

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. **Consent Forms (Photo/Sunscreen),**
4. **Parent Handbook Receipt (See Separate Link on Website)**
5. If you want to use our caterer, **Menu,**
6. 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 _____

Mom's Cell Phone _____ Cell Carrier _____ Mom's Email _____

Dad's Cell Phone _____ Cell Carrier _____ Dad's Email _____

FATHER OR FIRST GUARDIAN INFORMATION

Father/First Guardian's Name _____ (Circle one) Natural Father / Stepfather / Legal Guardian-Relationship _____

Employer _____ Address _____

Work Phone _____

MOTHER OR SECOND GUARDIAN INFORMATION

Mother/Second Guardian's Name _____ Natural Mother / Stepmother / 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) **MOTHER / FATHER / 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® – an automatic payment processing system that allows 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) _____ ☐ 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.

SECTION A

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

SECTION B

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

For Official Use Only

Date Received

Employee Signature

John Sample Mary Sample 123 Nice Street Anytown, USA		BANK OF THE WEST 555-555-5555		00226
Pay to the order of:		Attach Voided Check Here		\$
		Deposit slips not accepted		Dollars
123456789	1800338	0226		
Routing Number	Account Number	Check Number		

A service of



STELLAR ACADEMY

A PRIVATE PRESCHOOL FOR YOUR TALENTED CHILD

CONSENT FORMS

Name of Child: _____

Name of Person Responsible for the Child: _____

PERMISSION TO USE IMAGES OR PHOTOGRAPHS OF A CHILD

The staff at Stellar Academy loves to take photos. These photos are for your enjoyment and to inform you about your child's day and the objectives he/she is mastering while at school. Also, Stellar Academy may wish to produce a video/ literature, update their Facebook page or create a website which may include images of your child or a group of children.

At no time will we identify your child's photograph with her/his name

- Please note that this does not apply to the school photograph that is taken of your child/class for your own use.
- Also, Stellar Academy has no control over any images or photographs that are taken of the children at school by other parents/guardians for their own private use.

I have read and understood the information given to me about the use of images or photographs being taken of my child while at Stellar Academy.

**If permission is denied your child's teacher will omit the child from all photos taken.*

☐ I DO ☐ I DO NOT * (please check one) give permission for any image or photograph of my child taken while at Stellar Academy to be used in the public domain.

Signed: _____

PERMISSION TO APPLY SUNSCREEN/DIAPER OINTMENT

If you wish Stellar Academy to occasionally apply sunscreen or diaper ointment as needed, we need your permission.

☐ I DO ☐ I DO NOT * (please check one) give permission for Stellar Academy employees to apply Sunscreen and/or Diaper Ointment on my child.

Signed: _____

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 the Management of Communicable Diseases (*Parent Handbook page 18*)
6. Policy on the Use of Technology and Social Media (*Parent Handbook page 20*)
7. 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 give my child **VEGETARIAN** options: **Yes** or **No**

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

Monday	Tuesday	Wednesday	Thursday	Friday
<u>Entrée</u> Pancakes With Turkey Sausage	<u>Entrée</u> Chicken Quesadilla <i>side of salsa & sour cream</i>	<u>Entrée</u> Chicken Nuggets	<u>Entrée</u> Pasta Bolegnese <i>(Turkey meat sauce)</i>	<u>Entrée</u> Pizza
<u>Sides</u> Seasonal Vegetable	<u>Sides</u> Seasonal Vegetable	<u>Sides</u> Seasonal Vegetable	<u>Sides</u> Seasonal Vegetable & Breadstick	<u>Sides</u> Seasonal Vegetable
<u>Dessert</u> Fresh Fruit	<u>Dessert</u> Fresh Fruit	<u>Dessert</u> Fresh Fruit	<u>Dessert</u> Fresh Fruit	<u>Dessert</u> Yogurt
VEGETARIAN OPTION Served without Turkey Sausage	VEGETARIAN OPTION Buttered Noodles	VEGETARIAN OPTION Buttered Noodles	VEGETARIAN OPTION Buttered Noodles	VEGETARIAN OPTION N/A

_____ **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.



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.

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(908)255-4247 FAX (908)252-9119 ■ 51 ROUTE 206 HILLSBOROUGH, NJ 08844 ■

*******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

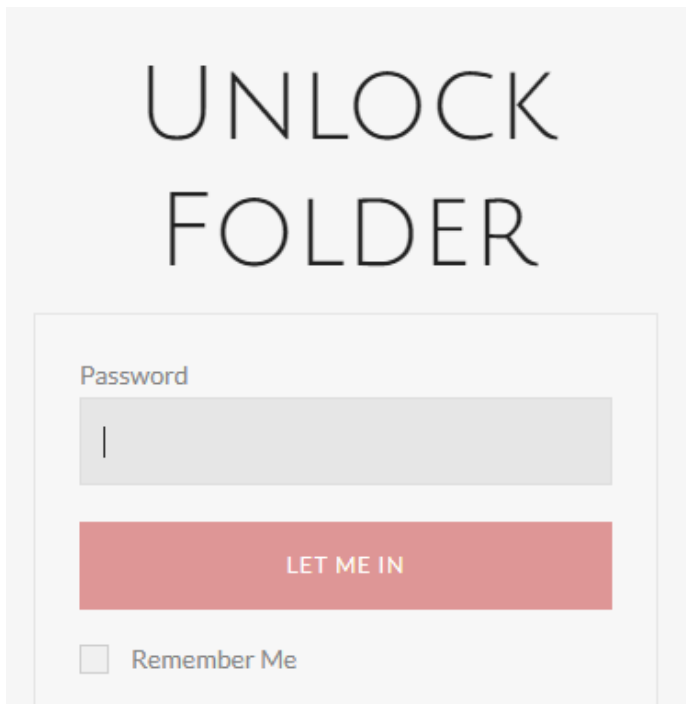
HOW TO VIEW STELLAR ACADEMY BRIDGEWATER PHOTOS

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



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 \$3.50 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 | 2022-2023 CALENDAR

2 CLOSED: In Service Day
5 CLOSED: Labor Day

30 Tuition Express

SEPTEMBER 2022						
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 2022						
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					

6 BWTR Open House
11 HILLS Open House

31 Tuition Express

24-25 CLOSED: Thanksgiving

30 Tuition Express

NOVEMBER 2022						
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 2022						
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

23 CLOSED: Christmas
26 CLOSED: Christmas
30 CLOSED: New Year's Eve/Day

30 Tuition Express

2 CLOSED: New Year's Eve/Day

31 Tuition Express

JANUARY 2023						
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 2023						
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				

20 CLOSED: Presidents' Day

28 Tuition Express

31 Tuition Express

MARCH 2023						
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 2023						
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						

7 CLOSED: Good Friday

28 Tuition Express

29 CLOSED: Memorial Day

31 Tuition Express

MAY 2023						
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 2023						
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	

27 BWTR Kindergarten Graduation
28 HILLS Kindergarten Graduation

30 Tuition Express

3 CLOSED: In-Service Day
4 CLOSED: Independence Day

31 Tuition Express

JULY 2023						
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 2023						
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 Tuition Express