



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 Family Handbook.

WALKING EXPLORATION EXPERIENCES:

My child _____ has permission to participate in walking trips on our property and for the PreK/School Age children walking trips in our neighborhood but away from the main road.

(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. And, pictures may be posted on FaceBook for parents to view classroom activities. No names will be used. 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 is the "POSITIVE GUIDANCE & DISCIPLINE", "EXPULSION", "RELEASE OF CHILDREN", "METHODS OF PARENT NOTIFICATION", "COMMUNICABLE DISEASE MANAGEMENT", "USE OF TECHNOLOGY & SOCIAL MEDIA", "MEDICATION" policies, and "INFORMATION TO PARENTS" statement, 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 1-877/652-2873. 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: _____