



REGISTRATION FORM

NAME OF CHILD: _____ BIRTHDATE: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

Home Phone: _____

Mother's Name: _____ Father's Name: _____

Mother's Maiden Name: _____ Occupation: _____

Occupation: _____ Cell Phone: _____

Cell Phone: _____ Email: _____

Email: _____

Siblings Names/Ages: _____

Married Divorced Separated *Custody/Visiting Arrangements: Copy of custody papers required for our records.*

How did you hear about our school or who referred our school to you? _____

Office use only: Reg. \$25.00 _____ Deposit Paid ___\$100.00___ Date _____
Method: Check # _____ Cash _____ Credit/Debit card _____ Monthly Fee \$ _____

Developmental History of Child:



Is child adopted/foster? Y N
adopted? Y N

Age at adoption:

Does child know they are

Is the child allergic?

Allergy caused by?

If so, how does it manifest itself?

Any other dietary restrictions?

Child's overall health

If English is not the child's primary language, what other language is spoken?

Any concerns or issues we should be aware of either physical or emotional? Does your child have any special fears?
(i.e.: Loud noises, pets etc)

How would you describe your child's personality?

What method of behavior control is used at home and what is your child's usual reaction?

PERMISSION TO PARTICIPATE IN SCHOOL ACTIVITIES AND TO RECEIVE EMERGENCY MEDICAL CARE

I hereby grant permission for my child to use all the equipment and participate in all the activities of the school. My child can leave the school premises as necessary to participate in school activities on foot or by vehicle when accompanied by a staff member. Permission slips will be issued for trips other than walking to nearby local parks.

-I accept the services of Merry Go Round to drop off/pick up my child to/from "Bryant" school accompanied by two staff members only during school season.

Please circle :Yes , No , N/A

I hereby grant permission for my child to be included in school photographs, videos and news releases connected with the school program, on the Merry Go Round Website and on social media e.g Facebook.

Please circle Yes , No

In an emergency, any staff member may take whatever steps are necessary to obtain emergency medical care. If an accident or injury requiring emergency professional medical care occurs, a teacher will take the child to the nearest pediatrician, emergency rooms or if necessary an ambulance will be called and the staff member will accompany the child and stay until the parent comes to the facility. The school will rely upon information supplied by parents or guardian and will not be responsible for any consequences resulting from reliance of such information or instructions.

I have received and read the 2015-2016 price list and agree to the school policies as explained in detail in the parent's brochure. Enclosed is the non-refundable \$25 Registration Fee. Deposits are refundable with a 60 day prior notice for withdrawal provided in writing.

Signed: *Mother/Legal Guardian*

Date:

Signed: *Father/Legal Guardian*

Date:



RECEIPT OF INFORMATIONAL STATEMENT

Dear Parents:

In keeping with New Jersey's childcare licensing requirements, we are obliged to provide you as the parent of a child enrolled at our center, with the Informational Statement on the following page.

The statement highlights, among other things: your right to visit and observe our center at anytime without having to secure prior permission; the center'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 Child Abuse Hotline 1 (877) NJ ABUSE. Website for Unsafe Children's Products: www.state.nj.us/lps/ca/recall/recalls.htm

Please read this statement carefully and if, you have any questions, please contact your program director.
Please sign and return this sheet to your program director, thank you for your cooperation.

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- I have read and received a copy of the Information to Parents statement prepared by the Office of Licensing, Child Care & Youth Residential Licensing in the Department of Children and Families.
 - I have read and received a copy of Merry Go Round School's Expulsion Policy.
 - I have been provided with the website to access the list of Unsafe Children's Products.

I acknowledge receipt of the Merry Go Round Parent Brochure and agree to the terms therein. This constitutes a contractual agreement between the school and the parent.

Child's Name: *(Please Print)*

Parent's Name *(Please Print)*

Parent Signature:

Date:

Received:

Date:

Merry Go Round Director Signature