



## BEACON PREPARATORY ACADEMY CHILD REGISTRATION FORM (ONE PER CHILD)

### CHILD'S INFORMATION:

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Gender: M/F

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Enrollment Date \_\_\_\_\_ Start Date \_\_\_\_\_

Assigned Classroom \_\_\_\_\_ Days Attending (*please circle*) M T W Th F

School Meal Plan: Yes/No \_\_\_ Non-Vegetarian \_\_\_ Vegetarian

Allergies or other important information: \_\_\_\_\_

For security purposes, please provide both parent/guardian information

### PARENT/LEGAL GUARDIAN 1 INFORMATION:

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Gender: M/F

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Social Security Number \_\_\_\_\_

Home Phone \_\_\_\_\_

Employer \_\_\_\_\_

Cell Phone \_\_\_\_\_

Address \_\_\_\_\_

Work Phone \_\_\_\_\_

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

Email Address \_\_\_\_\_

### PARENT/LEGAL GUARDIAN 2 INFORMATION:

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Gender: M/F

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Social Security Number ----- \_\_\_\_\_

Home Phone \_\_\_\_\_

Employer \_\_\_\_\_

Cell Phone \_\_\_\_\_

Address \_\_\_\_\_

Work Phone \_\_\_\_\_

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

Email Address \_\_\_\_\_



**CUSTODIAL ACKNOWLEDGEMENT:**

I understand that providing both parents/legal guardians information gives both parties the right to visit/pick up the above mentioned child at any time. If custody circumstances change for any reason, Beacon Preparatory Academy must be notified in writing and we may request documentation by the proper authority.

Parent 1 Signature: \_\_\_\_\_ Parent 2 Signature \_\_\_\_\_

**CUSTODIAL INFORMATION:**

If a non-custodial parent is not among those persons authorized to pick up the child or if a court order pertains to your custodial agreement, a court order must be provided. Please check the appropriate box below.

\_\_\_\_ Yes, this situation applies. A court order is attached.

\_\_\_\_ Not Applicable

**EMERGENCY CARE AUTHORIZATION:**

In the event that a medical emergency occurs, I authorize Beacon Preparatory Academy to seek emergency care for my child as deemed necessary by the Director and I authorize such medical provider to carry out required emergency treatment. (Please provide a copy of child's health insurance card)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**MARKETING INFORMATION:**

How did you hear about Beacon Preparatory Academy?

\_\_\_\_ Personal Referral (If so, who?) \_\_\_\_\_

\_\_\_\_ Drive-By

\_\_\_\_ Internet (what search engine?) \_\_\_\_\_

\_\_\_\_ Advertisement (which one) \_\_\_\_\_

**I understand and agree to all of the policies and requirements outlined in the Beacon Preparatory Academy Parent Handbook and the Financial Agreement including the Expulsion Policy and the Parent Information Statement. I also understand that full tuition is due regardless of holidays, snow days, short-term illnesses, or vacations and that returned transactions will be assessed a fee.**

Parent/Legal Guardian 1 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Legal Guardian 2 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**OFFICE USE ONLY:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



## **EMERGENCY CONTACT INFORMATION FORM**

(For Office & Classroom Emergency Binder)

**Child's Name:** \_\_\_\_\_

**Child's Address:** \_\_\_\_\_

**Birth date:** \_\_\_\_\_ **Days per Week** \_\_\_\_\_ (M T W Th F)

### **Emergency Contacts/ Authorized Pick – Ups**

1. Name: \_\_\_\_\_ Relation to Child: \_\_\_\_\_  
Address \_\_\_\_\_  
Work Phone: \_\_\_\_\_ Cell Phone \_\_\_\_\_
2. Name: \_\_\_\_\_ Relation to Child: \_\_\_\_\_  
Address \_\_\_\_\_  
Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_
3. Name: \_\_\_\_\_ Relation to Child: \_\_\_\_\_  
Address \_\_\_\_\_  
Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

### **Name of Child's Physician & Telephone Number**

Name: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Is your child currently taking any medications? If yes, please list medications and possible side-effects below:

\_\_\_\_\_

Does your child have special health needs (allergies, asthma, etc.) that we should be aware of? Please request a special care plan so that we can best accommodate your child's needs.

\_\_\_\_\_



(Second page of Emergency Contact Form)

Child's Name \_\_\_\_\_

If cakes, cookies, or other treats are given as a snack in the event of a Birthday or other special occasion, do you object to your child consuming them? \_\_\_\_\_

Is a language other than English spoken at home? \_\_\_\_\_

If so, what language? \_\_\_\_\_

What Holidays do you and your family celebrate?

\_\_\_\_\_ New year's

\_\_\_\_\_ Valentine's day

\_\_\_\_\_ St Patrick's Day

\_\_\_\_\_ Easter

\_\_\_\_\_ Cinco de Mayo

\_\_\_\_\_ Independence Day

\_\_\_\_\_ Rosh Hashanah

\_\_\_\_\_ Ramadan

\_\_\_\_\_ Halloween

\_\_\_\_\_ Thanksgiving

\_\_\_\_\_ Chanukah

\_\_\_\_\_ Christmas

\_\_\_\_\_ Kwanzaa

\_\_\_\_\_ Diwali

Other(s):

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## **AUTOMATED ELECTRONIC FUNDS TRANSFER AUTHORIZATION FORM**

Center: \_\_\_\_\_ Center's Employer Identification Number: \_\_\_\_\_

Child's Name: \_\_\_\_\_

TAPE VOIDED CHECK HERE

I/We \_\_\_\_\_ hereby authorize Beacon Preparatory Academy to initiate debit entries (and if necessary, credit adjustments for any debit entries in error due) to my/our checking/savings account (select one) from the depository listed below. I understand that the amount of the funds transferred from my account to Beacon Preparatory Academy will occur on the 27th of the month preceding the month services are rendered or if the 27th falls on a holiday or weekend the EFT will occur the last Beacon Preparatory Academy business day preceding the 27th. I understand that the amount withdrawn each month from my account will equal the amount of the outstanding balance owed on my account. I also understand that a \$50.00 fee will be charged to me on all electronic payments dishonored.

Depository Name: \_\_\_\_\_ Branch: \_\_\_\_\_

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

Transit /ABA#: \_\_\_\_\_ Account #: \_\_\_\_\_

This authority is to remain in full force and effect until Beacon Preparatory Academy has received written notification from me/us of its termination in such a manner as to afford Beacon Preparatory Academy a reasonable opportunity to act on it (minimum of seven business days).

Name (s) on account: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## **FINANCIAL AGREEMENT**

This agreement is made and entered into between Beacon Preparatory Academy and (Parent(s) Name)

\_\_\_\_\_.

The Beacon Preparatory Academy hereby accepts (Child's Name)\_\_\_\_\_ for enrollment beginning \_\_\_\_\_, 20\_\_\_. I/We the parent(s), agree to pay the applicable tuition and fees for the services which we subscribe per month under the following terms:

1. Adjustments or pro-rated tuitions are not applicable for illness, vacations, and closings due to holidays, inclement weather or as a result of the end of the programs cycle. Once you have paid your child's tuition for the month, you are committed for the entire month. There is no exception to this policy. Any change in tuition becomes effective as of the 1st of the next month. This refers to a child moving from one program to the next or a shift in the number of days a child is scheduled to attend in the program in which they currently participate.
2. Any child registered who does not start at the Center on the agreed upon date will forfeit all deposits and fees paid (unless previously agreed to with the Center Director).
3. An annual supply fee (non-refundable) is due at the time of enrollment to guarantee placement for your child.
4. It is the responsibility of the parent to maintain tuition payments throughout any intermission in attendance, regardless of the length of time, to continue your account in good standing. Interruption of payments resulting from temporary withdrawal from the center will result in losing the child's placement. If placement is available upon return, a new Supply Fee will be required prior to reinstatement and is subject to all previous conditions.
5. Monthly tuition payments are due on the 27th of the month preceding the month of service and will be automatically deducted using the automatic EFT (Tuition Express) system. If this date falls on a weekend or a holiday, payments will be due the last Beacon Preparatory Academy business day prior to the due date. Payments received after the due date will be subject to a \$50.00 "Late Fee" for each day they are late. Payments not received by the 15th of the month will result in interruption of the child's attendance until all financial obligations including late fees are up to date.





## IDENTIFICATION FORM

Child's Name: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_

Please bring in copies of identification (i.e. driver's license) on or before your child's first day at Beacon Preparatory Academy.

Please attach:

Parent / Guardian 1's License:

Parent / Guardian 2's License:





## Child Image Usage Consent Form

This parental consent form serves to both inform you and to request permission for your child's photo/image and personally identifiable information to be published online, including our public website, social media sites, other Internet sites and to be used for Beacon Preparatory Academy publicity purposes.

I/we are aware that we are granted live video feed access via proprietary application into our child's assigned classroom along with all the other parents of this assigned classroom. In addition, I/we are aware that our child's pictures and videos will be shared in the private closed Facebook group of Beacon Preparatory Academy & Smart Stars Academy II.

If you, as the parent or guardian, wish to rescind this agreement, you may do so at any time in writing by sending a letter to the director of your child's center and such rescission will take effect upon receipt.

Check one of the following choices: \_\_\_\_\_ I/We GRANT or \_\_\_\_\_ DO NOT GRANT permission for my child's photo/image to be used.

Child's Name: \_\_\_\_\_

Classroom: \_\_\_\_\_

Parent Name (Print): \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## **Information to Parents**

Department of Children and Families Office  
of Licensing

### INFORMATION TO PARENTS

Under provisions of the Manual of Requirements for Child Care Centers (N.J.A.C. 3A:52), every licensed child care center in New Jersey must provide to parents of enrolled children written information on parent visitation rights, State licensing requirements, child abuse/neglect reporting requirements and other child care matters. The center must comply with this requirement by reproducing and distributing to parents and staff this written statement, prepared by the Office of Licensing, Child Care & Youth Residential Licensing, in the Department of Children and Families. In keeping with this requirement, the center must secure every parent and staff member's signature attesting to his/her receipt of the information.

Our center is required by the State Child Care Center Licensing law to be licensed by the Office of Licensing (OOL), Child Care & Youth Residential Licensing, in the Department of Children and Families (DCF). A copy of our current license must be posted in a prominent location at our center. Look for it when you're in the center.

To be licensed, our center must comply with the Manual of Requirements for Child Care Centers (the official licensing regulations). The regulations cover such areas as: physical environment/life-safety; staff qualifications, supervision, and staff/child ratios; program activities and equipment; health, food and nutrition; rest and sleep requirements; parent/community participation; administrative and record keeping requirements; and others.

Our center must have on the premises a copy of the Manual of Requirements for Child Care Centers and make it available to interested parents for review. If you would like to review our copy, just ask any staff member. Parents may view a copy of the Manual of Requirements on the DCF website at

<http://www.nj.gov/dcf/providers/licensing/laws/CCCmanual.pdf> or obtain a copy by sending a check or money order for \$5 made payable to the "Treasurer, State of New Jersey", and mailing it to: NJDCF, Office of Licensing, Publication Fees, PO Box 657, Trenton, NJ 08646-0657.

We encourage parents to discuss with us any questions or concerns about the policies and program of the center or the meaning, application or alleged violations of the Manual of Requirements for Child Care Centers. We will be happy to arrange a convenient opportunity for you to review and discuss these matters with us. If you



suspect our center may be in violation of licensing requirements, you are entitled to report them to the Office of Licensing toll free at 1 (877) 667-9845. Of course, we would appreciate your bringing these concerns to our attention, too.

Our center must have a policy concerning the release of children to parents or people authorized by parents to be responsible for the child. Please discuss with us your plans for your child's departure from the center.

Our center must have a policy about administering medicine and health care procedures and the management of communicable diseases. Please talk to us about these policies so we can work together to keep our children healthy.

Our center must have a policy concerning the expulsion of children from enrollment at the center. Please review this policy so we can work together to keep your child in our center.

Parents are entitled to review the center's copy of the OOL's Inspection/Violation Reports on the center, which are available soon after every State licensing inspection of our center. If there is a licensing complaint investigation, you are also entitled to review the OOL's Complaint Investigation Summary Report, as well as any letters of enforcement or other actions taken against the center during the current licensing period. Let us know if you wish to review them and we will make them available for your review or you can view them on line at <https://data.nj.gov/childcareexplorer>.

Our center must cooperate with all DCF inspections/investigations. DCF staff may interview both staff members and children.

Our center must post its written statement of philosophy on child discipline in a prominent location and make a copy of it available to parents upon request. We encourage you to review it and to discuss with us any questions you may have about it.

Our center must post a listing or diagram of those rooms and areas approved by the OOL for the children's use. Please talk to us if you have any questions about the center's space.

Our center must offer parents of enrolled children ample opportunity to assist the center in complying with licensing requirements; and to participate in and observe the activities of the center. Parents wishing to participate in the activities or operations of the center should discuss their interest with the center director, who can advise them of what opportunities are available.

Parents of enrolled children may visit our center at any time without having to secure prior approval from the director or any staff member. Please feel free to do so when you can. We welcome visits from our parents. Our center must inform parents in advance of every field trip, outing, or special event away from the center, and must obtain prior written consent from parents before taking a child on each such trip.



Our center is required to provide reasonable accommodations for children and/or parents with disabilities and to comply with the New Jersey Law Against Discrimination (LAD), P.L. 1945, c. 169 (N.J.S.A. 10:5-1 et seq.), and the Americans with Disabilities Act (ADA), P.L. 101-336 (42 U.S.C. 12101 et seq.). Anyone who believes the center is not in compliance with these laws may contact the Division on Civil Rights in the New Jersey Department of Law and Public Safety for information about filing an LAD claim at (609) 292-4605 (TTY users may dial 711 to reach the New Jersey Relay Operator and ask for (609) 292-7701), or may contact the United States Department of Justice for information about filing an ADA claim at (800) 514-0301 (voice) or (800) 514- 0383 (TTY).

Our center is required, at least annually, to review the Consumer Product Safety Commission (CPSC), unsafe children's products list, ensure that items on the list are not at the center, and make the list accessible to staff and parents and/or provide parents with the CPSC website at <https://www.cpsc.gov/Recalls>. Internet access may be available at your local library. For more information call the CPSC at (800)638-2772.

Anyone who has reasonable cause to believe that an enrolled child has been or is being subjected to any form of hitting, corporal punishment, abusive language, ridicule, harsh, humiliating or frightening treatment, or any other kind of child abuse, neglect, or exploitation by any adult, whether working at the center or not, is required by State law to report the concern immediately to the State Central Registry Hotline, toll free at (877) NJ ABUSE/(877) 652-2873. Such reports may be made anonymously. Parents may secure information about child abuse and neglect by contacting: DCF, Office of Communications and Legislation at (609) 292-0422 or go to [www.state.nj.us/dcf/](http://www.state.nj.us/dcf/).



## Parent Receipt of Information

I have read, received a copy of and was able to ask questions on the information/policies listed below:

- Information to Parents Statement
- Policy on the Release of Children
- Policy on Positive Guidance & Discipline
- Policy on Methods of Parental Notification
- Policy on Communicable Diseases
- Policy on Medication
- Policy on Expulsion
- Policy on the Use of Technology and Social Media

Child 1 Name: \_\_\_\_\_ Classroom: \_\_\_\_\_

Child 2 Name: \_\_\_\_\_ Classroom: \_\_\_\_\_

Child 3 Name: \_\_\_\_\_ Classroom: \_\_\_\_\_

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

Parent/Guardian 1 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

Parent/Guardian 2 Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# CHILD'S FILE CHECKLIST (FOR OFFICE USE ONLY)

Child's Name \_\_\_\_\_  
Birth date \_\_\_\_\_ Enrollment Date \_\_\_\_\_

- ┆ Signed Registration Form (which includes the following)
  - Name, Birth Date, Address, Enrollment Date
  - Parent Employer Info
  - Permission for Medical Emergencies
  - Signature Confirming Expulsion Policy
  - Email Address
- ┆ Custody Documents if applicable
- ┆ Emergency Contact Form
- ┆ EFT Authorization Form
- ┆ Financial Agreement
- ┆ Identification Form
  - Id from parent 1: \_\_\_\_\_
  - Id from parent 2: \_\_\_\_\_
- ┆ Child Image Usage Consent Form
- ┆ Parent Receipt of Information Form
- ┆ Universal Health Record w/ Doctor's Name & Phone
  - Prescription if applicable: \_\_\_\_\_
- ┆ Immunization Record
- ┆ Medication Packet
- ┆ If needed:
  - Care Plan for Children w/ Special Health Needs
  - Food Allergy & Anaphylaxis Emergency Care Plan
  - Asthma Action Plan

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- ┆ Entered into QuickBooks
- ┆ Entered into Procure
- ┆ Logged immunizations into Procure
- ┆ Entered into Tadpoles
- ┆ Entered EFT paperwork into Bank
- ┆ Emailed Parent Handbook link
- ┆ Added to the appropriate place on the Class List
- ┆ Added to Lunch plan (Regular or Vegetarian)
- ┆ Added to Pizza list
- ┆ Created yellow immunization card
- ┆ Given extracurricular sign up forms
- ┆ Check if in database, if so mark enrolled
- ┆ Add to licensing file checklist
- ┆ Add Emergency Contact Form to Office Emergency Binder
- ┆ Give copy of the Emergency Contact Form to the child's classroom teachers
- ┆ If any allergies or food restrictions, add to list, print updated Allergy list
- ┆ If signing up for extracurricular classes, or optional services, add to list and print updated lists
- ┆ If custody issues scan and add custody documents to child's Procure account
- ┆ If permission to use photo is not approved, add to Do Not Photograph Quick List in Tadpoles

Permission to use photo for school publicity <input type="checkbox"/> No <input type="checkbox"/> Yes Date _____
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Permission to send child's photo via the a system. <input type="checkbox"/> No <input type="checkbox"/> Yes Date _____
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File Completed Date: \_\_\_\_\_ Initials: \_\_\_\_\_