



# Little Red Apple Learning Center Afterschool Program

## EMERGENCY INFORMATION RECORD

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

Mother/Guardian/Spouse \_\_\_\_\_ Home Phone \_\_\_\_\_

Business Address \_\_\_\_\_ Bus. Phone \_\_\_\_\_

Father/Spouse \_\_\_\_\_ Home Phone \_\_\_\_\_

Business Address \_\_\_\_\_ Bus. Phone \_\_\_\_\_

Person(s) to contact if parents are unavailable:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Child's Physician \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Hospital Preference \_\_\_\_\_

**In the event that I cannot be contacted, I hereby grant permission for my child to receive any necessary emergency medical care or treatment. I understand that every effort will be made to contact me or my spouse before such action is taken. I will be responsible for the payment for such care or treatment.**

Parent \_\_\_\_\_ Date \_\_\_\_\_

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## MEDICAL EMERGENCIES

In the event of a medical emergency, if you hereby grant permission, we will take whatever steps necessary, to obtain immediate emergency medical care for your child.

These steps include:

1. Attempt to contact the parent(s)/guardians or other immediate family relative
2. Attempt to contact the child's physician, if we cannot contact a Parent/guardian or immediate family relative
3. Contact the School's physician, if we cannot contact you or your child's doctor, or is "time is of the essence" in the estimation of the staff
4. Call an ambulance
5. Have the child transported to Hackensack Meridian Health Palisades Medical Center, 7600 River Rd, North Bergen, NJ 07047

Little Red Apple Learning Center will not assume responsibility for situations that may occur as a result of falsified or fraudulent health information submitted at the time of enrollment; nor will we accept responsibility for your child when in the care of a medical professional.

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Signature of Parent/Guardian

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Date

# Little Red Apple Learning Center Afterschool Program

## ENROLLMENT APPLICATION

Child's Name \_\_\_\_\_  
(First) (Middle) (Last)

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

### PARENTS:

Mother \_\_\_\_\_

Address \_\_\_\_\_

Employment \_\_\_\_\_

Business Phone # \_\_\_\_\_ Work Hours \_\_\_\_\_

Father \_\_\_\_\_

Address \_\_\_\_\_

Employment \_\_\_\_\_

Business Phone # \_\_\_\_\_ Work Hours \_\_\_\_\_

### ENROLLMENT

Number of days per week for enrollment \_\_\_\_\_ M T W T F (Circle Days)

A.M. Session \_\_\_\_\_ P.M. Session \_\_\_\_\_ F.T. \_\_\_\_\_ P.T. \_\_\_\_\_ Other \_\_\_\_\_

Weekly Tuition Rate \$ \_\_\_\_\_ Special rate approved by: \_\_\_\_\_  
(Staff Member)

Date child will enter program \_\_\_\_\_

\_\_\_\_\_  
Parent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent

\_\_\_\_\_  
Date

**Little Red Apple Learning Center  
Afterschool Program**

**ENROLLMENT CONTRACT**

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

will attend: **LITTLE RED APPLE PRESCHOOL,  
8539 85TH STREET, NORTH BERGEN, NJ 07047**

Beginning, \_\_\_\_\_

PLEASE CIRCLE DAYS: M T W T F

The weekly tuition rate for the child will be \$ \_\_\_\_\_

All tuition charges are payable in advance and due on Friday of each week. I have received a copy of the center's policies and procedures and agree to follow them in their entirety. I agree to pay the amount due in advance for the time that my child is enrolled regardless including if the child is absent for illness, injury, etc. I understand that a late fee of \$20 will be assessed for payments received on the third business day after the payments are due, (Fridays). I may withdraw my child at any time by giving one week's written notice to the center's director.

\_\_\_\_\_  
Parent's Signature

S.S.# \_\_\_\_\_

Date \_\_\_\_\_

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

**(For Center Use Only)**

Receipt # \_\_\_\_\_ Received By: \_\_\_\_\_

Date of Entrance \_\_\_\_\_ Date of Withdrawal: \_\_\_\_\_

# Little Red Apple Learning Center Afterschool Program

## PICTURE/VIDEO/INTERNET RELEASE

I, \_\_\_\_\_, hereby, grant permission for my child \_\_\_\_\_  
to be photographed or videotaped while involved in activities connected with the  
program at: **LITTLE RED APPLE LEARNING CENTER**, 8539 85th Street, North  
Bergen, N.J. 07047

I understand that the use of such, will be for school purposes only, and that  
commercial or other use, will not be permitted without my knowledge or consent.

I also understand that my child's image may appear on the school's website and  
social media pages.

I, hereby consent to:

<u>PHOTOS</u>	(Please initial)	_____
<u>VIDEOS</u>		_____
<u>INTERNET/SOCIAL MEDIA</u>		_____

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

\_\_\_\_\_  
Date

**Little Red Apple Learning Center**  
**Afterschool Program**

**BLANKET FIELD TRIP/LOCAL OUTINGS PERMISSION SLIP**

I, \_\_\_\_\_, hereby grant permission for my son/daughter, (circle one), to participate in local neighborhood outings, as frequently as they occur.

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

\_\_\_\_\_  
Print Name

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

\_\_\_\_\_  
Date

## **PARENT/GUARDIAN RECEIPT OF INFORMATION:**

- Information to Parents Document
- Policy on the Release of Children
- Positive Guidance and Discipline Policy
- Policy on Methods of Parental Notification
- Policy on Communicable Disease Management
- Expulsion Policy
- Policy on the Use of Technology and Social Media
- Center Policies Handbook

I have read and received a copy of the information/policies listed above.

Child(ren)'s Name: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_

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