

# Kidz Campus Preschool & Childcare

We are **thrilled** that you've decided to join our amazing early childhood school family! Below is a simple checklist to help you get registered and ready to start!

- ☐ Complete Enrollment Application
- ☐ Submit Universal Health Record - Medical Forms & Immunization Records
- ☐ Accept the invitation from our online management program and complete ALL required information
- ☐ Set up ACH billing (bank account information) online – this is required. Tuition will be billed on our end after registration on our online program is complete.
- ☐ Follow and friend us on Facebook (*Fun pictures and event reminders!*)
- ☐ Purchase the required school nap roll-up mat. (Available at Amazon, Walmart, Target, etc.)

## **Starting School...please read the following:**

Please be here by 9:00 for class, walk your child into their classroom and say a nice goodbye...feel free to call or message us and check in on your children!!

## **This is a list of items you need:**

- ☐ A lunchbox with a cold pack –All children need to pack or purchase snacks and lunch. Juices, waters, and bottles should be pre-poured and ready for consumption. All bottles/cups must fit in your child's lunch bag as required by NJ DCF.
- ☐ A full change of clothes, labeled in a zip-loc bag
- ☐ Diapers and wipes, if applicable; *Diapers must have tabs for opening/closing so children do not have to be undressed to change their diapers.*
- ☐ Nap/rest time bedding – **all rest items must fit inside the school bag** (per NJ DCF regulations – loose bedding on shelves is not allowed)
- ☐ Nursery children will need crib-sized bedding, diapers/wipes, prepared bottles/food, and bibs. Please also complete the attached feeding and sleeping schedule based on your child's current routine.

## **Other Important Notes:**

- You must sign your child in and out for the day via our online system.
- All change of schedule requests, authorization for medication, and alternate pick-up requests must be made on our school app. via a message. An alternate pick-up person must supply us with photo identification.

## Getting to Know your Child: This is for your child's teachers

Child's name, (nickname if applicable) and age:

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Three words that best describe your child.

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What does your child enjoy?

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My child naps at what time and for how long? No naps?

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Has your child stayed with anyone else besides family? Attended preschool or childcare? How do they handle separation from you?

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Does your child have any allergies? Health concerns? Medication?

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Is there anything else you'd like us to know to help ensure your child feels happy, comfortable, and engaged in school?

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### **Schedule Information**

Start Date:

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Days Attending (Please check all that apply):

☐ Monday

☐ Tuesday

☐ Wednesday

☐ Thursday

☐ Friday

Approximate Drop-Off Time: \_\_\_\_\_ Approximate Pick-Up Time: \_\_\_\_\_

# Kidz Campus Preschool & Childcare

Getting to Know your Child p. 2 - *For Infants only*

## Infant Feeding & Sleeping Schedule

Feeding	Time	Amount

Sleeping	Time	Duration

Other Information re: daily routines and schedules?

Enrollment Form : Today's Date:\_\_\_\_\_ Start Date: \_\_\_\_\_

Full name\_\_\_\_\_

Child's age\_\_\_\_\_ Child's birthday\_\_\_\_\_

Siblings Names &  
Ages\_\_\_\_\_

Child's Home  
Address\_\_\_\_\_

\_\_\_\_\_

**Contact Information – Please complete for ALL parents and guardians**

**Parent/Guardian Name:**

\_\_\_\_\_

Relationship:

\_\_\_\_\_

Cell/Home Phone: \_\_\_\_\_ Email: \_\_\_\_\_

\_\_\_\_\_

Address: Same as child's YES / NO Address if different:

\_\_\_\_\_

\_\_\_\_\_

Place of Work: Name and Address

\_\_\_\_\_

\_\_\_\_\_

Work Phone: \_\_\_\_\_ Email: \_\_\_\_\_:

**Parent/Guardian Name:**

\_\_\_\_\_

Relationship:

\_\_\_\_\_

Cell/Home Phone: \_\_\_\_\_ Email: \_\_\_\_\_

\_\_\_\_\_

Address: Same as child's YES / NO Address if different:

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Place of Work: Name and Address

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Work Phone: \_\_\_\_\_ Email: \_\_\_\_\_ :

### **Emergency Contacts**

Emergency Contact Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Cell/Home Phone: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Cell/Home Phone: \_\_\_\_\_

### **Custody or Pickup Restrictions**

Are there any individuals who are legally prohibited from seeing, communicating with, or picking up your child? If yes, legal documentation must be provided at registration.

Prohibited Person Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Cell/Home Phone: \_\_\_\_\_

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

Place of Work: \_\_\_\_\_

I have legal documentation that will be provided regarding this person and custody, pickup, and visitation restrictions. Yes/NO *All legal paperwork must be provided.*

## Statement of Authorization and Understanding

*Please initial each item and sign at the bottom.*

\_\_\_\_\_ I give permission for Kidz Campus to call a doctor or hospital for medical care in case of an emergency.

\_\_\_\_\_ I understand that a conscientious effort will be made to contact me before any action is taken. However, if I cannot be reached, I accept responsibility for all medical costs incurred.

\_\_\_\_\_ I have submitted an up-to-date immunization record for my child.

\_\_\_\_\_ I have provided current medical insurance information.

\_\_\_\_\_ I agree to call or message Kidz Campus by 8:00 AM if my child will arrive after 9:00 AM or will be absent.

\_\_\_\_\_ I give permission for Kidz Campus staff to apply sunscreen and/or bug spray to my child when going outside.

\_\_\_\_\_ I agree to bring a large bottle of sunscreen to Kidz Campus by May 1st for use during the spring/summer season. I will notify staff of any sunscreen allergies.

\_\_\_\_\_ My child may have bug spray applied as needed.

\_\_\_\_\_ I give permission for my child to participate in field trips with Kidz Campus, either by foot or by vehicle.

\_\_\_\_\_ I give permission for my child to be photographed at Kidz Campus. Photos may be used within the school, on social media, and/or in advertising or human-interest stories.

\_\_\_\_\_ I understand that information about my child may be shared with staff members on a need-to-know basis. Kidz Campus is committed to keeping all child and family information confidential from non-staff members.

\_\_\_\_\_ I understand that any permanent schedule changes must be submitted in writing on the official school withdrawal/change form at least 2 weeks in advance.

\_\_\_\_\_ I understand that Kidz Campus does not discriminate in admission, education, employment, or any other program activity based on race, color, nationality, sexual orientation, ethnic origin, gender, religion, or family income.

## Financial Responsibility

\_\_\_\_\_ I understand that all tuition and fees must be paid via automated ACH or credit card. Payments are processed automatically on the 25th of each month. ACH is processed for free; credit cards are charged 3% of the total billed and \$0.30 per charge.

\_\_\_\_\_ I acknowledge that a \$40 fee will be charged for any returned payments due to insufficient funds.

\_\_\_\_\_ I understand that tuition is billed monthly, in advance, and is due on the 25th of the month prior to care.

\_\_\_\_\_ I understand that if tuition is not paid, my child may not attend the following week.

\_\_\_\_\_ I understand that a \$25 late fee will be added to my account each week for any unpaid balance.

\_\_\_\_\_ I understand that tuition is not reduced or refunded for absences due to illness, vacation, or personal reasons.

\_\_\_\_\_ I understand there are no credits or refunds for planned school closures, including holidays, staff training days, or emergency closings (due to weather, health, or other causes), including any changes in hours.

\_\_\_\_\_ I understand that I am responsible for tuition for two weeks following a withdrawal or schedule change.

\_\_\_\_\_ I acknowledge that I am responsible for all tuition and fees, regardless of attendance or the involvement of any third-party payers, including but not limited to state funding, employer-sponsored assistance, or private agreements.

\_\_\_\_\_ Within 30 days all delinquent accounts will be assigned to a lawyer and / or to a collection agency for handling and collection. Parents/guardians will be responsible for all tuition fees, late fees, return check fees, as well as all legal and collection fees due to lack of payment on their part.

## **KIDZ CAMPUS PARENT RECEIPT OF INFORMATION:**

\_\_\_\_\_ Policy on Methods of Parental Notification Communication Policy

\_\_\_\_\_ Nutritional Standards & Meal Suggestions Policy

\_\_\_\_\_ Diversity, Inclusion & Cultural Celebrations Policy

\_\_\_\_\_ Home Language Policy

\_\_\_\_\_ Community Involvement Program

\_\_\_\_\_ Attendance and Absence Policy

\_\_\_\_\_ Breast Feeding Policy

\_\_\_\_\_ Policy on the Release of Children

\_\_\_\_\_ Developmental Screening & Protocol Policy

\_\_\_\_\_ Developmental Referrals Policy

\_\_\_\_\_ Policy on the Use of Technology and Social Media

\_\_\_\_\_ Financial Guidelines Policies

\_\_\_\_\_ Health policies

\_\_\_\_\_ Medication Administration Policy & Procedures

\_\_\_\_\_ Policy on Communicable Disease Management

\_\_\_\_\_ Positive Guidance and Discipline Policy

\_\_\_\_\_ Expulsion Policy

\_\_\_\_\_ Information to Parent's Document

\_\_\_\_\_ Community Resources Materials

\_\_\_\_\_ Parent Leadership

### **Statement of Authorization and Understanding**

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

Date: \_\_\_\_\_ ( One custodial parent/guardian must sign.)

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

Parent/Guardian's Name: \_\_\_\_\_

Parent/Guardian's Signature: \_\_\_\_\_

## Your Child's Health

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

CHILD'S HEALTH RECORD: (A copy of your child's immunizations and current physical will be needed)

General state of health:

\_\_\_\_\_  
\_\_\_\_\_

Doctor's name & address \_\_\_\_\_

\_\_\_\_\_

Doctor's phone number \_\_\_\_\_

***Please attach a copy of your child's health insurance card and or information.***

Does your child have any known allergies?

\_\_\_\_\_  
\_\_\_\_\_

Does your child have any medical conditions which I should be made aware of?

\_\_\_\_\_  
\_\_\_\_\_

Does your child have any food restrictions? \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

Does your child have any speech, hearing, visual or developmental concerns?

\_\_\_\_\_

Would you like resources to find specialized services? \_\_\_\_\_

Is your child receiving any type of therapy? If so please let us know the therapist's name, title, and contact information? Will you need to schedule therapy services for the school day?

\_\_\_\_\_  
\_\_\_\_\_

Would there be any restrictions to playing or activities?

\_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_ ( One custodial parent/guardian must sign.)

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

Parent/Guardian's Name: \_\_\_\_\_

Parent/Guardian's Signature: \_\_\_\_\_