

213 Glenridge Ave
Montclair, NJ 07042
Telephone: 973-509-0030
Email: serendipitymontclair@gmail.com

Name of Child : _____
First Last

Address : _____

City	State	Zip
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Birth date : _____
Month Day Year

☐ Male ☐ Female

A \$100.00 non-refundable registration fee will be due prior enrollment. Payments are due on a weekly basis and will be due every Monday, at the beginning week of school.

☐ Full time

☐ Part time (3 days per week) ☐ Temporary enrollment/ Summer camp

☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday

Who will be responsible for tuition payments? ☐ Parents ☐ Program for Parents

Has your child previously attended school ? Yes No

Emergency Contact Information

(Must be someone other than parents):

Who should we contact in case of an emergency? _____

Relationship to child : _____

Telephone

Address

Authorization Pick Up List

1. Name _____

Relationship to Child: _____

Telephone Number: _____

2. Name _____

Relationship to Child: _____

Telephone Number: _____

3. Name _____

Relationship to Child: _____

Telephone Number: _____

4. Name _____

Relationship to Child: _____

Telephone Number: _____

Parent/Guardian Information

Parent

First Name: _____ M.I. _____ Last Name: _____

Address: _____
Street City State Zip

Occupation: _____ Phone: () _____

Employed By: _____ Office Phone: () _____

SS#: _____

Email: _____ Driver's License #: _____

Parent

First Name: _____ M.I. _____ Last Name: _____

Address: _____
Street City State Zip

Occupation: _____ Phone: () _____

Employed By: _____ Office Phone: () _____

SS#: _____

Email: _____ Driver's License #: _____

Guardian

First Name: _____ M.I. _____ Last Name: _____

Address: _____
Street City State Zip

Occupation: _____ Phone: () _____

Employed By: _____ Office Phone: () _____

SS#: _____

Email: _____ Driver's License #: _____

Health Care Information

Child's Primary Physician: _____

Physician Address: _____

Street

City

State

Zip Code

Physician Telephone number _____

Policy number _____

Group number : _____

Does your child have any allergies? If so, please list

Does your child have any medical conditions/ special concerns that the center should be aware of ?

Does your child have Asthma?

☐

Yes

☐

No

If yes, please pick up an Asthma treatment plan to be filled out by the child's physician .

Please read the following list below and let us know if the child has experienced any of the following by choosing yes or no.

Condition	YES	NO
Allergies		
Asthma		
Brain concussion		
Cancer		
Change in eating habits		
Chicken pox		
Chronic fatigue/tiredness		
Clumsiness		
Congenital Heart Disease		
Diabetes		
Lung disease		
Diabetes		
Lung disease		
Dry Cough		
Earache or infection		
Eczema		
Epilepsy or convulsion		
Eye or Vision Problems		
Foot or ankle problems		
Fractured skulls or bones		
Head lice		
Headaches		
Hearing deficiencies		
Heart murmur		
HIV		
Measles		

Getting to know your child.

Please allow us to get acquainted with your child a little bit more...

Describe your child's current sleep schedule:

Does your child drink from a cup or bottle? _____

Does your child drink milk? _____

If yes, what kind? _____

Does your child use a pacifier? _____

Is your child potty trained? _____ Is your child being potty trained at home? _____

Are there any specific moments which make your child angry/frustrated? If yes, please explain

How do you comfort/ sooth your child?

Are there any specific skills you would like us to help your child with?

Medical Emergency Authorization Form

I hereby give my/our child permission to Serendipity Learning Center to contact a doctor or emergency squad for my child in the event of an emergency or crisis. It is understood that a conscious effort will be made to locate/contact us/me prior to any type of medical actions taken, however if that is not possible, the expenses of emergency medical care or treatment will be accepted by me/us.

Child's Name _____

Parent/ Guardian : _____ Date: _____
(print name)

Parent/Guardian Signature: _____

• Child's Healthcare Provider/Physician: _____

• Healthcare Provider/ Physician Contact Number

• Please list any known allergies the child suffers from currently:

Briefly describe a reaction to an allergic reaction your child faces :

Permission for Off-site Walks

Serendipity Learning Center recognizes and understands the importance of integrating outside experiences and materials into the classroom education activities. In some instances, teachers together with teacher assistants will choose to take their class for nature walks off the center site premises. During this time, they will discuss with children things they see, collect objects in nature that may later be brought up as discussion topics or used for crafts, or simply use it as an opportunity for exercise. During this time, all classroom teachers and teachers assistants will accompany the children in pairs to ensure safety at all times.

_____ I give the staff of Serendipity Learning Center permission to accompany my child during offsite nature walks during my child's educational experience at Serendipity Learning Center.

_____ I **DO NOT** give the staff of Serendipity Learning Center permission to take my child on nature walks during my child's educational experience at Serendipity Learning Center.

Permission to Photograph

Please sign the form below giving us permission to take pictures of your child's photograph and utilize it for advertising purposes.

☐ I grant permission

☐ I **DO NOT** grant permission

I understand that my consent to allow Serendipity Learning Center to utilize my child's photograph is completely voluntary, I will receive no type of compensation for the use of the photograph(s). By signing below I am agreeing that I am the legal parent/guardian of the minor listed below and I am granting permission for Serendipity Learning Center to photograph and utilize my child's photograph and utilize my child's portrait in company portraits and/or website usage.

(Child's name)

(Parent Signature)

(Date)

DIAPER CREAM / OINTMENT CONSENT FORM (Infants only)

Name of child(ren): _____

I give permission for Serendipity Learning Center designated staff member(s) to use topical cream/ointment on my child's for diaper rash or other skin conditions. I have used the products previously without any adverse reaction to my child's skin.

Sign and date:

I also give the Serendipity Learning Center staff(s) permission to apply sunscreen and insect repellent as needed.

Sign and date:

Special Instructions:

I understand that the parent/guardian will provide the above products to be used for my child, and that it will be labeled with his/her name and kept at the center. Furthermore, I understand that I may retrieve the products from the center, at any time, and that the containers will be destroyed either once finish with products or when it expires.

Parent/guardian Name (please print): _____

Signature of parent/guardian : _____

Date: _____

Serendipity Learning Center LLC.

213 Glenridge Ave

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Registration Sign off

By Signing this registration form you are giving SERENDIPITY LEARNING CENTER permission to assume responsibility of your child while at the center. You are also stating that the information provided on this registration form is true to the best of your knowledge.

Child's name: _____

Parent's Print name: _____

Parent's Signature: _____

Date: _____

Serendipity Learning Center Child

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Parent/ Guardian Handbook Sign off

In order to confirm enrollment with Serendipity Learning Center you must sign the agreement below. By signing this contractual agreement, you are confirming that Serendipity Learning Center has provided you with all the necessary policies and procedures of the center and has answered any questions you may have regarding the documentation provided to you. These documents are inclusive of The Information to Parents Document prepared by the Bureau of Licensing in the Division of Youth and Family Services, our centers discipline policy, our centers policy on Expulsion, our centers policy on potty training, our centers policy on illness and communicable diseases, our centers policy on the administration of medication.

By signing this contractual agreement, I understand that Serendipity Learning Center collects tuition on a biweekly basis through automatic drafts from my credit card or bank account and that it is my responsibility to provide sign up for payments on the Lillio app.

If I utilize the Programs For Parents subsidy, I have read and agree to fully comply with the responsibilities in which Serendipity Learning Center holds parents/guardians responsible. All accounts including parents enrolled to receive financial assistance through Programs for Parents, must be enrolled on automatic payments to make sure co-payments are always received on time.

Child's Name: _____

Date: _____

Parent/Guardian Name (Print): _____

Parent/Guardian Signature: _____

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2025-2026 School Year
Holiday Closing Calendar
2025

Friday, July 4th	Independence day
Monday, September 1st	Labor day
Monday, October 13th	Indigenous (Columbus) day
Thursday November 27th	Thanksgiving
Friday, November 28th	Black Friday
Wednesday, December 24th	Christmas Eve
Thursday, December 25th	Christmas Day
Wednesday, December 31st - <u>Early Dismissal 1:00 PM</u>	New Years Eve

2026

Thursday, January 1st	New Years Day
Tuesday, January 19th	Martin Luther King Jr. Day
Monday, February 16th	President's day
Friday, April 3rd	Good Friday
Monday, May 25th	Memorial day
Friday, June 19th	Juneteenth (Observed)
Friday, July 3rd	Independence day