



Little Stages, LLC
60 Taylor Place
South Orange, NJ 07079
(973) 762-2679
Fax (973) 762-2669
info@littlestages.com
www.littlestages.com

Enrollment Contract

(Please print clearly and attached required documents)

Child's name _____ **Birth date** _____
First, middle and last name

Address _____ **Phone** _____
Include city & zip code

Anticipated start date: ___/___/___ **Specify days in care:** *Monday, Tuesday, Wednesday, Thursday, Friday*

Circle number of days in care: *2 days, 3 days, 5 days* ((days can be changed only when a space becomes available).

Please check-off the schedule that you need: (Full time and extended schedule can be coincide with days in care)

FT--- (8:30 am – 5:00pm) **Extended FT---** (7am – 6:30pm)

Mother's name _____ Home Phone # _____

Address _____ Work Phone # _____

Employer

Including full name and complete address

Driver's License # _____ Email Address _____

Mobile # _____ Alternate Emergency# _____

Father's name _____ Home Phone # _____

Address _____ Work Phone # _____

Employer

Including full name and complete address

Driver's License # _____ Email Address _____

Mobile # _____ Alternate Emergency# _____

Does your child live with both parents and anyone else at home? (No/Yes) (Name/relationship) _____

Does your child have or live with any siblings? (No/Yes) (Name & Age) _____

Any previous child care experience? Please explain _____

Please list any special problems, health related issues and/or dietary restrictions (i.e. allergies, recurrent illnesses and injuries, daily medical needs).

Please note below anything that we need to know about your child to encourage a smooth transition with care provider. Please describe temperament, behavior, eating habits, likes, fears and favorite things and people.

For Office Use only (New/Enrolled Families):

Child/Parent Visitation date: _____ Registration Fee & Tuition Deposit received _____

Child's Start Date: _____ all forms received & completed _____

Special need/medication form completed (attached) _____

Comment/Note _____



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Child's name: _____

Parent/Guardian Name: _____

**** (REQUIRED PRIOR TO ENROLLMENT)**

Authorized person and/or emergency contact to pick-up your child when parents are unreachable **Provide a copy of each person's driver's license for your child's folder.

(1)** Name/Address _____ Relationship to child _____

Home # _____ Work # _____ Mobile/Emergency # _____

(2)** Name/Address _____ Relationship to child _____

Home# _____ Work# _____ Mobile/Emergency # _____

****CHILD'S DOCTOR/PEDIATRICIAN**

Doctor's name _____ Phone# _____

Office Address _____

Affiliated Hospital & Address _____

Medical Insurance Coverage Info (attached copy for file) _____

- ✓ In the event of an emergency, I hereby authorize Little Stages to seek any necessary care and/or medical treatment. I understand that I am responsible for any and all incurred medical expenses (attached copy of insurance card)
- ✓ Little Stages has permission to have my child's photographs and videotapes solely for educational purposes and I am aware that my child's photo may be posted on Little Stages' secure website for parents' viewing only. My child is allowed to take neighborhood and bus field trips (with approval permission slip) and participate in water activities, non-toxic materials and play food with supervision and seasonal/outdoor activities.
- ✓ I have received the *tuition and fee schedules and agreed to the administrative charges. I am aware that my tuition pays for enrollment and not *attendance*. Therefore, we cannot guarantee your child's space for non- attendance and/nor non-payment. Weekly tuition payment is required before service is rendered. Any administrative fees for the month will be deducted from your deposit after each month of non-payment. I am aware that **No child care services will be provided after one week of any balance due.** I have received and concurred to the policies in the Parent Handbook.
- ✓ I understand there are no tuition or credit adjustments for (*vacations, sick days, inclement weather, holidays closings, and emergency closing). All tuition payments are required prior to any family vacation and/or time-off to prevent late payment charges. I am aware of all and any applicable administrative charges/recurring fees for late pick-up, early drop-off, non-contract added days, late tuition payment, attendance time-clock, fee for returned checks, insufficient funds on EFT, credit/debit cards
- ✓ I understand that in the event that I choose to relinquish my child's space during the summer months (June, July and/or August), any balance from my deposit will apply toward my last month of care. In addition, a **penalty fee of \$375 will be added to my last month's billing.** If space becomes available, at the time of re-enrollment, I am required include to include the new year's annual registration fee along with one week's deposit and 1st week's tuition before care begins.
- ✓ I am aware that **no deposit will be refunded** if I change my mind prior to my child's start date or withdraw my child enrollment before starting care with Little Stages. 100% of my deposit will be credited with a 4 weeks' withdrawal notice, only 50% of my deposits will be credited toward the last week of care with a **two-week withdrawal notice. No deposits will be refunded for any notices less than 2 weeks.** My child's space will not be held or guaranteed beyond 1 week of non-attendance and non-payment.
- ✓ I am responsible to provide **updated copies** of my child's annual physical examination, updated emergency contacts, TB test results & immunization records. I have enclosed a ***non-refundable annual registration fee of \$175 along with one week security deposit and the 1st week's tuition.** (*required for new families and re-enrolled families only) to guarantee a space for my child at Little Stages during which care begins on (_____).

I have read and concurred to abide by this enrollment contract. Please sign and return both copies.

Parent/Guardian signature/date _____

Parent/Guardian signature/date _____



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Dear Parents,

Thank you for your interest in joining **Little Stages**. Our goal is to provide your child quality care in a nurturing, family-oriented, safe and loving environment. We remain in compliance with the Department of Licensing, by having the minimum staff to child ratio and ensuring our core standards and mission reflect that of NAEYC (National Association for the Education of Young Children) for accreditation. We will work as a team to ensure that your child's experience is always fulfilled with lots of fun.

Prior to enrollment, we encourage your family to visit our facility with your child. To guarantee your child's space, we are required to have the attached enrollment form, a **\$175 non-refundable registration fee, with a one-week security deposit and the 1st week's tuition**. Upon enrollment, you and your child will have the opportunity to spend some time with us, observing and getting to know his/her new environment and care provider (s). We do encourage all new families to take part during this transitional time which will give you more comfort.

After your enrollment, you will receive other state mandated documentation including the Universal Child Health Record/NJDHSS Child Care Center Immunization Record, parents' tuition and schedule contract, Holiday & Closing Schedule, along with our Family Policy & Procedure Guidebook for your review and consent.

Please contact me with any questions or concerns that you may have. You can always visit us on the web at www.littlestages.com. Again, thank you for your interest in joining **Little Stages** family and we look forward to a wonderful relationship with you and your child.

Attachment (s)

Regards,

Guerlyne Nicolas-Millington
Program Administrator



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Acknowledgement of Information to Parent Statement

Dear Parents,

In keeping with the State of New Jersey's Child Care requirements, we are obligated to provide you as the parent(s) of a child enrolled at the Little Stages with this information statement.

The statement highlights, as the parent handbook the following requirements: your right to visit and observe Little Stages at anytime without having to secure prior permission. We are required to comply with licensing/ registered standards, obligations of all citizens to report suspected child abuse/neglect/exploitation to the State's Division of Youth and Family Services (DYFS).

Please read the attached statement and information to parent sheet carefully and sign both copies below, one for your record and one for your child's file. Please do not hesitate to communicate any concerns or questions that you may have regarding the attached document at (973) 762-2679.

Sincerely,

Querlyne Nicolas-Millington
Program Administrator
Attachment (1)

Please print your child and your name and signature below ***(keep for your records)***

Child's name: _____

Parent's name: _____

I have read and received a copy of the **Information to Parent** statement prepared by the Bureau of Licensing in the Division of Youth and Family Services.

Signature: _____ **Date:** _____

✂ _____

Please print your child and your name and signature below & ***return this portion:***

Child's name: _____

Parent's name: _____

I have read and received a copy of the **Information to Parent** statement prepared by the Bureau of Licensing in the Division of Youth and Family Services.

Signature: _____ **Date:** _____



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Emergency Contact/Authorized Pick-up & Drop-off Form

It's that time of the year again, where we need to gather updated parent emergency contacts information for your child. In order to remain in compliance with the Office of Licensing, we require at least 2 additional emergency contacts on file in addition to both parents/guardians contact information. These 2 designated individual will be contact in the event of an emergency where neither parents/guardian are available. All individual who are authorized to pick-up and drop off your child are required to carry and bring to the center a form of legal/state photo identification (i.e. unexpired state driver's license, passport, employee/student identification).

For the safety of our children, you must advise us immediately in case these emergency or designated individuals are no longer allowed to pick-up and/or drop off your child. Also, please **do not share the front door code** with your emergency contacts unless they are regularly picking up and/or dropping off your child (i.e. nanny, sitter, grandparents, neighbor, siblings, etc.). We thank you for your full cooperation with this matter as we work together for the well-being and safety of our children here at Little Stages. **(Pls. attach photo/documents if available).**

Child (ren) full name (print): _____
Parent's full name (print): _____
Home telephone # (_____) _____

Mother's work # (_____) _____
Mother's work address _____
Mother's mobile (_____) _____
Mother's email address _____

Father's work # (_____) _____
Father's work address _____
Father's mobile (_____) _____
Father's email address _____

Designated Emergency Contacts/Person authorized to pick-up and/or drop-off your child (ren):

(Minimum 2 individuals who are able to care for your child when and if you're unreachable)

- | | |
|--|---|
| 1. Name: _____
Home: _____
Cell#: _____
Relationship to child: _____ | 2. Name: _____
Home: _____
Cell #: _____
Relationship to child: _____ |
| 3. Name: _____
Home: _____
Cell#: _____
Relationship to child: _____ | 4. Name: _____
Home: _____
Cell #: _____
Relationship to child: _____ |

Child's Doctor/Pediatrician:
Doctor's name: _____ Telephone number (_____) _____
Doctor's office address: _____
Affiliated Hospital/Clinic: _____

Any dietary restrictions/allergies/health concerns that we need to you about your child (pls. explain):

Has your child's Pediatrician completed the (**green form- Universal Child Health Record** within the year?) Yes/ No (If not, please request a new form to ensure that we have your child's current health record on file at all times). *Thank you for your prompt attention and cooperation!*