



The Sapling School

Growing. Learning. Leading.

Enrollment

Packet



Please fill out these forms completely before returning to The Sapling School. If any question does not apply to your child, write N/A or not applicable. The forms must be handed in to the office on or before your child's first day in the school. Please make sure that you notify us if at any time you need to make changes to your child's information.

Date of Enrollment: _____

Child Information

Child's Full Name: _____ Gender: Boy/Girl (Circle that which applies)

Child's Date of Birth: _____ Age of child at Enrollment: _____

If there is a second child please add their information below.

Child's Full Name: _____ Gender: Boy/Girl (Circle that which applies)

Child's Date of Birth: _____ Age of child at Enrollment: _____

If there is a third child please add their information below.

Child's Full Name: _____ Gender: Boy/Girl (Circle that which applies)

Child's Date of Birth: _____ Age of child at Enrollment: _____

General Information

Address: _____

City: _____ State: _____ Zip: _____

Child(ren) Primary Language: _____

Parent's Primary Language: _____

Parent Information

Mother/Guardian Name: _____

Father/Guardian Name: _____

Address (if different from child's address) _____

Home Phone: _____

Mom's Cell Phone: _____ Dad's Cell Phone: _____

Mom's E-mail Address: _____

Dad's E-mail Address: _____

Parent/Guardian Employment Information (this information is important in the case of an emergency)

Parent/Guardian: _____ Parent/Guardian: _____

Location: _____ Location: _____

Address: _____ Address: _____

Phone Number: _____ Phone Number: _____

Instructions/Extensions: _____ Instructions/Extensions: _____



Authorized Pick-Up Plan

The following individuals are authorized to pick up my child. I understand that upon pick up the authorized individuals will be required to show a photo I.D. that will be copied and kept on file for future reference. If anyone else will be picking up my child other than the following authorized people I will notify the office in writing by completing an **Authorized Pick-Up Plan Form**. I understand that The Sapling School will not release my child to any other person other than those whom I have authorized.

Authorized Pick-Ups

Name: _____ Relationship to Child: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Name: _____ Relationship to Child: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Name: _____ Relationship to Child: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Custodial Acknowledgement

I understand that providing both parents information we are agreeing that both parties have the right to visit/pick up the above mentioned child at any time without authorization from another party. If custody circumstances change for any reason, The Sapling School must be notified in writing and we may request documentation by the proper authorities.

Signature of Guardian #1: _____ Signature of Guardian #2: _____

After Hours: If a child has not been picked-up by closing time (6:30 p.m.) it is the responsibility of the Center Director to attempt to contact the parent and **EVERY** authorized pick-up person on the pick-up list. If no contact can be made to arrange a pick-up the Center Director will need to notify legal authorities. If these authorities are also unable to make contact, the child must be cared for as directed by proper authorities. The staff members are not permitted to remove the child from the school and continue to provide care in their home or any other location.

Signature of Parent/Legal Guardian: _____

Date Form Is Being Reviewed: _____

Signature of Director: _____



Emergency Care and Medical Treatment Information

In the event that a medical emergency occurs, I authorize The Sapling School to seek emergency medical care for my child as deemed necessary by the Center Director and I authorize the named medical provider to carry out required emergency treatment.

Name of Child's Pediatrician: _____

Address: _____

Phone Number: _____

Hospital of Choice: _____

Primary Insurance Holder: _____

Name of Insurance: _____ Policy Number: _____

Signature of Guardian: _____ Date: _____

I/We, _____, authorize, for any emergency purposes only, any designated employee of The Sapling School to transport my/our child, _____, who is minor, by ambulance and consent to any necessary examination, anesthetic, medical diagnosis, surgery or treatment, and/or hospital care to be rendered to the minor under the general supervision and the advice of any physician or surgeon licensed to practice medicine in the state of New Jersey.

Last Tetanus/Diphtheria Booster: _____

Allergies to any medications, foods, materials or other items not listed:

Any other additional pertinent medical information:

Field Trips and Emergency Evacuation

The Sapling School may plan special field trips that are away from school for the children! These trips are carefully arranged and shall be supervised by an adequate number of staff at all times. These trips may include: Farms, Theater, and Indoor Adventures. You will always receive notice if we will be taking the children on a field trip that is away from the school grounds. Our Infants and Toddlers will go on Buggy Rides around the school.

I/We, _____ give permission to The Sapling School staff to take my/our child/children, _____ on field trips and walks during school hours.

I/We also give permission to The Sapling School staff to evacuate the school premises in case of an emergency with my/our child/children, _____ and take him/her to the schools emergency evacuation site.

Signature of Guardian #1: _____ Signature of Guardian #2: _____



Immunization Records and Medical Information

Welcome to The Sapling School! We will do everything we possibly can to secure and maintain a safe and healthy environment for our children. In order to meet our obligations with the state we are required by law to maintain medical records on all children at our school.

Please help us to maintain a healthy environment by returning your child's medical and immunization records no later than your child's first day at The Sapling School.

If we do not have your child's immunizations and record of good health at the time of registration, we must have them by the child's initial attendance. Due to state requirements, we will not be able to accept your child at the center until the proper documents are received.

Thank you in advance for your attention to this important matter.

I/We, _____, parent/guardian of _____ understand the above policy for immunizations and record of good health at The Sapling School.

Parent/Guardian Signature: _____ Date: _____

Director's Signature: _____

Termination of Enrollment By The Sapling School

As part of our effective guidance techniques, we include discussing with parents any problems or behaviors in need of correction. Often a child may be acting out in response to difficult situations at home, immature developmental traits or a physical or cognitive impairment. If there are particular circumstances that would affect your child's behavior, such as; divorce, death, new sibling, etc.), please let us know. Outside consultations or evaluations may be recommended when deemed appropriate. The discipline statement is on file and posted in the Center Director's office. All parents shall be given a copy upon enrollment.

In certain circumstances, it may be necessary for the Center Director to decide to discontinue a child's attendance. Such as decision would be based on whether it is in the best interests of that child, the other children in the class, and the overall operation of the center. Every reasonable effort should be made to correct a problematic situation before a final decision to terminate enrollment is made. Reasons for termination of enrollment may include, but are not limited to the following:

- **Abuse of other children, staff, or property**
- **Continued violation of The Sapling School policies**
- **Continued disruptive or dangerous behavior**
- **The center's inability to properly meet the child's needs**
- **Non-payment of tuition (Immediate Termination)**

I have read the above information on Termination of Enrollment and read/received the Parent Handbook that outlines the conditions of enrollment with The Sapling School. I also acknowledge that whenever possible, written notification will be provided to the parent one week in advance of termination of enrollment.

Parent/Guardian Signature: _____ Date: _____

Director's Signature: _____



Computer/Electronics/Television Usage Policy

Computers and other forms of technology are only used in classrooms with children who are above the age of 2 ½, only allowing 30 minutes per week (for children on a full-time schedule) of individual exploration for educational activities or to enhance lessons taught by the teacher. Classrooms with children under the age of 2 ½ will refrain from using any form of technology or television. Any children with special needs that can benefit from the usage of technology for educational purposes will have an appropriate plan, established by the child’s teacher and their parents.

Parent Name(s): _____

Parent Signature: _____

Director’s Signature: _____

New Enrollment Codes

Use the last 4 digits of your phone number or social security number for your door code and your computer codes.

Child’s Name: _____

Parent # 1: _____

Door/Computer Code: _____

Parent # 2: _____

Door/Computer Code: _____

Parent Release Form for Media/Camera Recording

I, the undersigned, do hereby grant or deny permission to The Sapling School to use the image of my child, _____, as marked by my selection(s) below. Such use includes the display, distribution, publication, transmission, or otherwise use of photographs, images, and/or video taken of my child for use in materials that include, but may not be limited to, printed materials such as brochures and newsletters, videos, and digital images such as those on The Sapling School website.

I grant permission to use my child’s image in the following ways (mark all that apply):

- Tadpoles
- Camera(s) in classroom
- Facebook.
- The Sapling School website
- Internally within the school on event boards/art boards
- Marketing Materials

Parent/Guardian Signature: _____

Date: _____



I/We, _____, parents/guardians of,
_____, have read and understood all the information provided in
"The Sapling School" Parent Enrollment Packet.

Name Parent/Guardian #1: _____

Signature Parent/Guardian #1: _____ Date: _____

Name Parent/Guardian #2: _____

Signature Parent/Guardian #2: _____ Date: _____

Director's Signature: _____ Date: _____

Thank You
For Choosing
The Sapling School
Welcome!



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