



Trinity Learning Center

Making a difference for Christ

351 N. Delsea Drive, Clayton, NJ 08312 (856) 863-1103

Paid Registration \$25

Paid Registration \$35

Application for Child's Enrollment

Date of Enrollment:	Referred by:
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Name of Child	
Date of Birth	
Home Address	

Mother		Father	
Name		Name	
Home Phone	()	Home Phone	()
Cell Phone	()	Cell Phone	()
Home Address		Home Address	

Mother's Work		Father's Work	
Name of Business		Name of Business	
Business Phone	()	Business Phone	()
Business Address		Business Address	

Persons authorized to pick up your child and/or contact in case of emergency if neither parent is available to assume responsibility for the child.

Name of Contact #1		Name of Contact #2	
Phone	()	Phone	()
Relationship		Relationship	
Address		Address	

Child's Doctor	
Telephone	()
Address	

C U S T O D I A N	Name of person PROHIBITED from picking up the child: _____ If a non-custodial parent is not included among those persons authorized by the custodial parent to pick up the child, please explain below and attach a copy of the appropriate court order.
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E M E R G E N C Y	I have completed the medical emergency form which authorizes the center to seek emergency medical care for my child as deemed necessary by the Director, or director's designee. Parent's signature: _____ Date: _____
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W A L K I N G	<input type="checkbox"/> I give permission for my child to participate in walking trips within the center's neighborhood. <input type="checkbox"/> I do not give permission for my child to participate in walking trips within the center's neighborhood. Parent's signature: _____ Date: _____
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B U S	<input type="checkbox"/> I give permission for my child to ride the Trinity Learning Center bus (with a licensed CDL driver) to and from the elementary school he/she is enrolled in. <input type="checkbox"/> I do not give permission for my child to ride the Trinity Learning Center bus (with a licensed CDL driver) to and from the elementary school he/she is enrolled in. <input type="checkbox"/> Not applicable, my child is in pre-school. Parent's signature: _____ Date: _____
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	It is the center's policy that all enrolled students must be toilet trained. By signing this application you affirm that your child is toilet trained. <input type="checkbox"/> Yes, my child is toilet trained. _____ <div style="display: flex; justify-content: space-between; width: 100%;"> Parent Signature Date </div>
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P O L I C Y	I (we) attest that all of the information on this application is accurate, and that I (we) have received the following information for my (our) home records: <ol style="list-style-type: none"> 1. Information to Parents Document (attached) ___ Yes ___ No 2. Policy on the Release of Children ___ Yes ___ No 3. Philosophy of Discipline ___ Yes ___ No 4. Policy on the Management of Illnesses/Communicable Diseases ___ Yes ___ No Parent's signature: _____ Date: _____
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Parental Authorization For Emergency Treatment

Child's Name _____

Age _____ Date of Birth _____

Address: _____

Parent (s) Name _____

Parent(s) Address _____

Child's Medical Information

Medical Problems _____

Allergies _____

Medicine(s) Child is Taking _____

Medicine(s) Child is Allergic to _____

Name of Child's Health care provider _____ Phone _____

Child's Insurance

Company/HMO _____

Group Number _____ Identification # _____

I/we state that we are the parent(s)/guardian(s) having legal custody of the above child and attest that the information above is correct. I/we authorize the above child care center director or director's designee to obtain emergency medical treatment for my child. I consent to an x-ray examination, anesthetic, medical or surgical diagnosis or treatment, and hospital care to be rendered to the minor at a recognized medical facility, under the general or special supervision of a licensed physician or surgeon.

The following steps will be followed in an emergency:

1. The parent/guardian will be contacted immediately
2. The child's health care provider will be contacted.
3. We will attempt to contact you through all of the emergency persons listed on the child's application form.
4. If we cannot contact you or your child's health care provider, we will do any or all of the following:
 - a. Call for emergency first aid assistance/transportation.
 - b. Call another health care provider
 - c. Have the child transported to an emergency hospital in the company of a staff member.

Parent signature: _____

Date of signature: _____ Date Permission terminated: _____

Witness: _____ Date: _____

INFORMATION TO PARENTS

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 Bureau of Licensing in the Division of Youth and Family Services (DYFS). 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 Bureau of Licensing in the New Jersey Division of Youth and Family Services. 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 made payable to the "Treasurer, State of New Jersey", and mailing it to: Bureau of Licensing, Division of Youth and Family Services, Licensing Publication Fees, PO Box 18500, Newark, NJ 07191.

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 standards, you are entitled to report them to the Bureau of Licensing at: (609) 292-1021 or (609) 292-9220. 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 parent(s) 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 dispensing medicine and the management of communicable diseases. Please talk to us about these policies so we can work together to keep 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 Bureau 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 Bureau'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 DYFS inspections/investigations. DYFS 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 Bureau 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 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 such trip(s).

Our center is required to comply with 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).

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 Division of Youth and Family Services' Office of Child Abuse Control, toll free at: 1-800-792-8610 or to any DYFS district office. Such reports may be made anonymously.

Parents may secure information about child abuse and neglect by contacting: Community Education Office, Division of Youth and Family Services, PO Box 717, Trenton, NJ 08625-0717.