



# Section 2: FORMS

Please complete and return the following forms to our office on or before your child's start date at Little Minds Learning Academy.

Thank you for your cooperation.



(973) 230-0448 Phone

[www.littlemindsia.com](http://www.littlemindsia.com)

Student Enrollment Information

Child's Name:	D.O.B.:	Classroom:
Home Address:		

Parent Information

Parent 1/Legal Guardian 1	Parent 2/Legal Guardian 2
Name:	Name:
Home Phone:	Home Phone:
Cell Phone:	Cell Phone:
Address:	Address:
Email:	Email:
Place of Work:	Place of Work:
Work Phone:	Work Phone:
Work Address:	Work Address:

**Wood Edge Plaza 176 Route 46 Rockaway, NJ 07866**



(973) 230-0448 Phone

www.littlemindsla.com

### Student Enrollment Information

Requested Start Date: \_\_\_\_\_

Please check:

____ Infant Program (6wks - 1 yr. old)	____ Full Time	____ Part Time
____ Little Tots Program (1 - 1½ yrs. old)	____ Full-Time	____ Part-Time
____ Toddler Program (1 ½ - 2 ½ yrs. old)	____ Full-Time	____ Part-Time
____ Preschool Program (2 ½ - 4 yrs. old)	____ Full-Time	____ Part-Time
____ Pre-K Program (4 -5 yrs. old)	____ Full-Time	____ Part-Time
____ School Age Program (6 - 13 yrs. old)	____ Full-Time	____ Part-Time

If your child attends Little Minds Learning Academy part-time, what days will they be attending?

(Please circle)      Monday      Tuesday      Wednesday      Thursday      Friday

If you will need Before Care or After Care, please circle which days.

____ Before Care	Monday	Tuesday	Wednesday	Thursday	Friday
____ After Care	Monday	Tuesday	Wednesday	Thursday	Friday

If you will need **both** Before Care and After Care, please circle which days.

\_\_\_\_ Before & After Care

(Please circle)      Monday      Tuesday      Wednesday      Thursday      Friday

**Wood Edge Plaza 176 Route 46 Rockaway, NJ 07866**



*Little Minds Learning Academy Payment Agreement*

I (We), \_\_\_\_\_, agree to make payment to Little Minds Learning Academy, L.L.C. in the amount of \$\_\_\_\_\_ per week for my child(ren) 's tuition. I understand my payment must be made on Friday for the upcoming week. If my payment is not received on time, a late fee of \$15.00 will be applied to my balance for each day the payment is late. Upon enrollment, Little Minds requires a non-refundable registration fee of \$75.00.

The school program is a continuing process, and the operation costs will prevail whether my child attends school regularly or has frequent absences. Therefore, I am responsible for paying for absences, holidays, and emergency/weather closings.

Little Minds Learning Academy accepts cash, checks, and all major credit cards; however, there is a 2.9 % fee for all credit card payments. We also offer the option of an automatic withdrawal. If you are interested in this option, please ask one of our office staff for the form.

\_\_\_\_\_  
Parent/Legal Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Legal Guardian Signature

\_\_\_\_\_  
Date



(973) 230-0448 Phone

www.littlemindsia.com

### Emergency Contact Information Form

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Parent 1/Legal Guardian 1 Name: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Parent 2/Legal Guardian 2 Name: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Please list the names of at least two people authorized to be contacted in an emergency if we cannot reach either parent or legal guardian.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

I understand Little Minds Learning Academy will make every effort to contact a parent/legal guardian immediately in case of an emergency. However, if either parent/legal guardian is unreachable, the Director/Director's Designee has my permission to contact the above-listed people and seek immediate medical aid.

Parent/Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Wood Edge Plaza 176 Route 46 Rockaway, NJ 07866**



(973) 230-0448 Phone

www.littlemindsia.com

### Authorization of Consent for Medical Treatment

Child's Name:	D.O.B.:	Age:
Home Address:		

#### Health Insurance Information

Insurance Company:
Policy ID Number:
Policy Group Number:
Name of Primary Insurance Holder:

#### Health Care Provider

Child's Physician:
Physician Phone Number:
Physician Fax Number:

#### Child's Medical Information

Medical Conditions:
Allergies:
Medication's child is taking:
Medications your child is allergic to:

I \_\_\_\_\_ authorize the Owner/Director or Director Designee at Little Minds Learning Academy to consent to any X-ray examination, anesthetic, medical treatment, and hospital care to be rendered to the minor at a recognized facility, under the general supervision of a licensed physician. This authorization will expire when my child's enrollment with Little Minds Learning Academy is terminated.

Parent/Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Wood Edge Plaza 176 Route 46 Rockaway, NJ 07866**



(973) 230-0448 Phone

www.littlemindsla.com

### Permission Form for Photographing Your Child

Occasionally, we will take pictures of the children and team members during school, on our playground, and/or at off-site activities. We request permission to use these pictures on our website (www.littlemindsla.com) or share them with other families attending Little Minds. We will never reference your child by name without your permission or provide any specific information regarding your child. Additionally, we will never sell these pictures. We will only use the images for Little Minds Learning Academy purposes.

Please take a moment to let us know your preferences regarding our use of photos of your children.

Please circle yes or no for the following:

1. I will allow my child's photograph to be posted on Little Minds Learning Academy's website.  
YES NO
2. I will allow my child's name to be printed along with his/her photograph on Little Minds Learning Academy's website.  
YES NO
3. I will allow my child's photographs to be shared with other Little Minds Learning Academy families.  
YES NO
4. I will allow my child's name to be printed along with his/her photograph when shared with other Little Minds Learning Academy families.  
YES NO

Child's Name:
Parent/Legal Guardian's Name:
Parent/Legal Guardian's Signature:
Date:





(973) 230-0448 Phone

www.littlemindsia.com

Dear Parent or Legal Guardian:

In keeping with New Jersey's Childcare Center Licensing Requirements, we are obliged to provide you, as the parent or legal guardians of a child enrolled at Little Minds Learning Academy, with the **Department of Children & Families' Information to Parents Document** (found within the Section I of this *Enrollment Packet/Parent Handbook*).

This informational statement highlights, among other things, your right to visit and observe Little Minds Learning Academy at any time without having to secure prior permission; Little Minds Learning Academy's obligation to be licensed and to comply with licensing standards; and the responsibility of all citizens to report suspected child abuse/neglect/exploitation to the State Central Registry Hotline (877) NJ ABUSE/ (877) 652-2873.

Please read this statement carefully, and if you have any questions, feel free to contact me at (973) 230-0448

Sincerely,

Little Minds Learning Academy, L.L.C.

Please complete the following:

Name of Child: \_\_\_\_\_

I have read and received a copy of the *Information to Parents* statement prepared by the Office of Licensing, Childcare, & Youth Residential Licensing in the Department of Children and Families.

\_\_\_\_\_  
Parent/Legal Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Legal Guardian Signature

\_\_\_\_\_  
Date

**Wood Edge Plaza 176 Route 46 Rockaway, NJ 07866**





Acknowledgment of Receipt of Little Minds Learning Academy  
Policies and Forms

I (we), \_\_\_\_\_, the Parent(s)/Legal Guardian(s) of \_\_\_\_\_,  
do hereby acknowledge that I (we) have received, read, fully understand, and agree to comply with Little  
Minds Learning Academy's *Parent Handbook*, including the following policies and procedures:

- Parental Notification Methods
- Door Policy
- Child Custody Issues
- Absenteeism Policy
- Children's Hand Washing Policy
- Excludable Communicable Diseases
- Universal Health Record & Required Immunizations
- Special Health Care Needs
- Parent-Teacher Conferences
- Activity Policy
- Additional Resources
- Guidelines for Positive Discipline
- D.C.F. Information to Parents
- Student Enrollment Form
- Emergency Contact Information Form
- Permission Form for Photographing Your Child
- Signature of Receipt of a copy of D.C.F. Info to Parents
- Student Drop Off & Pick Up Policy
- Policy on the Release of Children
- Unscheduled Closings
- Expulsion Policy
- Policy on the Management of Communicable Diseases
- Table of Excludable Communicable Diseases
- Toilet Training
- Medications Administration Policy
- Food & Nutrition
- Banking days
- Electronics Policy
- Emergency Plans
- Confidentiality
- Authorization of Consent for Medical Treatment
- Camera Access
- Acknowledgement of receipt of Information to Parents
- Learning Environment
- Payment Agreement

Parent/Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_