

STELLAR ACADEMY

A PRIVATE PRESCHOOL FOR YOUR TALENTED CHILD

(908)252-1166 Fax (908)252-9119 ■ 757 US Highway 202/206, Bridgewater, NJ 08807 ■
(908)255-4247 Fax (908)252-9119 ■ 51 Route 206 Hillsborough, NJ 08844 ■

What happens when a mother of four (one of which is a preschool teacher), with a Ph.D. in Education driven by a passion for teaching children, gets together with a mother of three, who is a former chief-operating officer dedicated to providing her clients with the best possible product and service? A dream is born. This dream has become a reality with Stellar Academy, a cutting-edge early learning center. Stellar Academy was designed and built to provide the ultimate environment for a child's growth and development. An environment in which children establish a firm foundation for future success and happiness!

If you have read our literature or visited our website, you are familiar with Stellar Academy's philosophy to nurture the 'whole' child (social, emotional, intellectual and physical). Our *Learning Zones* ensure that each child is nurtured and challenged in a fun-filled atmosphere that is unique in child care. Staffed by caring and knowledgeable professionals, Stellar Academy is a premier child care learning center. You have made the best choice possible for your little one and we would like to welcome you into our family.

Included you will find forms that need to be completed and returned to us.

These items in **RED** must be returned ASAP to secure placement:

1. **Early Education Agreement**,
2. **Payment for:**
 - \$100 Registration Fee,
 - \$500 Deposit

These items should be **returned** at least one week prior to your child's start date.

1. **Registration Form**
2. **Tuition Express Form** (if you wish to utilize a credit card for Tuition Express, please add \$5 to the weekly tuition rate)
3. **Parent Handbook Receipt (See Separate Link on Website)**
4. If you want to use our caterer, **Menu**,
5. NJ's **Universal Child Health Record** with a copy of your child's latest **Immunization Record**,

PLEASE NOTE:

If your child has **Allergies** please ask the office for a:
- **Special Care Plan - Severe Allergy Plan**

If your child has **Asthma** or **Reactive Airway Disease** please ask the office for a:
- **Special Care Plan – Asthma Treatment Plan**

These items are for your information only. There is no need to return:

1. **Photo Instructions**
2. **Food Facts**,
3. **Things to Bring**,
4. **School Calendar**

Thank you again for choosing Stellar Academy. Our motto is true! "Stellar Academy - *Learning Zones* where intelligence thrives!"

Please feel free to contact us if you have any questions or comments. See you soon!



DATE OF ENROLLMENT: _____

Child's Name _____ Gender M F Birthdate _____

Address _____

City, State _____ Home Phone _____

Guardian 1 Cell _____ Email _____

Guardian 2 Cell _____ Email _____

FIRST GUARDIAN INFORMATION

First Guardian's Name _____ Legal Guardian-Relationship _____

Employer _____ Address _____

Work Phone _____

SECOND GUARDIAN INFORMATION

Second Guardian's Name _____ Legal Guardian-Relationship _____

Employer _____ Address _____

Work Phone _____

OTHER INFORMATION

Child lives with: Both Parents Mother/Father Legal Guardian Name/ages of other children living at home _____

If parents are divorced legal guardian(s) Mother Father Other Is divorce or legal guardian paperwork decree on file? YES NO

MEDICAL INFORMATION

Family Doctor _____ Address _____ Phone _____

My child has ALLERGIES: NO YES List ALLERGIES: _____

EPI PEN required: NO YES (If YES -physician must complete SEVERE ALLERGY PLAN- see office for a copy.)

MEDICAL NEEDS/CONCERNS: NONE: _____ List MEDICAL NEEDS/CONCERNS: _____

FOOD RESTRICTIONS: NONE: _____ List FOOD RESTRICTIONS: _____



Child's Name _____ **Nickname** _____

EMERGENCY MEDICAL TREATMENT

I, (name of parent) _____ Agree to the administration of emergency medical treatment to my child, (name of child) _____, by a duly qualified health practitioner in my absence.

I authorize STELLAR ACADEMY to arrange for such emergency medical treatment until such time as I can be present.

Any expenses incurred for the above will be my responsibility.

Signature _____ Date _____

EMERGENCY/ALTERNATE PICK UP PERSONS

Child will most frequently be picked up by (Circle all that apply) **GUARDIAN 1 / GUARDIAN 2 / BOTH PARENTS**

Others authorized to pick up are:

- 1) Name _____ Relationship _____
Phone _____ They can act "as a parent" in receiving information & making decisions concerning my child YES ___ NO ___
- 2) Name _____ Relationship _____
Phone _____ They can act "as a parent" in receiving information & making decisions concerning my child YES ___ NO ___
- 3) Name _____ Relationship _____
Phone _____ They can act "as a parent" in receiving information & making decisions concerning my child YES ___ NO ___
- 4) Name _____ Relationship _____
Phone _____ They can act "as a parent" in receiving information & making decisions concerning my child YES ___ NO ___





Automated Payment Processing Safe – Convenient – Easy

We are excited to offer the safety, convenience and ease of Tuition Express®—a payment processing system that allows secure, on-time tuition and fee payments to be made from either your bank account or credit card.

ELECTRONIC FUNDS TRANSFER AUTHORIZATION FOR **BANK ACCOUNT** and **CREDIT CARD**

I (we) hereby authorize (business name) Stellar Academy to initiate credit card charges to the below-referenced credit card account (**Section A**) OR, initiate debit entries to my (our) checking or savings account, indicated below (**Section B**). To properly affect the cancellation of this agreement, I (we) are required to give 10 days written notice. Credit union members: please contact your credit union to verify account and routing numbers for automatic payments. Check with the center for accepted credit card types.

COMPLETE ONE SECTION ONLY

SECTION A (Credit Card)

Cardholder Name	Phone #
Cardholder Address	City State Zip
Account Number	Expiration Date
Cardholder Signature	Date

SECTION B (Bank Account)

Your Name	Phone #			
Address	City State Zip			
Bank or Credit Union Name	Bank or Credit Union Address	City	State	Zip
Routing Transit Number (see sample below)	Account Number (see sample below)	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings	
Authorized Signature	Date			

For Official Use Only

Date Received
Employee Signature



STELLAR ACADEMY

EXCELLENCE IN EARLY EDUCATION

Receipt of Parent Handbook

I acknowledge that I have received a copy of the Stellar Academy Parent Handbook and have read it thoroughly. I agree that if there is any policy or provision in the Parent Handbook that I do not understand, I will seek clarification from the appropriate management personnel.

Office of Licensing Receipt of Information

1. Information to Parents Document (*Parent Handbook page 1*)
2. Policy on Methods of Parental Notification (*Parent Handbook page 6*)
3. Positive Guidance and Discipline Policy (*Parent Handbook page 8*)
4. Policy on Dismissal/Expulsion (*Parent Handbook page 10*)
5. Policy on Diaper Ointment/Sunscreen (*Parent Handbook page 17*)
6. Policy on the Management of Communicable Diseases (*Parent Handbook page 18*)
7. Policy on Media Usage (Computers, Photographs, & Social Media) (*Parent Handbook page 20*)
8. Policy on the Release of Children (*Parent Handbook page 25*)

I have read and received a copy of the information/policies listed above. These policies and other important information regarding my child's enrollment at Stellar Academy can be found in the Parent Handbook.

Child/Children Name(s): _____

Child/Children Classes: _____

Parent Name: _____

Parent Signature: _____

Date: _____

PLEASE RETURN THIS FORM TO THE OFFICE

Name: _____ Class: _____ Effective Date: _____

LUNCH MENU

Please **check-off** which days to order lunch.

Monday	Tuesday	Wednesday	Thursday	Friday
<u>Entrée</u> Pizza	<u>Entrée</u> Pancake w/ Turkey Sausage	<u>Entrée</u> Chicken Nuggets	<u>Entrée</u> Pasta Marinara	<u>Entrée</u> Cheese Quesadilla
<u>Sides</u> Cucumber Salad	<u>Sides</u> Potato & Veggie Hash	<u>Sides</u> Mac & Cheese <i>w/hidden cauliflower</i>	<u>Sides</u> Meatballs contains: Milk, Eggs, Beef & Pork	<u>Sides</u> Rice & Beans
<u>Dessert</u> Fresh Fruit	<u>Dessert</u> Yogurt	<u>Dessert</u> Fresh Fruit	<u>Dessert</u> Fresh Fruit	<u>Dessert</u> Fresh Fruit
	VEGETARIAN OPTION Pancakes, Potatoes & Yogurt	VEGETARIAN OPTION Full portion Mac & Cheese with Fruit	VEGETARIAN OPTION Full portion Pasta Marinara or Buttered Pasta with Fruit	
<input type="checkbox"/> REGULAR	<input type="checkbox"/> REGULAR <input type="checkbox"/> VEGETARIAN	<input type="checkbox"/> REGULAR <input type="checkbox"/> VEGETARIAN	<input type="checkbox"/> REGULAR <input type="checkbox"/> VEGETARIAN Pasta Marinara <input type="checkbox"/> VEGETARIAN Buttered Pasta	<input type="checkbox"/> REGULAR

_____ **please order lunch as indicated**

_____ **please DISCONTINUE catering service**
\$5.00/meal

All menu changes will take effect the following week.

This menu selection will repeat until another form is completed. Modifications can be made at any time by completing a new form.

Your lunch fee will be added to your **TUITION EXPRESS** on a monthly basis.

There will be **NO credit given** for uneaten lunches due to absence other than notified vacations.

7/21/2025



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					

ACTION NEEDED

Dear Parents,

To complete the enrollment process Stellar Academy must be provided with a current copy of your child's

IMMUNIZATION RECORD

This record must be provided within 7 days of your child's enrollment.

PLEASE CHECK WITH YOUR CHILD'S PHYSICIAN TO MAKE SURE ALL VACCINATIONS ARE UP-TO-DATE AND REFLECTED ON YOUR CHILD'S IMMUNIZATION FORM!

You may submit this record with your child's paperwork or if it is easier, your physician can FAX your child's most recent immunization record to us. Our fax number is:

908-252-9119 FAX – Bridgewater

908-252-9119 FAX - Hillsborough

Please be aware that failure to submit your child's immunization record may result in suspension from his/her program.

Thank you for your help in this matter.

STELLAR ACADEMY

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Expertly Designed . . . Lovingly Taught . . . Exceedingly Rewarding

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*****IMPORTANT NOTICE*****

The Department of Health requires that your child receive an annual physical exam.

Please ask your child's **physician to complete** the following:

UNIVERSAL CHILD HEALTH RECORD

If your child has an **ALLERGY** **the physician must complete** the:

SEVERE ALLERGY PLAN

If your child has **ASTHMA** or **REACTIVE AIRWAY DISEASE** **the physician must complete** the:

ASTHMA TREATMENT PLAN

Please see the office for the Severe Allergy and Asthma Treatment Plan paperwork.

If you need additional forms, or your child develops an allergy or asthma during the school year, please see the office for the necessary paperwork.

STELLAR PHOTOS APPLICATION PROCESS

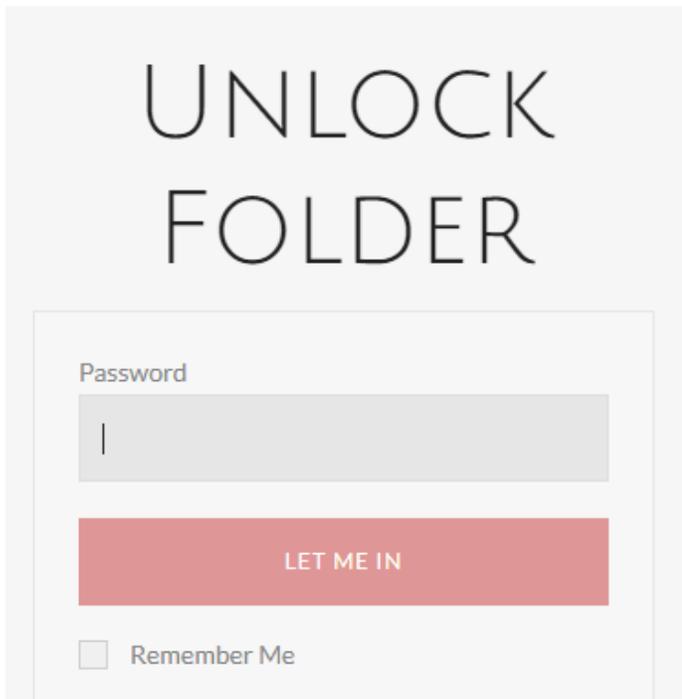
HOW TO VIEW STELLAR ACADEMY PHOTOS

We are continuing our process to let our families view the pictures taken at Stellar Academy. After looking at our options, we decided to use SmugMug as our photo album viewer and storage site. This allows us to host a Photo Album Page. From this site, you can browse photos taken at Stellar Academy and even download the photos you'd like for personal use.

To access the Photo Page, you need to have a password to view photos from each school.

Below are instructions on how to access the photos.

- 1) Start by going to stellaracademy.smugmug.com
- 2) Then click the school your child attends.
- 3) You will be asked type in a password



UNLOCK
FOLDER

Password

|

LET ME IN

Remember Me

- 4) **Please ask the office for the current password**

From here you can view the photos by class which are then sorted by date.

If you have any questions or need help accessing the site, please feel free to email me!

Mr. Dave

Dbuley@stellaracademy.com

Stellar Academy will provide two daily snacks, one in the morning and the other in the afternoon. Snacks will consist of:

- Drink (water)
- Snack (crackers, non-sugared cereal, raisins, etc.)

Lunch is provided by the parent (there is a refrigerator in every room) or can be purchased from our caterer, Enrico's Pasta (see MENU). Lunch costs \$5.00 per day. If your child arrives at school with no lunch, a cheese sandwich lunch will be purchased for them and the cost added to your bill

There is no credit given for uneaten lunches due to absence other than notified vacations.

STELLAR ACADEMY IS A PEANUT SAFE CENTER

Due to the extreme nature of allergic reactions to peanuts and products containing peanuts in some children, Stellar Academy prohibits peanuts and/or foods containing peanut products on Stellar Academy property, and/or at Stellar Academy sponsored events. These peanut allergies can be so severe that exposure to peanuts can result in an anaphylactic reaction. An allergic child can have a reaction from simply smelling peanuts on someone's breath, or touching peanut oil residue left on a counter top, not only from consuming peanuts or peanut products.

Parents are responsible for providing foods that are peanut and peanut product safe for their child's lunch. There are many acceptable food items that are peanut and peanut product safe in stores. **The important thing to remember is to read the label of every food item you send to school with your child.** Many foods which we do not think of as containing peanuts or peanut products have in fact been made in the same factories as peanut containing foods and are therefore considered to be contaminated. When reading the label, look at not only the ingredients listed, but for statements such as, **"may contain traces of peanuts."** For example, Plain Chocolate M & M's have this statement on the label.

What your child needs to bring.....

Infants:

- Crib bedding (porta-crib size 37"x24"x3")
- Extra clothing
- 2 or 3 onesies
- Diapers
- Wipes
- Desitin or any ointment needed
- Bottles for the day
- Food for the day
- Bowl and spoon, if necessary
- Extra pacifiers, if necessary

Toddlers & Up

- Mat sheet (a crib sheet will do)
- Light Blanket
- An extra set of clothes (will be kept at school for emergencies)
- Several extra underwear & bottoms (if potty learning)
- Personal cup with sip lid (toddlers)
- Diapers/Pull Ups, if necessary
- Wipes, if necessary
- Desitin or any ointment, if necessary
- Food for the day (if restricted)
- Lunch (if not purchasing)

**Please mark all items with your
child's name or initials.**

STELLAR ACADEMY | 2025-2026 CALENDAR

1 CLOSED: Labor Day

30 Tuition Express

SEPTEMBER 2025						
S	M	T	W	Th	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30				

OCTOBER 2025

S	M	T	W	Th	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

2 BWTR Meet the Teachers
9 HILLS Meet the Teachers

31 HALLOWEEN: Closing at 3pm

31 Tuition Express

19-20 BWTR Winter Concert

27-28 CLOSED: Thanksgiving

28 Tuition Express

NOVEMBER 2025						
S	M	T	W	Th	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30						

DECEMBER 2025

S	M	T	W	Th	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

3-4 HILLS Winter Concert

24 CLOSED: Christmas Eve
25 CLOSED: Christmas
31 CLOSED: New Year's Eve

31 Tuition Express

1 CLOSED: New Year's Day

19 CLOSED: MLK Day

30 Tuition Express

JANUARY 2026						
S	M	T	W	Th	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

FEBRUARY 2026

S	M	T	W	Th	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28

16 CLOSED: Presidents' Day

27 Tuition Express

31 Tuition Express

MARCH 2026						
S	M	T	W	Th	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

APRIL 2026

S	M	T	W	Th	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30		

3 CLOSED: Good Friday
6 CLOSED: Easter

30 Tuition Express

6-7 BWTR Spring Concert
19-20 HILLS Spring Concert

25 CLOSED: Memorial Day

29 Tuition Express

MAY 2026						
S	M	T	W	Th	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

JUNE 2026

S	M	T	W	Th	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30				

23 HILLS Kindergarten Graduation
24 BWTR Kindergarten Graduation

26 CLOSED: Staff Development

30 Tuition Express

3 CLOSED: Independence Day

31 Tuition Express

JULY 2026						
S	M	T	W	Th	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

AUGUST 2026

S	M	T	W	Th	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

31 CLOSED: Staff Development

31 Tuition Express