



**Early ARTS LLC ▪ Child Care | Preschool | Art Classes**

207 Elm street, Elmwood Park, NJ 07407 ▪ 201-300-6009 ▪ [www.SonjaEarlyArts.com](http://www.SonjaEarlyArts.com)

## ENROLLMENT INFORMATION

**Child's Name:** \_\_\_\_\_ **D.O.B.:** \_\_\_\_\_

**Child's Address:** \_\_\_\_\_

**Parent/ Legal Guardian #1:** Relationship (mother, father, other) \_\_\_\_\_

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Employer:** \_\_\_\_\_

**Work Address:** \_\_\_\_\_

**Phone:** Home \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

**E-mail:** \_\_\_\_\_

**Parent/ Legal Guardian #2:** Relationship (mother, father, other) \_\_\_\_\_

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Employer:** \_\_\_\_\_

**Work Address:** \_\_\_\_\_

**Phone:** Home \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

**E-mail:** \_\_\_\_\_

**Child's siblings:** Name \_\_\_\_\_ D.O.B. \_\_\_\_\_

Name \_\_\_\_\_ D.O.B. \_\_\_\_\_

Name \_\_\_\_\_ D.O.B. \_\_\_\_\_

**Person to call in case of emergency, if parent/legal guardian is not available:**

1. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

2. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Name of Child's Doctor:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Insurance Plan and ID Number:** \_\_\_\_\_

**Allergies:** \_\_\_\_\_ **Other:** \_\_\_\_\_

**In the case of emergency:** As parent/guardian, I give consent to Early Arts personnel to contact my child's health care provider listed above, have my child receive first aid and, if necessary, be transported either by ambulance\emergency vehicle or personal vehicle to receive emergency care. I give consent for Early Arts and/or emergency person listed above to act on my behalf until I am available. I understand that I will be responsible for all charges not covered by insurance.

**Parent/Guardian Signature #1:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent/Guardian Signature #2:** \_\_\_\_\_ **Date:** \_\_\_\_\_



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## **SOCIAL MEDIA POLICY**

For my child/children: \_\_\_\_\_

\_\_\_\_\_

### **PICTURE RELEASE FORM**

I give permission for my child/children to be photographed or video/audio-recorded by Sonja Svete Zaninovic while involved in activities connected with Early Arts LLC. I hereby grant the permission to Sonja Svete Zaninovic and Early Arts LLC to use my child/children and his/her/their artwork done at Early Arts LLC in a photograph or movie in any and all of its publications, including website entries, marketing materials, exhibitions, or art works, without payment or any other consideration. I understand and agree that these materials will become the property of Sonja Svete Zaninovic and Early Arts LLC and will not be returned. I hereby irrevocably authorize Sonja Svete Zaninovic and Early Arts LLC to edit, alter, copy, exhibit, publish or distribute this photo for purposes of publicizing Sonja Svete Zaninovic and Early ARTS LLC, or for any other future lawful purpose, including creation of educational materials or artistic works. Additionally, I waive any right to royalties or other compensation arising or related to the use of the photograph or movie. I hereby hold harmless and release and forever discharge Sonja Svete Zaninovic and Early Arts LLC from all claims, demands, and causes of action which I, or any other persons acting on my behalf have or may have by reason of this authorization. I am the parent or guardian of the minor named above and have the legal authority to execute the above release. I have read this release before signing below and I fully understand the contents, meaning, and impact of this release. I am aware that I have a choice not to sign this social media policy if I want some specific photography or communication restrictions.

Parent/Guardian Name \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **COMMUNICATIONS**

I agree with Early Arts LLC using my phone number and e-mail address for communication via voice calls, messages, e-mails, and regular newsletters. I trust Early Arts LLC not to share my information with anyone but the other parents at Early Arts LLC, and to express professionalism at all times in all communications. I also accept occasional communications via Facebook, Instagram, Viber, WhatsApp, Tumblr, Twitter, or other online platforms that I could be using in the future. I am the parent or guardian of the minor named above and have the legal authority to execute the above release. I have read this release before signing below and I fully understand the contents, meaning, and impact of this release. I am aware that I have a choice not to sign this social media policy if I want some specific photography or communication restrictions.

Parent/Guardian Name \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I am aware that I have a choice not to sign this social media policy if I want some specific photography or communication restrictions. In that case, custom social media policy will be made that will include my specific instructions.

If I take photos and videos at Early Arts LLC for personal use, these images and videos will not be distributed or put online if they contain images of other children or adults. Also, if I want to share Early Arts LLC pictures online, I will choose pictures with Early Arts watermark, and not pictures sent to me personally for my private use. Same applies if my child(children) comes to Early Arts LLC with cell phones; I will talk to her/him(them) about responsible use of photographs and videos. Photos and videos taken of me while visiting Early Arts LLC will be used in the same responsible manner and not shared online without my consent. I have read this release before signing below and I fully understand the contents, meaning, and impact of this release.

Parent/Guardian Name \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Universal Child Health Record is not needed if medical papers were already given with the enrollment for public or private school that child is currently attending:

## Parental Notification of School Age Child's Health

*(Compliance with Manual of Requirements for Family Child Care registration 10:126-6.8 #4)*

\_\_\_\_\_ is enrolled in a public or private school and also  
full name of child  
attends the family child care program operated by Sonja Svete Zaninovic.  
full name of provider

\_\_\_\_\_ is in good health and can participate in normal  
full name of child  
activities of the family child care program.

\_\_\_\_\_ requires the following special accommodations due  
full name of child  
to a special need or condition:

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Parent's name: \_\_\_\_\_  
please print full name

Parent's signature: \_\_\_\_\_

Date: \_\_\_\_\_

## Basic Parent Child Information

Date: \_\_\_\_\_

Parent's Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Mother's employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Father's employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of Child/ren

Date of Birth

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## REPORT YOUR CONCERNS

If you have any concerns that your family child care provider is not operating according to State regulations, do something about your concern immediately. If possible, try to resolve your concern directly with your provider. If this is not possible, or if after you have talked to your provider, your concerns remain, call your sponsoring organization or the Office of Licensing. Your name will remain confidential upon request.

## IMPORTANT CONTACTS

Parents may contact their local sponsoring organization for information regarding referrals for child care, information on other community resources available for parents and children and any questions regarding family child care.

### Your local sponsoring organization is:

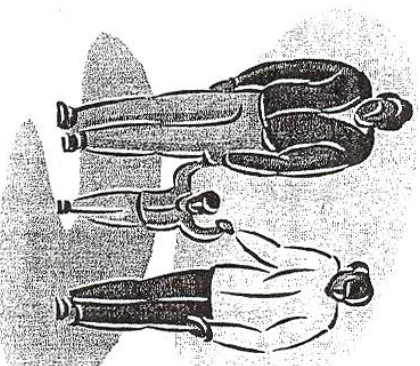
COUNTY OF BERGEN  
DEPARTMENT OF HUMAN SERVICES  
OFFICE FOR CHILDREN  
ONE BERGEN COUNTY PLAZA-2nd FLOOR  
HACKENSACK, NJ. 07601-7076

## INFORMATION TO PARENTS

### ABOUT

## FAMILY CHILD CARE REGISTRATION

- To report child/abuse neglect, call the DCF Child Abuse/Neglect Hotline toll-free at 1-877-NJABUSE or 1-877-652-2873.
- Parents may obtain information about child abuse and neglect by contacting the Department of Children and Families, Office of Communications and Legislation at 609-292-0422. Requests are accepted by e-mail at [dcfpublications@dcf.state.nj.us](mailto:dcfpublications@dcf.state.nj.us), or by fax to 609-984-2123. Some publications may be downloaded at <http://www.nj.gov/dcf/news/publications>.
- To secure a copy of the Manual of Requirements for Family Child Care Registration, write or telephone your local sponsoring agency at ( )
- To report alleged violations of the Manual of Requirements for Family Child Care Registration, call your local sponsoring agency at ( ) or call the Office of Licensing toll-free at 1-877-667-9845.





## Information to Parents about Family Child Care Registration

Under the provisions of the Manual of Requirements for Family Child Care Registration (N.J.A.C. 10:126), every family child care provider in New Jersey is required to supply each parent of an enrolled child with this *Information to Parents Statement* that has been supplied to a provider by the sponsoring organization in this area. (See last page for the name, address, and telephone number of your sponsoring organization). In keeping with this requirement the provider must secure every parent's signature attesting to his/her receipt of this information.

- A registered family child care provider has received a Certificate of Registration. The provider's Certificate of Registration must be posted in a prominent location within the family child care home during operating hours.
- To be registered, a provider must comply with the Manual of Requirements for Family Child Care Registration, the official registration regulations. The regulations cover such areas as physical environment, safety, provider qualifications, health, program, food and nutrition, supervision, rest and sleep requirements and others.
- Parents may receive a copy of the Manual of Requirements for Family Child Care Registration by contacting the sponsoring organization.
- Parents may report alleged violations of the Manual of Requirements for Family Child Care Registration to the sponsoring organization or to the Office of Licensing.
- Any person who has reasonable cause to believe that a child enrolled in the family child care home has been or is being subjected to any kind of child abuse/neglect by any person, whether in the family child care home or not, is required by State law to report such allegations to the DCF Child Abuse/Neglect Hotline: Toll-Free at 1-877-NJABUSE or 1-877-652-2873.

- Parents of enrolled children shall be permitted to visit the family child care home at any time when enrolled children are present without having to secure the prior approval of the provider. Parents may be restricted to visit only those areas of the home designed for family child care.
- The operation of the family child care home is subject to monitoring by the sponsoring organization at least once every two years and by the Department of Children and Families.
- The provider is required to comply with the inspection/investigation functions of the sponsoring organization and the Department, including the interviewing of adults and children in the family child care home.
- Parents may request that the sponsoring organization provide technical assistance to the parent or the provider, and referrals, to appropriate community resources.
- When an enrolled child has been identified as or is suspected of having a developmental delay or disability, the sponsoring organization shall:
  1. Inform the parent of the child's right to early intervention and special education services, if eligible;
  2. Refer the parent to the New Jersey Department of Education Project Child Find at 1-800-322-8174 (toll-free) for a comprehensive evaluation and development of an individual service plan for the child, as appropriate; and
  3. Refer the parent to the New Jersey Department of Health and Senior Services Special Child Health Services Program at (609) 292-5676 for a possible comprehensive medical evaluation for the child.

I have received and read my copy of:

**INFORMATION TO PARENTS ABOUT FAMILY CHILD  
CARE REGISTRATION**

\_\_\_\_\_  
Parent's name (Printed)

\_\_\_\_\_  
Parent's signature

\_\_\_\_\_  
Date