

RITEWAY CHILDCARE CENTER

523 E 33RD STREET- PATERSON NJ 07504

Tel (973) 925-9770/ Fax (973) 925-9771

ENROLLMENT FORM 2024-2025

A NON-REFUNDABLE REGISTRATION FEE OF \$100.00 (ONE HUNDRED DOLLARS) MUST BE PAID TO RESERVE YOUR CHILD'S SPACE. THE PERSON(S) SIGNING THIS REGISTRATION FORM IS/ARE RESPONSIBLE FOR PAYMENT AT THE TIME OF REGISTRATION.

Enrollment Form Entry Date: _____ Exit Date: _____

Child's Full Name: _____
(Print Name)

Nickname (Optional): _____ D.O.B. ____/____/____ (m/d/yr) S.S. #: ____ - ____ - ____

Sex: ____ (M) ____ (F)

Parent(s) Name (1): _____ (2) _____

Mother's Home Address: _____

Home Phone # _____ Cell Phone #: _____

Mother's Place of Employment: _____

Work Phone #: _____ Email Address: _____

Father's Home Address (if different from Mother's): _____

Home Phone # _____ Cell Phone #: _____

Father's Place of Employment: _____

Work Phone #: _____ Email Address: _____

Child's Doctor's Name: _____ Phone #: _____

Doctor's Address: _____

Parent's Medical Insurance Name: _____

Medical Insurance ID #: _____

Emergency Contacts (list in order of priority):

1. Name: _____ Phone #: _____

2. Name: _____ Phone #: _____

3. Name: _____ Phone #: _____

How did you find out about Riteway Childcare Center?

Check all that applies:

- ☐ I/We have inspected Riteway Childcare Center. Everything meets my/our standards.
- ☐ I/We have read the above Registration form and agree to the stated points.
- ☐ I/We understand this is a legally binding contract. I/We have read it and understand it.

1. Parent/Guardian Name: _____
(Print Name)

Parent/Guardian Signature _____ Date: _____

2. Parent/Guardian Name: _____
(Print Name)

Parent/Guardian Signature _____ Date: _____

Riteway Childcare Staff Signature: _____ Date: _____

EMERGENCY CONSENT:

I/We, _____, do hereby give consent for Riteway Childcare Center to seek and authorize emergency medical or dental care for my child (ren) listed below.

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

I/We understand that I/We will be responsible for all medical and dental bills ensuing from any such emergency.

1. Parent/Guardian: _____ Date: _____

2. Parent/Guardian: _____ Date: _____

Witness: _____ Date: _____

I/We, _____, do hereby give consent for Riteway Childcare Center to photograph and videotape my child (ren):

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

I/We understand that these photos may be posted on the Center's bulletin board and used in conjunction with promotion and advertising. I/We also hereby release any rights to said photos.

Parent/Guardian: _____ Date: _____

Parent/Guardian: _____ Date: _____

RITEWAY CHILDCARE CENTER

523 E 33RD STREET- PATERSON NJ 07504

Tel (973) 925-9770/ Fax (973) 925-9771

REGISTRATION AGREEMENT

Child's Name: _____

(Print Name)

I understand the registration fee for each child is non-refundable.

I understand that I am responsible for payment of the contracted fee, **to be paid in advance**. I will give two weeks written notice of withdrawal from the program to be included with the final payment.

I further understand that **RITEWAY CHILDCARE CENTER** is a private facility and as a Parent/Guardian **I will fully participate in fundraisers to benefit the school.**

If my child is having problems adjusting to the program, a conference will be arranged between the Director and Parent/Guardian.

In the event of illness (beyond three sick days with doctor's excuse), personal vacation (beyond one week), or any other absences, Riteway Childcare staff will be notified and I am still responsible for tuition and other fees. Credit is not given for any reason or occurrence of absences. **(YOU ARE PAYING FOR CHILD'S SLOT AT RITEWAY, NOT THEIR ATTENDANCE!)**

I give my permission for my child to participate in- outdoor hikes and field trips.

If a medical emergency arises, the staff will first attempt to contact me. If I cannot be reached, the staff will contact the child's doctor. If immediate attention is necessary, the staff has my permission to take my child to the hospital for medical treatment.

I agree to call the office if for any reason my child will not be attending on a regularly scheduled day.

I am aware that the children are taken outside of the Center's building on a daily basis, weather permitting. I know that if my child has/have a contagious illness, I need a doctor's note for him/her to return to school. ***I also realize that I am expected to keep my child at home if he/she is too ill to participate in any activity.***

I am aware of the fact that if I am late picking up my child **DYFS** will be responsible for my child and I will contact **DYFS** and not the Center after my contracted time. A late fee of **\$1 per minute** will still be due and payable.

I understand that communication with the Riteway Childcare staff can be made through the Center's office.

I understand that I should treat staff, students and parents the way I would like to be treated.

I agree to adhere to the Riteway Childcare Program Registration Agreement policies and procedures and give my child permission to participate fully in this program.

Parent/Guardian Signature

Date Signed

(Print Name)

RITEWAY CHILDCARE CENTER

523 E 33RD STREET- PATERSON NJ 07504

Tel (973) 925-9770/ Fax (973) 925-9771

CONTRACT/ RATE SHEET

This Agreement is between:

Parent(s) _____
(Print Name(s))

And Riteway Childcare Center to provide childcare services for their child (ren).

1. _____
Name (Print)

2. _____
Name (Print)

3. _____
Name (Print)

Under the following conditions: Days of the week: _____ Hours: _____

Tuition:	\$ _____
Material Fee:	\$ _____
Registration Fee:	\$ _____
Security Fee:	\$ _____
Other Fees:	\$ _____
Total Fees:	\$ _____

Staff Signature _____ Date: _____ Time: _____

ENROLLMENT POLICY: There are many forms, which we have in our possession that must be completed and signed by all responsible parties before we can assume the responsibility of caring for your child(ren). There are no exceptions for anyone. You are required to keep us informed of any change in addresses, telephone numbers and other pertinent information on these forms as they arise, including notifying us of additional childhood immunizations and on-going health problems.

TUITION: Tuition is due and payable in advance, on Monday of each week by 5:00 p.m. for the current week. If this day is a holiday, a vacation or planned day off for the parent, legal guardian or the provider, payment is due on the following day (Tuesday). If it is easier for you to pay for two weeks or a month at one time, this is also acceptable (**as long as the tuition is paid in advance**). Full payment is due whether the child (ren) is/are present or not. This guarantees your child (ren)'s space in the Center. The child (ren) will not be allowed to attend the Center until all fees are made current and up-to-date. **No exceptions will be allowed!**

SECURITY DEPOSIT: Before your child (ren) is/are admitted into childcare (or to hold a future spot), a security deposit must be paid in advance. This deposit is equal to two weeks of childcare and will be credited towards your last two weeks fee. In the event your child (ren) does/do not start care by the agreed-upon date, your position will be forfeited and your deposit to hold the position will become non-refundable.

BEFORE CARE BEGINS: All payments must be paid in full and all forms must be properly completed and submitted. All documents needed for enrollment including Universal Health Care Forms must be turned in.

RETURNED CHECKS: There will be a **\$40.00** returned check charge, plus a **\$10.00** late payment charge for all bounced checks. Add these charges automatically to your payment. After the second incident occurs, only money orders or cash payments will be accepted.

POST-DATED CHECKS: No post-dated checks will be accepted. ☹

LATE-PICK-UP: A charge of **\$1 per minute** per child will be owed regardless of why you are late. This charge begins at the time you are scheduled to pick up your child(ren). The time will be based on the official clock on the wall in the childcare center. This fee is payable at the time of pick-up. If this is not paid, it will be included in your next bill.

HOLIDAYS: Riteway Childcare Center will be closed on the following holidays:

New Year's Day, Dr. Martin Luther King, Jr. Day, Presidents' Day, Good Friday, Memorial Day, Juneteenth, Independence Day, 1 week in July, Columbus Day, Labor Day, Veterans' Day, Good Friday, Easter Monday & Tuesday, Thanksgiving Day, the Friday after Thanksgiving Day, Christmas Eve, Christmas Day, the week of Christmas, and for two (2) Staff Training Days.

When a holiday falls on a weekend, the Center will close on the Friday or Monday in observance of the holiday. There will be no adjustment in fees.

MISSED DAYS: There will be no refund or adjustments made to your childcare fees for time missed due to illness, holidays or days off. A SLOT has been reserved for each child that cannot be filled on a short-term basis.

NEGATE THE CONTRACT: If the Provider chooses not to enforce any of the clauses, it does not negate the remainder of the contract.

FEES: All fees are required at the time of registration. Below are the fee guidelines:

\$100.00 - Registration Fee for everyone

FOR WEEKLY TUITION RATES FOR CHILDREN AGES 3 MONTHS – 5 YEARS OLD PLEASE CONTACT RITEWAY CHILDCARE CENTER'S OPERATIONS DIRECTOR

\$190.00 - Tuition per week and 2 weeks security deposit (5 to13 yrs) full-time

\$125.00 - Tuition per week and 2 weeks security deposit (5 to 13 yrs) part-time (After- School Care)

\$65.00 - Per day (Drop-in Care under 5 years)

\$40.00 - Per day (Drop-in Care 5-13 years)

\$30.00 - Per week for breakfast, lunch, a.m. and p.m. snack full time

\$15.00 - For after school student's snack. (Per week)

TERMINATION: Riteway Childcare Center reserves the right to suspend or terminate care for any child(ren) without notice, should it be deemed necessary for overall safety and well-being of the other children in our care or for non-payment of any fees due.

WITHDRAWAL: A minimum of two full weeks' notice must be given for permanent withdrawal of any child(ren) from our care. There will be no exceptions.

CONTRACT RENEWAL: This contract is automatically renewable on September 1st of each calendar year unless otherwise notified by the director. We reserve the right to make changes in the rates and policies, as we deem necessary.

To acknowledge that you have read, understand and accepted the terms of this contract, check below all that applies:

- ☐ The person(s) signing this contract is/are responsible for payment.
- ☐ I/We have inspected Riteway Childcare Center. Everything meets my/our standards.
- ☐ This package has been fully explained to me/us. I/We have no further questions.
- ☐ I/We have read the above contract and agree to the stated points.
- ☐ I/We understand that this is a legally binding contract. I/We have read it and understand it.

1. Parent/Guardian Name _____
(Print Name)

Parent/Guardian Signature: _____ Date: _____

2. Parent/Guardian Name _____
(Print Name)

Parent/Guardian Signature: _____ Date: _____

Riteway Childcare Center Staff Signature: _____ Date: _____

RITEWAY CHILDCARE CENTER

523 E 33RD STREET- PATERSON NJ 07504

TEL (973) 925-9770/ FAX (973) 925-9771

AGREEMENT (2024-2025)

THIS AGREEMENT is entered into as of this _____ day of _____, _____ at 523 E. 33rd Street, Paterson, NJ 07504, by and between **Riteway Childcare Center** (hereinafter referred to as "Provider") and _____ (hereinafter referred to as "Parent/Guardian").
(Print Name)

THIS AGREEMENT contains the terms agreed upon between Provider and Parent/Guardian for the care of:

Child's Name: _____ D.O.B. ____/____/____ (m/d/yr).
(Print Name)

1. **SECURITY/HOLDING DEPOSIT:** Parent/Guardian agrees to pay two weeks security/holding deposit of \$_____.

At the termination of the agreement for care, all required fees will be deducted from the security/holding deposit. Any remaining amount will be credited towards the last two weeks of care at **Riteway Childcare Center**. **Registration fee is non-refundable.**

Two Weeks Security/Holding Deposit Paid: [☐] Yes [☐] No

Registration Fee of \$100.00 Paid: [☐] Yes [☐] No

Payment can be made by any one of the following:

Cash [☐], Cashier's Check [☐], Money Order [☐], Credit Card [☐], Automatic Withdrawal [☐]

Amount \$_____ Date: ____/____/____ (m/d/yr).

2. **WEEKLY RATE/MONTHLY FEES:** Payment is due before childcare begins. Your weekly rate will be \$_____ and is **prepaid (in advance) (due and payable) each Friday by 5:00 p.m.** If your child(ren) is/are absent from care, the normal weekly rate will still be due and payable. You are paying for your child(ren)'s slot.

All co-payment and curriculum fees must be paid on the 1st of each month unless other arrangements have been made with the Director. **ALL SERVICES ARE PREPAID.**

Please note 4Cs does not pay for your child's registration, food, or co-pay!

PLEASE ENSURE ALL PAYMENTS ARE MADE ON TIME

If the weekly rate is not paid by 5:00 p.m. each Friday, Parent/Guardian agrees to pay a late fee in the amount of **\$10.00 (Ten Dollars)** per day until the account is made current.

Accepted payments will be: Cash, Cashier's Check, Money Order, Credit Card or Automatic Withdrawal.

3. **DAYS AND HOURS:** The parties to this Agreement have agreed to the following schedule of care:

<input type="checkbox"/> Monday	-	Hours _____ to _____
<input type="checkbox"/> Tuesday	-	Hours _____ to _____
<input type="checkbox"/> Wednesday	-	Hours _____ to _____
<input type="checkbox"/> Thursday	-	Hours _____ to _____
<input type="checkbox"/> Friday	-	Hours _____ to _____

4. **LATE FEE:** It is very important that you pick up your child (ren) within your contracted time. Parent/Guardian agrees to pay a late fee of \$1 per minute if your child (ren) remain(s) in the care of the Center after the hours agreed on as listed in Section 3 have elapsed. Late fees will be added to your next scheduled payment. If you did not call within 15 (fifteen) minutes of your pick-up contracted time, we will attempt to contact you and your emergency contacts. If we get no response, we will contact DYFS and they will be responsible for your child (ren) until you get there. This is required by the State of New Jersey and will be enforced

5. **PROVIDER VACATION:** The parties agree that Provider will be paid for two weeks vacation/renovations each year; one week in July and the week of Christmas.

6. **TERM:** This Agreement starts September 1, 2022 and ends on August 31, 2023 and is automatically renewable unless otherwise stated by the director. Failure to comply with the terms set forth in this Agreement may, at Provider's discretion, result in immediate termination of your child (ren)'s enrollment and forfeiture of the security deposit.

A two-week written notice is required for any party to terminate this Agreement at any point, unless the safety and well-being of anyone in the Center is in jeopardy. Weekly fees will be due and payable on each Monday of the two-week notice period.

CONTRACT RENEWAL: This contract is automatically renewable on September 1st of each calendar year. We reserve the right to make changes in the rates and policies, as we deem necessary.

To acknowledge that you have read, understand and accepted the terms of this contract, check below all that applies:

- ☐ The person(s) signing this contract is/are responsible for payment.
- ☐ I/We have inspected Riteway Childcare Center. Everything meets my/our standards.
- ☐ This package has been fully explained to me/us. I/We have no further questions.
- ☐ I/We have read the above contract and agree to the stated points.
- ☐ I/We understand that this is a legally binding contract. I/We have read it and understand it.

The parties hereto have executed this Agreement as of the date and year first above written.

RITEWAY CHILDCARE CENTER:

1. Signed by: _____
Parent/Guardian Date

2. Signed by: _____
Parent/Guardian Date

Signed by: _____
Provider's Name Date

RITEWAY CHILDCARE CENTER

523 E 33RD STREET- PATERSON NJ 07504

Tel (973) 925-9770/ Fax (973) 925-9771

UPDATED CONTACT INFORMATION

Name of Parent(s)/Guardian(s) completing form (Print)

Parent(s)/Guardian(s) who live with child (Print)

Street Address City State Zip Code

(1) Parent(s)/Guardian(s) Contact Information:

Name (print)

Street Address City State Zip Code

Home Phone #: _____ Work Phone #: _____

Cell #: _____ Email Address: _____

(2) Parent(s)/Guardian(s) Contact Information:

Name (print)

Street Address City State Zip Code

Home Phone #: _____ Work Phone #: _____

Cell #: _____ Email Address: _____

3. Person(s) authorized to pick up your child (ren):

Please remember that we will only release your child (ren) to those people listed below. This rule is in place to ensure your child (ren)'s safety and your peace of mind.

Name _____ Relationship to Child _____ Phone # _____

Name _____ Relationship to Child _____ Phone # _____

Name _____ Relationship to Child _____ Phone # _____

(If desired, you may add additional names on the back of this form)

I/We will take responsibility for informing the Director in writing of any changes in the above contact information.

Parent/Guardian Signature

Date Signed

Parent/Guardian Signature

Date Signed

RITEWAY CHILDCARE CENTER
523 E 33RD STREET- PATERSON NJ 07504
Tel (973) 925-9770/ Fax (973) 925-9771

QUESTIONNAIRE

1. By what name do you call your child? _____
2. What words does your child use regarding the bathroom? _____
3. Is your child self-sufficient in the bathroom.... in which areas does he/she require assistance?

4. Has your child ever attended daycare or pre-school? _____
5. If so, where? _____
6. Was the experience enjoyable for him/her? _____
7. Does your child have any fears or anxieties? _____
8. Describe your child's skills or talents. _____
9. Please list your child's areas of interest. _____
10. Does your child have any allergies? _____
11. Are there any foods your child dislikes? _____
12. What are your child's favorite foods? _____
13. What are your child's strengths/weaknesses? _____
14. What goals do you have for your child? _____
15. Please describe a typical day with your child. _____
16. Does your child have any recurring medical problems? _____
17. Please describe your child's waking/sleeping habits. _____
18. My child is special because _____
19. Do you have questions about areas of child development? _____
20. Do you have any concerns about your own child's development? _____
21. How do you rate your parenting skills? _____
22. As a parent, what do you do to relieve stress? _____
23. What are your feelings about men in childcare? _____
24. How do you redirect your child doing something/getting into something not allowed/? _____

Hazardous? _____

25. Do you consider yourself “firm” or “flexible” in your child’s discipline? _____

26. How do you deal with frustration with your child? _____

27. Is your child mentally or physically challenged? _____

28. Do you have any comments, questions or suggestions? _____

29. Please list 4 references (i.e., business associate, former childcare provider) and include phone numbers.

1. _____ Phone #: _____

2. _____ Phone #: _____

3. _____ Phone #: _____

4. _____ Phone #: _____

Parent/Guardian Signature: _____ Date: _____

Riteway Childcare Center Staff Signature: _____ Date: _____



Riteway Childcare Center
16RIT0001

I have received the following documents from Riteway Childcare Center and agree to their terms:

- Information to parents
- Communicable disease policy
- Policy on Release of Children
- Expulsion Policy
- TV viewing policy
- Social Media Policy
- Policy on Methods of Parental Notification
- USDA Guidelines for meals
- Information on dental, hearing, vision, screenings
- Parent Handbook
- Breastfeeding Policy
- Medication Administration Policy

Child's Name

Date

Print Name

Signature