



Childcare and Learning Center LLC
195 Woodstown Rd., Woolwich Twp., NJ 08085
856-975-6027 phone / 856-230-7174 fax
www.kgandj.com

- \$400 tuition (per child) is non-refundable, paid in advance and due each Friday for the upcoming week **unless** the child will not be in attendance. A **\$25 daily late fee** will apply.
- We do not offer any credits or refunds of any kind.
- Weekly tuition is Monday through Friday, 6:30a - 6:30p and does not include weekends or extended hours.
- Children may arrive no more than 15 minutes early. An early drop off fee of \$1 per minute will be charged.
- Late fee for pick up is \$5 per minute.
- Children will **ONLY** be released to those listed as authorized to pick up, **NO EXCEPTIONS**. ID must be presented if not on file.
- Breakfast, lunch and snacks are provided.
- Please do not bring toys/electronics. We are not responsible for any lost, stolen and/or damaged electronics, toys, clothing or any other personal items.
- Payments may be made by cash or electronically. We **do not** accept checks or money orders. **PayPal:** kgandjLLC@gmail.com; **Venmo:** @Kia-Williams-53; **CashApp:** kgandj and **Zelle:** 484-716-3819.
- Our space is limited. The Tuition Fee Agreement is only considered to be an offer unless signed and dated by all parties. Rates and fees are subject to change.
- Either party may immediately terminate this Agreement at any time. Refunds, credits and/or reimbursements will **not** be offered.

initials_____

- Excessive crying, tantrums, hitting, biting, thumb sucking and other forms of inappropriate or unacceptable behavior will result in termination.
- We do not accept any form of subsidy.
- Children must have a backpack, water bottle, diapers/formula/baby food (if applicable) and a change of clothes.
- Children will not be permitted to enter with excessive coughing, persistent runny noses of any color, fever, body rashes, diarrhea, loose stools or any illness and may require a physicians note prior to return. The Center may decline request to administer medications.

1. Please list any specific, special needs or instructions your child may require? _____

2. Does your child have any food allergies? _____
3. French Bulldog(s) on premises. Is your child afraid or allergic to dogs? _____
4. Is your child Potty trained? _____
5. What is the best way to reach you? _____
6. May your child's photo(s) be shown on our website and social media accounts? Yes ___ or No____

Child's Name: _____ Anticipated Start Date: _____

Parent/Guardian Signature & Date _____ Social Security Number (Tax Purposes) _____

KG&J Childcare and Learning Center LLC

Thank you for choosing KG&J Childcare and Learning Center.

Childcare Emergency Contact and Medical Information Form

Child's Name: _____ Birthdate: _____

Home Address: _____

Parent/Guardian Name: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email: _____

Home Address (if different): _____

Employer: _____

Employers Address: _____

Parent/Guardian Name: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email: _____

Home Address (if different): _____

Employer: _____

Employers Address: _____

Emergency Contacts (

when attempts to contact parents/guardians are not successful, these individuals are also authorized to pick up child(ren).

Name: _____ Relationship to child: _____

Home Phone: _____ Cell Phone: _____

Other: _____

Name: _____ Relationship to child: _____

Home Phone: _____ Cell Phone: _____

Other: _____

Please advise in advance when any of the following authorized persons will pick the child(ren) up:

Valid photo identification must be provided.

Name: _____ Phone #: _____ Relationship: _____

Name: _____ Phone #: _____ Relationship: _____

Name: _____ Phone #: _____ Relationship: _____

Child's Physician's Name: _____
Phone # : _____ Fax #: _____
Address: _____

Preferred Hospital (in the event of an emergency): _____

Child's Health Insurance Information

Name of Insurance Plan: _____
Certificate or ID Number: _____ Group #: _____
Policy Holders Name: _____

Special Conditions, Disabilities, Allergies or Medical Information for Emergency Situations:

Parent/Legal Guardian Consent and Agreement for Emergencies

As parent/legal guardian, I give consent to have my child(ren) have first aid by facility staff, and, if necessary, be transported to receive emergency care. I understand that i will be be responsible for all charges not covered by insurance. I agree to review and update this information whenever a change occurs and at least once a year.

Parent/Guardian Signature and Date

Parent/Guardian Signature and Date

Childcare Medication Administration Form

The parent/guardian of _____ ask that KG&J Childcare and Learning Center LLC staff give the following:

1. _____ dosage: _____ time(s): _____
2. _____ dosage: _____ time(s): _____
3. _____ dosage: _____ time(s): _____

according to the Health Care Provider's signed instructions on the lower part of this form.

If the Childcare Center agrees to administer medication prescribed by a licensed health care provider. It is the parent/guardians responsibility to furnish the medication.

The parent agrees to pick up expired or unused medication within one week of notification by staff.

Prescription medications must come in a container labeled with; child's name, name of medicine, time medicine is to be given, dosage, date medicine is to be stopped and licensed health care providers name. Pharmacy name and number must also be included on the label.

Over the counter medication must be labeled with child's name. Dosage must match the signed health care provider authorization and medicine must be packaged in original container.

By signing this document, I give permission for my child's health care provider to share information about the administration of this medication with the Childcare Center staff.

Parent/Guardian Signature and Date Parent/Guardian Signature and Date

Healthcare Provider Authorization to Administer Medication in Daycare

Child's Name: _____ Birthdate: _____

Medication: _____ Dosage: _____ Route: _____

To be given at the following time(s): _____

Starting Date: _____ Ending Date: _____

Special Instructions: _____

Purpose of medication: _____

Side effects to be reported: _____

Signature of Health Care Provider w/ Prescriptive Authority

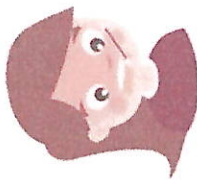


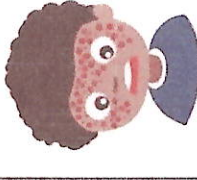


License #: _____

Phone #: _____

Date: _____

Please ask the pharmacist for a separate medicine bottle to keep at Daycare.
Thank you!

Sick Kids: When to stay Home from School

FEVER A temperature of 100° or higher	COUGHING THAT WON'T STOP Or other problems with breathing	DIARRHEA OR VOMITING Within the past 24 hours	RASH Body rash with itching and/or fever	HEAD LICE Itchy head, active head lice	EYE INFECTION Eye is red and oozing a yellow or green discharge
					
<h2>When to Return to School</h2>					
Fever free for 24 hours without the use of fever reducing medication such as ibuprofen or acetaminophen	Cough is mild and infrequent and evaluated by doctor if needed	Free from diarrhea and/or vomiting for at least 24 hours and evaluated by doctor if needed	Free from rash, itching or fever and evaluated by doctor if needed	After first head lice treatment	24 hours after starting antibiotic eye drops or ointment

This information is general in nature and does not constitute medical advice. Please consult your doctor for more information. © 2018 Lake*Prevent

I have received a copy of "When to stay home from school":

Parent/Guardian Signature _____

Date: _____

Checklist

- Registration fee and Tuition Payment
- Parent/Guardian Photo ID
- Proof of Guardianship (if applicable)
- Childs Birth Record/Certificate
- Copy of current vaccination records within 5 days of registration
- Medication Administration Form
- Signed Tuition Fee Agreement
- Emergency Contact Information Form
- When to Stay Home from School
- Water bottle & Change of Clothes (diapers, bottles, formula, baby food if applicable)
- Other: _____

Thank you again, for choosing KG&J Childcare and Learning Center!



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Days Closed (revised)

2023

Thursday, November 23 - Thanksgiving
Monday, December 25 - Christmas

2024

Monday, January 1 - New Year's Day
Thursday, November 28 - Thanksgiving
Wednesday, December 25 - Christmas