

SCRIBBLES PRESCHOOL, INC.

REGISTRATION INSTRUCTIONS FOR 2017-2018 SCHOOL YEAR

To register for **Intro and Threes**, **submit** the following items by mail (to our mailing address below) or to the school office. Submission to the office directly is the preferred method, especially for new families.

1. **REGISTRATION FORM**

Indicate your choice of class. Please be thorough with work numbers, emergency names, addresses, and phone numbers. Even if you work from your home, this information must be provided. We need two **local** people to contact in **addition** to parents in case of emergency. "Local" contacts are those who can reach the school within 20 minutes. Parents are always contacted first in the event of an emergency. The other people listed are contacted only if you are not available. The State requires *full addresses and phone numbers* for any people listed in this category.

2. **REGISTRATION FEE**

(Non-refundable) \$ 150.00 fee per child payable at registration time. \$50.00 for sibling enrolled at the same time.
\$ 75.00 for January Intro class.

3. **TUITION DEPOSIT(S)**

Required at time of Registration. See "Tuition Rates and Payment Schedule" in this Registration Packet. The Tuition Deposit holds your child's space in a specific class. Each class has its own deposit, which is applied to the year's total tuition for that class. It is \$100 per day for each day the class meets per week.

Re: Lunch Bunch Plus: See "Tuition Rates and Payment Schedule"

Note: For families who enroll later in the year, tuition is pro-rated to the start date.

4. **ENROLLMENT AGREEMENT**

Sign and date the Registration Form in this Registration Packet. ***This is required in order to guarantee a placement.***

5. **AUTHORIZATION FOR FIELDTRIPS, NATURE WALKS, AND WEBSITE**

Sign and date

6. **PARENT PARTICIPATION FORM, AND HELP US GET TO KNOW YOUR CHILD FORM**

Complete

7. **MEDICAL**

You and your physician must complete the state required Universal Child Health Record. In addition, other forms will need to be completed by you if your child: has asthma, has allergies, requires a medication to be given at school, or cannot be immunized for medical or religious reasons. *Let us know at registration so we can provide you with these forms.*

8. **REGISTRATION REQUIREMENTS**

Completed and signed forms: Registration Form, Parent Participation Form, Website Permission, Field Trip, Cell Phone and Email Authorizations. Make certain that each *form* is *signed*.

Fees: Registration Fee, Tuition Deposit. Checks are to be made payable to Scribbles Preschool, Inc.

Note: A small photo of your child should be sent to the school in June, 2017 or if registering later, send the photo **prior** to your child's first day of class. You may mail it or email it to us. The medical information is due at that time as well. Children cannot start class until medical information has been received, or medical or religious exemptions have been submitted.

SCRIBBLES PRESCHOOL, INC. 48A Briarcliff Rd., Mountain Lakes, N.J. 07046

Phone: 973-334-1877 Fax: 973-810-1445 Email: scribblespreschool@gmail.com ScribblesNJ.com

2017/2018 CLASS OPTIONS

For One and Two year olds

SCRIBBLES-N-BITS: A program designed for toddlers ages 1 – 2 yrs. with a parent or other adult. Sessions are held Wednesday mornings from 9 a.m. to 10 a.m.

A weekly 1-hour session of fun that promotes social, language, and motor skills through music, stories, and finger plays, utilizing equipment/materials designed for toddlers. Parenting issues are also discussed. No registration fee. A separate registration form will be mailed upon request, or can be downloaded from the website.

For Children 2 years 3 months old by Fall 2017: **Introduction to Preschool (Intro)**

9:00 a.m.-11:30 a.m.

2,3,4 or 5 mornings
Mon/Tues/Wed/Thurs/Fri

For Children 2 years 3 months old by January 2018: **Introduction to Preschool (Intro II)**

9:00 a.m. – 11:30 a.m.

2 or 3 mornings
Mon/Tues or Mon/Tues/Fri

Intro is a gradual introduction to preschool providing children with exposure to a variety of learning materials and experiences in a relaxed, supportive, small group setting. The emphasis is on socialization and language development.

For Children 3 by October 1, 2017: Threes

9:00 a.m.-11:30 a.m.

2,3,4 or 5 mornings
Mon/Tues/Wed/Thurs/Fri

Enrichment Classes: Extend the day with our Lunch Bunch Plus option (LB+), an 11:30 a.m. – 1:00 p.m. class that includes *Lunch Bunch and a different enrichment class each day. Enrichment classes are: M - Travelin' Tumblers (gymnastics). T – Technology Toolbox(computers), W – Preschool of Rock (music), Th - Arttra (art) and F- PESA Sports. See course description on next page.

Lunch Bunch, 11:30 a.m. – 12:00 p.m., is also offered without the enrichment class.

*Lunch Bunch is a supervised, “bring-your-own-lunch” program open to children in any of the Intro and Threes classes.

Please remember that we have a no nut policy.

For Children 4 by October 1, 2018: See separate registration packet for Pre-K

Specials for Pre-K: See separate registration packet for Pre-K

ENRICHMENT CLASSES

Course Descriptions

Travelin' Tumblers:

Travelin' Tumblers is a gymnastics program, as part of our Monday LB+ option. The program improves a child's physical fitness, stimulates whole brain and body use, enhances motor skill development, sensory integration and self esteem while also improving social and stress management skills. Equipment such as balance beams, vaulters, ladders, hoops and wedges are used to develop locomotor skills. Tumbling and Yoga are also incorporated.

Technology Toolbox:

Technology Toolbox is a computer enrichment program, as part of our Tuesday LB+ option. Students will develop and strengthen both technological and educational skills giving them a competitive advantage as they embark on new learning situations. The curriculum changes each year including software and new projects.

Preschool of Rock:

Preschool of Rock is redefining music education for the young child by inspiring creativity, confidence, and freedom through caring role models, innovative curriculum, culturally diverse instruments and hip music. Preschool of Rock is part of our Wednesday LB+ option.

- Stimulates all 5 senses
- Impact on brain development in young children
- Touch, hold and play REAL instruments
- Extraordinary introduction to the world of music

Arttra (Art)::

Arttra Creations is an art enrichment program as part of our Thursday LB+ option. The class provides your child a chance to learn and experience art using all different types of mediums such as paint, clay, crayon, collage, chalk, oil pastels, etc. in a fun atmosphere.

PESA/Sports Clinic:

PESA is a sports enrichment class that introduces the students to different sports and the fundamentals that lie within those sports. The program enhances cognitive and motor skills through sports and exercise in a fun and safe environment. PESA is part of our Friday LB+ option.

2017 - 2018 TUITION RATES AND PAYMENT SCHEDULE

\$150.00 Non-Refundable Registration Fee Per Child – **(\$75.00** for January Intro II)

CLASS CODES	# OF DAYS PER WK	TOTAL TUITION PER YEAR	DEPOS. AT REG.	PAYMENT DUE				
				JUNE 6/1/17	OCT 10/1/17	DEC 12/1/17	FEB 2/1/18	APRIL 4/1/18
Intro	2	3140	200	588	588	588	588	588
Intro	3	4070	300	754	754	754	754	754
Intro	4	5425	400	1005	1005	1005	1005	1005
Intro	5	6780	500	1256	1256	1256	1256	1256
Threes'	2	2570	200	474	474	474	474	474
Threes'	3	3855	300	711	711	711	711	711
Threes'	4	5140	400	948	948	948	948	948
Threes'	5	6420	500	1184	1184	1184	1184	1184
Intro II	2	1848	200	-	-	550	549	549
Intro II	3	2772	300	-	-	824	824	824

Lunch Bunch (LB) is available Monday through Friday. Children can enroll for 1, 2, 3, 4, or 5 days per week. The LB tuition is payable in (2) installments. The first is due at registration and covers LB from Sept. 2017 through Jan. 2018. The second is due Feb. 1, 2018 and covers LB from Feb. 2018 through June 2018. Lunch Bunch will be billed separately from class tuition.

	# DAYS PER WK	YEARLY TUITION	DEPOS. AT REG.	FEB 2/1/18
Lunch Bunch	1	280	140	140
Lunch Bunch	2	552	276	276
Lunch Bunch	3	824	412	412
Lunch Bunch	4	1096	548	548
Lunch Bunch	5	1368	684	684

Lunch Bunch Plus (LB+) is available Monday through Friday. Children can enroll for 1, 2, 3, 4, or 5 days per week. The LB+ tuition is payable in (5) installments. Lunch Bunch Plus will be billed separately from class tuition.

	# DAYS PER WK	TOTAL TUITION PER YEAR	DEPOS. AT REG.	PAYMENT DUE			
				OCT 10/1/17	DEC 12/1/17	FEB 2/1/18	APRIL 4/1/18
LB Plus	1	816	100	179	179	179	179
LB Plus	2	1616	200	354	354	354	354
LB Plus	3	2416	300	529	529	529	529
LB Plus	4	3216	400	704	704	704	704
LB Plus	5	4012	500	878	878	878	878

Enrollment Agreement for 2017 - 2018 School Year – Retain this for your records

1. A \$ 150.00 non-refundable registration fee per child enrolled is due at registration. \$50.00 for second sibling enrolled at the same time.
2. A tuition deposit is also due for each child at registration.
3. Tuition Fees are amortized into several installment payments as indicated on the tuition schedule page. Different installment payment options can be arranged in advance for those who are registering later in the school year once classes have already begun, for those requiring financial assistance and for siblings attending the same year.
4. **Tuition fees are refundable only as follows:**
 - a) For only those children in our Pre-K class whose parents are undecided about Kindergarten entrance, a **total tuition** refund will be given **up until May 1, 2017**, provided the child is withdrawn **in writing by that date for that particular reason**.
 - b) **A pro-rated tuition refund is given to parents only under the following circumstances:**
 - If it is determined by the Scribbles school administration and faculty that the child is a danger to himself and others and must be withdrawn from the school immediately.
 - If a child is having significant difficulties at school, i.e., separating from parents, adjusting to the program, etc., even after attending for several weeks consistently, and is asked to be withdrawn.
 - If a child with special needs must be withdrawn due to a lack of availability of additional support personnel as needed, as determined by the Scribbles administration, staff, consultation with professionals and parents, and/or the IEP established in conjunction with the child's sending school district.
 - If we feel we cannot meet your child's needs after implementing various reasonable interventions over a period of time, and we require withdrawal from the school.
5. Credits or pro-rated refunds for illness, vacation, relocation, etc. are not given for any reason except in the rare circumstances of documentation of a catastrophic illness that creates a major financial hardship for the family. Pro-rated refunds are not given for family vacation, regular illness, or if the school needs to have a delayed opening or cancellation due to weather conditions as determined by the Mountain Lakes Public School System in conjunction with the Mountain Lakes Board of Education and Police Department.

Sibling Discount Policy

A sibling discount of 10% is available for siblings concurrently attending one of the regular classes. The discount is applied to the tuition of the child who attends fewer days and deducted from each installment.

Misc Fees

1. Late pick up is not an acceptable option on a regular basis. Only an unavoidable emergency situation will be accepted. If at all possible, call the school if you will be late. This way we can minimize your child's distress. It is unfair to both your child and staff to be late with any frequency. If the situation is abused, you will be assessed an additional \$10.00 per 10 minutes. Parents of classified students whose school districts are late in paying tuition are responsible for working this issue out with their own child study team and school district.
2. **Returned Check Fee:** A charge of \$40.00 for any check returned will be assessed to cover our bank charges and extra administrative costs.

Special Financial Arrangements / Financial Assistance

Scribbles does not want finances to keep your child from our school. We try to meet family circumstances as best as we can. Please attach a letter to your registration form if you require an alternate Tuition Schedule allowing for smaller, more frequent payments or any other special consideration. Financial assistance is available through the Lil Ashton Scholarship Fund. To qualify, documentation of income under \$65,000 per year or documentation of personal catastrophic illness expenses for those families with higher incomes is required. A copy of the family's most recent W-2 form may be required as proof of financial need. The request for financial assistance must be made in writing at the time of registration. Misrepresentation of gross household income will result in retroactive charges for reduced tuition.

Billing

Scribbles will email and send reminder notices regarding tuition approximately 2 weeks prior to the due dates as listed on the tuition schedule once the school year begins. Siblings will receive just (1) notice that indicates the installment due for each child. Families will receive these notices in their child's cubby. **Tuition payments due are not dependent upon billing**, so please refer to your tuition schedule in your registration packet. You may mail payments or bring them to the school office. If no one is in the office, leave papers and payment in a sealed envelope in the wall file by the office door. If the building is locked, mailbox is located by the double door entrance closest to the office. **Do not leave any papers or payments on the desk or counters.**

Waiting List

No deposit is required to go on a waiting list for a class that is filled. Parents will be contacted if an opening occurs and will have the option of registering their child at that time. Should the opening occur after school has started, tuition will be prorated based on the start date.

Registration constitutes an obligation on the part of the parents/guardians for the payment of annual fees for the entire academic year, with the only exceptions being those as stated above and on the "Tuition and Payment Schedule" page. I hereby agree to meet the tuition obligations as outlined.

I give my child permission to engage in all prescribed activities, except as noted by me and the examining physician. In the event I cannot be reached in an emergency, I hereby authorize the Scribbles Staff to allow possible emergency care, to call an ambulance, and to permit hospitalization and treatment for my child.

Enrollment Agreement for the 2017 – 2018 School Year

1. A **\$150.00** non-refundable registration fee per child enrolled is due at registration. \$50.00 for second sibling enrolled at the same time.
2. A tuition deposit (see Tuition Schedule, page 5) is also due for each child at registration.
3. Tuition Fees are amortized into several installment payments as indicated on the tuition schedule page. Different installment payment options can be arranged in advance for those who are registering later in the school year once classes have already begun, for those requiring financial assistance and for siblings attending in the same year.
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 - If it is determined by the Scribbles school administration and faculty that the child is a danger to himself and others and must be withdrawn from the school immediately.
 - If a child is having significant difficulties at school, i.e., separating from parents, adjusting to the program, etc., even after attending for several weeks consistently, and is asked to be withdrawn.
 - If a child with special needs must be withdrawn due to a lack of availability of additional support personnel as needed, as determined by the Scribbles administration, staff, consultation with professionals and parents, and/or the IEP established in conjunction with the child's sending school district.
 - If we feel we cannot meet your child's needs after implementing various reasonable interventions over a period of time, and we require withdrawal from the school.
5. Pro-rated refunds are not given for family vacation, regular illness, or if the school needs to have a delayed opening or cancellation due to weather conditions as determined by the Mountain Lakes Public School System in conjunction with the Mountain Lakes Board of Education and Police Department.

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Billing

Scribbles will email and send reminder notices regarding tuition approximately 2 weeks prior to the due dates as listed on the tuition schedule once the school year begins. Siblings will receive just (1) notice that indicates the installment due for each child. Remember to check your child's cubby and backpack for this! **Tuition payments due are not dependent upon billing**, so please refer to your tuition schedule in your registration packet. You may mail payments or bring them to the school office. If no one is in the office, leave papers and payment in a sealed envelope in the wall file by the office door. If the building is locked, mailbox is located by the double door entrance closest to the office. **Do not leave any papers or payments on the desk or counters.**

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Registration constitutes an obligation on the part of the parents/guardians for the payment of annual fees for the entire academic year, with the only exceptions being those as stated above and on the "Tuition and Payment Schedule" page. I hereby agree to meet the tuition obligations as outlined.

I give my child permission to engage in all prescribed activities, except as noted by me and the examining physician. In the event I cannot be reached in an emergency, I hereby authorize the Scribbles Staff to allow possible emergency care, to call an ambulance, and to permit hospitalization and treatment for my child.

Date: _____ **Signature of Parent/Guardian:** _____

UNIVERSAL CHILD HEALTH RECORD

Endorsed by: American Academy of Pediatrics, New Jersey Chapter
New Jersey Academy of Family Physicians
New Jersey Department of Health and Senior Services

SECTION I - TO BE COMPLETED BY PARENT(S)					
Child's Name (Last) _____ (First) _____		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		Date of Birth / /	
Does Child Have Health Insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, Name of Child's Health Insurance Carrier _____			
Parent/Guardian Name _____		Home Telephone Number _____		Work Telephone/Cell Phone Number _____	
Parent/Guardian Name _____		Home Telephone Number _____		Work Telephone/Cell Phone Number _____	
I give my consent for my child's Health Care Provider and Child Care Provider/School Nurse to discuss the information on this form.					
Signature/Date _____				This form may be released to WIC. <input type="checkbox"/> Yes <input type="checkbox"/> No	
SECTION II - TO BE COMPLETED BY HEALTH CARE PROVIDER					
Date of Physical Examination: _____		Results of physical examination normal? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Abnormalities Noted:			Weight (must be taken within 30 days for WIC)		
			Height (must be taken within 30 days for WIC)		
			Head Circumference (if <2 Years)		
			Blood Pressure (if ≥3 Years)		
IMMUNIZATIONS		<input type="checkbox"/> Immunization Record Attached <input type="checkbox"/> Date Next Immunization Due: _____			
MEDICAL CONDITIONS					
Chronic Medical Conditions/Related Surgeries • List medical conditions/ongoing surgical concerns:		<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached	Comments		
Medications/Treatments • List medications/treatments:		<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached	Comments		
Limitations to Physical Activity • List limitations/special considerations:		<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached	Comments		
Special Equipment Needs • List items necessary for daily activities		<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached	Comments		
Allergies/Sensitivities • List allergies:		<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached	Comments		
Special Diet/Vitamin & Mineral Supplements • List dietary specifications:		<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached	Comments		
Behavioral Issues/Mental Health Diagnosis • List behavioral/mental health issues/concerns:		<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached	Comments		
Emergency Plans • List emergency plan that might be needed and the sign/symptoms to watch for:		<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached	Comments		
PREVENTIVE HEALTH SCREENINGS					
Type Screening	Date Performed	Record Value	Type Screening	Date Performed	Note if Abnormal
Hgb/Hct			Hearing		
Lead: <input type="checkbox"/> Capillary <input type="checkbox"/> Venous			Vision		
TB (mm of Induration)			Dental		
Other:			Developmental		
Other:			Scoliosis		
<input type="checkbox"/> I have examined the above student and reviewed his/her health history. It is my opinion that he/she is medically cleared to participate fully in all child care/school activities, including physical education and competitive contact sports, unless noted above.					
Name of Health Care Provider (Print) _____			Health Care Provider Stamp: _____		
Signature/Date _____					

<i>Office use only</i>	
Class	_____
Date	_____
Deposit	_____
Allergy	_____

CLASS OPTIONS: Please indicate choices.

Intro 9:00 a.m. – 11:30 a.m.

Circle Days:

M T W Th F

Intro II 9:00 a.m. – 11:30 a.m

M T or M T F

Threes 9 a.m. – 11:30 a.m.

Circle Days:

M T W Th F

Lunch Bunch (LB) 11:30 a.m. – 12:00 p.m.

Lunch Bunch Plus (LB+) 11:30 a.m. – 1:00 p.m.

Includes Lunch Bunch & Enrichment Class

Circle Day(s): M T W Th F

Circle Day(s): M T W Th F

CHILD'S NAME		Date of Birth (mm/dd/yy)		Sex (M/F)
Mother/Guardian		Father/Guardian		
Tel#	Cell#	Tel#	Cell#	
Address		Address		
City	State	Zip	City	State Zip
E-mail Address		We respect your privacy and will only use your email address for school communications.		
Employer		Employer		
Address		Address		
City	State	Zip	City	State Zip
Tel#		Tel#		

Pediatrician's Name: _____ Tel#: _____

Address _____ City _____ State _____ Zip _____

Other Children in Family (list on separate sheet if necessary):

Name	Date of Birth (mm/dd/yy)	Sex (M/F)	Name	Date of Birth (mm/dd/yy)	Sex (M/F)	Name	Date of Birth (mm/dd/yy)	Sex (M/F)

Persons to contact in an Emergency (**other than parents**)—e.g., friends, neighbors, etc. We need **TWO** (required by law): These must be **LOCAL** (within 20 minutes of school):

Name1	Tel#	Cell#
Address	City	State Zip
Name2	Tel#	Cell#
Address	City	State Zip

I hereby authorize the following adults to pick up my child from Scribbles Preschool throughout the year:

Name	Tel#	Cell#
Address	City	State Zip
Name	Tel#	Cell#
Address	City	State Zip

Date: _____ **Signature of Parent/Guardian:** _____

SCRIBBLES PRESCHOOL

PARENT PARTICIPATION

Dear Parents:

We welcome the involvement of parents in our Preschool. Below is a list of ways parents have chosen to help us in the past. Please feel free to check off as many categories as you like. If you are unavailable to participate, just complete the top of the form. Also, please add any other ways you would like to get involved. We look forward to seeing you throughout the year, having fun, and working with you for the benefit of the children.

Your Name: _____ Telephone: _____

Child's Name and Class: _____

IN CLASS WITH CHILDREN

- _____ 1. Arts/crafts activity or demonstration
- _____ 2. Baking projects
- _____ 3. Music idea and experience from you
- _____ 4. Science or nature activity brought in by you
- _____ 5. Community helper visit (physician, nurse, police officer, fire fighter, etc.)
- _____ 6. Other occupation visit (pilot, artist, musician, etc.)
- _____ 7. Something from your special work or hobby which the children may enjoy hearing about or trying
- _____ 8. Ethnic knowledge (customs, holidays, cooking, etc.)
- _____ 9. Substitute Teaching

For some of the following categories, we'll be forming committees so you will get to meet others and have fun as well! Let us know if you'd consider heading a particular committee. Thanks so much.

OTHER INVOLVEMENT

- _____ 1. Photographing or video recording
- _____ 2. Hospitality (providing refreshments for various school functions)
- _____ 3. Publicity (designing, distributing posters for school events and/or fund-raisers)
- _____ 4. Speaking at parent education event (examples: child psychologist, speech pathologist, learning specialist, pediatrician, dietitian, etc.)
- _____ 5. Sewing (cushion covers, etc.)
- _____ 6. Fundraiser help – indicate which
_____ brainstorming _____ refining ideas _____ chairing _____ assisting in some capacity
- _____ 7. Your idea for parent education:

- _____ 8. Other ideas: _____

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Phone: 973-334-1877 Fax: 973-810-1445 Email: scribblespreschool@gmail.com ScribblesNJ.com

SCRIBBLES PRESCHOOL

AUTHORIZATION FORM

Website Authorization

As you may know, Scribbles has a website, www.ScribblesNJ.com. We wish to include some photos of the children in action. (The children will not be identified by name.) Please let us know whether or not we have your permission for your child to be on our website for the 2017-2018 school year by completing the appropriate section below. Return it with your registration materials. A separate form must be completed for each child enrolled. Thank you.

I do / I do not give permission for my child _____ in class _____ to
(circle one) *Name*
be included on the Scribbles website.

Parent's Signature

Date

Nature Walk and Field Trip Authorization

Our Intro and Threes classes go on nature walks on the church property.

My child has permission to go on nature walks and/or field trips.

Parent's Signature

Date

Cell Phone Number and Email Address Disclosure Authorization

I do / I do not give permission to include my cell phone number on parent class lists.
(circle one)

I do / I do not give permission to include my email address on parent class lists.
(circle one)

Parent's Signature

Date