



Young Wonders Preschool September 2026 - June 2027

Date of Contract: _____

Child's Name: _____
Last Name First Name

Parent/Guardian Name(s): _____
Last Name First Name

Address: _____
Street City State Zip

By signing this Contract below, the undersigned agrees with the Young Wonders Preschool that:

1. The named child is to be enrolled according to the schedule and tuition price indicated on the following page. A \$200 security deposit is due with application and is applied to the last month's tuition. If the student is withdrawing prior to the end of the school year a refund of the deposit will be considered if a one-month written notice is given. An annual \$50 registration fee is due and payable upon execution of this Contract. **Tuition payment is due the 1st of each month. Payments received after the 5th of the month are considered late, a \$25.00 late fee will be applied on the fifth of the month and \$5 additional fee everyday thereafter.** Most forms of payments are acceptable. There is a \$34.00 returned check fee. Tuition, Deposits and Registration fees may be made by check made out to Young Wonders Preschool or by the Brightwheel app which you will get an invitation to join.
2. The child's schedule may be changed only with the written approval of the Director of Young Wonders Preschool. The Director reserves the right to deny any schedule change request. A schedule change request must be submitted no fewer than 30 days prior to its effective date, and must specify the reason. The Director will not approve a schedule change request if the reason given is "vacation". Monthly tuition will not be prorated for partial attendance. However, a full month may be discounted with 30 days' notice.
3. In the event the named child will be absent on any scheduled day, the undersigned will advise the Director or designated staff by telephone or the Brightwheel app within the first hour of that day's schedule.
4. If my child remains beyond closing, I will be billed \$25.00 for the first 15 minutes and \$1.00 per minute thereafter.
5. Each time the named child is delivered to the Young Wonders Preschool, the undersigned will ensure that the Young Wonders preschool is also provided with a portable lunch, and a change of clothes for the child.
6. This Contract is terminable by the undersigned only upon giving the Director no fewer than 30 days' prior written notice of the termination date.
7. The preschool program's location, hours, tuition prices may be changed, or the program may be canceled, at the sole discretion of the Young Wonders preschool upon no less than 45 day's prior written notice to the undersigned.
8. Fees and tuition payments are not refundable, in whole or in part, under any circumstance.
9. The undersigned will follow and abide by all published rules and regulations of the Young Wonders Preschool, as they may exist from time to time.
10. In the event the Young Wonders Preschool commences a legal action to recover any fees or sums due hereunder, the undersigned will pay the Young Wonders Preschool's reasonable attorney's fee and costs incurred.

Parent/Guardian 1: _____ Date: _____

Parent/Guardian 2: _____ Date: _____

Young Wonders Official: _____ Date: _____



Young Wonders Preschool Program Fee Schedule September 2026 - June 2027

Directions for completing the registration form:

Please **CIRCLE** the program (Full or Half) you want to enroll in and the number of days you want your child to attend.

Child's Name: _____

Last Name *First Name*

MONTHLY TUITION RATES

Program	Time	5 Days (M-F)	4 Days *(M-TH or T-F)	3 Days *(M,W,F)	2 Days *(T,TH)
Full Day	9:15am-3:00pm	\$880	\$768	\$673	\$487
Half Day	9:15am-12:45pm	\$646	\$551	\$461	\$333

*Days can be customized.

****For 2.5 year olds, Tuesday and Thursday ONLY.**

MONTHLY EXTENDED CARE RATES

Program	Time	5 Days (M-F)	4 Days (M-TH or T-F)	3 Days (M,W,F)	2 Days (T,TH)
Before Care	7:30-9:15	\$339	\$270	\$206	\$137
After Care **IF AVAILABLE**	3:00-4:30	\$339	\$270	\$206	\$137
Before and After Care **IF AVAILABLE**	7:30-9:15 and 3:00-4:30	\$470	\$320	\$275	\$206

****AFTER CARE will ONLY be available if at least 5 families enroll. ****

2.5 year old's are only eligible to attend our T/TH program

****5% sibling discount on second child's tuition****

*****10-month program - monthly tuition is divided into 10 monthly equal payments*****

DAILY EXTENDED FEES		
<i>Prices listed are daily rates</i>		
Before Care	7:30 - 9:15	\$25
After Care *IF AVAILABLE*	3:00 - 4:30	\$25

FOR OFFICE USE ONLY

REGISTRATION FEE RECEIVED _____
 DEPOSIT RECEIVED _____

RECEIVED BY: _____ DATE: _____ START DATE: _____

Young Wonders Preschool Registration Form

Please fill out form completely and notify office of changes immediately. Please print or type.

Date of Application: _____

Child Information

Child's Name: _____
Last Name First Name

Child's Nickname: _____

Address: _____
Street City State Zip

Home Phone: _____ Sex: Male Female Birth Date (mm/dd/yyyy): _____

Child must be 2.5 years of age by October 1st to attend or by director's discretion

Country of Origin: _____ Primary Language: _____

Family Information

Parent/Guardian 1: _____ Parent/Guardian 2: _____
Last Name First Name Last Name First Name

Address if different from above: _____ Address if different from above: _____

Address: _____ Address: _____
Street Street

City State Zip City State Zip

Home Phone: _____ Home Phone: _____

Cell Phone: _____ Cell Phone: _____

Email: _____ Email: _____

Employer: _____ Employer: _____

Address: _____ Address: _____
Street Street

City State Zip City State Zip

Bus. Phone: _____ Bus. Phone: _____

Please provide a reliable email address at which you can receive information and announcements.

Family Unit

Parents together Separated Divorced Widowed Single

Child Lives With

Both parents Mother Father Guardian(s)

Is there a court order protecting the custody of this child? Yes No

If yes, a copy of the court order must be included with this registration.

UNIVERSAL CHILD HEALTH RECORD

Endorsed by: American Academy of Pediatrics, New Jersey Chapter
New Jersey Academy of Family Physicians
New Jersey Department of Health and Senior Services

SECTION I - TO BE COMPLETED BY PARENT(S)			
Child's Name (Last)	(First)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth / /
Does Child Have Health Insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, Name of Child's Health Insurance Carrier	
Parent/Guardian Name		Home Telephone Number	Work Telephone/Cell Phone Number
Parent/Guardian Name		Home Telephone Number	Work Telephone/Cell Phone Number
<i>I give my consent for my child's Health Care Provider and Child Care Provider/School Nurse to discuss the information on this form.</i>			
Signature/Date		This form may be released to WIC. <input type="checkbox"/> Yes <input type="checkbox"/> No	

SECTION II - TO BE COMPLETED BY HEALTH CARE PROVIDER

Date of Physical Examination:	Results of physical examination normal? <input type="checkbox"/> Yes <input type="checkbox"/> No
Abnormalities Noted:	Weight (must be taken within 30 days for WIC)
	Height (must be taken within 30 days for WIC)
	Head Circumference (if <2 Years)
	Blood Pressure (if ≥3 Years)
IMMUNIZATIONS	<input type="checkbox"/> Immunization Record Attached <input type="checkbox"/> Date Next Immunization Due:

MEDICAL CONDITIONS

Chronic Medical Conditions/Related Surgeries • List medical conditions/ongoing surgical concerns:	<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached	Comments
Medications/Treatments • List medications/treatments:	<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached	Comments
Limitations to Physical Activity • List limitations/special considerations:	<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached	Comments
Special Equipment Needs • List items necessary for daily activities	<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached	Comments
Allergies/Sensitivities • List allergies:	<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached	Comments
Special Diet/Vitamin & Mineral Supplements • List dietary specifications:	<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached	Comments
Behavioral Issues/Mental Health Diagnosis • List behavioral/mental health issues/concerns:	<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached	Comments
Emergency Plans • List emergency plan that might be needed and the sign/symptoms to watch for:	<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached	Comments

PREVENTIVE HEALTH SCREENINGS

Type Screening	Date Performed	Record Value	Date Performed	Note if Abnormal
Hgb/Hct			Hearing	
Lead: <input type="checkbox"/> Capillary <input type="checkbox"/> Venous			Vision	
TB (mm of Induration)			Dental	
Other:			Developmental	
Other:			Scoliosis	

I have examined the above student and reviewed his/her health history. It is my opinion that he/she is medically cleared to participate fully in all child care/school activities, including physical education and competitive contact sports, unless noted above.

Name of Health Care Provider (Print)	Health Care Provider Stamp:
Signature/Date	

Instructions for Completing the Universal Child Health Record (CH-14)

Section 1 - Parent

Please have the parent/guardian complete the top section and sign the consent for the child care provider/school nurse to discuss any information on this form with the health care provider.

The WIC box needs to be checked only if this form is being sent to the WIC office. WIC is a supplemental nutrition program for Women, Infants and Children that provides nutritious foods, nutrition counseling, health care referrals and breast feeding support to income eligible families. For more information about WIC in your area call 1-800-328-3838.

Section 2 - Health Care Provider

1. Please enter the date of the physical exam that is being used to complete the form. Note significant abnormalities especially if the child needs treatment for that abnormality (e.g. creams for eczema; asthma medications for wheezing etc.)

- **Weight** - Please note pounds vs. kilograms. If the form is being used for WIC, the weight must have been taken within the last 30 days.
- **Height** - Please note inches vs. centimeters. If the form is being used for WIC, the height must have been taken within the last 30 days.
- **Head Circumference** - Only enter if the child is less than 2 years.
- **Blood Pressure** - Only enter if the child is 3 years or older.

2. **Immunization** - A copy of an immunization record may be copied and attached. If you need a blank form on which to enter the immunization dates, you can request a supply of Personal Immunization Record (IMM-9) cards from the New Jersey Department of Health and Senior Services, Immunization Program at 609-588-7512.

- The Immunization record must be attached for the form to be valid.
- "Date next immunization is due" is optional but helps child care providers to assure that children in their care are up-to-date with immunizations.

3. **Medical Conditions** - Please list any ongoing medical conditions that might impact the child's health and wellbeing in the child care or school setting.

a. Note any significant medical conditions or major surgical history. **If the child has a complex medical condition, a special care plan should be completed and attached for any of the medical issue blocks that follow.** A generic care plan (CH-15) can be downloaded at www.state.nj.us/health/forms/ch-15.dot or pdf. Hard copies of the CH-15 can be requested from the Division of Family Health Services at 609-292-5666.

b. **Medications** - List any ongoing medications. Include any medications given at home if they might impact the child's health while in child care (seizure, cardiac or asthma medications, etc.). Short-term medications such as antibiotics do not need to be listed on this form. Long-term antibiotics such as antibiotics for urinary tract infections or sickle cell prophylaxis should be included.

PRN Medications are medications given only as needed and should have guidelines as to specific factors that should trigger medication administration.

Please be specific about what over-the-counter (OTC) medications you recommend, and include information for the parent and child care provider as to dosage, route, frequency, and possible side effects. Many child care providers may require separate permissions slips for prescription and OTC medications.

- c. **Limitations to physical activity** - Please be as specific as possible and include dates of limitation as appropriate. Any limitation to field trips should be noted. Note any special considerations such as avoiding sun exposure or exposure to allergens. Potential severe reaction to insect stings should be noted. Special considerations such as back-only sleeping for infants should be noted.
- d. **Special Equipment** - Enter if the child wears glasses, orthodontic devices, orthotics, or other special equipment. Children with complex equipment needs should have a care plan.
- e. **Allergies/Sensitivities** - Children with life-threatening allergies should have a special care plan. Severe allergic reactions to animals or foods (wheezing etc.) should be noted. Pediatric asthma action plans can be obtained from The Pediatric Asthma Coalition of New Jersey at www.pacnj.org or by phone at 908-687-9340.
- f. **Special Diets** - Any special diet and/or supplements that are medically indicated should be included. Exclusive breastfeeding should be noted.
- g. **Behavioral/Mental Health issues** - Please note any significant behavioral problems or mental health diagnoses such as autism, breath holding, or ADHD.
- h. **Emergency Plans** - May require a special care plan if interventions are complex. Be specific about signs and symptoms to watch for. Use simple language and avoid the use of complex medical terms.

4. **Screening** - This section is required for school, WIC, Head Start, child care settings, and some other programs. This section can provide valuable data for public health personnel to track children's health. Please enter the date that the test was performed. Note if the test was abnormal or place an "N" if it was normal.

- For lead screening state if the blood sample was capillary or venous and the value of the test performed.
- For PPD enter millimeters of induration, and the date listed should be the date read. If a chest x-ray was done, record results.
- Scoliosis screenings are done biennially in the public schools beginning at age 10.

This form may be used for clearance for sports or physical education. As such, please check the box above the signature line and make any appropriate notations in the Limitation to Physical Activities block.

5. Please sign and date the form with the date the form was completed (note the date of the exam, if different)

- Print the health care provider's name.
- Stamp with health care site's name, address and phone number



Young Wonders Preschool Removal Policy

Name of Child: _____
Last Name *First Name* *MI*

Unfortunately, occasionally there are reasons we must remove or suspend a child from our program either on a short term or permanent basis. We want you to know that we will do everything possible to work with the family of the child(ren) in order to prevent this policy from being enforced.

These are the reasons we may have to remove or suspend a child from the program.

IMMEDIATE CAUSES FOR REMOVAL:

- The child is at risk of causing serious injury to other children or herself/himself
- Parent threatens physical or intimidating actions toward staff members
- Parent exhibits verbal abuse to staff in front of enrolled children

PARENTAL ACTIONS FOR CHILDREN'S REMOVAL:

- Failure to complete required forms including the child's immunization records
- Habitual tardiness when picking up your child
- Failure to pay and/or habitual lateness in tuition payments and/or late pick up fees
- Verbal abuse to staff members

CHILD'S ACTIONS FOR REMOVAL:

- Failure of the child to adjust after a reasonable amount of time
- Uncontrollable tantrums/angry outbursts
- Ongoing physical or verbal abuse to staff or other children
- Excessive biting

SCHEDULE OF REMOVAL:

- If after remedial actions have not worked out, the child's parent/guardian will be advised verbally and in writing about the child's or parent's behavior warranting action. Corrective action is meant to be a period so that the parent/guardian may work on the child's behavior or to come to an agreement with the Director.
- The parent/guardian will be informed about the expected behavioral changes required for the child or parent to return to the school.
- The parent/guardian will be given a specific removal date that allows the parent sufficient time to seek alternative childcare (approximately one to two weeks' notice depending on the risk to other children's welfare or safety). Failure of the child/parent to satisfy the terms of the plan may result in permanent removal from the center.

Continued on next page

A CHILD WILL NOT BE REMOVED

If the parent/guardian...

- Made a complaint to the Office of Licensing regarding the school's alleged violations of the licensing requirements
- Reported abuse or neglect occurring at the center
- Questioned the Director regarding policies and procedures
- Has not been given sufficient time to make other child care arrangements

PROACTIVE ACTIONS THAT CAN BE TAKEN IN ORDER TO PREVENT REMOVAL:

- Staff will try to redirect child from negative behavior
- Staff will reassess program environment, appropriateness of activities, supervision
- Staff will always use positive methods and language while disciplining children
- Staff will praise appropriate behavior
- Staff will consistently apply consequences for rules
- Child will be given verbal warnings
- Child will be given time to regain control
- Child's disruptive behavior will be documented and maintained in confidentiality
- Parent/guardian will be notified verbally
- Parent/guardian will be given written copies of disruptive behaviors that might lead to expulsion
- The Director, classroom staff and parent/guardian will have a conference(s) to discuss how to promote positive behaviors
- Parent/guardian will be given literature or other resources regarding methods of improving behavior
- Conference with the Director when warranted

Signature of Parent/Guardian: _____ Date: _____



Young Wonders Preschool Sick Policy

Name of Child: _____
last name first name

Communicable Diseases

To provide the best possible care for children under our supervision, the center is designed as a “well child program”. If your child becomes ill at the center, you will be called to pick up your child. If you cannot be reached, we will call the next person on your pick-up authorization*. If needed, the physician listed during registration will be contacted for further instructions. In the case of a medical emergency, 9-1-1 will be called. Be sure your medical records and phone numbers are up to date. Inaccurate numbers can only delay treatment for your child.

***Pick-up authorized person must be within a 30-minute driving distance.**

A list of symptoms and illnesses that require your child to remain absent from the center.

- Children with chicken pox, measles, streptococcal infections, pink eye, impetigo, ring-worm, and/or rashes of an unknown nature may not return to the center until a doctor’s report is presented.
- Children with head lice (pediculosis) and/or nits will be excluded from the center for at least 24 hours and readmitted only with a physician’s note or documentation that is has been treated by a professional 24 hours prior to their return.
- Children with severe poison ivy or poison oak should stay at home.

Children who can answer yes to any of the following questions have to be excluded due to COVID protocols from the state:

1. Children with Fever reducing medication administered?
2. Close contact with anyone diagnosed with COVID-19 with in the past 14 days?
3. Child symptoms: Cough, shortness of breath, trouble breathing?
4. Child symptoms (at least 2): Headache, fever, muscle pain, chills, repeated shaking with chills, new loss of taste or smell?
5. Household member with symptoms: Cough, shortness of breath, trouble breathing?
6. Household member with symptoms (at least 2): Headache, fever, muscle pain, chills, repeated shaking with chills, new loss of taste or smell?

Policy on the Management of Communicable Diseases

If a child develops any of the following symptoms at home or while at the center, the child cannot attend or return to the center without the permission of a physician.

Severe pain or discomfort	Infected, untreated skin patches
Acute diarrhea	Difficult or rapid breathing
Episodes of acute vomiting	Skin rashes lasting longer than 24 hours
Red eyes with discharge	Swollen joints
Sore throat or severe coughing	Visibly enlarged lymph nodes
Yellow eyes or jaundiced skin	Stiff neck
Elevated oral temperature of 101.5F	
Blood in urine	

If your child is being treated with an antibiotic, they must be on the medication for **A FULL 24 HOURS** before returning to the center.

Table of Excludable Communicable Diseases

If a child contracts any of the following diseases, please report it to us immediately. The child may not return to school without a physician's note stating that the child presents no risk to themselves or others.

Respiratory Illnesses	Gastrointestinal Illnesses	Contact Illnesses
Chicken Pox	Giardia Lamblia*	Impetigo
German Measles*	Hepatitis A*	Lice
Hemophilus	Salmonella *	Scabies
Influenzae*		
Shigella*		
Measles*		
Meningococcus*		
Mumps*		
Strep Throat		
Tuberculosis*		
Whooping Cough*		
COVID		

*Reportable diseases, as specified in N.J.A.C. 10: 122-7. 10(a)

If your child is exposed to any reportable disease at the center, you will be notified in writing.

Signature of Parent/Guardian: _____ Date: _____



Young Wonders Preschool Potty Training Policy and Emergency Closings/Delayed Openings

Name of Child: _____
last name first name

Potty-Training Policy

We require all students enrolled to be potty trained. We are aware that little ones need many reminders and are still growing and learning. We are also aware that sometimes accidents happen, but children who are having accidents every day, multiple times a day, are not ready for our program and will be asked to return only after they are fully potty trained. Young Wonders offers low-cost enrollment to parents based on not having a third teacher in the classroom dedicated to diapering.

Emergency Closing Information

How do we make our decision?

Because of unforeseen emergencies, usually related to the weather, our center may be delayed, closed early, or closed entirely. If the forecast indicates the possibility of a delay or closing, you will get an email and a Brightwheel notification from the Director. In other emergencies, the Director of the preschool and the Young Wonders Board of Directors, make the final decision.

In addition, the Director monitors weather and road conditions to determine not only if staff and parents can safely get to the location, but also if they can return home safely. Safety is extremely important—we want to ensure everyone’s safety. Young Wonders Preschool follows the Township of Hamilton Board of Education inclement weather decision.

When storms or emergencies occur after students arrive at the center, it is sometimes necessary to send them home early. If the center closes early due to a weather-related emergency, parents /guardians are responsible for picking up children from the center. We appreciate your understanding and patience when such decisions must be made. It is for the safety and well-being of the children and staff.

Delayed Opening

With delayed openings, the Director will also send an email and a Brightwheel message letting the families know. Please make sure that you keep your contact information (cell phone, work phone, email addresses, emergency contacts) current with the center. Failure to do so could result in our staff not being able to contact you.

Signature of Parent/Guardian: _____ Date: _____



Young Wonders Preschool Policies Acknowledgement

Please fill out form completely. Please print or type.

Name of Child: _____
Last Name *First Name* *MI*

Name of Parent/Guardian: _____
Last Name *First Name* *MI*

Classroom: _____

I have read the Young Wonders Preschool's Enrollment Packet and the Parent Handbook found on our website at theyoungwonders.com. By initialing the following, I acknowledge that I have reviewed, understand and accept these policies outlined in the Enrollment Packet as well as the Parent Handbook:

- | | |
|---|--|
| <input type="checkbox"/> Emergency Closing | <input type="checkbox"/> Discipline Policy |
| <input type="checkbox"/> NJ Information to Parents | <input type="checkbox"/> Sick Policy |
| <input type="checkbox"/> Sign In/Sign Out and Late Fee Policy | <input type="checkbox"/> Expulsion Policy |
| <input type="checkbox"/> Release of Children Policy | <input type="checkbox"/> Potty Training Policy |

Signature of Parent/Guardian: _____ Date: _____



Young Wonders Preschool Termination Policy

Name of Child: _____
Last Name *First Name* *MI*

The Young Wonders Preschool accepts children of all racial, ethnic, economic, and religious backgrounds in its program. However, the Preschool is not able to accept or retain children whose needs exceed its professional and its financial resources. Decisions to deny acceptance of a child or to terminate a child's enrollment are made in consultation with our professional staff. Factors leading to such decisions are confidential.

I have read and understand the Termination Policy of the Young Wonders Preschool, in accordance with the Department of Children and Families Office of Licensing, State of New Jersey 10:122-6,8 as presented above.

Signature of Parent/Guardian: _____ Date: _____



Young Wonders Preschool Informational Statement

In keeping with New Jersey's child care center licensing requirements, we are obligated to provide you, as the parent/guardian of a child enrolled in 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 Child Abuse Hotline. 1-877-NJ-ABUSE.

Please read this statement carefully and, if you have any questions, feel free to contact the Director at 609-587-1815.

Please complete and return this portion to the Director.

Name of Child: _____
Last Name *First Name* *MI*

Name of Parent/Guardian: _____
Last Name *First Name* *MI*

I have read and received a copy of the Informational to Parents statement prepared by the Bureau of Licensing, Child Care and Youth Residential Licensing, in the Department of Children and Families.

Signature of Parent/Guardian: _____ Date: _____



Young Wonders Preschool Permissions Form

Please fill out form completely. Please print or type.

Date: _____

Child Information

Child's Name: _____
Last Name First Name

Parent's Name: _____
Last Name First Name

Classroom: _____

Photo/Video Release

I hereby

Give Do not Give

Permission for the Young Wonders Preschool to use photographs and/or video footage that could include my child's image for publicity efforts to advertise events, services, and programs for the Young Wonders Preschool.

Walking Trip Permission

I hereby

Give Do not Give

Permission for the Young Wonders Preschool to take my child on walking trips in and around the school area.

Signature

Signature of Parent or Guardian: _____ Date: _____