

Wise Owl Learning Center, Inc.

152 Kinnelon Rd., Kinnelon, NJ 07405-2336 973-838-0090
www.wiseowllearningcenter.com



APPLICATION FOR ENROLLMENT

PLEASE PRINT CLEARLY

Name of Child _____
 Home Phone () _____ Birth Date _____ School Yr: _ _____
 Address _____
 Mother's Name _____ Father's Name _____
 Employer _____ Employer _____
 Phone _____ Phone _____
 Cell/Beeper _____ Cell/Beeper _____
 Address _____ Address _____
 Email Address _____

Please check off the desired program(s) you will be enrolling in and the hours you will need each day.

Preschool-4	Nursery School-3	SMACA-2	Before Sch. Care	After Sch. Care
Core... M _____ to _____ W _____ to _____ F _____ to _____ Ext.Days..... T _____ to _____ Th _____ to _____ Toilet Tr.? _____	Core... T _____ to _____ Th _____ to _____ Ext.Days..... M _____ to _____ W _____ to _____ F _____ to _____ Toilet Tr.? _____	M _____ to _____ T _____ to _____ W _____ to _____ Th _____ to _____ F _____ to _____ Toilet Tr.? _____	M _____ to Bus PU T _____ to Bus PU W _____ to Bus PU Th _____ to Bus PU F _____ to Bus PU Gr. Level _____ School (circle one)... GS K SB PM	M Bus DO to _____ T Bus DO to _____ W Bus DO to _____ Th Bus DO to _____ F Bus DO to _____ Gr. Level _____ School (circle one)... GS K SB PM

* **KINDERGARTEN: Choose Days: Wise Owl Enrich. Prog.:** M_ T_ W_ Th_ F_ **KED:** M_ T_ W_ Th_ F_

I understand that this application will secure enrollment in space in this program and the fee is non-refundable. I have read and received a copy of Information to Parents prepared by the Office of Licensing, the expulsion/discipline/toilet training policies, the admission requirements and registration procedure, and the policy on payment of tuition and I understand my responsibilities. I release the school from liability for accident in connection with school activities and trips. In case of injury, if I cannot be contacted, Wise Owl Learning Center of Kinnelon, Inc. (Owner, Director, Staff Member) has my permission for emergency medical treatment and may contact the Physician/Hospital listed below. If I have a choice:

EMERGENCY RELEASE: Persons authorized to pick up your child and/or contact in case of emergency, if neither parent is available: (GIVE FULL NAME AND ADDRESS WITH AREA CODES.)

#1 Name _____ Phone # () _____
 Address _____
 Relationship _____
 #2 Name _____ Phone # () _____
 Address _____
 Relationship _____
 Child's Doctor _____ Phone # () _____
 Address _____ Preferred Hosp. _____

In the event that neither parent can be reached, we give Wise Owl Learning Center of Kinnelon, Inc. (Owner, Director, Staff Member) permission for emergency medical treatment.

Parent's Signature _____ (see reverse)

Referral Source (Circle One): Wise Owl Family _____, Website, Drive By/Sign

REGISTRATION FEE: *75 for current student/family, \$100 for new students

Office Use Only: Paid _____ Check # _____ Date _____

STATEMENT OF HEALTH:

Is your child under any medical/physical restrictions? _____ Yes _____ No

(Check all that apply)

Asthma _____ Hearing Loss _____ Convulsions _____ Diabetes _____
Insect Sting Reactions _____ Food Allergies _____ Medicine Allergies _____
Other: _____

Is your child taking any medication? _____ Yes _____ No

If yes, please list: _____

Has your child been under a doctor's care or hospitalized for any reason within the last three years?

_____ Yes _____ No

If yes, please explain: _____

Are there any medical problems/restrictions/behaviors that we should be aware of? _____ Yes _____ No

If yes, please explain: _____

Is your child allergic to any medications/food/insects? _____ Yes _____ No

If yes, please list: _____

My child, _____, is in good physical health, has no special needs, and may participate in all the activities of the Wise Owl Learning Center Program, except as noted. In case of medical emergency while at the center, I understand that the center will make an effort to reach a parent(s)/guardian(s) immediately. If it is not possible to contact either of us, or the designated emergency contact(s), I authorize the center to obtain professional medical treatment for my child including transportation to the nearest hospital. The center will not be responsible for complications that may occur as a result of false information given at the time of enrollment.

Parent/Guardian Signature _____ Date: _____

CHILD BEHAVIOR POLICY:

The following out-of-control child behavior shall be deemed unacceptable and inappropriate:

- Biting, kicking, throwing of objects or any purposeful action that causes bodily harm or is intended to do so
- The following repercussions will occur at the Center's discretion:
- This behavior may result in a 2 day suspension from Wise Owl Learning Center.
 - Any bills that the injured party shall incur due to required medical treatment in connection with the inflicted injury shall be paid for by the parents of the child causing the injury.
 - A second offense may result in expulsion from our Center and termination of the offensive child's contract, effective immediately.

I have read, understand, and agree to the above Child Behavior Policy. I have also read and understand the Information to Parents and Expulsion Policy. My child will not be permitted to attend Wise Owl Learning Center without my signature below.

Parent Signature _____ Date _____

NEIGHBORHOOD WALK PERMISSION:

I give permission for my child to join Wise Owl Staff on neighborhood walks. This is for the purpose of our evacuation plan, which entails crossing Kinnelon Road and entering The Reformed Church of Kinnelon.

Parent Signature _____ Date _____

Before you hand in this application, please check to make sure you filled in all the information. Check that you selected the class and hours you need, filled in a current email address as this is our primary means of billing and sharing IMPORTANT information through out the school year, and sign all the locations requested.