

**LINWOOD NURSERY SCHOOL
REGISTRATION AGREEMENT
2018-2019**



Before your child begins attending Linwood Nursery School, we ask that you read the following list of rules and policies that have been set for the 2018-2019 school year. Sign below and return this form to us along with your application. Your signature demonstrates to us that you do understand and comprehend your obligations and agree to uphold them.

1. Linwood Nursery School shall adopt a non-discriminatory admission policy as to race, color, creed, or sex. This pertains to the admission of students and to the hiring of staff.
2. I understand that I am responsible to pay a non-refundable \$100.00 registration fee as part of my registration to Linwood Nursery School (this fee is \$50 for any subsequent child in the same family for the same year). Any enrollment after January 1st will only require a \$50 non-refundable fee. The fee is applicable for the entire school year. Once this fee is paid, whether or not your child attends Linwood Nursery School, your family will be placed on our Alumni list. If you are on a waiting list, you are not responsible to pay the registration fee until you are notified that a spot has opened up in your desired class.
3. Tuition for the 2018-2019 school year will be \$200 for our 2 Day class and \$275 for our 3 Day class. Full tuition will be charged for each child enrolled in Linwood Nursery School regardless of how many siblings are enrolled.
4. I understand that I am responsible to pay my tuition on or before the 1st day of each month and is due one month in advance. Any exceptions to this will be given in writing. If I am behind on my payments by more than 1 month, my child will not be allowed to attend Linwood Nursery School until payment has been made. If I am having difficulties paying tuition, I should contact the Treasurer or President.
5. Any tuition received by the Treasurer after the 1st of the month will be assessed a \$25 late fee due within seven (7) days to LNS. If a tuition check is returned due to insufficient funds, all bank charges must be paid by the parents within 7 days, not by LNS. Also, any check that is returned is subject to the \$25 late fee.
6. A child must be three (3) years of age on or before October 1st to be admitted to the 2 Day Class. A child must be four (4) on or before October 1st to be admitted to the 3 Day Class. Exceptions to 3 Day Class admission will be made for children that turn 4 prior to December 1st. Each request will be handled on a case-by-case basis. The child will undergo a mandatory evaluation. Upon completion of the evaluation, the Head Teacher will make a FINAL DETERMINATION. Four year olds may be placed in the 2 Day Class. No Child may enter the 2 Day Class if they turn five (5) before February 1st of the school year.
7. I understand that I will not be refunded for days missed for any reason.
8. I understand that I should inform the Business Administrator, teacher and Registrar of address or telephone changes or family changes that would involve the child attending Linwood Nursery School.
9. I understand that my child will be released only to an authorized person who I have placed on the Application for Enrollment Section 5: *Emergency Contact/ Authorized Pick-up Information* for the current school year. If any changes need to be made, a new *Section 5: Emergency Information* must be completed and returned to the Business Administrator.
10. There may be a waiting list for admission to Linwood Nursery School. This waiting list will be compiled on a first-come-first-serve basis. Any Linwood Nursery School alumni or in-house family contacting our school after their assigned enrollment period will be forgoing their in-house or alumni status and will be subject to a first-come-first-serve placement.
11. If a parent wants to switch a child from one session over to another, the child's name will be placed at the end of the current waiting list for the session desired.
12. I understand that it is my responsibility to return all forms, including this agreement, to the Registrar no later than the specified dates. I further understand that my child may not attend Linwood Nursery School, even one day, unless the Health Form (attached to this application) with a copy of your child's up-to-date immunization record has been returned to the school.
13. I understand that I will be required to participate on my scheduled days. Once assigned, it is my responsibility to switch with another parent.
14. I understand that forms and applications must be returned each year whether or not the child has attended Linwood Nursery School before.
15. I understand that the Parents Only Orientation will be held in August (date to be announced). It is mandatory that at least one parent attend this Orientation. At this time, I will be required to make September's tuition payment, if not already paid, as well as complete any necessary paperwork. The President, Treasurer, Business Administrator and Teachers will disseminate information during this Orientation.
16. I understand that I am required to actively participate on one school committee. I am also required to participate in one Public Relations community event per school year.
17. I understand that I am required to actively participate in all Linwood Nursery School Fundraising events (usually 2-3 per school year). If I choose not to participate, an assessment fee can be paid in place of my participation. This amount can vary depending on the fund raiser.

Parent/Guardian Signature

Date

Print name

Notary

Date

**LINWOOD NURSERY SCHOOL
APPLICATION FOR ENROLLMENT**

Session Choice:

2 Day
T-Th 9am-12pm

3 Day (half day)
M-W-F 9am-12pm

3 Day (full day)
MWF 9am – 2pm

Section 1: Child's Information

Full Name _____

Address _____

Date of Birth _____ Telephone _____

Section 2: Parent/Guardian Information

Parent/Guardian #1 _____

Address (if different from child) _____

Phone Numbers: Home _____ Cell _____

E-mail _____

Employer Information _____

Address/Phone _____

Parent/Guardian #2 _____

Address (if different from child) _____

Phone Numbers: Home _____ Cell _____

E-mail _____

Employer Information _____

Address/Phone _____

Section 3: Sibling Information

Name _____ Birthday _____

Name _____ Birthday _____

Name _____ Birthday _____

Name _____ Birthday _____

Section 4: Medical Information

Pediatrician _____

Address/Phone _____

Any Conditions/Handicaps _____

Allergies ___ No ___ Yes

If Yes, please list and answer the following:

____ My child is permitted to eat snack provided by the Participation parent each day.

____ My child will be permitted to eat only the fresh fruit/vegetables provided by the Participation parent.

____ My child will be permitted to eat NO snacks provided by the other parents and I will supply a snack for my child each day.

A complete explanation of Linwood Nursery School's Allergy policy is available upon request or on the school's website.

When your child is ill or contagious you are required to keep him/her home until the condition cannot be transferred to another child or teacher. A full explanation of Linwood Nursery School's policy on Communicable Disease is available upon request and on our website.

*I understand that it is Linwood Nursery School's policy **not** to administer medications under any routine circumstances except for an inhaler or EpiPen as prescribed by a physician. A full explanation of Linwood Nursery School's policy on Administration of Medication is available upon request and on our website.*

____ *(initial)* Attached to this Application for Enrollment is a blank Universal Health Form. This form must be completed by the child's physician and be returned with a current record of your child's immunizations. Your child will not be able to attend any classes until this is fulfilled. A complete explanation of the State of New Jersey immunization policy is available upon request and on Linwood Nursery School's website.

____ *(initial)* The State of New Jersey has changed the vaccine requirements for all children attending a state licensed child care/preschool facility. As of September 1, 2008 all children between 12-59 months of age are required to receive at least one dose of influenza vaccine between September 1st and December 31st of each year. A chart showing a detailed list of all immunization requirements is available upon request or on our website.

Section 5: Emergency Contact/Authorized Pick-up Information

Please list person(s) to be contacted in case of emergency and if the parent/guardian(s) are unavailable these individuals are the only individuals that your child will be released to (unless previous permission has been received):

1. N a m e a n d R e l a t i o n s h i p t o
child _____

Phone number(s) _____

2. N a m e a n d R e l a t i o n s h i p t o
child _____

Phone number(s) _____

3. N a m e a n d R e l a t i o n s h i p t o
child _____

Phone number(s) _____

____ (initial) In compliance with State requirements, Linwood Nursery School's Late Pick-up plan is as follows: First, the parent(s)/legal guardian will be contacted. If unable to reach them, the Emergency Phone number will be called. If unavailable to reach this number after one hour, DYFS (-800-792-8610) will be notified.

Section 6: Emergency Medical Treatment Authorization

____ (initial) As parent/guardian, I give consent to have my child, _____, receive first aid by the child care staff, and if necessary, be transported to receive emergency care. I also authorize the Head Teacher 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 have 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.

____ (initial) In keeping with New Jersey's child care center licensing requirements, we are obligated to provide you, as the parent/legal guardian of a child enrolled at your school, with this informational statement. The statement highlights, among other things: your right to visit and observe our center at any time without having to secure prior permission; the school's obligation to be licensed and to comply with licensing standards; and the obligation of all citizens to report suspected child abuse/neglect/exploitation to the State's Division of Youth and Family Services (DYFS).

Parent/guardian Signature _____

Date _____

Notary _____ Date _____

Instructions for completing this application:

1. Read and sign the Registration Agreement.
2. Fully complete the Application for Enrollment
3. THIS APPLICATION FORM MUST BE ACCOMPANIED BY A NON-REFUNDABLE REGISTRATION FEE OF \$100.00.
4. PLEASE RETURN TO THE ADDRESS BELOW (if you are returning this application after Registration Night.)
5. Please complete the attached *Teacher's Information Form, Parent Committee and Criminal Conviction Notices*.
6. If you have any questions concerning the registration form/process, please contact the Registrar at the telephone number below.
7. If you are unable to contact a Notary Public, one will be present at Registration Night and Parent Orientation. Those that are signing must be present in order to obtain Notary services. Please be aware that your application is not considered complete without being notarized.

Registrar: Shanna Gardner
207 Wabash Ave.
Linwood, NJ 08221
Phone: (609) 560-1768

**LINWOOD NURSERY SCHOOL
CRIMINAL CONVICTION NOTICE**
(Both Names Must Be Notarized Separately)

This form is required because you will be directly in contact with your child's class on your mandatory Participation day. The State requires this form be completed and kept on file.

CHILD'S NAME: _____

FATHER'S NAME: (Print) _____

Are you this child's Legal Guardian? _____ Yes _____ No

Have you ever been convicted of a crime (exclusive of parking and minor traffic violations) in the Courts of this state or any other state, territory, or country?

_____ Yes _____ No If Yes, please explain:

Father's Signature: _____ Date: _____

Notary _____ Date: _____



MOTHER'S NAME: (Print) _____

Are you this child's Legal Guardian? _____ Yes _____ No

Have you ever been convicted of a crime (exclusive of parking and minor traffic violations) in the Courts of this state or any other state, territory, or country?

_____ Yes _____ No If Yes, please explain:

Mother's Signature: _____ Date: _____

Notary _____ Date: _____

LINWOOD NURSERY SCHOOL PARENT COMMITTEES

As a co-operative, your participation in the classroom on a rotating basis is mandatory. Your attendance at monthly parent workshops is mandatory. These are planned to coincide with your child's school hours. Additionally, each family is required to undertake a position as either a board member or committee person. Board positions require attendance at a monthly evening meeting. Some committee positions require more time and involvement than others.

The following is a listing of positions. Please check three jobs in order of preference.

Parent's Name: _____

Cell #: _____ Home # (if different than cell): _____

Email: _____

Child's Name: _____

Class: _____

Alumni? Yes or No Past Position(s): _____

All Chairperson Positions are marked with CP and are on the Board of Directors

_____ **President (CP)** The President is the spokesperson for the school, the liaison between the school and the church. He/She runs the monthly Board meetings. This position is basically a manager. If you have managerial experience, this is the right spot for you.

_____ **Vice-President/ Personnel (CP)** The VP assists the President in whatever he/she may require. The responsibilities are largely administrative so access to a computer is a pre-requisite. Also serves as a liaison between teachers, Business Administrator, and Board, such as negotiating employee contracts.

_____ **Secretary (CP)** Responsible for taking, typing and distributing minutes from monthly Board Meetings.

_____ **Treasurer (CP)** Responsible for collecting, depositing and recording tuition payments. Keeps record of registration money received. Makes other deposits when necessary.

_____ **Participation Chairpersons (1 CP per class)** Schedules classroom participation for parents, coordinates class orientation program, updates class parents at monthly workshops, and coordinates holiday parties. Serves as a liaison between the class and the Board.

_____ **Ways and Means (CP-2 chairs)** Coordinates and supervises all fund-raising activities.
_____ Committee Member

_____ **Equipment (CP)** Coordinates fall/spring clean-up of playground and maintains school equipment.

_____ **Registrar (CP)** Responsible for student enrollment, distributes applications, communicates school philosophy to new parents and organizes open house registration.

_____ **Education (CP)** Organizes educational programs for parents and children, submits articles for newsletters, and organizes field trips.

_____ Committee Member assisting with organizing field trips

_____ Committee Member assisting with submitting articles for monthly newsletter

_____ **Hospitality (CP)** Organizes refreshments for all school functions. Responsible for bringing information regarding potential charitable donations to the Board Meeting in October.

_____ Committee Member

_____ **Public Relations (CP)** Responsible for monthly newsletter publication and distribution to families. Coordinates all advertising by contacting the local newspaper as necessary. Relay website information to committee member.

_____ Committee Member – to update website as needed and is also responsible for any public relations that would benefit Linwood Nursery School.

_____ **Purchasing (CP)** Responsible for all school purchases. Coordinates with teachers to maintain an adequate level of school supplies.

_____ **Personnel** (CP) Serves as a liaison between teachers, Business Administrator, and Board, such as negotiating employee contracts

**LINWOOD NURSERY SCHOOL
TEACHERS' INFORMATION FORM**

Name of Child: _____

DOB: _____

Name you wish child to be called in school: _____

Class: 2 Day () 3Day – half day () 3 Day full day ()

Address: _____ Home Phone #: _____

Siblings:

Name _____ Age _____

Name _____ Age _____

Name _____ Age _____

Name _____ Age _____

Mother's Name _____ Mother's cell phone #: _____

Mother's educational background, profession, talents, etc.:

Father's Name _____ Father's cell phone #: _____

Father's educational background, profession, talents, etc.:

Child's Development

Toileting. Specify any difficulties: _____

Characteristic behavior-Describe your child's personality traits and general disposition:

Fears – (History and manifestations)

Juice and food allergies: _____

Special experience or interests:

What previous group experience has your child had? If there are any problems, please note here:

Is there information about your child that will enable us to better understand him/her?

Has your child displayed a tendency to right or left-handedness? _____

Dear Parents,

Linwood Nursery School has existed as a parent co-op for over 40 years. While we strive to maintain the integrity of our unique program, we understand that it is important to adapt to the current times. Over the years, we have come to realize that many grandparents care for their grandchildren during some or most of the work/school week. To that end, we are implementing a trial based change to our program that will allow a grandparent to participate on a family's scheduled participation day. Please keep in mind that anyone who participates at Linwood Nursery school must fill out and have the appropriate paperwork notarized. Also, all participants must be capable of playing and interacting with the children, setting up and cleaning up snack, and completing the simple cleaning checklist at the end of the school day. Linwood Nursery School reserves the right to revoke the participation privileges of grandparents if any of the above mentioned requirements are not upheld.

If you plan to have a grandparent participate at any point during the school year, please have the attached paperwork filled out and returned with your registration packet.

I understand that Linwood Nursery School is allowing grandparents to participate in the classroom on a trial basis and I understand that this participation can be revoked should any of the above mentioned requirements not be upheld.

Parent's Name (please print) _____

Parent's Signature _____

Date _____

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This form is required because you will be directly in contact with your child's class on your mandatory Participation day. The State requires this form be completed and kept on file.

CHILD'S NAME: _____

Grandparent's Name: _____

Are you this child's Legal Guardian? _____ Yes _____ No

Have you ever been convicted of a crime (exclusive of parking and minor traffic violations) in the Courts of this state or any other state, territory, or country?

_____ Yes _____ No If Yes, please explain:

Grandparent's Signature _____ Date: _____

Notary _____ Date: _____



Grandparent's Name: _____

Are you this child's Legal Guardian? _____ Yes _____ No

Have you ever been convicted of a crime (exclusive of parking and minor traffic violations) in the Courts of this state or any other state, territory, or country?

_____ Yes _____ No If Yes, please explain:

Grandparent's Signature: _____ Date: _____

Notary _____ Date: _____

Grandparent Information Sheet

- This sheet must be completed if you plan to have a grandparent participate in the classroom this year.

Grandparent #1 _____

Address (if different from child) _____

Phone Numbers: Home _____ Cell _____

E-mail _____

Employer Information _____

Address/Phone _____

Grandparent #2 _____

Address (if different from child) _____

Phone Numbers: Home _____ Cell _____

E-mail _____

Employer Information _____

Address/Phone _____