



Dear Parents,

Welcome to STEM Academy for Young Kids!

We are excited about your interest in enrolling your child(ren) at STEM Academy for Young Kids and understand the importance of this decision. We are here to help every step of the way. At STEM Academy, you will find an amazing and dedicated staff, a high curriculum that includes STEM (Science, Technology, Engineering and Mathematics) and activities such as art, karate, chess and more.

Our Mission is to provide a safe and secure environment while discovering talents and nurturing young kids for a gifted future. To inspire every child to dream and foster an attitude of, **"Yes, I can do it!"** and engaging every child with project-based learning of interest to promote talents.

Our Vision is to provide a unique learning experience and platform that follows the cycle of learning through exploration, preparation, development and action; where a child can challenge his/her talent for confidence building. Quality Education is the lifeline for a healthy society and strong nation.

Our Goal is to identify the talent and nurture with a strong belief, "Every Child is gifted and talented". To establish a flexible learning center with enriched and varied learning opportunities for all young children to build strong foundations emotionally, academically and physically.

This package contains information and forms necessary for enrollment at STEM Academy for Young Kids. Please take a moment to carefully read and review these documents as they will help you determine if STEM Academy is the right fit for you and your family.

If you have any questions or require additional information, please send an email to info@gostemacamdey.com, or feel free to call us at 732-243-9793.

Sincerely,
The Team at STEM

CHILD FIRST & LAST NAME Aandrew Sarkar DOB: 09/15/2005 AGE: 12 years, 11 months Gender: M

Primary Address: 025/A, New jersey road, Bongaon, 743235 City: Cherry Hill Zip: 74323

Primary Phone Number: (760) 237-1447 Primary Email: arindamx01@gmail.com

Child Primarily Lives with Mom &Dad

How did you hear about STEM Academy: internet Referred by: Arindam Sarkar

Registration Date: 09/13/2018 Start Date : 09/05/2018 times: Full Day, 7:00am-7:00pm

Program Name: Toddler, 19 months to 36 months

If attending public school, which school/times: JMI GRADE: A+

PARENT/GUARDIAN #1 Name: Arindam Sarakar Circle one: Mom Dad: Mother

Address: 025/A, New jersey road, Bongaon, 743235

City: Cherry Hill State: New Jersey Zip: 74325

Cell Phone: (343) 242-3423 Home Phone: (234) 324-2343

Employer: aqualeaf Work Phone: (234) 234-3242

Employer's Address: 374A/301A1, New Jersey, Bongaon

Email/s: arindam.aqualeaf@gmail.com

PARENT/GUARDIAN #2 Name: Ileana Sarkar Circle one: Mom Dad Other: Father

Address: 025/A, New jersey road, Bongaon, 743235

City: Union City State: New Jersey Zip: 74324

Cell Phone: (343) 242-3423 Home Phone: (423) 423-4234

Employer: Don't know Work Phone: (234) 324-2342

Employer's Address: arindamsarkar196@gamil.com

Email/s: 23423423423423423423

Additional Child Information

My child has been in a home/group/private care before: Yes

Typical bed time 9:00 _____

Typical wake up time 5:30 _____

Number of siblings 1 _____ Birth order of child 3 _____

SPECIAL REQUESTS/NEEDS/CONCERNS – List Below
(comfort items, special words, fears, etc.)

sdfsdf

EMERGENCY CONTACTS (parent/guardian notified first, next in priority)

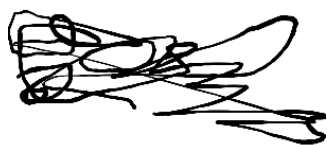
Contact #1 Name: sdfsdfsdfsdf Relationship: sdfsdfsdfs Phone: (324) 234-2342

AUTHORIZATION OF EMERGENCY MEDICAL TREATMENT In the event of an emergency requiring a physician's care or 911 to be called. Please read and sign the following:

I (WE) Arindam Sarakar & Ileana Sarkar PARENTS/GUARDIANS OF
PARENT/GUARDIAN NAME - PRINT PARENT/GUARDIAN NAME - PRINT

Aandrew Sarkar AUTHORIZE FOR EMERGENCY PURPOSES ONLY, A DESIGNATED EMPLOYEE
CHILD NAME

OF STEM ACADEMY TO TRANSPORT THE ABOVE MINOR CHILD BY AMBULANCE AND CONSENT TO ANY NECESSARY EXAMINATION, ANESTHETIC, MEDICAL ADVICE AND/OR TREATMENT FROM A PHYSICIAN OR SURGEON LICENSED TO PRACTICE IN THE STATE OF NEW JERSEY.



AUTHORIZATION: SIGNATURE OF PARENT(S)

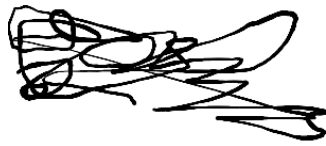
MEDICAL INFORMATION

Does your child have food/seasonal allergies?	No
Does your child have an EPI-PEN?	No
Does your child have an allergy/asthma action plan?	No
Any major illness or physical conditions?	No
Will this affect your child's participation in center activities?	No
Is your child currently under a physician's care?	No
Does your child take prescribed medications?	Yes
Does your child use any special devices (hearing aid, etc.)	Yes
Do you any concerns with your child being in group care?	Yes

CHILD'S HEALTH CARE INFORMATION

DOCTOR FIRST & LAST NAME:	<u>Sk paul</u>	OFFICE PHONE:	<u>(342) 324-3422</u>
OFFICE MAILNG ADDESS:	<u>sk@gamil.com</u>	FAX PHONE:	<u>(234) 234-2342</u>
DENTIST FIRST & LAST NAME:	<u>DENTIST FIRST</u>	OFFICE PHONE:	<u>(234) 234-2342</u>

CHILD FIRST & LAST NAME Aandrew Sarkar DOB: 09/15/2005 AGE: 12 years, 11 months Gender: M



SIGNATURE OF PARENT/GUARDIAN

09/13/2018

DATE

CHILD LEFT AT CENTER

IF A CHILD IS LEFT MORE THAN 1 HOUR AFTER CLOSING AND STEM ACADEMY HAS NOT HEARD FROM OR IS UNABLE TO CONTACT THE PARENT(S) OR THE AUTHORIZED PICK UP PERSONS, WE ARE REQUIRED TO NOTIFY THE LOCAL AUTHORITIES. (NJ 1-877 NJ ABUSE/1-877-652-2873) WE WILL THEN FOLLOW THE INSTRUCTIONS OF LOCAL AUTHORITIES REGARDING YOUR CHILD'S CARE.



SIGNATURE OF PARENT/GUARDIAN

09/13/2018

DATE

PARENT/GUARDIAN IMPAIRED AT PICK UP

IF THE PARENT/GUARDIAN APPEARS TO BE PHYSICALLY AND/OR EMOTIONALLY IMPAIRED, BY JUDGEMENT OF DIRECTOR/STAFF MEMBER, AND THE CHILD WOULD BE PLACED AT RISK OF HARM IF RELEASED TO THIS PARENT/GUARDIAN; STEM ACADEMY WILL NOT RELEASE THE CHILD AND AN ALTERNATIVE PICK UP PERSON MUST BE ARRANGED.



SIGNATURE OF PARENT/GUARDIAN


09/13/2018

DATE

CUSTODY ISSUES/ CUSTODIAL PAPERS

IF THERE ARE ANY CUSTODY ISSUES, COURT DOCUMENTS, DIVORCE AGREEMENTS, VISITATION RESTRICTIONS, DYFS ISSUES REGARDING YOUR CHILD, STEM ACADEMY MUST HAVE A COPY OF THESE PAPERS ARE ON FILE.

NO, THERE ARE NO RESTRICTIONS



Parent Signature : _____

Parent Name : Arindam Sarakar, Ileana Sarkar Date 09/13/2018

PARENT AUTHORIZATION PAGE

PARENT PERMISSION FOR SCHOOL PICK-UP AND/OR DROP-OFF

STEM ACADEMY HAS PERMISSION TO TRANSPORT Aandrew Sarkar ,ON A DAILY BASIS (OR ON
PRINT CHILD NAME

DAYS INDICATED) TO/FROM sdfsfsdfsdf SCHOOL AND TRANSPORT CHILD BACK TO/FROM STEM ACADEMY.
PRINT NAME OF SCHOOL

DAYS INDICATED: 12



09/13/2018

SIGNATURE OF PARENT/GUARDIAN

DATE

PARENT RELEASE OF PRIVATE INFORMATION

YES, WE GIVE PERMISSION FOR OUR ADDRESS/PHONE # TO BE ON THE CLASS LIST.

EMERGENCY MEDICAL RELEASE - This is to certify that I voluntarily furnish medical information on the above designated student to STEM ACADEMY FOR YOUNG KIDS. I hereby request that in the event that emergency medical care for my child. I further give my consent for an emergency medical facility or physician to administer necessary medical treatment to my child if I am unable to be reached or the situation requires immediate attention. I understand that I am responsible for paying all medical bills.

PRINT NAME: Arindam Sarakar, Ileana
Sarkar

SIGNATURE:



DATE: 09/13/2018

ACKNOWLEDGMENT OF WAIVER AND RELEASE - By signing this form I confirm to pay my tuition fees AND I confirm I realize all risks related to the transportation, activity and environment. I confirm waiving, releasing and discharging STEM Academy For Young Kids and its associates from any and all claims of liability or expenses of any kind and/or nature whatsoever arising out of or relating to my child/ren's participation in the Enrichment and Care Programs.

PRINT NAME: Arindam Sarakar, Ileana
Sarkar

SIGNATURE:



DATE: 09/13/2018

I (WE) HAVE READ AND FILLED OUT TO THE BEST OF MY (OUR) KNOWLEDGE THE ABOVE ENROLLMENT APPLICATION FOR MY (OUR) CHILD FOR ENROLLMENT AT THE STEM ACADEMY FOR YOUNG KIDS.

Aandrew Sarkar

09/13/2018

PRINT CHILD'S NAME

DATE



09/13/2018

SIGNATURE OF PARENT/GUARDIAN

DATE

CHILD VISITED CENTER ON:

CHILD'S ENROLLMENT DATE:

(Toddler, 19 months to 36 months)

CHILD ASSESSMENT DONE:

INFO TO PARENTS SIGN OFF PAGE

Dear Parent/Guardian:

As per New Jersey Child Care Center Licensing Requirements, we are obliged to provide you, as the parent/guardian of a child enrolled at our center, with this informational statement.

The statement highlights, among other things: your right to visit and observe our center at any time without having to secure prior permission; the center's obligation to be licensed and to comply with licensing standards; and the obligation of all citizens to report suspected child abuse/neglect/exploitation to the State Central Registry Hotline (877) NJ ABUSE (877) 652-2873.

Please read this statement carefully, and if you have any questions, feel free to contact me at:

732-243-9793 or info@gostemacademy.com

Sincerely,

Director
STEM Academy for Young Kids

Please complete and return this portion to the center.

(Please Print)

Name of Child: Aandrew Sarkar

I have received and read a copy of the Info to Parents statement prepared by the Office of Licensing, Child Care & Youth Residential Licensing, in the N.J. Department of Children and Families.



Signature: _____

Name of Parent(s)/Guardian(s): Arindam Sarakar, Ileana Sarkar Date: 09/13/2018

POLICY AGREEMENT

SCHOOL CLOSINGS & EARLY CLOSING

New Year's Day, President's Day, Good Friday, Memorial Day, July 4th, Labor Day, Thanksgiving & the day after, Christmas Day. Early closings: the day before Thanksgiving at 4pm, Christmas Eve at 1pm, New Year's Eve at 4pm.

*Tuition is NOT adjusted for scheduled days off, emergency closings/weather and/or child absence due to illness.

SECURITY DEPOSIT & ENROLLMENT CONTRACT

Upon enrollment, you agree to an initial contract of 3 months of enrollment. This allows your child a proper introduction to the STEM Academy curriculum. This includes a one month security deposit, plus a \$100 registration fee (non-refundable). This secures enrollment.

TUITION

Tuition is due by the 25th of every month, electronic debit only. If tuition is not received by this date, a \$50 late fee will be applied to your account. If tuition is not received by the 30th of the month, care will be suspended until all fees are paid in full.

SUMMER CAMP TUITION

Infants and toddlers remains monthly while children 3 years and older will have the option to choose their summer camp weeks. Tuition will be based on a weekly price. More information will be available in the Spring.

SIBLING DISCOUNTS

Families with more than one child enrolled at the same time will receive a sibling discount of 10% off the least expensive tuition. Families who enroll 3 or more will receive 10% off the second child and 20% off the third child. Discounts will be applied from the least expensive tuition. Tuition discount offers may not be combined and may not be applicable to all programs.

BREAKFAST/SNACKS

Snacks are served at 8:30am, 3pm, and 5pm. STEM offers dry cereal for breakfast. In the afternoon and early evening, STEM offers fresh fruit and/or dry snacks. Although we are a peanut/tree nut free facility, parents of children with food allergies are expected to contact the office in order to agree upon the child's snack.

LUNCH

Lunch may be purchased for an additional \$6 per day. You may pick and choose the days you would like to order. Lunch includes a main entrée, a side & milk or water. If you do not purchase lunch, you must provide your child with a peanut/tree nut free lunch. If lunch is not provided, lunch will be purchased at a cost to you of \$6. More details in the parent handbook.

WITHDRAWAL POLICY

If you plan to withdraw your child from STEM Academy, you must provide a 45 day written note/email stating the child's last day. STEM Academy has the right to charge you one (1) month tuition for not properly giving advanced notice (unless an emergency arises and proof is provided).

BACK TO SCHOOL NIGHT/PARENT/TEACHER CONFERENCE

Families with children 3 years and older will have the opportunity to attend our Back to School Night. During the school year, STEM Academy will offer 2 formal parent/teacher conferences. Signup sheets will be made available 2 weeks prior. If at any time the family or the teacher would like to request a meeting, please feel free to contact the teacher/family.

SUMMER CAMP/HOLIDAY BREAKS

STEM Academy will offer summer camp from the first Monday after the last scheduled school day until the last week in August. Summer camp is a separate enrollment with an additional cost.

OUTSIDE TIME

Children who attend school at STEM Academy are expected to be able to fully participate in the daily schedule which includes outside time and are expected to play outside according to state childcare regulations. Any child who has requested to not participate in outside activity due to weather or illness should remain home until they are able to fully participate.

SICK POLICY

As per the parent handbook if your child has any of the following symptoms, they will be excluded from care during such time: children with a fever of 101 Degrees Fahrenheit or higher; brown/green/yellowish discharge from eyes, nose and/or ears; vomiting and/or diarrhea for any length of time. Any child who is out sick for 3 days or longer requires a doctor's note to return. Flu Shots are required by NJ State Regulations.

PARENT HANDBOOK

STEM Academy for Young Kids Parent Handbook is located online for your convenience. If you should want a hardcopy, please feel free to ask the Director.



Signature: _____

Date: 09/13/2018

PHOTO CONSENT FORM

CHILD FIRST & LAST NAME Aandrew Sarkar DOB: 09/15/2005 AGE: 12 years, 11 months Gender: M

Yes, I do give my consent to STEM Academy to use photo or video images taken of my child in school brochures, advertisements for the school, on the website, in social media and in other school publications as they see fit. I agree to hold harmless STEM for Young Kids from any liability which may result from the use of said picture(s). This form will apply throughout my child's tenure at STEM Academy for Young Kids and will not need to be updated unless I so desire.



Parent Signature : _____

Parent Name : Arindam Sarakar, Ileana Sarkar Date 09/13/2018

ALLERGY/ASTHMA ALERT FORM

Our first priority at STEM Academy is every child's safety. Please complete the information below and speak directly with the Director concerning your child's allergy/asthma action plan if applicable.

CHILD'S NAME: Aandrew Sarkar **DOB:** 09/15/2005 **AGE:** 12 years, 11 months **Gender:** M

No, my child does not have any allergy/allergies/asthma. If no, please sign below.

Parent/Guardian Signature

Date

Please list any known ALLERGY/ALLERGIES/ASTHMA below:

sdfss lorem lorem lorem ipsum

Does your child have an allergy and/or allergies? N/A

Does your child have an epinephrine auto injector (i.e. EpiPen, Auvi-Q)? No

Does your child have an antihistamine such as Benadryl? No

Have you supplied the center with Benadryl and/or an EpiPen? (All prescriptions must be given in its original box with the original label.) No

Does your child have asthma? No

If your child has asthma, does your child have an inhaler? No

Did your doctor fill out an allergy and/or asthma action plan? No

PARENTS OF CHILDREN WITH ALLERGIES MUST DISCUSS ANY/ALL DIETARY ISSUES WITH THE DIRECTOR UPON ENROLLMENT. WE STRONGLY ENCOURAGE PARENTS OF CHILDREN WITH ALLERGIES TO SUPPLY ALL THEIR CHILD'S FOOD AND BOWLS UNLESS OTHERWISE AGREED UPON. ALL CHILDREN WITH SEVERE ALLERGIES AND/OR ASTHMA REQUIRE THE APPROPRIATE EMERGENCY ACTION PLAN AUTHORIZED BY A PHYSICIAN.



Parent/Guardian Signature

09/13/2018

Date

Director Signature

Date

TRANSPORTATION

CHILD'S NAME: Aandrew Sarkar **DOB:** 09/15/2005 **AGE:** 12 years, 11 months **Gender:** M

Transportation authorization for each child who walks or is transported to and/or from the program who is not accompanied by his/her parent(s).

Name of child care program: Stem Academy for Young Kids

I have made arrangements for my child Aandrew Sarkar
(name of child)

to travel between home and/or school and/or the child care program by

sdfdsfd

(please indicate means of transportation i.e. walking, bus, private car, bicycle, etc.)

I have informed the child care program of my child's scheduled days of attendance, arrival and departure times. I agree to release Stem Academy for Young Kids from any and all liabilities caused as a result of this transportation. I agree to notify STEM Academy in advance of the scheduled arrival time, any schedule changes, and any absences. The child care program agrees to notify me if my child does not arrive at the child care program as scheduled. I understand that the child care program is responsible for my child only from the time he/she arrives at the program until he or she leaves the program.

Name of Parent/Guardian (print): Arindam Sarakar, Ileana Sarkar



Parent/Guardian Signature

09/13/2018

Date

Director Signature

Date



PARENT RECEIPT OF INFORMATION

Please check the following and complete the bottom portion prior to submitting:

- ☒ DCFS: Information to Parents
- ☒ Policy on the Release of Children (N.J.A.C. 10:122-6.5)
- ☒ Positive Guidance and Discipline Policy and Biting Policy
- ☒ Policy of Methods of Parental Notification
- ☒ Policy on Communicable Disease Management
- ☒ Expulsion Policy
- ☒ Sick Policy
- ☒ Diaper Changing and Potty Training Policies
- ☒ Policy on Methods of Parental Notification
- ☒ Policy of the Use of Technology and Social Media
- ☒ Parent Handbook

I have read and received a copy of the information, policies and parent handbook listed above, and I do have access to admin/director anytime to clarify any and all policies.

Aandrew Sarkar

Child's Name

Parent Signature :

Parent Name : Arindam Sarakar, Ileana Sarkar

Date 09/13/2018