



540-542 Union Ave., Belleville, NJ 07109
Office: 973.759.2223 Fax: 973.759.2292

2017-2018 School Year Registration Form

Student Information

Child's Name: _____
First Middle Last

Date of Birth _____/_____/_____

Home Address _____
Street

Home Phone # (City) _____ State Zip code

If Legal guardian, please print name _____ Relation to child _____

I hereby grant permission for my child to use all play equipment and participate in all activities of Big Smiles Learning and Care. _____
Initials

I hereby grant permission for my child to be included in research, evaluation, and pictures connected with the center. _____
Initials

Parent Information

Please indicate if any of the following information has changed. List new information in the space provided.

- Name/Address/Phone (home and cell): _____
- Work Information – Name/Address/Phone _____
- Emergency Contact Information _____

Emergency Contacts & Allowed Pick- Up List (Please attach an additional list if necessary)

Name (Please Print)	Relation to child	Phone Number	Pick Up?	Emergency Contact?
1				
2				



540-542 Union Ave., Belleville, NJ 07109
Office: 973.759.2223 Fax: 973.759.2292

MEDICAL EMERGENCY INFORMATION

In case of emergency (sudden illness or accident), please provide us with where we may be contacted during school hours, and name of your family physician. If you or your physician can not be reached within a reasonable time, **we will contact 911.**

Please list below where you can be contacted during school hours and the name and telephone number of your family physician.

Contact Parent _____ Phone # _____

Physician _____ Phone # _____

Hospital Affiliation _____

HEALTH INSURANCE INFORMATION

Please indicate any changes in the space provided:

Name of Person (S) Insured _____

Name of Insurance Carrier _____

Identification / Policy Number _____

I have read and understand the above statement concerning procedures to be allowed in the event of medical emergency. I consent to this procedure and further agree that I will be responsible for payment of all medical bills incurred.

Signature: _____

Date: _____

Please give an overall statement about your child's health, indicating any changes since last registration (i.e.: allergies, injuries, illness)



540-542 Union Ave., Belleville, NJ 07109
 Office: 973.759.2223 Fax: 973.759.2292

CONTRACT FOR ENROLLMENT AND PARENT AGREEMENT

FULL-TIME (5 days per week)

- INFANTS* (5 mos to 15 mos)
- TODDLERS* (1y 4m to 2½ yrs)
- PRESCHOOL/Pre-K* (2 ½ yr to 5 yr)
- BEFORE AND AFTER SCHOOL*

PART-TIME

- WEEKLY* (max. 4 hrs. per day)
- DAILY* (min. 3 days per week)
Infant,, Toddler, Preschool/Pre-K
Before and After Care

Payment Options –

- Monthly:** 1st of each month (Late fee of \$25 if tuition is not received by the 7th of each month)
- Weekly:** Tuesday of each week (Late fee of \$25 per week if not received by Tuesday of each week)

Cash, Check, Credit/Debit card (in person or over the phone) are all accepted forms of payment.

Siblings enrolled at 40 hours or above will receive a 10 % discount off of their weekly tuition if all family members are enrolled (the lesser of the tuition prices will be discounted). The **CONTRACT FOR ENROLLMENT AND PARENT AGREEMENT** must be completed, signed and returned. *Please be aware, our prices are subject to change without prior notice.

Contract for enrollment of _____ Date: _____
 Child's Name

Schedule Selected: Days _____ Hours _____ Payment Option Selected: _____

Parent Obligations

- ✓ **Big Smiles Learning and Care operates on a weekly tuition basis.** Child care tuition fees are based on the schedule chosen and the number of days needed each week. Weekly tuition remains the same whether your child attends or not. Unless approved due to certain circumstances (extended hospital stay, etc.), WE DO NOT CREDIT SICK DAYS. For Part-time students, we do not make up days or swap days.
- ✓ **Late Pick-up fee will be charged as follows:** \$15.00 per every 15 minutes after 6:30pm, or any portion thereof.



540-542 Union Ave., Belleville, NJ 07109
Office: 973.759.2223 Fax: 973.759.2292

PLEASE READ AND SIGN

I hereby comply with the rules and the regulations of Big Smiles Learning and Care regarding fees, attendance, health, clothing, and other items specified in the Big Smiles Learning and Care Parent Handbook issued by the center.

There are no refunds or credits in the events of school vacations, inclement weather, or center closings.

I am aware of the schedule of closed school holidays. I also agree to notify the center two weeks in advance of withdrawal of my child, should such an event occur, or pay the difference of those two weeks. I further understand that my payments fall more than two weeks behind, my child will be subject to expulsion from Big Smiles Learning and Care.

Big Smiles Learning and Care will not be responsible for anything that may happen as a result of false information given at the time of enrollment. The center will not assume any responsibility for a child who has not been properly registered or immunized.

Mother / Guardian _____

Date_____

Father / Guardian _____

Date_____