

# ***Tomorrow's Stars***

*1184 Whitehorse Hamilton Square Rd.*

*Trenton, NJ 08690*

*609-771-6040 (Abbott School)*

*609-538-0033 (Non-Abbott School)*

*609-771-6072 (Fax)*

## Weekly Tuition Rates

(Effective 9/1/22)

Age	Full time	3 Days	2 Days
Under 18 Months	\$200	N/A	N/A
18 Months - 2½ yrs	\$180	\$145	N/A
2½ yrs - 5 yrs	\$160	\$120	\$95
Summer Camp	\$160	\$120	\$95
Before/After School	\$ 75	N/A	N/A

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**Breakfast, Lunch, Afternoon Snacks, and Formula are provided.  
No outside food is permitted.**

**Multiple-child discount is offered at a 10% Discount for Full Time Enrollment.**

**Late pick-up fee -- \$10 for every 15 minutes (or any part of 15 minutes) after 6 PM.**

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**Tomorrow's is open year round from 7:00 AM to 6:00 PM.**

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**For additional information, please contact Janet at (609) 771-6040**

**E-mail questions to [EwingKidsInk@msn.com](mailto:EwingKidsInk@msn.com)**

**Website: [tomorrowstarshamilton.com](http://tomorrowstarshamilton.com)**

## **DYFS INFORMATION FOR PARENTS STATEMENT**

Under provisions of the Manual of Requirements Care Centers for Child (H.J.A.C. 10:122), every licensed child care center in New Jersey must provide the parents of enrolled children written information on parent visitation rights, State licensing requirements, child use\neglect reporting requirements and other child care matters. The center may comply with this requirement:

1. By reproducing and distributing to parents this written statement prepared by the Bureau of Licensing in the Division of Youth and Family Services (DYFS) or
2. By incorporating the required information in its own handbooks, brochures or other informational materials. In keeping with this requirement, the center must secure every parent's signature attesting to his/her receipt of the information.

Our center is required by the State Child Care Center Licensing Law to be licensed by the Bureau of Licensing of the New Jersey Division of Youth and Family Services. A copy of our current license must be posted in a prominent location at our center. Look for it when you're in the center. To be licensed, our center must comply with the Manual of Requirements for Child Care Centers (the official licensing regulations). The regulations cover such areas as; physical environment/life safety; staff qualifications, supervision, and staff/child ratios; program activities and equipment; health, food and nutrition; rest and sleep requirements; parent/community participation administrative and record keeping requirements; and others. Our center must have on the premises a copy of the Manual of Requirements and make it available to interested parents for review. If you would like to review our copy, just ask any staff member.

Parents may secure a copy of the Manual of Requirements for Child Care Centers for a nominal fee, by writing to the Bureau of Licensing, Division of Youth and Family Services, CN 717, Trenton, New Jersey 08625.

We encourage parents to discuss with us any questions or concerns about the policies and programs of the center or the meaning, application or alleged violations of the Manual of Requirements. We will be happy to arrange a convenient opportunity for you to review and discuss these matters with us. If you suspect our center may be in violation of licensing standards, you are entitled to report them to the Bureau of Licensing. Of course, we would appreciate your bringing these concerns to our attention too.

Our center must have a policy concerning the release of children to parents or people authorized by the parent (s) to be responsible for the child. Please discuss with us your plans for your child's departure from the center.

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*A "Hands-On" Approach to Child Care*

## **Children's Enrollment Application**

Date of Application \_\_\_\_\_ Date of Birth \_\_\_\_\_

Child's Name \_\_\_\_\_ Sex \_\_\_\_\_

Address \_\_\_\_\_  
Street Address

City, State & Zip Code

Father's Name \_\_\_\_\_ Mother's Name \_\_\_\_\_

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

Home Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Father's Occupation \_\_\_\_\_ Mother's Occupation \_\_\_\_\_

Business Address \_\_\_\_\_ Business Address \_\_\_\_\_

Work Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Persons authorized to pick up child and/or contact in case of emergency if neither parent is available:

Name \_\_\_\_\_

Name \_\_\_\_\_

Relationship \_\_\_\_\_

Relationship \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

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

Custodial Information:

If a non-custodial parent is not included among those persons authorized by the custodial parent to pick up the child, please explain below and attach a copy of appropriate documents. (Court Order)

**In the event that a medical emergency occurs, I authorize KIDS INK, LLC to seek emergency medical care for my child as deemed necessary by the director or acting director.**

Signature \_\_\_\_\_

Date \_\_\_\_\_

**I have received and read the Parent Handbook, Contract, and Emergency Evacuation Procedures.**

Signature \_\_\_\_\_

Date \_\_\_\_\_

**I give permission for my child's photo to be used for publicity and or advertisement.**

Signature \_\_\_\_\_

Date \_\_\_\_\_

**I have received the Information to Parent's Statement.**

Signature \_\_\_\_\_

Date \_\_\_\_\_

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For Center Use Only:

Date of Enrollment \_\_\_\_\_

Date of Enrollment Conference \_\_\_\_\_

Date of Withdrawal \_\_\_\_\_

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## Parent/Provider Contract

I, the undersigned, agree to enroll \_\_\_\_\_ and agree to abide by all the rules and regulations for the center. This enrollment contract begins \_\_\_\_\_ and ends 8/31/22.

I agree that I am responsible for:

- A) Paying the center fee of \$ \_\_\_\_\_ per week, biweekly, regardless of any holidays, sickness, vacation, etc. Payment of \$25 will be charged for a late fee if payment is not received by the Wednesday of the current week. An additional \$25 bank fee will be charged on return checks, and future payments must be made in cash, money order or certified check.
- B) Picking up my child from the center by 6:00 p.m. or I understand that I will pay a late fee of \$10 for every fifteen minutes of any part of 15 minutes. By law, DYFS must be contacted if no parent/guardian shows up or calls by 6:30 PM.
- C) Providing diapers, wipes and a change of clothing for my child daily.
- D) Reacting immediately upon receiving emergency calls from the center.
- E) Updating my child's medical information whenever necessary.
- F) Renewing this agreement each year.
- G) Paying the center a security deposit equal to two weeks' tuition. This deposit is to ensure that two weeks' notice is given prior to withdrawing my child from the program and is non-refundable.
- H) **Parents receiving assistance through a Child Care Connection subsidy may not be more than two weeks behind on their copay. Termination will occur immediately for non-payment. Inadequate attendance will not be funded by CCC in the event a child's unexcused attendance is more than 1 day per week. In this event, the parent will be held fully responsible to pay Kids Ink for the loss in payment for that month. Daily swiping of attendance MUST be completed daily. Termination will occur for non compliance.**

I have read and agreed to the following policies and procedures in the Parent Handbook.

X \_\_\_\_\_ X \_\_\_\_\_  
Parent/Guardian (Date) Director (Date)

## PARENTAL AUTHORIZATION FOR EMERGENCY TREATMENT

CHILD'S NAME \_\_\_\_\_

Age \_\_\_\_\_

Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Parent(s) Name \_\_\_\_\_

Parent(s) Address \_\_\_\_\_

Emergency Phone Number(s) \_\_\_\_\_

### CHILD'S MEDICAL INFORMATION

Medical problems \_\_\_\_\_

Allergies \_\_\_\_\_

Medicine(s) child is taking \_\_\_\_\_

Medicine(s) child is allergic to \_\_\_\_\_

Name of child's doctor \_\_\_\_\_ Phone # \_\_\_\_\_

### CHILD'S INSURANCE

Company/HMO \_\_\_\_\_

Covered under \_\_\_\_\_

Group Number \_\_\_\_\_ ID # \_\_\_\_\_

I (We) state that we are the parent(s)/guardian(s) having legal custody of the above child and attest that the information above is correct. I (We) authorize the above child care center director or director's designee to obtain emergency treatment for my child. I (We) consent to an X-ray examination, anesthetic, medical or surgical diagnosis or treatment, and hospital care to be rendered to the minor at a recognized medical facility, under the general or special supervision of a licensed physician or surgeon.

The following steps will be followed in the event of an emergency:

1. The parent/guardian will be contacted immediately.
2. The child's physician will be contacted.
3. We will attempt to contact you through all of the emergency persons listed on the child's application form.
4. If we cannot contact you or your child's emergency contacts, we will do any or all of the following:
  - a. Call for emergency first aid assistance and/or transportation to the hospital.
  - b. Have the child transported to the hospital in the company of a Kids Ink staff member.
  - c. Kids Ink will seek medical attention at the director/supervisor's discretion.

Parent Signature \_\_\_\_\_

Date of Signature \_\_\_\_\_

Date Permission Terminated \_\_\_\_\_