



Childcare and Learning Center LLC  
195 Woodstown Rd., Woolwich Twp., NJ 08085  
856-975-6027 phone / 856-230-7174 fax  
[www.kgandj.com](http://www.kgandj.com)

- \$400 tuition (per child) is non-refundable, paid in advance and due each Friday for the upcoming week **unless** the child will not be in attendance. A **\$25 daily late fee** will apply.
- We do not offer any credits or refunds of any kind.
- Weekly tuition is Monday through Friday, 6:30a - 6:30p and does not include weekends or extended hours.
- Children may arrive no more than 15 minutes early. An early drop off fee of \$1 per minute will be charged.
- Late fee for pick up is \$5 per minute.
- Children will **ONLY** be released to those listed as authorized to pick up, **NO EXCEPTIONS**. ID must be presented if not on file.
- Breakfast, lunch and snacks are provided.
- Please do not bring toys/electronics. We are not responsible for any lost, stolen and/or damaged electronics, toys, clothing or any other personal items.
- Payments may be made by cash or electronically. We **do not** accept checks or money orders. **PayPal:** [kgandjLLC@gmail.com](mailto:kgandjLLC@gmail.com); **Venmo:** @Kia-Williams-53; **CashApp:** kgandj and **Zelle:** 484-716-3819.
- Our space is limited. The Tuition Fee Agreement is only considered to be an offer unless signed and dated by all parties. Rates and fees are subject to change.
- Either party may immediately terminate the Agreement at any time by submitting their request in writing.

initials\_\_\_\_\_

- Excessive crying, tantrums, hitting, biting and other forms of inappropriate or unacceptable behavior may result in termination.
  - We do not accept any form of subsidy.
  - Children must have a backpack, water bottle, diapers/formula/baby food (if applicable) and a change of clothes.
  - Children will not be permitted to enter with excessive coughing, persistent runny noses of any color, fever, body rashes, diarrhea, loose stools or any illness and may require a physicians note prior to return. The Center may decline request to administer medications.
1. Please list any specific, special needs or instructions your child may require? \_\_\_\_\_  
\_\_\_\_\_
  2. Does your child have any food allergies? \_\_\_\_\_
  3. French Bulldog(s) on premises. Is your child afraid or allergic to dogs? \_\_\_\_\_
  4. Is your child Potty trained? \_\_\_\_\_
  5. What is the best way to reach you? \_\_\_\_\_
  6. May your child's photo(s) be shown on our website and social media accounts? Yes \_\_\_ or No \_\_\_

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

Anticipated Start Date: \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature & Date

\_\_\_\_\_  
Social Security Number (Tax Purposes)

\_\_\_\_\_  
KG&J Childcare and Learning Center LLC

Thank you for choosing KG&J Childcare and Learning Center.

# Childcare Emergency Contact and Medical Information Form

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

Home Address: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Home Address (if different): \_\_\_\_\_

Employer: \_\_\_\_\_

Employers Address: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Home Address (if different): \_\_\_\_\_

Employer: \_\_\_\_\_

Employers Address: \_\_\_\_\_

## Emergency Contacts (

when attempts to contact parents/guardians are not successful, these individuals are also authorized to pick up child(ren).

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Other: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Other: \_\_\_\_\_

**Please advise in advance when any of the following authorized persons will pick the child(ren) up:**

Valid photo identification must be provided.

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Relationship: \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Initials

Child's Physician's Name: \_\_\_\_\_  
Phone # : \_\_\_\_\_ Fax #: \_\_\_\_\_  
Address: \_\_\_\_\_

Preferred Hospital (in the event of an emergency): \_\_\_\_\_

**Child's Health Insurance Information**

Name of Insurance Plan: \_\_\_\_\_  
Certificate or ID Number: \_\_\_\_\_ Group #: \_\_\_\_\_  
Policy Holders Name: \_\_\_\_\_

**Special Conditions, Disabilities, Allergies or Medical Information for Emergency Situations:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Parent/Legal Guardian Consent and Agreement for Emergencies**

As parent/legal guardian, I give consent to have my child(ren) have first aid by facility staff, and, if necessary, be transported to receive emergency care. I understand that i will be be responsible for all charges not covered by insurance. I agree to review and update this information whenever a change occurs and at least once a year.

\_\_\_\_\_  
**Parent/Guardian Signature and Date**

\_\_\_\_\_  
**Parent/Guardian Signature and Date**

# Childcare Medication Administration Form

The parent/guardian of \_\_\_\_\_ ask that KG&J Childcare and Learning Center LLC staff give the following:

1. \_\_\_\_\_ dosage: \_\_\_\_\_ time(s): \_\_\_\_\_
2. \_\_\_\_\_ dosage: \_\_\_\_\_ time(s): \_\_\_\_\_
3. \_\_\_\_\_ dosage: \_\_\_\_\_ time(s): \_\_\_\_\_

according to the Health Care Provider's signed instructions on the lower part of this form.

If the Childcare Center agrees to administer medication prescribed by a licensed health care provider. It is the parent/guardians responsibility to furnish the medication.

The parent agrees to pick up expired or unused medication within one week of notification by staff.

**Prescription medications** must come in a container labeled with; child's name, name of medicine, time medicine is to be given, dosage, date medicine is to be stopped and licensed health care providers name. Pharmacy name and number must also be included on the label.

**Over the counter medication** must be labeled with child's name. Dosage must match the signed health care provider authorization and medicine must be packaged in original container.

By signing this document, I give permission for my child's health care provider to share information about the administration of this medication with the Childcare Center staff.

\_\_\_\_\_  
Parent/Guardian Signature and Date Parent/Guardian Signature and Date

\*\*\*\*\*

## Healthcare Provider Authorization to Administer Medication in Daycare

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

Medication: \_\_\_\_\_ Dosage: \_\_\_\_\_ Route: \_\_\_\_\_

To be given at the following time(s): \_\_\_\_\_

Starting Date: \_\_\_\_\_ Ending Date: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

Purpose of medication: \_\_\_\_\_

Side effects to be reported: \_\_\_\_\_

\_\_\_\_\_  
Signature of Health Care Provider w/ Prescriptive Authority

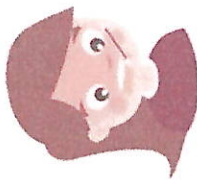


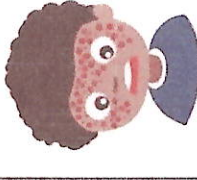


License #: \_\_\_\_\_

Phone #: \_\_\_\_\_

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

**Please ask the pharmacist for a separate medicine bottle to keep at Daycare.**  
*Thank you!*

# Sick Kids: When to stay Home from School

<b>FEVER</b> A temperature of 100° or higher	<b>COUGHING THAT WON'T STOP</b> Or other problems with breathing	<b>DIARRHEA OR VOMITING</b> Within the past 24 hours	<b>RASH</b> Body rash with itching and/or fever	<b>HEAD LICE</b> Itchy head, active head lice	<b>EYE INFECTION</b> Eye is red and oozing a yellow or green discharge						
<b>When to Return to School</b>											
Fever free for 24 hours without the use of fever reducing medication such as ibuprofen or acetaminophen	Cough is mild and infrequent and evaluated by doctor if needed	Free from diarrhea and/or vomiting for at least 24 hours and evaluated by doctor if needed	Free from rash, itching or fever and evaluated by doctor if needed	After first head lice treatment	24 hours after starting antibiotic eye drops or ointment						

This information is general in nature and does not constitute medical advice. Please consult your doctor for more information. © 2018 Lacer Parents

I have received a copy of "When to stay home from school":

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

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

# Checklist

- Registration fee and Tuition Payment
- Parent/Guardian Photo ID
- Proof of Guardianship (if applicable)
- Childs Birth Record/Certificate
- Copy of current vaccination records within 5 days of registration
- Medication Administration Form
- Signed Tuition Fee Agreement
- Emergency Contact Information Form
- When to Stay Home from School
- Water bottle & Change of Clothes (diapers, bottles, formula, baby food if applicable)
- Other: \_\_\_\_\_

Thank you again, for choosing KG&J Childcare and Learning Center!



Childcare and Learning Center  
195 Woodstown Rd., Woolwich Twp., NJ 08085  
856-975-6027 phone / 856-230-7174 fax  
6:30a-6:30p  
[www.kgandj.com](http://www.kgandj.com)

## Days Closed (revised)

### **2023**

Thursday, November 23 - Thanksgiving  
Monday, December 25 - Christmas

### **2024**

Monday, January 1 - New Year's Day  
Thursday, November 28 - Thanksgiving  
Wednesday, December 25 - Christmas