Busy Bear Nursery School Application

98 North Main Street, Marlboro, NJ 07746/ 732-946-2688/ www.busybearnurseryschool.com

Child's Name:	DOB: Gender:
Address:	City: Zip:
Home Phone:	Allergies:
Primary Email Address:	Program Code:

Parent Information

Father's Name	Mother's Name
Cell Phone:	Cell Phone:
Father's Occupation:	Mother's Occupation
Place of Business:	Place of Business:
Business Address:	Business Address:
Business Phone:	Business Phone:
Email Address:	Email Address:

If a non-custodial parent is not included among those persons authorized by the custodial parent to pick up the child please attach appropriate documents. (Court Order). Persons authorized to pick up child and/or contact in case of emergency if neither parent is available.

Name:	Relationship:
Address:	Phone:

Physician Information

Child's Doctor:	Phone:
Doctor's Address:	

Authorization & Permission

In the event that a medical emergency occurs and I cannot be reached, I authorize Busy Bear Nursery School to seek emergency medical care for my child as deemed necessary by the Director.

Permission is hereby given to the school to use in promoting the school and in other ventures directly relating to the school (1)students' photographs, video, and audio images or likenesses, and (2) statements, articles, names, music, art, photographs, audio recordings, films and videos created by the school and originating from school or school related activities.

Permission is hereby given to publish your child's name, parents' name, address, phone number, cell number and email address on his/her class list which is distributed to the parents in your child's class.

Authorization Signature:	Date:

Busy Bear Nursery School
Tuition Payment Schedule 2017-2018

Your **first tuition payment**, including a non-refundable $50 registration fee and one month's tuition, is due at registration. This tuition installment is non-refundable after June 1, 2017. Tuition is a yearly figure divided into ten equal payments that do not reflect the number of school days in any one month period.

Payment 2 is due on or before August 1, 2017, along with all paperwork including the Universal Health Record and a copy of your child's immunizations. If your child has food allergies that require Busy Bear to keep medication on hand, you must also provide the Care Plan for Children with Special Health Needs form. All forms are available on our website.

Payment 3 is due on or before October 1, 2017.

Payment 4 is due on or before November 1,2017.

Payment 5 is due on or before December 1, 2017.

Payment 6 is due on or before January 1, 2018.

Payment 7 is due on or before February 1, 2018.

Payment 8 is due on or before March 1, 2018.

Payment 9 is due on or before April 1, 2018.

Payment 10 is due on or before May 1, 2018.

Important: Failure to make the second tuition payment or return completed required paperwork due on or before August 1, 2017 can result in the removal of your child from this program.

All tuition payments received after the tenth of the month are subject to an additional $15.00 late fee.

Returned checks are subject to an additional $15.00 fee.

BUSY BEAR NURSERY SCHOOL

PROGRAMS & TUITION FOR 2017–2018

98 North Main Street, Marlboro, NJ 07746/ (732) 946-2688/ www.busybearnurseryschool.com

Child's Last Name	Child's First Name

Age	Session	Days	Time	Cost	Desired Program
2 year olds	Mommy & Me	Fridays	9:15-10:45	$240	
2 ½ year olds (3 yrs. old by March 1st)	Pre-Nursery - 2 half days (AM)	Tues/Thurs	9:00-11:30	$240	
	Pre-Nursery - 3 half days (AM)	Mon/Wed/Fri	9:00-11:30	$295	
3 year olds (3 yrs. old by Dec. 1st)	Nursery - 2 half days (AM)	Tues/Thurs	9:00-11:30	$240	
	Nursery - 2 half days (PM)	Tues/Thurs	12:00-2:30	$240	
	Nursery - 3 half days (AM)	Mon/Wed/Fri	9:00-11:30	$295	
	Nursery - 3 half days (PM)	Mon/Wed/Fri	12:00-2:30	$295	
	Nursery - 2 mini days	Tues/Thurs	9:00-1:00	$325	
4 year olds	PreK - 3 half day (AM)	Mon/Wed/Fri	9:00-11:30	$295	
	PreK - 3 half day (PM)	Mon/Wed/Fri	12:00-2:30	$295	
	PreK - 3 full days	Mon/Wed/Fri	9:00-2:00	$465	
	PreK - 2 full days	Tues/Thurs	9:00-2:00	$365	
	PreK - 5 Mini days	Mon-Fri	9:00-1:00	$565	
4 ½ year olds (miss the cut off- repeating PreK)	APK - 5 full days	Mon-Fri	9:00-2:00	$660	
	APK - 3 full days	Mon/Wed/Fri	9:00-2:00	$465	

Please include the following with this application:

- $50 non-refundable registration fee
- First tuition installment applied to June's tuition (non-refundable after April 1, 2017)
- $50 activity/workbook fee (for Pre K and APK only)

I have read the documents noted below and agree to adhere to the regulations set forth by the school. All documents are posted on the Busy Bear website under Registration 2017 (www.busybearnurseryschool.com)

- Expulsion policy, Information to Parents statement prepared by the Office of Licensing in the Department of Children and Families (DCF) and the Tuition Policy.
- All medical forms (Universal Health Record and Immunizations) are due by August 1, 2017. No child is permitted to begin school without all of the required paperwork completed and returned to Busy Bear.

Busy Bear reserves the right to cancel any class if the enrollment is below 5 students.

Parents Signature _____ **Date** _____

UNIVERSAL CHILD HEALTH RECORD

Endorsed by: *American Academy of Pediatrics, New Jersey Chapter*
New Jersey Academy of Family Physicians
New Jersey Department of Health and Senior Services

SECTION I - TO BE COMPLETED BY PARENT(S)

Child's Name *(Last)*	*(First)*	Gender ☐ Male ☐ Female	Date of Birth / /
Does Child Have Health Insurance? ☐Yes ☐No	If Yes, Name of Child's Health Insurance Carrier		
Parent/Guardian Name	Home Telephone Number	Work Telephone/Cell Phone Number	
Parent/Guardian Name	Home Telephone Number	Work Telephone/Cell Phone Number	

I give my consent for my child's Health Care Provider and Child Care Provider/School Nurse to discuss the information on this form.

Signature/Date	This form may be released to WIC. ☐Yes ☐No

SECTION II - TO BE COMPLETED BY HEALTH CARE PROVIDER

Date of Physical Examination:	Results of physical examination normal? ☐Yes ☐No	
Abnormalities Noted:	Weight *(must be taken within 30 days for WIC)*	
	Height *(must be taken within 30 days for WIC)*	
	Head Circumference *(If <2 Years)*	
	Blood Pressure *(If ≥3 Years)*	

IMMUNIZATIONS	☐ Immunization Record Attached ☐ Date Next Immunization Due:

MEDICAL CONDITIONS

Chronic Medical Conditions/Related Surgeries • List medical conditions/ongoing surgical concerns:	☐ None ☐ Special Care Plan Attached	Comments
Medications/Treatments • List medications/treatments:	☐ None ☐ Special Care Plan Attached	Comments
Limitations to Physical Activity • List limitations/special considerations:	☐ None ☐ Special Care Plan Attached	Comments
Special Equipment Needs • List items necessary for daily activities	☐ None ☐ Special Care Plan Attached	Comments
Allergies/Sensitivities • List allergies:	☐ None ☐ Special Care Plan Attached	Comments
Special Diet/Vitamin & Mineral Supplements • List dietary specifications:	☐ None ☐ Special Care Plan Attached	Comments
Behavioral Issues/Mental Health Diagnosis • List behavioral/mental health issues/concerns:	☐ None ☐ Special Care Plan Attached	Comments
Emergency Plans • List emergency plan that might be needed and the sign/symptoms to watch for:	☐ None ☐ Special Care Plan Attached	Comments

PREVENTIVE HEALTH SCREENINGS

Type Screening	Date Performed	Record Value	Type Screening	Date Performed	Note If Abnormal
Hgb/Hct			Hearing		
Lead: ☐ Capillary ☐ Venous			Vision		
TB (mm of Induration)			Dental		
Other:			Developmental		
Other:			Scoliosis		

☐ ***I have examined the above student and reviewed his/her health history. It is my opinion that he/she is medically cleared to participate fully in all child care/school activities, including physical education and competitive contact sports, unless noted above.***

Name of Health Care Provider (Print)	Health Care Provider Stamp:
Signature/Date	

CH-14 SEP 08 Distribution: Original-Child Care Provider Copy-Parent/Guardian Copy-Health Care Provider

Instructions for Completing the Universal Child Health Record (CH-14)

Section 1 - Parent

Please have the parent/guardian complete the top section and sign the consent for the child care provider/school nurse to discuss any information on this form with the health care provider.

The WIC box needs to be checked only if this form is being sent to the WIC office. WIC is a supplemental nutrition program for Women, Infants and Children that provides nutritious foods, nutrition counseling, health care referrals and breast feeding support to income eligible families. For more information about WIC in your area call 1-800-328-3838.

Section 2 - Health Care Provider

1. Please enter the date of the physical exam that is being used to complete the form. Note significant abnormalities especially if the child needs treatment for that abnormality (e.g. creams for eczema; asthma medications for wheezing etc.)
   - **Weight** - Please note pounds vs. kilograms. If the form is being used for WIC, the weight must have been taken within the last 30 days.
   - **Height** - Please note inches vs. centimeters. If the form is being used for WIC, the height must have been taken within the last 30 days.
   - **Head Circumference** - Only enter if the child is less than 2 years.
   - **Blood Pressure** - Only enter if the child is 3 years or older.
2. **Immunization** - A copy of an immunization record may be copied and attached. If you need a blank form on which to enter the immunization dates, you can request a supply of Personal Immunization Record (IMM-9) cards from the New Jersey Department of Health and Senior Services, Immunization Program at 609-588-7512.
   - The Immunization record must be attached for the form to be valid.
   - "Date next immunization is due" is optional but helps child care providers to assure that children in their care are up-to-date with immunizations.
3. **Medical Conditions** - Please list any ongoing medical conditions that might impact the child's health and well being in the child care or school setting.
   a. Note any significant medical conditions or major surgical history. **If the child has a complex medical condition, a special care plan should be completed and attached for any of the medical issue blocks that follow.** A generic care plan (CH-15) can be downloaded at www.state.nj.us/health/forms/ch-15.dot or pdf. Hard copies of the CH-15 can be requested from the Division of Family Health Services at 609-292-5666.

   b. **Medications** - List any ongoing medications. Include any medications given at home if they might impact the child's health while in child care (seizure, cardiac or asthma medications, etc.). Short-term medications such as antibiotics do not need to be listed on this form. Long-term antibiotics such as antibiotics for urinary tract infections or sickle cell prophylaxis should be included.

      PRN Medications are medications given only as needed and should have guidelines as to specific factors that should trigger medication administration. *Please be specific about what over-the-counter (OTC) medications you recommend, and include information for the parent and child care provider as to dosage, route, frequency, and possible side effects. Many child care providers may require separate permissions slips for prescription and OTC medications.*

   c. **Limitations to physical activity** - Please be as specific as possible and include dates of limitation as appropriate. Any limitation to field trips should be noted. Note any special considerations such as avoiding sun exposure or exposure to allergens. Potential severe reaction to insect stings should be noted. Special considerations such as back-only sleeping for infants should be noted.

   d. **Special Equipment** – Enter if the child wears glasses, orthodontic devices, orthotics, or other special equipment. Children with complex equipment needs should have a care plan.

   e. **Allergies/Sensitivities** - Children with life-threatening allergies should have a special care plan. Severe allergic reactions to animals or foods (wheezing etc.) should be noted. Pediatric asthma action plans can be obtained from The Pediatric Asthma Coalition of New Jersey at www.pacnj.org or by phone at 908-687-9340.

   f. **Special Diets** - Any special diet and/or supplements that are medically indicated should be included. Exclusive breastfeeding should be noted.

   g. **Behavioral/Mental Health issues** – Please note any significant behavioral problems or mental health diagnoses such as autism, breath holding, or ADHD.

   h. **Emergency Plans** - May require a special care plan if interventions are complex. Be specific about signs and symptoms to watch for. Use simple language and avoid the use of complex medical terms.
4. **Screening** - This section is required for school, WIC, Head Start, child care settings, and some other programs. This section can provide valuable data for public heath personnel to track children's health. Please enter the date that the test was performed. Note if the test was abnormal or place an "N" if it was normal.
   - For lead screening state if the blood sample was capillary or venous and the value of the test performed.
   - For PPD enter millimeters of induration, and the date listed should be the date read. If a chest x-ray was done, record results.
   - Scoliosis screenings are done biennially in the public schools beginning at age 10.

   This form may be used for clearance for sports or physical education. As such, please check the box above the signature line and make any appropriate notations in the Limitation to Physical Activities block.
5. Please sign and date the form with the date the form was completed (note the date of the exam, if different)
   - Print the health care provider's name.
   - Stamp with health care site's name, address and phone number.

Information to Parents

Department of Children and Families
Office of Licensing

Under provisions of the Manual of Requirements for Child Care Centers (N.J.A.C. 10:122), 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 this written statement, prepared by the Office of Licensing, Child Care & Youth Residential Licensing, in the Department of Children and Families (DCF). In keeping with this requirement, the center must secure every parent'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, 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 secure a copy of the Manual of Requirements by sending a check or money order for $5.00 made payable to the "Treasurer, State of New Jersey", and mailing it to: NJ Department of Children and Families, 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 Office of Licensing's Inspection/Violation Reports on the center, which are issued after every State licensing inspection of our center. If there is a licensing complaint investigation, you are also entitled to review the Office'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.

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 Office 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 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.P.S. 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 to periodically review the Department of Law and Public Safety (DLPS), Division of Consumer Affairs (DCA), unsafe children's products list, make the list accessible to staff and parents, and ensure that items on the list are not at the center. The list is available at www.state.nj.us/lps/ca/recall/recalls.htm. Internet access may be available at your local library. For more information call DLPS, DCA, toll-free at 1 (800) 242-5846.

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 Child Abuse Hotline, toll-free at 1 (877) NJ ABUSE. 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.nj.gov/dcf and select Publications.
00L4/17/08

CARE PLAN FOR CHILDREN WITH SPECIAL HEALTH NEEDS

-To be completed by a Health Care Provider-

	Today's Date
Child's Full Name	Date of Birth
Parent's/Guardian's Name	Telephone No. ( )
Primary Health Care Provider	Telephone No. ( )
Specialty Provider	Telephone No. ( )
Specialty Provider	Telephone No. ( )
Diagnosis(es)	
Allergies	

ROUTINE CARE

Medication To Be Given at Child Care	Schedule/Dose (When and How Much?)	Route (How?)	Reason Prescribed	Possible Side Effects

List medications given at home:

NEEDED ACCOMMODATION(S)

Describe any needed accommodation(s) the child needs in daily activities and why:

Diet or Feeding: _____

Classroom Activities: _____

Naptime/Sleeping: _____

Toileting: _____

Outdoor or Field Trips: _____

Transportation: _____

Other: _____

Additional comments: _____

_____

CARE PLAN FOR CHILDREN WITH SPECIAL HEALTH NEEDS
Continued

SPECIAL EQUIPMENT / MEDICAL SUPPLIES

1. _____
2. _____
3. _____

EMERGENCY CARE

CALL PARENTS/GUARDIANS if the following symptoms are present:

_____

_____

CALL 911 (EMERGENCY MEDICAL SERVICES) if the following symptoms are present, as well as contacting the parents/guardians:

_____

_____

TAKE THESE MEASURES while waiting for parents or medical help to arrive:

_____

_____

_____

SUGGESTED SPECIAL TRAINING FOR STAFF

_____

_____

_____

Health Care Provider Signature	Date

PARENT NOTES (OPTIONAL)

_____

_____

_____

I hereby give consent for my child's health care provider or specialist to communicate with my child's child care provider or school nurse to discuss any of the information contained in this care plan.

Parent/Guardian Signature	Date

Important: *In order to ensure the health and safety of your child, it is vital that any person involved in the care of your child be aware of your child's special health needs, medication your child is taking, or needs in case of a health care emergency, and the specific actions to take regarding your child's special health needs.*

Instructions for Completing the
Care Plan for Children with Special Health Needs (CH-15)

This Care Plan template is designed to supplement the Universal Child Health Record (UCHR, CH-14). It should be used for children with special health needs (CSHN). The UCHR is designed to be concise and does not provide sufficient space for detailed instructions that a CSHN might need. Use this Care Plan when your instructions for the child's care cannot be fit on to the UCHR. This Care Plan should be utilized as a template that can be adapted as needed. Not all parts need to be completed for some children, but other children may require extra pages to be attached to fully explain the instructions for the child's care.

In order to facilitate communication between the health care provider and the parent, it may be best to complete this form with the parent/guardian present. Parents often have practical knowledge that is important to incorporate into the plan, such as techniques to get the child to cooperate with treatments and specifics about the child care site/school like the hours attended and the resources/limitations of the out-of-home care provider. There is room at the end for optional parent notes and signature that will give permission for communication between the health care provider and the child care provider or school nurse.

Specific Instructions:

1. Complete the Universal Child Health Record (UCHR, CH-14).
2. Attach a copy of immunization record.
3. As appropriate check off the box labeled "Special Care Plan Attached."
4. Complete the Care Plan for Children with Special Health Needs
    - Complete the demographic information.
    - The Primary Health Care Provider is the medical home where the child's complete health records are maintained.
    - Specialty providers and their contact information should be included if the specialists play a major role in the child's health care such as adjusting medication doses.
    - Diagnosis – Include major diagnoses (preferably using lay terminology as necessary).
    - Allergies – Include medication allergies and other significant environmental allergies.
    - Routine Care – Complete the medication information. Include important side effects that child care providers should be watching for both with medications administered at home as well as those given at child care.
    - Describe any Needed Accommodations to particular activities.
        - Describe special diets or feeding techniques which may be needed such as feeding pureed foods, maintaining upright positioning during feeds, following a restrictive diet, etc.
        - Classroom activities – List any modifications needed to allow the child to participate such as extra rest breaks, use of adaptive equipment, etc.
        - Outdoor Activities/Field Trips- List any special precautions needed for class trips such as emergency kits, mobile phones, special vehicles, etc.
    - Special Equipment/ Medical Supplies
        - List special equipment that may be needed such as nebulizers, peak flow meters, glucometers, braces, hearing aids, wheelchairs, apnea monitors, etc.
    - Emergency Care
        - Help the child care providers to understand which signs/symptoms merit calling the parents and which are more serious and indicate that EMS should be activated.
        - Describe interim measures that should be taken while waiting for parent or EMS arrival such as administering an asthma nebulizer treatment or an Epi-Pen.
    - Special Staff Training
        - Are there special trainings that staff should attend in order to care for the child such as medication administration training, first aid/CPR, etc.? Include who might be available to provide such training.

Expulsion Policy

In compliance with the New Jersey State Regulations for Child Care Centers, Busy bear Nursery School has a written policy on the expulsion of children from school. Unfortunately, there are sometimes reasons we have to expel a child from our program either on a short term or permanent basis. We want you to know we will do everything possible to work with the family of the child(ren) in order to prevent this policy from being enforced. The following are reasons we may have to expel or suspend a child from this center.

Immediate causes for expulsion

- The child is at risk of causing serious injury to other children or himself/herself.
- Parent threatens physical or intimidating actions towards staff members.
- Parent exhibits verbal abuse to staff in front of enrolled children.

Parental actions for child expulsion

- Failure to pay/habitual lateness in payments.
- Failure to compete required forms including the child's immunization record.
- Habitual tardiness when picking up your child.
- Verbal abuse to staff
- Other (explain)

Child's actions for expulsion

- Failure of child to adjust after a reasonable amount of time
- Uncontrollable tantrums/angry outbursts
- Ongoing physical or verbal abuse to staff or other children
- Excessive biting
- Other (explain)

Remedial actions to prevent expulsion

- Staff will try to redirect child from negative behavior.
- Staff will reassess classroom environment, appropriate of activities, supervision.
- Staff will always use positive methods and language while disciplining children.
- Staff will praise appropriate behaviors.
- Staff will consistently apply consequences for rules.
- Child will be given verbal warnings
- Child will be given time to regain control.
- Child's disruptive behavior will be documented and maintained in confidentiality.
- Parent/guardian will be notified verbally.
- Parent/guardian will be given written copies of the disruptive behaviors that might lead t expulsion.
- The director, classroom staff and parent/guardian will have a conference(s) to discuss how to promote positive behaviors.
- The parent will be given literature or other resources regarding methods of improving behavior.
- Recommendation of evaluation by professional consultation on premises.
- Recommendation of evaluation by local school district child study team.

Schedule of expulsion

If after the remedial actions above have not worked, the child's parent/guardian will be advised verbally and in writing about the child's or parent's behavior warranting expulsion. An expulsion action is meant to be a period of time so that the parent/guardian may work on the child's behavior or to come to an agreement with the center.

- The parent/guardian will be informed regarding the length of the expulsion period.
- The parent/guardian will be informed about the expected behavioral changes required in order for the child or parent to return to the center.
- The parent/guardian will be given a specific expulsion date that allows the parent sufficient time to seek alternate childcare (approximately one to two weeks notice depending on risk to other children's welfare or safety). Failure of the child/parent to satisfy the terms of the plan may result in permanent expulsion from the center.

A child will not be expelled

If a child's parent:

- Made a complaint to the Office of Licensing regarding a center's alleged violations of the licensing requirements.
- Reported abuse or neglect occurring at the center.
- Questioned the center regarding policies and procedures.
- Without giving the parent sufficient time to make other child care arrangements.

Busy Bear Nursery School
98 North Main Street
Marlboro, NJ 07746
(732) 946-2688

Signatures Required

Student Name:	
Mother's Name:	
Father's Name:	

I have received and read a copy of the Busy Bear Nursery School Expulsion Policy.

Parent Signature:	Date:

I have received and read the Information to Parents statement prepared by the Office of Licensing in the Department of Children and Families (DCF).

Parent Signature:	Date:

I give permission for my child to participate in walking trips on the church grounds throughout the school year. I understand that these trips will be on St. Gabriel's property only. These trips will take place during class time and/or gym time and will be supervised by the classroom teacher and assistant.

Parent Signature:	Date:

I give Busy Bear Nursery School permission for my child to be photographed during school activities and events.

Parent Signature:	Date:

I agree to the terms of Busy Bear's tuition policy. Tuition is divided into 10 equal monthly payments. Your first and last month's tuition (September and June) are due at student orientation in September. All remaining tuition payments are due on the first of the month. Payments received after the 15th of the month will be subject to a $15.00 late fee. Monthly tuition payments are required regardless of absences due to vacations or illness. Busy Bear offers a 5% sibling discount.

Parent Signature:	Date: