



FOR EARLY CHILDHOOD EDUCATION

ENROLLMENT AGREEMENT

| | | | |
|---|--|---|---|
| NAME OF CHILD _____ | | | DATE OF ENROLLMENT _____ |
| MONTHLY TUITION _____ | CHILD'S SCHEDULE M T W TH F | FULL TIME PART TIME | ARRIVAL TIME: _____ DEPARTURE TIME: _____ |
| IN ADDITION TO THE PARENT/GUARDIAN, PLEASE NAME THREE (3) INDIVIDUALS TO WHOM THE CHILD CAN BE RELEASED: | | | |
| NAME: _____ | | | |
| NAME: _____ | | | |
| NAME: _____ | | | |
| SERVICES TO BE PROVIDED AS PART OF TUITION (CHECK ALL THAT APPLY): | | | |
| <input type="checkbox"/> Infant Child Care & Education | <input type="checkbox"/> Toddler Child Care & Education | <input type="checkbox"/> Preschool/Pre-K Child Care & Education | |
| <input type="checkbox"/> School Age Child Care & Education | <input type="checkbox"/> Child Development Reports to Parent | <input type="checkbox"/> Organic Snacks | |
| SERVICES TO BE PROVIDED AT AN ADDITIONAL FEE (CHECK ALL THAT APPLY): | | | |
| <input type="checkbox"/> Extra Days | <input type="checkbox"/> Transportation | <input type="checkbox"/> Summer Activity Fee | <input type="checkbox"/> Swim Fee <input type="checkbox"/> Field Trip Fee |
| PHOTO/VIDEO RELEASE - I grant permission to The Malvern School to use photographs and/or video of the above named child in publications, advertising, social media, online and in other communications related to school programming and special events. <input type="checkbox"/> YES <input type="checkbox"/> NO | | | |
| TADPOLES PHOTO RELEASE - I grant permission to The Malvern School to upload photographs and/or video of the above named child in the internal digital communications platform, Tadpoles. <input type="checkbox"/> YES <input type="checkbox"/> NO | | | |

ENROLLMENT POLICIES

TUITION AND PAYMENT

1. There is a non-refundable \$100 registration fee due at the time of registration which is valid for one year from the registration date. In addition, there is an annual re-registration fee of \$100 which is billed each September.
2. Tuition is due on or before the 1st of each month. Payments received after the 5th are subject to a \$25 late fee. Additional weekly charges will incur until payment is received. There is a \$25 fee for any returned checks or declined credit cards or other electronic transactions.
3. Your tuition will change in the event of a schedule change. A two-week notice is required.
4. We require a valid credit card to be kept on file to be used in the event of non-payment.
5. There is a 2% convenience fee for any payment made via debit or credit card.

OPERATIONS

1. The Malvern School is open Monday through Friday. We are closed for holidays and in-service days as listed in the Parent Handbook.
2. There is no refund or a reduced tuition rate for holidays, illnesses, vacation, inclement weather days, natural disasters, acts of God, government or medically directed/ordered closure or quarantine, or other events outside the control of The Malvern School.
3. Switching days of attendance is not allowed. You may add days for an additional fee and with at least a 24-hour notice to the Director. Additional days are based on availability. See your Director for more details including tuition rates.
4. There will be a late fee charged for children not picked up by the school's identified closing time. The fee is \$20 for a 15-minute period. An additional \$5 per every 5 minutes will be charged thereafter. Please see the Parent Handbook for details.

INCLUSION, WITHDRAWAL AND DISMISSAL

1. Parents agree to the inclusion policy and the requirements outlined in the Parent Handbook.
2. A 30-day written notice to the Director is required to withdraw from the program. If a 30-day notice is not given, the parent will be charged for that time period.
3. The Malvern School reserves the right to deny, cancel, or suspend a child's enrollment if it is deemed in the best interest of the child or the school, or for non-payment.
4. In the event of a leave of absence is needed, there is a required deposit. See Director for details.
5. Children who become ill while at The Malvern School must be picked up immediately. By law, children who are ill are not able to attend the program. Please reference the health policies in the Parent Handbook. If your child is absent due to illness, please notify the school by 9am.

- I have read the above Enrollment Policies and agree to abide by its conditions. I have received the original of this document and a copy of The Malvern School Handbook, which includes the details of all policies put forth by The Malvern School.
- I have received and read the WatchMeGrow Acknowledgement and Consent Form at the time of enrollment.
- I received written program information at the time of enrollment.
- I agree to provide updated emergency contact information and update my child's profile sheet every six months or as changes occur.

Parent Signature and Date _____

Director Signature and Date _____

Six Month Review - Parent Signature and Date _____



FOR EARLY CHILDHOOD EDUCATION

ENROLLMENT APPLICATION

| | | |
|--------------------------------|---------------------------|--------------------|
| NAME OF CHILD | DATE OF BIRTH | DATE OF ENROLLMENT |
| ADDRESS | BEST EMAIL FOR SCHOOL USE | |
| PARENT NAME/LEGAL GUARDIAN | HOME PHONE | |
| ADDRESS | CELL PHONE | |
| WORK/BUSINESS NAME AND ADDRESS | WORK PHONE | |
| PARENT NAME/LEGAL GUARDIAN | HOME PHONE | |
| ADDRESS | CELL PHONE | |
| WORK/BUSINESS NAME AND ADDRESS | WORK PHONE | |

IN ADDITION TO PARENTS AND/OR LEGAL GUARDIANS, PLEASE NAME THREE EMERGENCY CONTACTS (REQUIRED TO PROVIDE THREE):

| | | |
|------|---------|--------------|
| NAME | ADDRESS | PHONE NUMBER |
| NAME | ADDRESS | PHONE NUMBER |
| NAME | ADDRESS | PHONE NUMBER |

IN ADDITION TO PARENTS AND/OR LEGAL GUARDIANS, PLEASE NAME THREE INDIVIDUALS TO WHOM THE CHILD CAN BE RELEASED

| | | |
|------|---------|--------------|
| NAME | ADDRESS | PHONE NUMBER |
| NAME | ADDRESS | PHONE NUMBER |
| NAME | ADDRESS | PHONE NUMBER |

MEDICAL INFORMATION (Please mark N/A if it does not apply)

| | | |
|--|-------------------------------|--------------|
| NAME OF MEDICAL CARE PROVIDER/PRIMARY CARE PHYSICIAN | ADDRESS | PHONE NUMBER |
| ALLERGIES (INCLUDING MEDICAL REACTIONS) | | |
| MEDICAL OR DIETARY INFORMATION NECESSARY IN AN EMERGENCY SITUATION | | |
| MEDICATION, SPECIAL CONDITIONS | SPECIAL DISABILITIES (IF ANY) | |
| ADDITIONAL INFORMATION REGARDING ANY SPECIAL NEEDS OF THE CHILD | | |
| HEALTH INSURANCE POLICY/MEDICAL ASSISTANCE | POLICY NUMBER (REQUIRED) | |

PARENTAL CONSENT (PLEASE SIGN EACH ITEM TO INDICATE PARENTAL CONSENT)

| | |
|-------------------------------|--------------------------------|
| OBTAIN EMERGENCY MEDICAL CARE | ADMINISTER FIRST AID |
| WALKS AND FIELD TRIPS | TRANSPORTATION TO THE FACILITY |
| SWIMMING (IF APPLICABLE) | WADING (IF APPLICABLE) |

| | |
|---|-------------|
| PARENT SIGNATURE _____ | DATE: _____ |
| PARENT SIGNATURE (6-MONTH REVIEW) _____ | DATE: _____ |

UNIVERSAL CHILD HEALTH RECORD

Endorsed by: American Academy of Pediatrics, New Jersey Chapter
New Jersey Academy of Family Physicians
New Jersey Department of Health

| SECTION I - TO BE COMPLETED BY PARENT(S) | | | |
|---|--|---|----------------------|
| Child's Name (Last) | (First) | Gender <input type="checkbox"/> Male <input type="checkbox"/> Female | Date of Birth / / |
| Does Child Have Health Insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No | If Yes, Name of Child's Health Insurance Carrier | | |
| Parent/Guardian Name | Home Telephone Number () - | Work Telephone/Cell Phone Number () - | |
| Parent/Guardian Name | Home Telephone Number () - | Work Telephone/Cell Phone Number () - | |
| <i>I give my consent for my child's Health Care Provider and Child Care Provider/School Nurse to discuss the information on this form.</i> | | | |
| Signature/Date | | This form may be released to WIC. <input type="checkbox"/> Yes <input type="checkbox"/> No | |

| SECTION II - TO BE COMPLETED BY HEALTH CARE PROVIDER | | | |
|--|--|--|--|
| Date of Physical Examination: | Results of physical examination normal? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Abnormalities Noted: | Weight (must be taken within 30 days for WIC) | | |
| | Height (must be taken within 30 days for WIC) | | |
| | Head Circumference (if <2 Years) | | |
| | Blood Pressure (if ≥3 Years) | | |

| | |
|----------------------|---|
| IMMUNIZATIONS | <input type="checkbox"/> Immunization Record Attached <input type="checkbox"/> Date Next Immunization Due: _____ |
|----------------------|---|

| MEDICAL CONDITIONS | | |
|--|--|----------|
| Chronic Medical Conditions/Related Surgeries • List medical conditions/ongoing surgical concerns: | <input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached | Comments |
| Medications/Treatments • List medications/treatments: | <input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached | Comments |
| Limitations to Physical Activity • List limitations/special considerations: | <input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached | Comments |
| Special Equipment Needs • List items necessary for daily activities | <input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached | Comments |
| Allergies/Sensitivities • List allergies: | <input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached | Comments |
| Special Diet/Vitamin & Mineral Supplements • List dietary specifications: | <input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached | Comments |
| Behavioral Issues/Mental Health Diagnosis • List behavioral/mental health issues/concerns: | <input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached | Comments |
| Emergency Plans • List emergency plan that might be needed and the sign/symptoms to watch for: | <input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached | Comments |

| PREVENTIVE HEALTH SCREENINGS | | | | | |
|--|----------------|--------------|----------------|----------------|------------------|
| Type Screening | Date Performed | Record Value | Type Screening | Date Performed | Note if Abnormal |
| Hgb/Hct | | | Hearing | | |
| Lead: <input type="checkbox"/> Capillary <input type="checkbox"/> Venous | | | Vision | | |
| TB (mm of Induration) | | | Dental | | |
| Other: | | | Developmental | | |
| Other: | | | Scoliosis | | |

| | |
|--|-----------------------------|
| <input type="checkbox"/> <i>I have examined the above student and reviewed his/her health history. It is my opinion that he/she is medically cleared to participate fully in all child care/school activities, including physical education and competitive contact sports, unless noted above.</i> | |
| Name of Health Care Provider (Print) | Health Care Provider Stamp: |
| Signature/Date | |

Instructions for Completing the Universal Child Health Record (CH-14)

Section 1 - Parent

Please have the parent/guardian complete the top section and sign the consent for the child care provider/school nurse to discuss any information on this form with the health care provider.

The WIC box needs to be checked only if this form is being sent to the WIC office. WIC is a supplemental nutrition program for Women, Infants and Children that provides nutritious foods, nutrition counseling, health care referrals and breast feeding support to income eligible families. For more information about WIC in your area call 1-800-328-3838.

Section 2 - Health Care Provider

1. Please enter the date of the physical exam that is being used to complete the form. Note significant abnormalities especially if the child needs treatment for that abnormality (e.g. creams for eczema; asthma medications for wheezing etc.)

- **Weight** - Please note pounds vs. kilograms. If the form is being used for WIC, the weight must have been taken within the last 30 days.
- **Height** - Please note inches vs. centimeters. If the form is being used for WIC, the height must have been taken within the last 30 days.
- **Head Circumference** - Only enter if the child is less than 2 years.
- **Blood Pressure** - Only enter if the child is 3 years or older.

2. **Immunization** - A copy of an immunization record may be copied and attached. If you need a blank form on which to enter the immunization dates, you can request a supply of Personal Immunization Record (IMM-9) cards from the New Jersey Department of Health, Vaccine Preventable Diseases Program at 609-826-4860. The Immunization record must be attached for the form to be valid.

- "Date next immunization is due" is optional but helps child care providers to assure that children in their care are up-to-date with immunizations.

3. **Medical Conditions** - Please list any ongoing medical conditions that might impact the child's health and well being in the child care or school setting.

a. Note any significant medical conditions or major surgical history. **If the child has a complex medical condition, a special care plan should be completed and attached for any of the medical issue blocks that follow.** A generic care plan (CH-15) can be downloaded at www.nj.gov/health/forms/ch-15.dot or pdf. Hard copies of the CH-15 can be requested from the Division of Family Health Services at 609-292-5666.

b. **Medications** - List any ongoing medications. Include any medications given at home if they might impact the child's health while in child care (seizure, cardiac or asthma medications, etc.). Short-term medications such as antibiotics do not need to be listed on this form. Long-term antibiotics such as antibiotics for urinary tract infections or sickle cell prophylaxis should be included.

PRN Medications are medications given only as needed and should have guidelines as to specific factors that should trigger medication administration.

Please be specific about what over-the-counter (OTC) medications you recommend, and include information for the parent and child care provider as to dosage, route, frequency, and possible side effects. Many child care providers may require separate permissions slips for prescription and OTC medications.

c. **Limitations to physical activity** - Please be as specific as possible and include dates of limitation as appropriate. Any limitation to field trips should be noted. Note any special considerations such as avoiding sun exposure or exposure to allergens. Potential severe reaction to insect stings should be noted. Special considerations such as back-only sleeping for infants should be noted.

d. **Special Equipment** - Enter if the child wears glasses, orthodontic devices, orthotics, or other special equipment. Children with complex equipment needs should have a care plan.

e. **Allergies/Sensitivities** - Children with life-threatening allergies should have a special care plan. Severe allergic reactions to animals or foods (wheezing etc.) should be noted. Pediatric asthma action plans can be obtained from The Pediatric Asthma Coalition of New Jersey at www.pacnj.org or by phone at 908-687-9340.

f. **Special Diets** - Any special diet and/or supplements that are medically indicated should be included. Exclusive breastfeeding should be noted.

g. **Behavioral/Mental Health issues** - Please note any significant behavioral problems or mental health diagnoses such as autism, breath holding, or ADHD.

h. **Emergency Plans** - May require a special care plan if interventions are complex. Be specific about signs and symptoms to watch for. Use simple language and avoid the use of complex medical terms.

4. **Screening** - This section is required for school, WIC, Head Start, child care settings, and some other programs. This section can provide valuable data for public health personnel to track children's health. Please enter the date that the test was performed. Note if the test was abnormal or place an "N" if it was normal.

- For lead screening state if the blood sample was capillary or venous and the value of the test performed.
- For PPD enter millimeters of induration, and the date listed should be the date read. If a chest x-ray was done, record results.
- Scoliosis screenings are done biennially in the public schools beginning at age 10.

This form may be used for clearance for sports or physical education. As such, please check the box above the signature line and make any appropriate notations in the Limitation to Physical Activities block.

5. Please sign and date the form with the date the form was completed (note the date of the exam, if different)

- Print the health care provider's name.
- Stamp with health care site's name, address and phone number.



CONSENT TO SHARE INFORMATION

In order for all pertinent parties involved in the care and education of my child to properly assess and assist in his/her development, I / We the undersigned parents / guardians of _____, a minor, do hereby authorize THE MALVERN SCHOOL of _____ to share information about the development and progress of my child with the following persons from the stated agencies:

This information may be verbal or in writing, and may include information regarding academic, social, behavioral, and physical abilities and special needs.

This authorization shall remain effective until my child withdraws from school unless sooner revoked or updated in writing.

PARENT / GUARDIAN SIGNATURE _____

DATE _____



DIAPER OINTMENT AUTHORIZATION FORM

The following form must be filled out completely in order for The Malvern School to dispense diaper ointment to your child. Diaper ointment guidelines:

- Diaper ointment (prescription or non-prescription) may only be accepted in an original container.
- The label of a diaper ointment container shall identify the first and last name of the child for whom the ointment is intended. This should be a prescription label or written on the non-prescription container. Ointment shall be administered only to the child whose name appears on the container.
- Diaper ointment cannot be dispensed “as needed”. Specific times and dates must be listed.

.....
Child's Name _____

Parent Signature _____

Diaper Ointment Name _____

Dosage _____

Dates to be applied _____

Times to be given _____

Additional Comments:



KEY CODE ENTRY FORM

In order to provide a secure setting for the children and staff at The Malvern School, an access control system has been installed. This system uses a family specific codes that will release the lock on the door and allow entry into the foyer / reception area. You will not need your code to exit the front door protected by the access control system.

In the event that someone other than a parent / legal guardian needs to pick up your child, they will need to use the intercom located at the front door. An authorized Malvern School staff member will greet them and upon following the proper security features as outlined on the PASSWORD FORM, will allow them access into the building. **Under no circumstances should you give your code to an unauthorized user.** Please call the office to receive your key code.

I have reviewed the access control information and my signature signifies that I have reviewed it.

CHILD'S NAME: _____

PARENT SIGNATURE _____



PASSWORD FORM

Dear Parents,

It is the policy of The Malvern School that every child has a password on file as an added measure of security. In the event that your child is picked up by a family member or friend he/she will be required to give the Director or supervising teacher the password as well as show a picture form of identification. This person will also be responsible for signing your child out of the building.

In order for your child to be released to an authorized person the following conditions must be met:

1. The Director must be notified in writing that you are authorizing someone else to pick up your child. If you telephone the school to authorize a pick-up, be prepared to receive a confirming call from the school.
2. Inform the authorized individual that he/she will need to present a form of ID (preferably photo ID), and tell someone the password. This individual will also need to sign your child out of school.

Remember the password is an added measure of security for your family and will also be located with your child's emergency contact information.

CHILD'S NAME: _____

PASSWORD: _____

PARENT SIGNATURE _____



School Age Transportation Waiver

I/WE the undersigned guardians of _____, a minor, do hereby authorize THE MALVERN SCHOOL as our agents to transport the above-mentioned child to/from _____ School daily.

In the event of inclement weather, THE MALVERN SCHOOL reserves the right to cancel transportation service for that day. Should this decision be made, we will notify parents immediately to allow them the opportunity to arrange for alternate transportation.

This authorization shall remain effective until the end of summer camp, unless sooner revoked in writing and delivered to THE MALVERN SCHOOL. Also, I hereby waive and release any and all rights and claims I may have against THE MALVERN SCHOOL, its representatives and assigns for any and all injuries suffered under my child in transit.

Parent/Guardian Signature

Date



Receipt and Acknowledgement Of The Malvern School Parent Handbook

This Parent Handbook is an important document intended to help you become acquainted with The Malvern School. This Manual will serve as a guide; it is not the final word in all cases. Individual circumstances may call for individual attention. The contents of this Manual may be changed at any time at the discretion of The Malvern School.

I have read The Malvern School Parent Handbook and have been advised of all Malvern School policies and procedures.

Child(ren)'s Name (please print) _____

Parent Signature & Date _____

Director Signature & Date _____