



CROSSROADS EARLY LEARNING CENTER

114 Old Stage Road
East Brunswick, NJ 08816
732.251.3221 fax 732.723.9026

ENROLLMENT CONTRACT

Child's Name: _____ Date of Birth: _____

Start Date: _____ 12 Months _____ 10 Months _____

CHILD'S SCHEDULED DAYS		
	<i>Drop Off</i>	<i>Pick Up</i>
Monday	_____	_____
Tuesday	_____	_____
Wednesday	_____	_____
Thursday	_____	_____
Friday	_____	_____

TUITION SCHEDULE AND BILLING POLICIES

I (we) are responsible for all fees and agree to abide by the billing policies as outlined in The Crossroads Handbook.

WALKING EXPLORATION EXPERIENCES:

My child _____ has permission to participate in walking trips within the neighborhood.

(Parent's Initials) _____

PHOTOGRAPHS AND INTERVIEWS

I (do, do not) authorize my child to be photographed and/or interviewed for the promotion of Crossroads Early Learning Center. This consent is intended to release all personnel from any claim arising out of the use of such photograph and/or interview.

(Parent's Initials) _____

In keeping with NJ's Department of Children and Families, we are obliged to provide you with certain information: I/We, _____, the parent(s)/legal guardian(s) of _____

acknowledge that I/we have received and read the **CROSSROADS EARLY LEARNING CENTER HANDBOOK**. In the handbook, there are policies such as the "**Discipline Policy**", "**EXPULSION POLICY**" and "**INFORMATION TO PARENTS**" statement (pages 16-18) provided by the Department of Children and Families. The statement highlights: your right to visit and observe our center at any time without having to secure prior permission; the center's obligation of all citizens to report suspected child abuse/neglect/exploitation to the State Child Abuse Hotline 1-877/NJ-ABUSE. I/we have been given the opportunity to ask questions and agree to abide by the policies in the manual including the information set forth in the above mentioned section.

Mother's Signature: _____ Date: _____

Print Name: _____

Father's Signature: _____ Date: _____

Print Name: _____