

*Kiddee Korner Management Corporation  
Corporate Offices*

Site 1: 304 Martin Luther King Drive, NJ 07305 | Tel: (201) 432-6995 or (201) 432-1338 | Fax: (201) 432-6995  
 Site 2: 8-10 Clifton Place, Jersey City, NJ 07304 | Tel: (201) 435-1899 or (201) 435-1901 | Fax: (201) 435-1977

## ENROLLMENT FORM

Parent(s) Information					
LAST	FIRST	MI	LAST	FIRST	MI
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
RELATION	SSN		RELATION	SSN	
<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>	
ADDRESS 1			ADDRESS 1		
<input type="text"/>			<input type="text"/>		
ADDRESS 2			ADDRESS 2		
<input type="text"/>			<input type="text"/>		
CITY	STATE	ZIP	CITY	STATE	ZIP
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
HOME PHONE	WORK	EXT	HOME PHONE	WORK	EXT
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
CELL	EMAIL		CELL	EMAIL	
<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>	

Child(ren) Information					
LAST	FIRST	MI	LAST	FIRST	MI
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
SEX	ETHNICITY	BIRTHDAY	SEX	ETHNICITY	BIRTHDAY
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
EMG CONTACT	EMG PHONE		EMG CONTACT	EMG PHONE	
<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>	
EMG CONTACT	EMG PHONE		EMG CONTACT	EMG PHONE	
<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>	
DR'S NAME	DR'S PHONE		DR'S NAME	DR'S PHONE	
<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>	
INS PROVIDER	POLICY		INS PROVIDER	POLICY	
<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>	
BLOOD TYPE	LAST PHYSICAL		BLOOD TYPE	LAST PHYSICAL	
<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>	
ALLERGIES			ALLERGIES		
<input type="text"/>			<input type="text"/>		

EMERGENCY AUTHORIZATION	
<p>State Law requires that we have written authorization from a child's legal guardian to seek medical help in the event of a medical emergency. Signing the statement at the bottom of this letter will provide us with that authorization.</p> <p>Our policy, in the event of a medical emergency is to contact you first. If we can't contact you, we will try to contact any others you may designate. In the event that we are unable to contact you or your designated representative(s), or if the medical emergency warrants immediate response, we will act, on your behalf and in the best interests of the child.</p> <p>Please sign here: _____, _____</p> <p style="text-align: center;">Signature <span style="margin-left: 200px;">Date</span></p>	

OFFICE USE ONLY		
Tuition:\$ _____	Classroom: _____	Enrolled: _____
Billing Cycle: _____	Program: _____	

## CHILD CARE EMERGENCY CONTACT INFORMATION

Child's name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Parent/Guardian # 1: \_\_\_\_\_

Telephone Numbers: Home (    ) \_\_\_\_\_ Work: (    ) \_\_\_\_\_

Parent/Guardian # 2: \_\_\_\_\_

Telephone Numbers: Home (    ) \_\_\_\_\_ Work: (    ) \_\_\_\_\_

### **Emergency contacts to whom child may be released if parent/guardian is unavailable:**

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

Telephone Numbers: Home (    ) \_\_\_\_\_ WORK: (    ) \_\_\_\_\_

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

Telephone Numbers: Home (    ) \_\_\_\_\_ Work: (    ) \_\_\_\_\_

### **Child's Health Care Provider**

Name: \_\_\_\_\_ Phone#: (    ) \_\_\_\_\_

Address: \_\_\_\_\_

### **Child's Health Insurance**

Name of Insurance Plan: \_\_\_\_\_ ID#: \_\_\_\_\_

Subscriber's name on insurance card \_\_\_\_\_

### **List special conditions, disabilities, allergies or medical information for emergency situations:**

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

### **List preference for transport arrangements in an emergency situation (*Parents/guardians are responsible for all emergency transportation charges*):**

Hospital Preference: 1st Choice: \_\_\_\_\_

2<sup>nd</sup> Choice: \_\_\_\_\_

### **Parent/Guardian Consent and Agreement for Emergencies**

As parent/guardian, I give consent to have my child, \_\_\_\_\_, receive First Aid by a childcare staff, and if necessary, for the child to be transported to receive emergency care. I also authorize the director or director designee to contact my child's health care provider to alert him/her to my child's situation. I understand that I will be responsible for all charges not covered by insurance. I give consent for the emergency contact person listed above to act on my behalf until I am available. I agree to review and update this information whenever a change occurs and at least every 6 months. In the event of accidental poisoning, I agree that my child may receive Syrup of IPECAC if, and as, directed by the Poison Control Center.

Parent/Guardian Signature #1 \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature #2 \_\_\_\_\_ Date: \_\_\_\_\_

**DATE:** \_\_\_\_\_

**CHILD'S NAME:** \_\_\_\_\_

Dear Parent:

When you bring your child to the center, be sure to leave the name of the person or persons who will be responsible for picking up your child. All children must arrive and be picked up on time. Please list as many people as you wish.

**PERSONS WHO WILL PICK UP THE CHILD:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

**GENERAL INFORMATION TO PARENTS**  
(N.J.A.C. 10:122)

1. The center is open Monday through Friday from 7:30am to 5:30pm.
2. The center will be open all year round except for the following holidays:

Labor Day	New Year's Day
Thanksgiving Day	Martin Luther King's Birthday
Friday after Thanksgiving	President's Day
Christmas Eve	Good Friday
Christmas Day	Memorial Day
The day after Christmas	July 4 <sup>th</sup>
Snow Days	
3. If you do not bring your child to the center because you are off from work, or any other reason, please call Kiddee Korner at (201)435-1899/(201)516-8500 before 9:00am and inform the teacher. It is essential for us to know in the morning how many children will be present for breakfast and lunch.

**LATE PICK UP FEE**

5:35 p.m.....\$ 5.00	6:05 p.m..... \$30.00
5:40 p.m.....\$10.00	6:10 p.m..... \$35.00
5:45 p.m.....\$15.00	6:15 p.m..... \$40.00
5:50 p.m.....\$20.00	6:20 p.m..... \$45.00
6:00 p.m.....\$25.00	6:25 p.m..... \$50.00

This fee is for the caregiver(s) who have to provide supervision to your child. If you are late, please make arrangements with another person to pick up your child on time. Please be aware of the following state requirement:

“Whenever the custodial parent(s) and/or other person(s) fails to pick up the child one hour or more after closing time, and provided that the center staff members have been unable to make other arrangements for returning the child to his/her custodial parent(s), a center staff member shall call the Division’s 24-hour child Abuse Hotline (1-800-792-8610) to seek assistance in caring for the child until his/her parent(s) is available to care for the child.”

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_

10:122-6-8 Parent and Community participation  
May be signed by parents to authorize walking trip participation

### **BLANKET PERMISSION FOR WALKING TRIPS**

I hereby give permission for my child (name) \_\_\_\_\_ to participate in walking in the neighborhood around Kiddee Korner Day Care Center.

I understand that the walking route includes no safety hazards and that the walk will not involve entrance into any facility other than the following:

- Supermarket
- Post Office
- Fire Station
- Library
- McDonalds

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### **BLANKET PERMISSION FOR FIELD TRIPS**

Date: \_\_\_\_\_

I give my son/daughter \_\_\_\_\_ permission to participate in any local or bus trips that take place during the hours that the school is open. I understand that I will be informed at least one (1) day in advance of any bus trips. I also understand that there will be adequate adult supervision on all trips.

I release Kiddee Korner Day Care Center of liability in case of accident.

Signature \_\_\_\_\_

**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. 10:122), 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 this written statement, prepared by the Office of Licensing, Child Care & Youth Residential Licensing, in the Department of Children and Families (DCF). In keeping with this requirement, the center must secure every parent's signature attesting to his/her receipt of the information.

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Our center is required by the State Child Care Center Licensing law to be licensed by the Office of Licensing, 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/lifesafety; 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 secure a copy of the Manual of Requirements by sending a check or money order for \$5 made payable to the "Treasurer, State of New Jersey", and mailing it to: NJ Department of Children and Families, 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 Office of Licensing's Inspection/Violation Reports on the center, which are issued after every State licensing inspection of our center. If there is a licensing complaint investigation, you are also entitled to review the Office'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.

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 Office 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 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 to periodically review the Department of Law and Public Safety (DLPS), Division of Consumer Affairs (DCA), unsafe children's products list, make the list accessible to staff and parents, and ensure that items on the list are not at the center. The list is available at [www.state.nj.us/lps/ca/recall/recalls.htm](http://www.state.nj.us/lps/ca/recall/recalls.htm). Internet access may be available at your local library. For more information call the DLPS, DCA, toll-free at 1(800) 242-5846.

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 Child Abuse Hotline, toll free at 1 (877) NJ ABUSE. 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.nj.gov/dcf](http://www.nj.gov/dcf) and select Publications.

OOL4/17/08

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**\*\*\*Refer to Kiddee Korner Parent Handbook provided to you along with this enrollment package for the above stated policies and other rules and regulations of the center.\*\*\***

Date: \_\_\_\_\_

**TO: KIDDEE KORNER DAY CARE PARENTS**

To Whom It May Concern:

This is to certify that I, \_\_\_\_\_, parent of \_\_\_\_\_,  
(Parent/Guardian) (Child's Name)

have received the INFORMATION TO PARENTS as prescribed by the NJ Bureau of Licensing,  
Division of Youth and Family Services (N.J.A.C. 10:122). This written information contains:

PARENTS VISITATION RIGHTS

N.J. STATE LICENSING REQUIREMENTS

CHILD ABUSE /NEGLECT REPORTING REQUIRMENTS

Signature: \_\_\_\_\_  
(Parent/Guardian)