

SAM Inc.
BEFORE SCHOOL PROGRAM
REGISTRATION FOR SCHOOL YEAR 2019 – 2020

Child's Name: _____ School: _____ Grade: ____ Gender: ____

Child's Name: _____ School: _____ Grade: ____ Gender: ____

___ New Student

___ Will Return

HOME ADDRESS _____

HOME PHONE _____

MOTHER Name: _____

Employer's Name: _____

Employer's Address: _____

Work Phone: _____ Cell Phone: _____

Email: _____

FATHER Name: _____

Employer's Name: _____

Employer's Address: _____

Work Phone: _____ Cell Phone: _____

Email: _____

ALERTS Please note any *allergies, restrictions to foods (include if vegetarian or non-beef)* or activity, medicines taken, special learning, physical or emotional needs and any other information that we need to know to take the best care of your child. Every effort will be made to accommodate medical or other food restrictions. We are almost always successful but SAM is not a controlled environment. If you have concerns or a potentially urgent medical situation, please speak directly to us to review the situation.

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Child(ren)'s Name(s): _____

1. Yearly Registration Fee (*non refundable*): \$50 per child, \$25 per sibling. Payable to SAM, Inc.

2. Daily Fees

SAM - AM only: \$15 per day and \$10 per day for (older) sibling.

SAM – AM (if also attending SAM – PM): \$12 per day and \$9 for (older) sibling.

You will receive Monthly Invoice following the completion of each month.

You will be billed for days attended.

3. Enroll

Return Registration Fee and forms to: SAM Inc. 9 Canoe Brook Road, Short Hills, NJ 07078

4. Start Date: _____

Note: First day of school is Tuesday, September 3. SAM-AM will begin that day.

5. Approximate schedule: (circle): M T W Th F or drop in

You do not need to stick to this exact schedule; it is just for our planning purposes.

6. Signature of Parent or Guardian: _____ Date: _____

SAM, Inc.

STUDENT INFORMATION FORM

Child(ren)

First Child's Name _____ Birth Date _____

School _____ Grade _____

Second Child's Name _____ Birth Date _____

School _____ Grade _____

Address _____

Home Phone _____

Mother

Mother's Name _____

Address _____

Home Phone _____ Cell _____ Email _____

Employer's Name _____ Phone _____

Work Address

Father

Father's Name _____

Address _____

Home Phone _____ Cell _____ Email _____

Employer's Name _____ Phone _____

Work Address

Child(ren)'s Name _____

Medical Information

Doctor _____ Address _____ Phone _____

Allergies _____
Medications _____

List food allergies, dietary preferences, or special education, social or physical needs. Include a notation if you require a vegetarian or beef-free diet. Every effort will be made to accommodate medical or other food restrictions. We are almost always successful but SAM is not a controlled environment. If you have concerns or a potentially urgent medical situation, please speak directly to us to review the situation.

Participation in SAM Program

I allow my child(ren) _____ to attend the SAM program and to participate in the activities (except as specified by me above). I understand that SAM, Inc. will follow the procedures stated in the NJ State Licensing Manual for Day Care Centers in the operation of the SAM program. I acknowledge that if my child's behavior at SAM is determined by the SAM staff to be detrimental to the program or to the other children in the program, (and such behavior continues to be so after consultation with me and attempts at improvement), I will be required to withdraw my child from SAM if it is the decision of the SAM administration.

*Parent/Guardian _____ Date _____

Release for Medical Treatment

In case of an emergency in which, in the opinion of SAM staff, time is of the essence, I give SAM, Inc. permission to seek the nearest medical attention for my child and/or for my child to be attended to and transported by EMT's and ambulance.

*Parent/Guardian _____ Date _____

*Signatures to remain in force as long as child attends a SAM, Inc. Program.

Model Letter To Parents To Be Typed on Center's Stationery

Dear Parent:

In keeping with New Jersey's child care center licensing requirements, we are obliged to provide you, as the parent of a child enrolled at our center, with this informational statement.

The statement highlights, among other things: your right to visit and observe our center at any time 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 Division of Youth and Family Services (DYFS).

Please read this statement carefully and, if you have any questions, feel free to contact me at _____.

Sincerely,

Director



Please complete and return this portion to the center. (Please print)

Name of Child _____

Name of Parent _____

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

Signature _____ Date _____