

Registration Packet



Learning Bridge Academy
118 W Main St., Freehold NJ 07728
(732) 431-0830



Registration and Emergency Contact Form

Child's Information

Full name:		Nickname:	
Date of birth:	Sex:		
Street address:	City:	State:	Zip:
Parent/Guardian's Information			
Mother/Guardian's Name:		Father/Guardian's Name:	
Email:		Email:	
Home/Cell:		Home/Cell:	
Employer Name: Address:		Employer Name: Address:	
Work Phone:		Work Phone:	

Healthcare Information			
Child's Pediatrician:		Telephone:	
Address:	City:	State:	Zip:
Allergies:			
Medical problems:			

Emergency Contacts and others authorized to pick-up child if parent is unavailable	
Contact/Pick-up name:	Telephone:
Address:	Relationship:
Contact/Pick-up name:	Telephone:
Address:	Relationship:
Contact/Pick-up name:	Telephone:
Address:	Relationship:
Is there a court order limiting access to child? Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, attach copy of order.
Name(s) of person under court order with limited access and any special instructions:	

General Information:
Has your child attended any other child/preschool program? If yes, why did your child stop attending?
Do you have any concerns that our staff should know? (Please say "None" if none.):

I understand that for registration to be valid I must present upon enrollment:

1. Complete all informational forms.
2. Present the following documentation from the child's physician or health provider:
 - Proof and results of the child's recent physical exam (no more than 1 year old from date of first class).
 - Health history
 - Proof of the immunization as required by the New Jersey State Dept. of Health.

Signature: _____ Date: _____

Printed name: _____

Emergency Care and First Aid Release Form

Child's Name:		Date:	
Child's Pediatrician:		Telephone:	
Address:	City:	State:	Zip:
Child's Dentist:		Telephone:	
Address:	City:	State:	Zip:

AUTHORIZED ADULTS In the event of an emergency, please indicate your name and the telephone number where you and at least one other authorized person can be reached who are authorized to make judgments concerning the above child's healthcare.			
Mother/Guardian's name:		Telephone:	
Father/Guardian's name:		Telephone:	
Alternate's name:		Telephone:	
Address:	City:	State:	Zip:
Alternate's name:		Telephone:	
Address:	City:	State:	Zip:

FIRST AID - In the event of an emergency, I authorized the staff to provide any first aid care deemed necessary for my child.	
Signature:	
Printed name:	

EMERGENCY CARE - In the event of an emergency in which I cannot be reached, the physician listed above and the local hospital are hereby authorized to provide any emergency care deemed necessary for my child.	
Signature:	
Printed name:	

HEALTH RECORD TRANSFER - In the event of an emergency, I hereby authorize the transfer of my child's health record to the local hospital.	
Signature:	
Printed name:	

MEDICAL INSURANCE INFORMATION (information below should pertain to your child)	
Policy Holder Name:	Address:
Insurance Company:	ID#:
Group Name:	Group Number:
Student SSN:	Policy Holder SSN:

PERMISSION TO ADMINISTER TYLENOL AND TOPICAL OINTMENTS
 In the event that I cannot be reached, I give Children's Choice permission to administer the appropriate dose of Tylenol for a fever.

Signature: _____

I give Children's Choice permission to apply over-the-counter ointment to make my child more comfortable. These ointments may include Bactine, Calamine lotion, First Aid cream, Neosporin, Balmex, Desitin, or Sunscreen lotion.

Signature: _____



Electronic Funds Transfer Authorization Form (EFT)

Children's Choice offers a convenient service for EFT and ACH payment that makes it simple for you to pay your child care fee automatically, and at absolutely no cost to you. To enroll just simply fill out the form below.

I hereby authorize _____ to make my weekly/monthly payments on my behalf from the checking/savings account, or credit card listed below and transfer it to **Children's Choice Academy**. I understand that I am in full control of my payment, and if at any time I decide to make any changes or discontinue this service, I will give Children's Choice a written notification within 10 business days prior to change.

EFT/ACH

No processing fees

Choose Account: Checking <input type="checkbox"/> Savings <input type="checkbox"/>		
Name of Bank:		
Account Holder's Name:		
Routing Number:		
Account Number:		
Billing Street Address:		
City:	State:	Zip:
Phone Number:		

Credit Card

Additional 3% processing fees per transaction

Card Holder's Name:		
Card Number:		
Expiration date:		
Security Code:		
Billing Street Address:		
City:	State:	Zip:
Phone Number:		

Signature: _____ Date: ___/___/___

Childcare Tuition Agreement

The following tuition fee payment agreement is entered between _____ and
Learning Bridge Academy. (Parent/Guardian printed name)

Address of Parent/Guardian: _____

Child's name: _____

Enrolled Days: M Tu W Th F Half Day Full Day

Assessed Tuition: _____ Date 1st payment due: _____

Pizza Fridays? Yes No

Healthy Lunch (\$3): yes no

Healthy Dinner (\$3): yes no

child's enrollment. As a full staff and complete program must be maintained on a 12-month basis, holidays, emergency closings, absences, and illnesses do not reduce the tuition fee charged.

For your convenience, we offer two tuition plans: Monthly Tuition Plan and Weekly Tuition Plan*

(*Weekly payment plan is ONLY available when you subscribe to auto-pay billing)

- **Monthly Tuition Plan** is due no later than 10th of each Month or a late charge of \$30 will be assessed to your account. This assessment will continue each week until the tuition is current.
- **Weekly Auto Pay Plan** tuition is due Friday of the week BEFORE services are provide.
- **Credit Card payments will carry additional 3% for processing fees**

The returned check fee is \$35 per incident.

In case if the payment is not received on time you will have a verbal warning followed by a written warning after. I understand that failure to pay tuition fees are grounds for the dismissal of my child and that I will be obligated to pay all reasonable attorney and court fees, plus collection agency fees of 20%. If Learning Bridge cannot collect payment and find it necessary to send the past due account to a collection agency.

I have read, understood, and accept the terms of this fee agreement.

Parent/Guardian Signature: _____ Date: _____

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Miscellaneous Policies and Photo Release

Late Payment Policy

As stated in the Child Care Tuition Agreement, Weekly Tuition is due on the Friday of the week BEFORE services are provided, and Monthly Tuition is due no later than 10th day of the Month or a late charge of \$30 will be assessed to your account.

Departure Notification Policy

If it is necessary to leave the school program, the following is required:

1. Two weeks written notice must be provided to the office.
2. All tuition fees must be paid in full.

Immunization Notification Policy

The Health Department audits our records regularly. Failure to keep Children's Choice informed of updated immunizations will result in non-enrollment in our program.

I acknowledge and agree to the above policies as stated:

Parent/Guardian Signature

Date

Walkabout and Photo Authorization

Walkabout: Learning Bridge staff and students take walks in the neighborhood to explore and for exercise. I hereby give my permission to take part in the Center's daily activities and to be taken on walks, weather permitting.

Photos: Over time, Learning Bridge staff and parents of students take many photos of our students and the events in the life of the school. I hereby consent to having my child photographed while attending Learning Bridge and its sponsored events. These photos may be used, without mention of the child's name, in Learning Bridge brochures, ads, social media platforms and websites.

Parent/Guardian Signature

Date

Parent Notification System Form

Learning Bridge Academy has instituted an automated telephone notification system. This system allows us to contact you in the event of a school situation, such as a closing due to weather, or to act as a reminder of important up-coming events.

We ask that you provide us with 2 appropriate telephone numbers for contacting you. If you feel others are needed, please add them to the bottom of the page.

Family Name: _____

Child's Name: _____

Best contact number: _____ Parent name: _____

Best email address: _____

Back-up contact number: _____ Parent name: _____

Back-up email address: _____

OPTIONAL Information about Your Child (3 y.o. – 6 y.o.) OPTIONAL

Child's Full Name:	DOB:
ALLERGIES – Any food or liquids to avoid? Please list and explain reactions, cautions, etc.	
What upsets or frightens your child?	
What does your child find soothing or comfortable?	
What toys/activities make him/her happy?	
What are some of your child's interests?	
List food your child likes to eat:	
Use the space below for any other information you may wish to share about your child:	

Signature: _____ Date: _____

Printed name: _____

Information about Your Child (Infants & Toddlers, page 1 of 2)

Child's Full Name:	DOB:
List any allergies or restrictions:	
What is your child's current sleeping schedule? Morning wake-up:	
Evening Bedtime:	
Daily Naps:	
Is your child sleeping through the night? Yes <input type="checkbox"/> No <input type="checkbox"/> If not, when does s/he usually wake up at night?	
What upsets or frightens your child?	
What does your child find soothing or comfortable?	
How does your child react to strangers?	
Is your child using a cup, a bottle, or both?	
Are you breastfeeding? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, at what time(s)?	
At what times does your child receive a bottle each day?	
How many ounces at each feeding?	
Does your child take formula, whole milk, skim, or other?	
What special instructions do you have for preparing the formula?	

Information about Your Child (Infants & Toddlers, Page 2 of 2)

Are there any special instructions concerning bottle feeding?

Does your child eat baby food or table food?

List the foods your child is now eating (Vegies, Fruits, Juices, Meats, etc...):

Is your child now eating finger foods? Yes No If yes, list them:

List any other foods your child is now eating:

Where does your child spend his/her waking hours (crib, playpen, floor, etc.)?

What toys/activities make him/her happy?

When does your child usually have bowel movements?

Has your child begun potty training? Yes No If yes, describe the routine:

What does your child call the bowel movements?

What does your child call urination?

Use the space below for any other information you may wish to share about your child?

Signature: _____ Date: _____

Printed name: _____

Autopay Available

MONTHLY TUITION PLAN

AUTOPAY AVAILABLE

Program	5 Days	4 Days	3 Days	2 Days	Daily Rate
Preschool	\$1,040	\$997	\$780	\$585	\$75
Pre - K	\$975	\$910	\$650	\$541	\$65
Kindergarten First Grade (full time only)	\$870				
School Age (virtual learning)	\$700	\$650	\$590	\$450	\$55
Lunch	\$65	\$52	\$39	\$26	Monthly Rate
Dinner	\$65	\$52	\$39	\$26	Monthly Rate

WEEKLY TUITION PLAN

AUTOPAY ONLY

Program	5 Days	4 Days	3 Days	2 Days	Daily Rate
Preschool	\$240	\$230	\$180	\$135	\$70
Pre - K	\$225	\$210	\$150	\$125	\$65
Kindergarten First Grade (full time only)	\$220				
School Age (virtual learning)	\$180	\$160	\$145	\$110	\$55
Lunch	\$15	\$12	\$9	\$6	\$3
Dinner	\$15	\$12	\$9	\$6	\$3

Tuition includes healthy breakfast, three snacks, extra classes: Music, Russian, Spanish, Art.

BILLING POLICIES

- DEPOSIT:** One week deposit is required to register. This deposit will be applied toward the last week your child is enrolled, provided that written **notice of 2 weeks** is given. **Without this notice, this deposit will be forfeited.**
- EXTENDED CARE** adds one or more hours to the usual pick-up time for part time students, and is billed at \$12 per hour with 1 hour minimums.
- LATE TUITION FEE:** is \$30 per week each week. Monthly payment plans are due on the 1st of each month. Weekly payment plans are due each Friday prior to the week of attendance.
- RETURNED CHECK FEE:** is \$25
- Late Pick-up Fee:** \$1.00 per min for the first 15 minutes, and \$10 for every 5 min thereafter. If a parent is more than one hour late, see the **Policy on the Release of Children.**

CREDITS & DISCOUNTS

- We will provide a **10% discount** for siblings.
- Vacation Credit:** one week is provided every 6 months for families with balances paid in full, and children that are not attending school (you are on vacation). It must be scheduled in advance with the office.

NO REIMBURSEMENTS due to inclement weather or holidays. Make-up days are allowed to be taken within 1months

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