STEM Academy
Enrollment Application
www.iGoSTEM.com

CHILD FIRST & LAST NAME: _____ DOB: _____ AGE: _____ Gender: ☐ M ☐ F

Primary Address: _____ City: _____ Zip: _____

Primary Phone Number: _____ Primary Email: _____

Child Primarily Lives with (check one): ☐ Mom & Dad ☐ Mom ☐ Dad ☐ Other : _____

How did you hear about STEM Academy: _____ Referred by: _____

Registration Date: _____ Start Date: _____ Full Day ☐ Half Day ☐ Times: 7:00-7:00

Program (check one ☐ INFANT ☐ TODDLER ☐ TRANSITION ☐ PRESCHOOL ☐ PRE-K ☐ KINDERGARTEN ☐ BEFORE CARE ☐ AFTER CARE

If attending public school, which school/times: _____ GRADE: _____ AFTER CARE PACKAGE: 1 2

PARENT/GUARDIAN #1 Name: _____ Ckeck one: ☐ Mom ☐ Dad ☐ Other :

Address: _____

City: _____ State: _____ Zip Code: _____

Cell Phone: _____ Home Phone: _____

Employer: _____ Work Phone: _____

Employer's Address: _____

Email/s: _____

PARENT/GUARDIAN #2 Name: _____ Check one: ☐ Mom ☐ Dad ☐ Other: _____

Address (if different from above): _____

City: _____ State: _____ Zip Code: _____

Cell Phone: _____ Home Phone: _____

Employer: _____ Work Phone: _____

Employer's Address: _____

Email/s: _____

ADDITIONAL CHILD INFORMATION

My child has been in a home/group/private care before: ☐ YES ☐ NO

My child's primary language spoken at home is _____

Typical bed time and wake up time _____

Number of siblings _____ Birth order of child _____

SPECIAL REQUESTS/NEEDS/CONCERNS – List Below
(comfort items, special words, fears, etc.)

_____

_____

_____

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EMERGENCY CONTACTS *(parent/guardian notified first, next in priority)*

Contact #1 Name: _____ Relationship: _____ Phone: _____

Contact #2 Name: _____ Relationship: _____ Phone: _____

Contact #2 Name: _____ Relationship: _____ Phone: _____

AUTHORIZATION OF EMERGENCY MEDICAL TREATMENT *In the event of an emergency requiring a physician's care or 911 to be called. Please read and sign the following:*

I (WE) _____ & _____ PARENTS/GUARDIANS OF
PARENT/GUARDIAN NAME – PRINT **PARENT/GUARDIAN NAME - PRINT**

_____ AUTHORIZE FOR EMERGENCY PURPOSES ONLY, A DESIGNATED EMPLOYEE
CHILD NAME

OF STEM ACADEMY TO TRANSPORT THE ABOVE MINOR CHILD BY AMBULANCE AND CONSENT TO ANY NECESSARY EXAMINATION, ANESTHETIC,

MEDICAL ADVICE AND/OR TREATMENT FROM A PHYSICIAN OR SURGEON LICENSED TO PRACTICE IN THE STATE OF NEW JERSEY.

_____
KNOWN ALLERGIES TO MEDICATION OR FOODS

_____
AUTHORIZATION: SIGNATURE OF PARENT(S) **DATE**

MEDICAL INFORMATION

Does your child have food/seasonal allergies?	YES ☐	NO ☐
Does your child have an EPI-PEN?	YES ☐	NO ☐
Does your child have an allergy/asthma action plan?	YES ☐	NO ☐
Any major illness or physical conditions?	YES ☐	NO ☐
Will this affect your child's participation in center activities?	YES ☐	NO ☐
Is your child currently under a physician's care?	YES ☐	NO ☐
Does your child take prescribed medications?	YES ☐	NO ☐
Does your child use any special devices (hearing aid, etc.)	YES ☐	NO ☐
Do you any concerns with your child being in group care?	YES ☐	NO ☐

If you have selected YES to any of the questions above, please explain:_____

_____

_____

CHILD'S HEALTH CARE INFORMATION

DOCTOR FIRST & LAST NAME: _____ OFFICE PHONE: _____

OFFICE MAILNG ADDESS: _____ FAX PHONE: _____

DENTIST FIRST & LAST NAME: _____ OFFICE PHONE: _____

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CHILD FIRST & LAST NAME: _____ DOB: _____ AGE: _____ Gender: M ☐ F ☐

CHILD RELEASE AUTHORIZATION

The names of ANY individuals who are authorized to pick up your child, besides yourself, must be on file here at the center. If anyone else will be picking up your child, please notify the office and use an AUTHORIZATION PICK UP FORM. STEM ACADEMY cannot release your child to anyone not authorized to pick up without written consent. If there is another pick-up person other than the parents, please send us an email with the pick-up person's full name and phone number. The pick-up person must be ready to show I.D. upon arrival. This will help us identify them upon pick up and ensure the child's safety.

ALL INDIVIDUALS WILL NEED TO PROVIDE A PHOTO I.D. WHEN PICKING UP.
A COPY OF THIS PHOTO I.D. WILL BE MADE AND KEPT ON FILE AT THE CETNER.

NAME	RELATIONSHIP	ADDRESS	PHONE#
NAME	RELATIONSHIP	ADDRESS	PHONE#
NAME	RELATIONSHIP	ADDRESS	PHONE#

SIGNATURE OF PARENT/GUARDIAN _____ DATE

CHILD LEFT AT CENTER

IF A CHILD IS LEFT **MORE THAN 1 HOUR** AFTER CLOSING AND STEM ACADEMY HAS NOT HEARD FROM OR IS UNABLE TO CONTACT THE PARENT(S) OR THE AUTHORIZED PICK UP PERSONS, WE ARE REQUIRED TO NOTIFY THE LOCAL AUTHORITIES. (NJ 1-877 NJ ABUSE/1-877-652-2873) WE WILL THAN FOLLOW THE INSTRUCTIONS OF LOCAL AUTHORITIES REGARDING YOUR CHILD'S CARE.

PRINT NAME OF PARENT/GUARDIAN _____ SIGNATURE OF PARENT/GUARDIAN _____ DATE

PARENT/GUARDIAN IMPAIRED AT PICK UP

IF THE PARENT/GUARDIAN APPEARS TO BE PHYSICALLY AND/OR EMOTIONALLY IMPAIRED, BY JUDGEMENT OF DIRECTOR/STAFF MEMBER, AND THE CHILD WOULD BE PLACED AT RISK OF HARM IF RELEASED TO THIS PARENT/ GUARDIAN; STEM ACADEMY WILL NOT RELEASE THE CHILD AND AN ALTERNATIVE PICK UP PERSON MUST BE ARRANGED.

PRINT NAME OF PARENT/GUARDIAN _____ SIGNATURE OF PARENT/GUARDIAN _____ DATE

CUSTODY ISSUES/ CUSTODIAL PAPERS

IF THERE ARE ANY CUSTODY ISSUES, COURT DOCUMENTS, DIVORCE AGREEMENTS, VISITATION RESTRICTIONS, DYFS ISSUES REGARDING YOUR CHILD, STEM ACADEMY MUST HAVE A COPY OF THESE PAPERS ARE ON FILE.

_____ NO, THERE ARE NO RESTRICTIONS

_____ YES, THERE ARE SUCH RESTRICTIONS: COPIES HAVE BEEN PROVIDED.

PRINT NAME OF PARENT/GUARDIAN _____ SIGNATURE OF PARENT/GUARDIAN _____ DATE

PARENT AUTHORIZATION PAGE

PARENT PERMISSION FOR SCHOOL PICK-UP AND/OR DROP-OFF

STEM ACADEMY HAS PERMISSION TO TRANSPORT _____, ON A DAILY BASIS (OR ON
PRINT CHILD NAME

DAYS INDICATED) TO/FROM _____ SCHOOL AND TRANSPORT CHILD BACK TO/FROM STEM ACADEMY.
PRINT NAME OF SCHOOL

DAYS INDICATED: _____

_____
SIGNATURE OF PARENT/GUARDIAN **DATE**

PARENT RELEASE OF PRIVATE INFORMATION

_____ YES, WE GIVE PERMISSION FOR OUR ADDRESS/PHONE # TO BE ON THE CLASS LIST.

_____ NO, WE DO NOT GIVE OUR PERMISSION FOR OUR EMAIL ADDRESS/PHONE# TO BE ON THE CLASS LIST.

EMERGENCY MEDICAL RELEASE - This is to certify that I voluntarily furnish medical information on the above designated student to STEM ACADEMY FOR YOUNG KIDS. I hereby request that in the event that emergency medical care for my child. I further give my consent for an emergency medical facility or physician to administer necessary medical treatment to my child if I am unable to be reached or the situation requires immediate attention. I understand that I am responsible for paying all medical bills.

PRINT NAME: _____ **SIGNATURE**: _____ **DATE**: _____

ACKNOWLEDGMENT OF WAIVER AND RELEASE - By signing this form I confirm to pay my tuition fees **AND** I confirm I realize all risks related to the transportation, activity and environment. I confirm waiving, releasing and discharging STEM Academy for Young Kids and its associates from any and all claims of liability or expenses of any kind and/or nature whatsoever arising out of or relating to my child/ren's participation in the Enrichment and Care Programs.

PRINT NAME: _____ **SIGNATURE**: _____ **DATE**: _____

I (WE) HAVE READ AND FILLED OUT TO THE BEST OF MY (OUR) KNOWLEDGE THE ABOVE ENROLLMENT APPLICATION FOR MY (OUR) CHILD FOR ENROLLMENT AT THE STEM ACADEMY FOR YOUNG KIDS.

_____
PRINT CHILD'S NAME DATE

_____
PARENT SIGNATURE DATE

_____
PARENT SIGNATURE DATE

CHILD VISITED CENTER ON: _____

CHILD'S ENROLLMENT DATE: _____

(PRESCHOOL, PRE-K, KINDERGARTEN & FIRST GRADE ONLY)

CHILD ASSESSMENT DONE:_____

ALLERGY/ASTHMA ALERT FORM

Our first priority at STEM Academy is every child's safety. Please complete the information below and speak directly with the Director concerning your child's allergy/asthma action plan if applicable.

Child's Name: _____ GRADE: _____ AGE: ____ Gender: M ☐ F ☐

☐ Yes, my child has an allergy/allergies/asthma. If yes, please continue signing and completing this form

☐ No, my child does not have any allergy/allergies/asthma. If no, please sign below.

_____ **Parent/ Guardian Signature Date**

Please list any known ALLERGY/ALLERGIES/ASTHMA below:

_____

_____

_____

Does your child have an allergy and/or allergies?	YES ☐	NO ☐
Does your child have an epinephrine auto injector (i.e. EpiPen, Auvi-Q)?	YES ☐	NO ☐
Does your child have an antihistamine such as Benadryl?	YES ☐	NO ☐
Have you supplied the center with Benadryl and/or an EpiPen? (All prescriptions must be given in its original box with the original label.)	YES ☐	NO ☐
Does your child have asthma?	YES ☐	NO ☐
If your child has asthma, does your child have an inhaler?	YES ☐	NO ☐
Did your doctor fill out an allergy and/or asthma action plan?	YES ☐	NO ☐

PARENTS OF CHILDREN WITH ALLERGIES MUST DISCUSS ANY/ALL DIETARY ISSUES WITH THE DIRECTOR UPON ENROLLMENT. WE STRONGLY ENCOURAGE PARENTS OF CHILDREN WITH ALLERGIES TO SUPPLY ALL THEIR CHILD'S FOOD AND BOWLS UNLESS OTHERWISE AGREED UPON. ALL CHILDREN WITH SEVERE ALLERGIES AND/OR ASTHMA REQUIRE THE APPROPRIATE EMERGENCY ACTION PLAN AND MEDICATIONS AUTHORIZED BY A PHYSICIAN. STEM MUST BE NOTIFIED OF ANY CHANGES IN ALLERGY OR MEDICATION STATUS.

_____ _____

Parent/Guardian Signature **Date**

INFO TO PARENTS SIGN OFF PAGE

Dear Parent/Guardian:

As per New Jersey Child Care Center Licensing Requirements, we are obliged to provide you, as the parent/guardian of a child enrolled at our center, with this informational statement.

The statement highlights, among other things: your right to visit and observe our center at any time without having to secure prior permission; the center' s obligation to be licensed and to comply with licensing standards; and the obligation of all citizens to report suspected child abuse/neglect/exploitation to the State Central Registry Hotline (877) NJ ABUSE (877) 652-2873.

Please read this statement carefully, and if you have any questions, feel free to contact me at:

732-243-9793 or igostemacademy@gmail.com

Sincerely,

Director
STEM Academy for Young Kids

Please complete and return this portion to the center.

(Please Print)

Name of Child: _____

Name of Parent(s)/Guardian(s):_____

I have received and read a copy of the Info to Parents statement prepared by the Office of Licensing, Child Care & Youth Residential Licensing, in the N.J. Department of Children and Families.

Signature: _____ Date: _____

PHOTO CONSENT FORM

Child Name: _____ GRADE: _____ AGE: ____ Gender: M ☐ F ☐

☐ **Yes, I do give my consent** to STEM Academy to use photo or video images taken of my child in school brochures, advertisements for the school, on the website, in social media and in other school publications as they see fit. I agree to hold harmless STEM for Young Kids from any liability which may result from the use of said picture(s). This form will apply throughout my child's tenure at STEM Academy for Young Kids and will not need to be updated unless I so desire.

☐ **Yes, with the following limitations** listed below – if none apply, please use N/A.

_____

_____

_____

☐ **No, I do not give my consent** to STEM Academy to use pictures taken of my child in school brochures, advertisements for the school, on the website, in social media and in other school publications as they see fit.

Name of Parent/Guardian (print): _____

Signature of Parent/Guardian: _____

Date: _____

PARENT HANDBOOK POLICY ACKNOWLEDGMENT & SIGN-OFF PAGE

By initialing each section below, I confirm that I have received, read, reviewed, and understand the corresponding policies in the STEM Academy Parent Handbook. I understand that these policies are intended to protect the health, safety, and well-being of all children, families, and staff.

SICK / ILLNESS POLICY **Initial:** _____
I understand that my child may be excluded or sent home for symptoms including fever of 100.4°F or higher, acute diarrhea, repeated vomiting, significant coughing or breathing difficulty, certain rashes, red eyes with discharge, lethargy, mouth sores with drooling, or other illness that prevents comfortable participation. My child must be **symptom-free for 24 hours without medication** before returning. STEM may require a doctor's note.

COMMUNICABLE DISEASE POLICY **Initial:** _____
I understand that communicable diseases identified in the handbook may require exclusion until a doctor's note states that my child is no longer contagious or does not pose a risk to others. STEM may also exclude a child who cannot comfortably participate or requires more care than staff can provide safely

POLICY ON THE RELEASE OF CHILDREN **Initial:** _____
I understand that my child may only be released to a parent/guardian or an authorized person listed in the child's records. I will notify the office when another authorized person is picking up and understand that the person must present valid photo ID which will be photocopied and kept on file. STEM will follow applicable court orders and will not release a child to an impaired individual when doing so would place the child at risk.

PARENTAL NOTIFICATION & COMMUNICATION **Initial:** _____
I understand that I must keep my phone numbers, email, address, and emergency contacts current. I understand that STEM will use these contacts for important communications, including closures, delays, inclement weather, illness, and injuries. Parents are contacted first for illness/injury, followed by emergency contacts when necessary, with email follow-up.

TECHNOLOGY, PHOTO/VIDEO & SOCIAL MEDIA **Initial:** _____
I understand that technology is used as an educational tool and is subject to age-appropriate limits. I understand that parents and children are **not authorized to take photographs or record video on personal devices** at the center. Photo/video use by STEM is governed by the family's photo consent form

POSITIVE DISCIPLINE & BEHAVIOR **Initial:** _____
I understand that STEM uses positive guidance, redirection, encouragement, and developmentally appropriate strategies. Physical punishment, hitting, shaking, inappropriate or abusive language, humiliation, threats, and other prohibited forms of punishment are not permitted. Parents will be notified regarding significant behavior concerns

SUSPENSION / EXPULSION POLICY **Initial:** _____
I understand that suspension or expulsion may be necessary in circumstances involving a child or parent/guardian, including certain payment or paperwork issues, verbal abuse or threats, ongoing physical aggression, uncontrollable behavior, or other circumstances that prevent the program from safely meeting the needs of the child and/or others. STEM will make reasonable efforts to work with the family and may use documentation, conferences, resources, and professional recommendations before action is taken

ABSENCE & MEDICATION POLICIES **Initial:** _____
I understand that I must report my child's absence to STEM. I also understand that medication may not be left in a backpack, diaper bag, or cubby and must be provided to the office/teacher according to STEM's medication procedures and required authorization forms.

ALLERGY / ASTHMA POLICY **Initial:** _____
All children with severe allergies and/or asthma require the appropriate action plan and medications authorized by a physician. Plans and medications must be updated yearly and will be kept in the child's designated classroom and/ or area at all times. STEM must be notified of any changes to your child's allergy or medication status.

DCFS: Information to Parents (Signed) **Initial:** _____

PHOTO CONSENT (Signed) **Initial:** _____

DIAPER CHANGING AND POTTY TRAINING POLICIES **Initial:** _____

PARENTS HANDOOK (Acknowledgement of Receipt) **Initial:** _____

UNIVERSAL HEALTH RECORD (Acknowledgement of Receipt) **Initial:** _____

TUITION FORM (Acknowledgement of Receipt) **Initial:** _____

SECURITY DEPOSIT & ENROLLMENT CONTRACT **Initial:** _____
Upon enrollment, you agree to an initial contract of 3 months of enrollment. This allows your child a proper introduction to the STEM Academy curriculum. This includes a one month security deposit, plus a $150 registration fee (non-refundable). This secures enrollment.

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TUITION **Initial:** _____

When completing an online application, the $500 deposit will go towards your 1st month's tuition. When completing a manual application, a $500 deposit is required to complete your registration. The deposit can be made by completing a tuition express form. Please refer to our tuition schedule for all age groups and the timing of care needed.

For Preschool & Pre-K will be from September to June. Security deposit will be applied to cover the last 30 days of tuition. This date will vary depending on the township public school's last day. May tuition will be prorated and charged based on the last day of the school session year in June. Security deposit will be applied to the remaining days of May through June. See example given below:

Example: If public school's last day is June 20th. Security deposit will cover 30 days (May 21st-June 20th) From May 1st-May 20th tuition will be prorated and charged at the end of April.

All deposits are non-refundable if you withdraw your child prior to 90 days of enrollment and month of June for Preschool and Pre-K. Monthly fees will not be prorated if start date begins within first 2 weeks of that month. Infants and toddlers remain monthly because it is a year-round program and tuition remains the same. Tuition is due on the 25th of each month. Tuition is accepted through the authorized bank account or credit card submitted on the tuition express form. There is a 3.5 % surcharge when paying with a credit card. A late fee of $100 is assessed if payment is not received by the 25th and care will be suspended if not received by the 30th of each month. There are no refunds for days off, vacation time, sick days and/or emergency/snow days. Tuition is subject to change without notice or when revised. Refer to the school calendar.

SIBLING DISCOUNTS **Initial:** _____

Families with more than one child enrolled at the same time will receive a sibling discount of 10% off the least expensive tuition. Tuition discount offers may not be combined and may not be applicable to all programs.

BREAKFAST/SNACKS **Initial:** _____

Snacks are served at 8:30am, 3pm, and 5pm. STEM offers dry cereal for breakfast. In the afternoon and early evening, STEM offers fresh fruit and/or dry snacks. Although we are a peanut/tree nut free facility, parents of children with food allergies are expected to contact the office in order to agree upon the child's snack.

LUNCH **Initial:** _____

Lunch may be purchased for an additional cost. You may pick and choose the days you would like to order. Lunch includes a main entrée, a side & milk or water. If you do not purchase lunch, you must provide your child with a peanut/tree nut free lunch. If lunch is not provided, lunch will be purchased at a cost to you.

WITHDRAWAL POLICY **Initial:** _____

To withdraw enrollment after your minimum of 90 days, you are required to give 45 days of advance written notice. In such case, your security deposit will not be returned; instead, it will be used to charge the tuition fee. All deposits are non-refundable if you withdraw your child/ren prior to 90 days of enrollment. Verbal notice will not be accepted; withdrawal notices must be emailed to the emails listed below per location. All outstanding balances must be paid prior to submitting your withdrawal notice.

BACK TO SCHOOL NIGHT/PARENT/TEACHER CONFERENCE **Initial:** _____

Families with children 3 years and older will have the opportunity to attend our Back to School Night. During the school year, STEM Academy will offer 2 formal parent/teacher conferences. Signup sheets will be made available 2 weeks prior. If at any time the family or the teacher would like to request a meeting, please feel free to contact the teacher/family.

SUMMER CAMP/HOLIDAY BREAKS **Initial:** _____

STEM Academy will offer summer camp from the first Monday after the last scheduled school day until the last week in August. During most public school closings, STEM remains open and offers "School's Out" programs. Summer camp & School's Out programs are a separate enrollment with an additional cost.

OUTSIDE TIME **Initial:** _____

Children who attend school at STEM Academy are expected to be able to fully participate in the daily schedule which includes outside time and are expected to play outside according to state childcare regulations. Any child who has requested to not participate in outside activity due to weather or illness should remain home until they are able to fully participate.

LEAVE OF ABSENCE: **Initial:** _____

Parents who leave for 2 full weeks or longer can pay a "Leave of Absence" fee. This fee is 50% of the 1 month's tuition fee. Students returning after a minimum of 1 month vacation must attend STEM a minimum of 30 days before they can submit a withdrawal notice. Students returning after a minimum of 2 months of vacation must attend STEM a minimum of 60 days before they can submit any withdrawal notice. Students will not receive the 50% adjustment should they decide to leave within 6 months. Please note that our withdrawal notice requires to give 45 days of advance written notice. This fee is non-refundable. This fee holds your child's spot in the classroom while they are away with the understanding they will return to school.

PARENT/GUARDIAN ACKNOWLEDGMENT: I acknowledge that I have received, read, and understand the STEM Academy Parent Handbook and the policies acknowledged above. I understand that it is my responsibility to follow these policies and to ask the administration for clarification if I have questions. I understand that policies may be updated when necessary to maintain compliance and protect the health and safety of the children and staff.

Child's name:_____ **Classroom:**_____ **Child's Start Date:** _____

Printed Name: scac

Parent/Guardian Signature: _____ **Date:** _____

Second Parent/Guardian Signature (if applicable): _____ **Date:** _____

STEM Academy Representative: _____ **Date Received:** _____