirements, we are providing you the parent with this Parent Handbook. You have the right to visit and observe our center without having to secure prior permission; the Center has an obligation to comply with licensing standards; all citizens must report suspected child abuse/neglect/exploitation to the State Central Registry and Child Abuse Hotline at 1-877-652-2873.

PARENT RECEIPT OF INFORMATION:

- Information to Parents Document
- Policy on the Release of Children
- Positive Guidance and Discipline Policy
- Policy on Methods of Parental Notification
- Policy on Communicable Disease Management
- Expulsion Policy
- Policy on the Use of Technology and Social Media

I have read and received a copy of the information/policies listed above.

Children's Name: _____

Parent/Guardian's Name: _____

Signature

Date



**TOTS & BLOCKS PRE-SCHOOL
IDENTIFICATION FORM**

Child's Name: _____

Parent's Signature: _____

Please bring in copies of identification (i.e. drivers license) on or before your child's first day at Tots & Blocks Preschool.

Please attach:

Parent / Guardian 1's License:

Parent / Guardian 2's License:



TOTS & BLOCKS PRE-SCHOOL
AUTOMATED ELECTRONIC FUNDS TRANSFER
AUTHORIZATION FORM

Child's Name: _____

TAPE VOIDED CHECK HERE

I/We _____ hereby authorize Tots & Blocks Pre-School to initiate debit entries (and if necessary, credit adjustments for any debit entries in error due) to my/our ___checking ___savings account (select one) from the depository listed below. I understand that the amount of the funds transferred from my account to Tots & Blocks Pre-School will occur on the 1th of the month for the month services are rendered or if the 1st falls on a holiday or weekend the EFT will occur the last Tots & Blocks business day preceding the 1st. I understand that the amount withdrawn each month from my account will equal the amount of outstanding balance owed on my account. I also understand that a \$40.00 fee will be charged to me on all electronic payments dishonored.

Depository Name: _____ Branch: _____

City: _____ State: _____ Zip: _____

Transit / ABA#: _____ Account #: _____

This authority is to remain in full force and effect until Tots & Blocks School has received written notification from me/us of its termination in such a manner as to afford Tots & Blocks a reasonable opportunity to act on it (minimum of seven days).

Name(s) on account: _____ Phone No: _____

Signature: _____ Date: _____

Signature: _____ Date: _____

Tots & Blocks Pre-School

APPENDIX H

UNIVERSAL CHILD HEALTH RECORD

*Endorsed by: American Academy of Pediatrics, New Jersey Chapter
New Jersey Academy of Family Physicians
New Jersey Department of Health*

SECTION I - TO BE COMPLETED BY PARENT(S)			
Child's Name (Last)	(First)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth / /
Does Child Have Health Insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, Name of Child's Health Insurance Carrier	
Parent/Guardian Name	Home Telephone Number () -	Work Telephone/Cell Phone Number () -	
Parent/Guardian Name	Home Telephone Number () -	Work Telephone/Cell Phone Number () -	

I give my consent for my child's Health Care Provider and Child Care Provider/School Nurse to discuss the information on this form.

Signature/Date	This form may be released to WIC. <input type="checkbox"/> Yes <input type="checkbox"/> No
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SECTION II - TO BE COMPLETED BY HEALTH CARE PROVIDER			
Date of Physical Examination:	Results of physical examination normal? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Abnormalities Noted:	Weight (must be taken within 30 days for WIC)		
	Height (must be taken within 30 days for WIC)		
	Head Circumference (if <2 Years)		
	Blood Pressure (if >3 Years)		

IMMUNIZATIONS	<input type="checkbox"/> Immunization Record Attached <input type="checkbox"/> Date Next Immunization Due: _____
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MEDICAL CONDITIONS		
Chronic Medical Conditions/Related Surgeries • List medical conditions/ongoing surgical concerns:	<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached	Comments
Medications/Treatments • List medications/treatments:	<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached	Comments
Limitations to Physical Activity • List limitations/special considerations:	<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached	Comments
Special Equipment Needs • List items necessary for daily activities	<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached	Comments
Allergies/Sensitivities • List allergies:	<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached	Comments
Special Diet/Vitamin & Mineral Supplements • List dietary specifications:	<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached	Comments
Behavioral Issues/Mental Health Diagnosis • List behavioral/mental health issues/concerns:	<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached	Comments
Emergency Plans • List emergency plan that might be needed and the sign/symptoms to watch for:	<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached	Comments

PREVENTIVE HEALTH SCREENINGS					
Type Screening	Date Performed	Record Value	Type Screening	Date Performed	Note if Abnormal
Hgb/Hct			Hearing		
Lead: <input type="checkbox"/> Capillary <input type="checkbox"/> Venous			Vision		
TB (mm of Induration)			Dental		
Other:			Developmental		
Other:			Scoliosis		

<input type="checkbox"/> <i>I have examined the above student and reviewed his/her health history. It is my opinion that he/she is medically cleared to participate fully in all child care/school activities, including physical education and competitive contact sports, unless noted above.</i>	
Name of Health Care Provider (Print)	Health Care Provider Stamp:
Signature/Date	