



**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 experiences 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:

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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

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How do you comfort/ sooth your child?

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

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## *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.

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*(Child's name)*

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*(Parent Signature)*

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*(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

Montclair, NJ 07042

Telephone: 973-509-0030

Email: [serendipitymontclair.com](mailto:serendipitymontclair.com)

## 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

213 Glenridge Ave

Montclair, NJ 07042

Telephone: 973-509-0030

Email: [serendipitymontclair@gmail.com](mailto:serendipitymontclair@gmail.com)

## 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.

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.

Child's Name: \_\_\_\_\_

Date: \_\_\_\_\_

Parent/Guardian Name (Print): \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Serendipity Learning Center collects tuition through an automatic draft from your credit card or bank account. Parents/Account holders will be able to choose if they'd like to be billed weekly or monthly.

Parents who wish to be billed weekly will be billed every Monday. Parents who wish to be billed monthly will be billed on the 10<sup>th</sup> of each month.

All accounts including parents enrolled to receive financial assistance through Programs for Parents<sub>1</sub> must be enrolled on automatic payments no later than August 22<sup>nd</sup>.

Please fill out the next page.

We appreciate your commitment to always meeting your financial obligations in a timely manner over the years and we are looking forward to bringing new and exciting enrichment programs to Serendipity.





PLEASE FEEL FREE TO KEEP THIS PAGE.

Serendipity Learning Center LLC.  
213 Glenridge Ave Montclair, NJ 07042  
Telephone: 973-509-0030  
Email: [Serendipitymontclair@gmail.com](mailto:Serendipitymontclair@gmail.com)

# 2022-2023 School Year Holiday Closing Calendar

Monday, September 5th	Labor day
Monday, October 10th	Indigenous (Columbus) day
Thursday November 24th	Thanksgiving
Friday, November 25th	Black Friday
Monday, December 26th	Christmas Day (Observed)
Monday, January 2nd	New Years Day (Observed)
Monday, January 16th	Martin Luther King Jr. Day
Monday, February 20th	President's day
Friday, April 7th	Good Friday
Monday, May 29th	Memorial day
Friday, June 17th	Juneteenth (Observed)
Tuesday, July 4th	Independence day

