

2014-15 Application for Admission
2 ½ Year Olds
CBT Members



1001 Finnegan's Lane
North Brunswick, NJ 08902
(732) 297-0295
Fax: (732) 297-2673
Email: nursery@bnaitikvah.org
www.bnaitikvah.org/nursery



Phyllis G. Denenberg - Director

Phyllis G. Denenberg - Director

January 2014

Dear Parents,

Welcome to the 2014-2015 school year at the JCC of North and South Brunswick Nursery School. Established in 1975, our state-licensed, nursery school believes that a high quality Jewish Early Childhood program creates a safe and nurturing school community for young children that fosters life-long learning and emotional well-being. We are committed to promoting each child's cognitive, physical, social, and emotional development. Our population is non-sectarian. We recognize and respect that each child brings to school a unique rate of development, a desire to learn, with diverse languages and cultural experiences.

The Early Childhood program strives to empower parents to become partners in the education of their children. The major determinants of program quality are:

- The appropriate application of well-researched and proven child development practices that recognize play as the natural way through which children learn
- An integrated curriculum that provides opportunities for children to be successful by constructing their own knowledge through meaningful interactions with adults, other children and materials
- Activities that are relevant and engage children with hands-on experiences that encourage progression along the developmental continuum from dependence to independence
- Opportunities for purposeful and imaginative-creative play in a language and literacy rich environment
- A balanced daily program of child-initiated and adult-directed activities, including individual, small and large group activities that develop kindergarten readiness skills
- The recognition that parental involvement is vital for the educational success of children

We will maintain open communication between parents and our staff and encourage you to contact the teachers with any questions or concerns you may have. Feel free to contact me by email or phone or meet with me at any time. Parent-Teacher conferences are scheduled two times during the school year but you may set up additional time with your child's teacher should you need it. We will be emailing a weekly newsletter from your child's teacher keeping you up to date with what the children have been doing.

We welcome you & your child to our nursery school family and look forward to another exciting school year.

Sincerely,



Phyllis G. Denenberg
Early Childhood Director

APPLICATION FOR 2014-15 SCHOOL YEAR-(2 1/2 Year Olds)

Name of Child: _____ Date of Birth: ___/___/___

Nickname (if any): _____ Child's Age as of 9/14: _____

Hebrew Name (if any): _____ Gender: M / F

Street Address: _____ Language(s) spoken at home: _____

City, State, Zip _____

Mother's Information:

Dr. ___ / Mrs. ___ / Ms. ___

Name: _____

Home Phone: _____

Cell Phone: _____

Personal Email: _____

Work Phone: _____

Work Email: _____

Employer Name: _____

Employer Address: _____

Father's Information:

Dr. ___ / Mr. ___

Name: _____

Home Phone: _____

Cell Phone: _____

Personal Email: _____

Work Phone: _____

Work Email: _____

Employer Name: _____

Employer Address: _____

Sibling(s) (if any):

Name: _____ Age: _____ Gender: M / F

Name: _____ Age: _____ Gender: M / F

Pediatrician Information:

Name: _____

Address: _____ Phone Number: _____

APPLICATION FOR 2014-15 (2 1/2 Year Olds)

Has your child had any previous schooling? _____ At what age? _____

Is your child toilet-trained? Yes / No

Does your child have any diagnoses – physical, medical or emotional – that we should be aware of? If yes, please specify: _____

Dietary Restrictions (if any): _____

Allergies (if any): _____

Please describe any special family situation we should be aware of (if any): _____

Please give a brief description of your child's personality: _____

Primary Emergency Contact:

Secondary Emergency Contact:

Name: _____

Name: _____

Relationship to Child: _____

Relationship to Child: _____

Email / Phone (in order of priority):

Email / Phone (in order of priority):

1. _____

1. _____

2. _____

2. _____

3. _____

3. _____

Will your child be picked-up or dropped-off on a regular basis by anyone other than their Mother or Father? If yes, please complete the following:

Name: _____

Relationship to Child: _____

Parent signature(s) authorizing the JCC of North & South Brunswick Nursery School to release your child to the care of any / all of the above parties:

Mother: _____
Father: _____

MONTHLY RATES (CBT MEMBERS) – 2 ½ Year Olds

Thank you for considering the JCC of North & South Brunswick Nursery School. Since 1975, we have cared for and educated over thousands of area children, and we take great pride in the quality of our teachers, facility, and programs. In fact, many of our teachers have over 20 years of experience. We also have the only full-size gymnasium in the area – so when it's raining or snowing, or just too cold to go outside, your child will still be able to exercise and play indoors. Last but certainly not least, our prices are all-inclusive – they include music, yoga, soccer and special programs. In short, the JCC of North & South Brunswick Nursery School is an investment in your child's future – one that will pay dividends for years to come.

FULL DAY 9AM – 3:15PM (Includes the Rhymes & Rainbows and Nap & Play)	“EARLY BIRD” DISCOUNT #1 Good Thru February 13	“EARLY BIRD” DISCOUNT #2 Good Thru March 13	STANDARD RATE
--	--	---	------------------

Monday through Friday	\$825	\$835	\$845
-----------------------	-------	-------	-------

MORNING-ONLY 9AM – 12PM

Monday & Wednesday	\$201	\$211	\$221
Monday, Wednesday, Friday	\$312	\$322	\$332
Monday through Friday	\$426	\$436	\$446

RHYMES & RAINBOWS 12-1PM

Monday-Only	\$30
Monday & Wednesday	\$55
Monday, Wednesday & Friday	\$83
Monday through Friday	\$125

NAP & PLAY 1-3:15PM	DAILY RATE
------------------------	------------

Available Monday thru Friday	\$18 Per Afternoon
------------------------------	--------------------

EARLY / LATE STAY	HOURLY RATE
-------------------	-------------

Available Monday thru Friday	\$7 Contractual \$9 Drop-In Rate	Early Stay: 7:30-9AM / Late Stay: 3:15-6:30PM
------------------------------	-------------------------------------	---

IMPORTANT NOTES – EARLY / LATE STAY

RATES / BILLING	
RATES	Registration for Early / Late Stay is on a contractual basis. The hourly rate of \$7.00 is billed in half-hour increments (at \$3.50 per ½-hour). For example, if your child is in our care from 7:30-9AM, the total cost is \$10.50 (\$7.00 for 1-hour plus \$3.50 for one half-hour).
CHANGES	To ensure proper staffing levels, 30-days written notice is required for any changes.
BILLING	Early / Late Stay will be included in your monthly tuition bill. During Winter Hours (see below), a \$10.00 allowance will appear on your bill to reflect our reduced hours.
‘DROP-IN” SERVICE	Any parent wishing to use Early / Late Stay on a non-contractual basis (also known as pay-per-use or “drop-in”) is welcome to do so at a rate of \$9.00 per hour or any part thereof. The charge for this service will appear on your monthly bill.

HOURS	
STANDARD HOURS	Early Stay is available Monday through Friday from 7:30AM until 9:00AM. Late Stay is available Monday through Friday from 3:15PM until 6:30PM, except during Winter (see below)
WINTER HOURS	When days are “shorter” during the winter months, Shabbat begins much earlier on Friday evenings. Therefore, Late Stay on Fridays from November through February ends at 4:00PM.
INCLEMENT WEATHER	The Nursery School follows the lead of the North Brunswick School District (NBSD) when it comes to closings. If the NBSD announces a delayed opening, Early Stay will start at 8:30AM. If we have early dismissal, there is no Late Stay.

CONTACT INFO	
REGULAR HOURS	If you need to reach the Nursery School Director during regular hours (9AM-4:00PM), please call (732) 297-0295 or email nursery@bnaitikvah.org
EARLY / LATE STAY	If you need to reach the Early / Late Stay teacher before 9AM or after 4PM, please call (732) 297-0295 Extension 24 or call the B’nai Tikvah office at (732) 297-0696.

APPLICATION FOR 2014-15 (2 ½ Year Olds)

SCHEDULE OVERVIEW	Monday	Tuesday	Wednesday	Thursday	Friday
Core Curriculum (9AM-12PM)					
Rhymes & Rainbows (12-1PM)					
Nap & Play (1-3:15PM)					
Early Stay (7:30-9AM) Please indicate drop-off time: _____					
Late Stay (3:15-6:30PM) Please indicate pick-up time: _____					

REGISTRATION NOTES

IMPORTANT DATES	Child must be 2 years, six months by September 30th.
AGE REQUIREMENTS	Children must be 2 years, 6 months by September 30, 2014 to enroll in this class. Please note that no exceptions can or will be made regarding this date. This is done so that your child is the correct age for your town when entering kindergarten. We appreciate your understanding of this policy.
REGISTRATION FEE	A one-time-only fee of \$75.00 will be required at time of registration.
PAY-IN-FULL DISCOUNT	If you pay in-full for the entire school year (September 2014 through June 2015) at the time of registration, you will receive a 5% discount.
TOILET TRAINING POLICY	The JCC of North and South Brunswick does not require your child to be toilet trained to join our program. Diapers or wet clothing will be changed when necessary. The use of pull-ups is permitted. Our school will accommodate your child's needs while in the process of being toilet trained.

Date submitted: _____

Registration Fee Received: Yes ___ / No ___

June 2015 Tuition Received: Yes ___ / No ___

Check #: _____

Cash Received: _____

Received By: _____



**Before And/Or After Care Registration Form
The JCC of North & South Brunswick Nursery School
2014-2015**

Please fill out all the information below and return as soon as possible.

Child's Name _____

Child's Class and Days Attending School _____

Parent's Name _____
Mother Father

Home Phone _____

Work Phone _____
Mother Father

Cell Phone _____
Mother Father

Email (Mom) _____ (Dad) _____

Emergency Contact during times of Before and/or After Care other than parent:

I want the following times for my child:

BEFORE CARE – Beginning 7:30 AM – 9:00 AM

Please indicate drop off time: _____

Please indicate days of the week: _____

AFTER CARE – Beginning at 3:15 PM – 6:30 PM

Please indicate pick up time: _____

Please indicate days of the week: _____

Parent's Signature: _____

REGISTRATION TERMS & CONDITIONS

1. Payment for June 2015 tuition is due at the time of registration along with the \$75 registration fee.
We require the \$75 registration fee and payment for June 2015 for everyone. To be considered up to date, half day students, (9:00-12:00AM), will pay the corresponding fees. Full day students, (9:00-3:15PM), will also pay the corresponding fees.
You will be billed for September 2014 tuition at the end of August. Payment will be due by September 15th.
2. Submission of the completed application and fees is not a guarantee of acceptance.
Excess applications will be filed in order received and applicants placed on a waiting list. All monies will be refunded if class space is not available. However, if accepted, the registration fee and June's tuition will not be refunded if the parent withdraws his/her child without Director's prior approval and 30 days written advance notice.
If a child is withdrawn within the 30 day period, a refund will be given only if we are able to replace that vacated spot with another child.
3. If a second child is enrolled in the same family, a \$15 sibling monthly discount will apply.
4. Registration for all nursery school programs is considered a commitment for the entire year.
Dropping of lunch and / or enrichments will be permitted only with thirty (30) days notice.
5. Tuition is calculated based on a 10 month (September-June) school year for both the morning and enrichment parts of the program. The yearly tuition for all programs is broken down into ten (10) manageable payments for your convenience.
The school schedule reflects days off for major Jewish and Secular holidays, school closings, etc. If the tuition for the entire school year is paid at the time of registration, a 5% discount will apply.
6. A \$10 late fee will be imposed for payments received after the 15th of any month.
7. A child who stays for lunch and is not enrolled in the Optional Hot Lunch program, will need to bring a **DAIRY** or **VEGETARIAN** lunch only. After lunch, the children will have the opportunity to socialize as well as listen to stories, play games and participate in indoor and outdoor activities (weather permitting).
8. Please do not send a child who is sick to nursery school and/or the early stay or late stay programs.
9. No credit will be given for inclement weather. In cases of delayed openings in North Brunswick public schools, Early Stay will begin at 8:30 a.m, We do not have delayed openings. In cases of early dismissal in North Brunswick Public Schools, there will be no Late Stay. Designated New Jersey "state of emergency" days will not be credited, refunded or made up.
10. **No credit will be given for the first three weeks of continuous absence due to illness. Credit will then be given beginning with the fourth week only with a note from your physician. Those students on vacation up to 4 weeks will be charged full tuition (100%). As a courtesy, you will be charged 60% tuition beginning with the 5th week.**

Please return the completed application and required fees to the Nursery School office.
Please make all checks payable to the JCC of North and South Brunswick Nursery School.
Returned checks will incur a \$25 fee.

I have read and agree to the terms in this application.

Parent signature(s): _____ Date: _____
_____ Date: _____

Child's Name _____ Date of Birth _____

DAILY ROUTINES

SLEEPING

Please describe your child's usual bedtime routine (including what *time* and *where* he/she usually sleeps). _____

How do you know that your child is sleepy/tired? _____

Does your child have any difficulties falling asleep? _____ If yes, what is helpful? _____

About how many hours of uninterrupted sleep does your child get each night? _____

How many times per day does your child nap? _____ How many hours on average? _____

Does your child sleep with a special blanket, toy, pacifier, song? _____

Do you have any concerns about your child's sleep habits? _____ If yes, please explain: _____

EATING

Does your child generally enjoy eating? _____ Do you consider your child a good eater? _____

What are some of your child's favorite foods (temperatures, textures, etc.)? _____

Is your child on any special diet? _____

If your child has any food allergies, please list here: _____

① If child has food allergies, ensure a Feeding and Nutrition Care Plan is established and on file.

Are there any other foods you do not want us to offer your child? _____

Are there foods from your home/culture that you would like us to offer? _____

Do you breastfeed your child? Yes No If yes, how often? _____

What does your child eat with? hands spoon fork Does your child eat independently? Yes No

What does your child use to drink? bottle (type of nipple: _____) tippy cup regular cup

Do you have any concerns or questions about your child's eating habits? _____ If yes, please explain: _____

TOILETING

Does your child wear diapers? _____ If yes, what kind? disposable cloth Pull-ups For naps? _____

If no, does your child use the toilet regularly? _____ Please explain: _____

Families use a variety of words to describe bathroom activities. Indicate the words your family uses for:

urine _____ bowel movement _____ genital area _____

Do you have any questions or concerns about your child's toileting habits? _____ If yes, please explain: _____

PLAY

Does your child have a favorite toy/object or song? _____

Does your child enjoy playing with others? _____ Does your child enjoy playing alone? _____

What activities and/or toys does your child enjoy? _____

HEALTH

Does your child have any health problems? _____ If yes, please explain: _____

Is your child taking any medication(s) regularly? _____ If yes, please list: _____

① If medications are to be given while in care, ensure a Medication Administration Form is utilized and on file for your child.

Does your child have a chronic health condition or specific health needs? (please be specific) _____

① If yes, ensure a Special Health Care Plan is established and on file for your child.

Does your child have frequent ear infections? _____ diarrhea? _____

Do you have any concerns about your child's health? _____ If yes, please explain: _____

Children in group care may become ill with colds, viruses, etc. several times per year. At times, we are required to ask parents to keep their children out of child care until treatment begins or there are no symptoms. Please see our *Exclusion* policy.

GENERAL DEVELOPMENT

Do you have any concerns about your child's:

- hearing and/or vision? _____
- speech and language development? _____
- ability to move? _____
- overall development? _____

What languages are spoken at home? _____

What is your family's cultural identification (values, traditions)? _____

SOCIAL AND EMOTIONAL DEVELOPMENT

Has your child ever been in group care? Yes No If yes, how many different settings? _____

How does your child respond in group situations? _____

What can we do to help your child adjust to child care? _____

How would you describe your child's temperament? _____

How does your child communicate his/her needs? _____

How do you comfort your child? _____

Does your child use a special comforting item (such as a blanket, stuffed animal, doll)? _____

Does your child fear certain things? _____

How is your child disciplined? _____

What works best when you discipline your child? _____

Do you have any concerns about your child's social-emotional development or behavior? _____ If yes, please explain: _____

What educational/developmental experiences would you like us to emphasize with your child (for example, language development, social relationships, kindergarten readiness skills, physical or self-help skills, etc.)? _____

Parent's Signature: _____ Date: _____