

# TIGER TOTS

Early Childhood Learning Center

PROGRAM GUIDE  
and  
REGISTRATION PACKET  
2016-17



**Tenaflly High School**  
**Family and Consumer Sciences Department**  
**201-816-4502**

**FAMILY AND CONSUMER SCIENCES DEPARTMENT**  
**EARLY CHILDHOOD LEARNING CENTER 2016-17**

**INTRODUCTION:**

Welcome to “Tiger Tots.” This program has been designed to provide for the social, emotional, and academic development of all “Tiger Tots” participants. Please follow all rules and regulations presented in this manual.

**PHILOSOPHY:**

“Tiger Tots” is a unique educational program combining a quality and varied learning environment for preschoolers with an opportunity for teenagers to learn by experience. The preschooler is provided with the opportunity to associate with other children in both free play and regularly scheduled creative activities that are planned, prepared, and conducted by the staff and the high school students. Activities include music, arts and crafts, games, math and reading readiness, science, language arts, technology, physical education, and story-time.

**HIGH SCHOOL INTERACTION:**

Child Development courses are part of the high school Family and Consumer Sciences curriculum. In these courses high school students observe, work with, learn to teach and care for preschool children. By combining regularly scheduled class sessions with the tots, the teenagers are given the opportunity to study the physical, intellectual, social and emotional development of the preschool child. The courses are taught by full-time, certified teachers.

**STAFF:**

The program operates under Board of Education policies and procedures and is administered through the Family and Consumer Sciences Department at Tenafly.

The classroom is staffed by a full-time certified teacher as well as classroom paraprofessionals. All staff is appointed by the Board of Education and must meet all of the Board’s hiring and employment requirements.

**OTHER REQUIREMENTS:**

Tiger Tots registration for the 2016-17 school year will be open to Tenafly residents beginning January 15, 2016. Registration for Tenafly Staff members will be open February 1, 2016. Tenafly residents will be given priority until January 31, 2016. Enrollment will be limited to 20 students. Children who will be 3 years old by August 31, 2016 and are **FULLY** toilet trained are eligible as applicants for the program. Acceptance is on a first- come first-served basis. Once enrollment has reached 20 students, a wait list will be maintained.

## PROGRAM OPERATION:

- A. Location: The program is offered at Tenafly High School.
- B. Facilities: The Tots classroom is conducted in a pleasant, well-lighted, well-ventilated ground floor room. The room is equipped with child size tables, chairs, and age appropriate play equipment. A safe, enclosed outside area has been especially designed for the preschoolers' use. Toilet facilities are located in the classroom.
- C. Schedule: The program operates every day that the high school is in session, from September until the start of exams in mid-June. The school calendar is available at <http://www.tenafly.k12.nj.us>. Hours are 7:30 a.m. until 5:00 p.m.
- D. Emergency Closing: The "Tiger Tots" program will not operate when school is closed because of inclement weather or other emergency situations. The "Tiger Tots" teachers/ paraprofessionals or our "Honeywell" automated telephone system will notify parents of school closings. Infrequently, due to weather or other unanticipated circumstances, the school will close early. In this event, parents will be notified by telephone. Parents will be asked to provide emergency "pick up" options for their children.
- E. Fees/Tuition Rates: "Tiger Tots" makes every effort to provide a quality program while maintaining reasonable fees.

The tuition rates are as follows based on the September-June school calendar:

5 days/wk	4 days/wk	3 days/wk
\$900 per month	\$750 per month	\$650 per month

At the time of notification of acceptance into the program a payment of \$200 will be due. \$50 will constitute a non-refundable registration fee. The remainder will be applied to the one-month security deposit, which will be due in full by May 1, 2016.

The remainder of the one-month security deposit is due by May 1, 2016 to secure placement in the program. This fee is standard regardless of the number of hours per day your child is in attendance. This security deposit will be applied to the June 2017 tuition payment. September tuition will be due on August 1<sup>st</sup>, 2016 and subsequent monthly payments beginning in October will be due on the 1<sup>st</sup> of each month. Tuition payments are non-refundable. All payments must be made by check only.

- F. Drop Off Day: If you would like your child to attend school an additional day during the week, the daily rate is \$100. Please contact the teacher for availability. This payment must be paid directly to the teacher by check on the "drop off" day.

A. Late Fees: A late fee will be charged when children are not picked up by 5:00 p.m. The fee will be \$5.00/5-minute intervals after 5:00 p.m. Our intention in this policy is to guarantee that all children will be picked up promptly.

B. Enrollment/Registration: Enrollment is offered on a space available basis.

For payment rates and policy, please see section E. above. Checks should be made payable to: Tenafly Board of Education. There will be no refunds for withdrawal or absence during any month. Thirty days notice will be required prior to withdrawal. Therefore, once enrolled, payment is expected regardless of whether or not the child is in attendance. Parents who wish to change the enrollment status (number of days, etc.) of their child during the year must submit a request directly to the director of the program.

A late fee of \$50.00 will be charged for payments received after the 10th of the month. Tuition not paid at the end of the current month will result in your child's withdrawal from the program. Checks returned unpaid by your bank will be subject to a \$50.00 fee.

Registration fee and security deposit should be mailed to:

Tiger Tots Program  
Attn: Sharon Strompf  
Tenafly Board of Education  
500 Tenafly Road  
Tenafly, NJ 07670

No spaces will be held for a child without payment.

- C. Arrival/Departure: Parents are required to log their child in and out each day upon arrival and departure. Parents are required to tell us specifically who may pick up their child in writing on the “Escort Authorization” form in this packet. Your child will not be released to any unauthorized person.
- D. Lunches and Snacks: Parents are responsible for providing nutritious snacks and lunches each day. These should be sent in an appropriate container with all necessary utensils and labeled with the child’s name. A microwave oven and refrigerator are available for warming and storing lunches. Please do not send soda, gum, candy, nut products, or junk food.
- E. Clothing: All clothing should be labeled with your child’s name. Children should be dressed appropriately for active play and daily weather conditions. Each child will be required to have a complete extra set of clothing in case emergencies arise. Such clothing should be kept seasonal and in a sealed plastic bag at the bottom of the child’s knapsack. In addition, please provide a smock or oversized shirt for art activities.
- F. Rest: Children will have a supervised “rest time” each day. The center will provide a mat but parents must supply two thin blankets. All items should be labeled with your child’s name. (Please do not send large blankets, pillows or sleeping bags.)
- G. Toys: Please do not send your child to school with any books or toys from home, except for use during Show and Tell.
- H. Discipline: The purpose of discipline is to encourage appropriate behavior. “Tiger Tots” uses positive guidance techniques to enhance a child’s self-esteem. The interaction between the teachers, tots, and teenagers is very unique. Our carefully planned program encourages appropriate behavior.

## HEALTH POLICY:

- A. Illness: It is necessary to protect the health of all school children and teachers. Therefore, the center will not admit a child who has any of the following illnesses or symptoms of the illness:
  - 1. An oral morning temperature of 100 degrees or more. A child must be fever free for 24 hours after medication has ceased.
  - 2. Conjunctivitis (pink eye).
  - 3. Sore throat, strep or severe coughing.
  - 4. Upper respiratory infection and/or bronchitis.
  - 5. Diarrhea.
  - 6. Impetigo or any undiagnosed or contagious rash.
  - 7. Contagious Diseases: Readmission to the program following contagious diseases such as measles, chicken pox, mumps, roseola, head lice requires a physician’s written statement certifying that the child no longer presents a health risk.

- B. Medication: All medication will be kept in a secured area in the nurse's office. The Tenafly School District requires that all students/children who need medication during program hours do the following:
- 1) Present the district with medication permission request form (request a copy from school nurse) completed by the prescribing physician and signed by the parent or legal guardian.
  - 2) Bring the medication in the original container or prescription bottle, properly labeled by a registered pharmacist as prescribed by law.
  - 3) Verbally inform the school nurse and present medication
- C. In School Illness/Emergency: "Tiger Tots" has a school nurse available. However, a sick child may not remain in school. Arrangements must be made to pick up the child immediately upon notification any time he or she is ill. Please have a realistic alternate plan for your child in case you are unavailable.
- D. Notification of Absence: Please call the school in the morning if your child will be absent.
- E. Medical Forms: Proof of immunizations and a doctor's report on the health of your child are required by the State of New Jersey. These forms will be distributed in April 2016 upon acceptance into the program.

### **ORIENTATION:**

Orientation programs will be held prior to the start of the school year. Important information is distributed at the orientation so please make every effort to attend. Notification of that date will be sent to you if accepted to the program.

Tenafly Board of Education  
www.tenafly.k12.nj.us

500 Tenafly Road, Tenafly, NJ 07670  
Tel: 201-816-4502 – Fax: 201-816-4521

September 2015

RE: Delayed School Openings, Early Dismissal, or Emergency School Closings

In the event of bad weather or emergency conditions, it is the Board of Education's policy that the Tenafly Schools remain open unless a decision is made by the Superintendent to delay the opening of schools or to close for the day. If schools remain open, parents are to send their children to school at their discretion, depending on weather and driving conditions. All staff members are expected to report to work as usual.

If there is a delayed opening, early dismissal, or closing before the start of the school day, an announcement will be made on the following:

**\*\*Honeywell Reverse 911**                      To all Students and Staff  
**Tenafly Announcement Line**              **201-816-7729**  
**Tenafly Schools Website**                      **www.tenafly.k12.nj.us**

	Station
WINS	1010AM
WCBS	880 AM
CBS TV	Channel 2
News 12 New Jersey	Channel 12
WABC-TV	Channel 7
Fox 5 News	Channel 5
WNBC	Channel 4
FIOS1	FIOS1

**\*\* Please be sure to sign up for the Honeywell Alert System.**  
**Also, be sure to have all you contact information updated in the event of an early dismissal.**

General Information

1. Fire siren will NOT be sounded in the event of a school closing.
2. School office telephones will NOT be staffed until the usual or delayed hour.
3. If schools are closed during the day, SACC, Recreation programs, and any building use activities will be cancelled that night.

**DELAYED OPENINGS –**  
**All schools would open 2 hours after their usual starting time as follows:**  
**ELEM 10:30 am; TMS 10:13 am; THS 9:55 am**

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**EARLY DISMISSAL TIMES –**  
**All schools would dismiss at these times:**  
**ELEM 12:45 pm; TMS 12:20pm; THS 12:00 noon**

# TIGER TOTS

**Early Childhood Learning Center**

**REGISTRATION PACKET**

**2016-17**



**Tenaflly High School**

**Family and Consumer Sciences Department**

**201-816-4502**





## **TIGER TOTS**



**TO APPLY FOR ENROLLMENT:**

**COMPLETE AND RETURN IMMEDIATELY**

- A. APPLICATION FORM
- B. PROOF OF RESIDENCY

(UPON NOTIFICATION OF ACCEPTANCE INTO THE PROGRAM THE \$200 APPLICATION FEE WILL BE DUE)

**COMPLETE AND RETURN BY MAY 1, 2016**

1. EMERGENCY FORM
2. EMERGENCY CARE FORM
3. ESCORT AUTHORIZATION FORM
4. MEDICAL FORMS (will be distributed APRIL 2016 upon acceptance into the program)
5. PARENT GUIDE FORM
6. PAYMENT POLICY FORM
7. YOUR DEPOSIT CHECK FOR \$200.00 SHOULD BE MADE OUT TO "TENAFLY BOARD OF EDUCATION." THIS DEPOSIT WILL BE APPLIED TOWARDS JUNE 2017 TUITION. ALL PAYMENTS SHOULD BE MADE BY CHECK ONLY.

**SEND ALL OF THE ABOVE FORMS TO:**

### **TIGER TOTS PROGRAM**

Attn: Sharon Strompf  
TENAFLY BOARD OF EDUCATION  
500 Tenafly Road  
Tenafly, NJ 07670

**For More Information Contact:**

Ms. Lynn Trager Superintendent of Schools 201-816-4501	Ms. Barbara Laudicina Assistant Superintendent 201-816-4511
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Mr. Freddy Nunez  
Supervisor  
201-816-4928/6668



**TIGER TOTS**  
**TENAFLY SCHOOL DISTRICT**  
**FAMILY AND CONSUMER SCIENCES DEPARTMENT**  
**EARLY CHILDHOOD LEARNING CENTER**  
2016-17



**APPLICATION FORM**

Tenafly Board of Education  
 Attn: Sharon Strompf/Barbara Dunn  
 500 Tenafly Road  
 Tenafly, NJ 07670

*PLEASE PRINT*

CHILD'S NAME \_\_\_\_\_ SEX: \_\_\_\_\_ BIRTHDATE \_\_\_\_\_

MOTHER/GUARDIAN \_\_\_\_\_

FATHER/GUARDIAN \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

HOME TELEPHONE \_\_\_\_\_

PARENT EMAIL \_\_\_\_\_

NAMES, RELATIONSHIP AND AGES OF OTHER HOUSEHOLD SIBLINGS:

\_\_\_\_\_

CHILD'S PREVIOUS PRESCHOOL/PLAYGROUP/DAY CARE EXPERIENCE:

\_\_\_\_\_

LANGUAGES SPOKEN OTHER THAN ENGLISH: \_\_\_\_\_

# DAYS PER WEEK \_\_\_\_\_ CIRCLE DAYS    Mo    Tu    We    Th    Fr

Resident\*

Staff

\* Must provide proof of residency



Tenafly Public Schools  
500 Tenafly Road, Tenafly, NJ 07670  
[www.tenafly.k12.nj.us](http://www.tenafly.k12.nj.us)



Office of the Superintendent  
**MEMORANDUM**

**To: Parents/Legal Guardians**

**From: Lynn Trager, Superintendent**

**RE: PROOF OF RESIDENCY**

All Tenafly residents who are registering students must verify their residency at the Superintendents Office, located at the Tenafly Board of Education Office, 500 Tenafly Road. Please bring the following proof-of-residency documents to the Superintendent's Office. These requirements are in accordance with District Policy #5111. You may reach Barbara Dunn at 201-816-4517 or [bdunn@tenafly.k12.nj.us](mailto:bdunn@tenafly.k12.nj.us) with any questions.

**LIST OF REQUIRED DOCUMENTS (All documents must be officially translated into English)**

- 1.) An original lease, dated and signed, effective during the current school year. If resident owns home, a recorded deed is required.
- 2.) A copy of a current tax bill/statement is required, if resident owns home.
- 3.) A copy of a current utility bill (i.e. PSE&G, House Phone, Water, Cable) with name and Tenafly residency shown. If you have just moved in, please provide a work order for one of the above.
- 4.) Proof of parent guardianship.
- 5.) Birth Certificate (original) of child, if born in U.S. Passport only if born outside U.S. Family Census Register may be needed if parent is not listed on VISA) According to policy #5111, children shall be admitted to kindergarten provided he/she will have attained the age of five years on or before Oct. 15 of the year in which admission is requested.
- 6.) A current bank statement or vehicle registration showing the family name and Tenafly address. (An additional, current utility bill may be provided if bank statement or vehicle registration is not possible) If you have just moved in; ask your bank to provide us with a letter indicating your name and Tenafly address.
- 7.) A Registration for Admission form must be completed. (included in packet). In addition, a completed health history form with up-to-date immunizations must be provided and reviewed by the school nurse before student may enter school. (Entering from outside of the U.S./a physical within 30 days) (Entering from within the U.S./current physical within the year)
- 8.) A Certificate of Residency form is to be completed by the parent/guardian. (included in packet) When the above documents are provided and proof of residency is established, Barbara Dunn will notarize the Certificate of Residency form, process paperwork, and forward appropriate school.
- 9.) Transcripts (translated into English) are required for the Middle and High School-Last report card for Elementary students.

Once residency has been established and the student is registered through Central Office, a copy of the notarized Certificate of Residency form and above documents will be sent to the appropriate school secretary or department. The parent/guardian will then be contacted by the school the child will be attending to complete the registration process.

Registration - Revised 10/2014  
Form 5160-5111.1

**TENAFLY BOARD OF EDUCATION**  
500 Tenafly Road, Tenafly, NJ 07670

**CERTIFICATE OF RESIDENCY**

(This form must be notarized by a Tenafly Board of Education employee)

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

I \_\_\_\_\_, parent/legal guardian of the following child  
(Name of parent) (please print)

<u>Name of Child<sup>1</sup></u>	<u>Present Age</u>	<u>Grade Entering Tenafly school</u>	<u>Name of Tenafly Public School of Attendance</u>

hereby certify that I and my child and I are officially residing in Tenafly at the

following address: \_\_\_\_\_

I hereby submit to the school district the following documents, which establish that my child and I are domiciled in Tenafly:

- A. An original lease, effective during the current school year, within the Borough of Tenafly; OR a recorded deed showing ownership of a residence within the Borough of Tenafly and a current property tax bill/statement; **AND**
- B. Proof of parent guardianship.
- C. A copy of a current utility bill showing your Tenafly residency address; **AND**
- D. Birth Certificate (original) of child, if born in U.S. Passport of child if born outside of U.S.; (Family Census may be required) **AND**
- E. ONE of the following additional forms of documentation (check the one provided):
  - 1. Current bank statement showing your name and Tenafly residency address
  - 2. Current vehicle registration showing your Tenafly residency address

Please note that further documentation may be required (i.e., moving bill, addit'l utility bill, etc.)

<sup>1</sup> A Certificate of Residency form must be completed for each child in the district .

**AND, IF APPLICABLE,**

- F. Current signed affidavit forms stating that the student listed above resides with you and is financially dependent upon you even though you are not the student's parent or legal guardian. Attach to affidavit forms documentation of financial dependency, i.e., IRS return showing student as dependent.

**Affirmation of Residency**

I \_\_\_\_\_ affirm that I am the  
(print name)

(check one) parent \_\_\_\_\_ legal guardian \_\_\_\_\_ "affidavit host" \_\_\_\_\_

of the student listed above. I further state that this form and the attached documentation constitute true and accurate proof that the student listed above resides with me within the Borough of Tenafly and will continue to do so. If the student listed above stops living with me, or if I move my residence out of the Borough of Tenafly, I will promptly notify the Tenafly Board of Education in writing.

If it is determined by investigation that the above mentioned stated address is not my valid Tenafly residency and the residence where the child(ren) named in this affidavit also resides, I acknowledge that I will be responsible to pay the tuition to the Tenafly Board of Education for the child(ren) listed above while attending the Tenafly Public School system and that unless the district approves continued school attendance as a tuition student, the child(ren) will be removed from the Tenafly School rolls and cease to attend Tenafly Schools.

I certify that the foregoing statements made by me are true, and I am aware that if any of the foregoing statements made by me are false, I am subject to punishment.

\_\_\_\_\_  
(Signature of Parent/Legal Guardian/"Affidavit Host")

\_\_\_\_\_  
Phone Number

Subscribed and sworn to before me

this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

\_\_\_\_\_  
(Signature of Notary)

Notary Public of \_\_\_\_\_

My Commission Expires: \_\_\_\_\_

REGISTRATION FOR ADMISSION - TENAFLY PUBLIC SCHOOLS

Last Name Given Name Middle Initial

Residency Address

City State Zip Code Mailing Address

City State Zip Code Home Phone: Parents/Guardians:

Date of Birth: Gender: M F Country of Citizenship:

City of Birth: State of Birth: Country of Birth:

Birth Documentation: Circle One BC - Birth Certificate (required for all US born) PP - Passport

Mandatory for all non US Citizens:

First US Entry Date: First Entry in a US School Date:

Federal and State standards dictate that Hispanic is not a race, therefore, a race selection of White, Black, American Indian / Alaskan, Asian, or Hawaiian native/other Pacific Islander must be selected in addition to a selection of Hispanic.

Circle one or more of the following races:

Hispanic White Black American Indian/Alaskan Asian Hawaiian native/ other Pacific Islander

Primary Language spoken by the student:

Primary Language spoken by the family at home:

Has the student previously attended a school in the U.S.? Circle One Yes No

If Yes: Name of Previous School: Grade:

Address

City: State:

Has the student previously been enrolled in any Tenafly school: Circle One Yes No

If Yes: School Name: \_\_\_\_\_ Year student left the district: \_\_\_\_\_

Does student have an educational disability: Circle One Yes No

PARENT/GUARDIAN INFORMATION

Circle One Mother Step Mother Foster Mother Guardian Other:

Ms. Mrs. Dr. First Name Last Name
Address (If different than student) City

State Zip Code Extra Mailing: Yes or No

Home Phone: Cell Phone:

Pager Number: Primary email Address:

Employer: Work Phone:

Circle One Father Step Father Foster Father Guardian Other:

Mr. Dr. First Name Last Name
Address (If different than student) City

State Zip Code Extra Mailing: Yes or No

Home Phone: Cell Phone:

Pager Number: email Address: Primary

Employer: Work Phone:

Mandatory Military Information required by the State of New Jersey
Please check the appropriate answer:

Student is not military-connected

Student is a dependent of a member of the Active Duty Forces (full-Time) Army, Navy, Air Force, Marine Corps, or Coast Guard

Student is a dependent of a member of the National Guard or Reserve Forces – Army, Navy, Air Force, Marine Corps, or Coast Guard

**PRIMARY EMERGENCY CONTACTS:**

First two contacts in the event of an emergency; these contacts may be parents, guardians, neighbors and or an extended family member, etc.

**Contact 1**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**Contact 2**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**STUDENT HEALTH INFORMATION:**

Physician: \_\_\_\_\_ Physician's Phone: \_\_\_\_\_  
 Physician's address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_

**SIBLINGS: (Other Children)**

Name	Sex	Date of Birth	School

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
**MANDATORY Parent/Guardian Signature Date**

*For emergency purposes, the Tenafly Police Department will have access to student and parent/guardian contact information.*





500 Tenafly Road, Tenafly, NJ 07670-1796

**Genesis Parent Portal Access Registration**

The District of Tenafly uses the Genesis Parent Portal as a home-to-school communication system.

Parents/guardians are required to sign and complete all forms pertaining to each of their children. Once complete parents will have the opportunity to view and monitor their child's attendance, class schedule, grades, as well as printing progress reports and reports cards.

*Please note: None of the above mentioned are mailed or sent home with the student, they are only available on line.*

To register for this service, please sign and complete all the information requested below.

**Only one PORTAL ACCOUNT per family.**

**Please complete ONE FORM ONLY for all the students you are registering.**

**PLEASE PRINT LEGIBLY**

Parent/Legal Guardian's primary email address:  
this is required as it will become your LoginID:

Parent/Legal Guardian \_\_\_\_\_  
1Last Name \_\_\_\_\_ Parent/Legal Guardian  
First Name \_\_\_\_\_

Relationship to the  
student(s) \_\_\_\_\_

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

Student Last Name	Student First Name	Student Grade & School

Parent/Guardian Signature: \_\_\_\_\_

Form should be submitted to the school secretary. Once your request has been processed, you will receive an e-mail with your login (the email address you submitted) and password information.



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**EMERGENCY FORM**

CHILD'S NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
 (Street) (City) (State) (Zip)

FATHER'S NAME \_\_\_\_\_ MOTHER'S NAME \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_ HOME ADDRESS \_\_\_\_\_

HOME PHONE # \_\_\_\_\_ HOME PHONE # \_\_\_\_\_

CELL PHONE # \_\_\_\_\_ CELL PHONE # \_\_\_\_\_

WHERE TO REACH PARENT:

FATHER'S OCCUPATION \_\_\_\_\_ MOTHER'S OCCUPATION \_\_\_\_\_

PLACE OF BUSINESS \_\_\_\_\_ PLACE OF BUSINESS \_\_\_\_\_

BUSINESS ADDRESS \_\_\_\_\_ BUSINESS ADDRESS \_\_\_\_\_

BUSINESS PHONE # \_\_\_\_\_ BUSINESS PHONE # \_\_\_\_\_

Persons to contact in case of emergency if neither parent is available:

Name \_\_\_\_\_ Name \_\_\_\_\_

Relationship \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

Phone \_\_\_\_\_ Phone \_\_\_\_\_

Child's Doctor \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Hospital Preference: \_\_\_\_\_



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**EMERGENCY CARE FORM**

Name of Child \_\_\_\_\_

In the event that I am unable to be reached, I give my permission for emergency care to be initiated.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name in Full

\_\_\_\_\_  
Parent/Guardian Signature

In absence of parent, this original form will accompany child to doctor's office or hospital.



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**ESCORT AUTHORIZATION FORM**

Below please list all individuals authorized to pick up your child. Please include parents first. A parent will be contacted first in case of an emergency. In the event that a person not listed on this form is being sent to pick up your child, both verbal and written confirmation by the parent signing this form must be received in advance. These steps are necessary to insure the safety of the children in the program.

**(1)**  
Name \_\_\_\_\_

Relationship \_\_\_\_\_

Address \_\_\_\_\_  
 \_\_\_\_\_

Phone \_\_\_\_\_

**(3)**  
Name \_\_\_\_\_

Relationship \_\_\_\_\_

Address \_\_\_\_\_  
 \_\_\_\_\_

Phone \_\_\_\_\_

**(5)**  
Name \_\_\_\_\_

Relationship \_\_\_\_\_

Address \_\_\_\_\_  
 \_\_\_\_\_

Phone \_\_\_\_\_

**(2)**  
Name \_\_\_\_\_

Relationship \_\_\_\_\_

Address \_\_\_\_\_  
 \_\_\_\_\_

Phone \_\_\_\_\_

**(4)**  
Name \_\_\_\_\_

Relationship \_\_\_\_\_

Address \_\_\_\_\_  
 \_\_\_\_\_

Phone \_\_\_\_\_

**(6)**  
Name \_\_\_\_\_

Relationship \_\_\_\_\_

Address \_\_\_\_\_  
 \_\_\_\_\_

Phone \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_



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**PARENT GUIDE FORM**

**AFTER CAREFULLY READING THE ENCLOSED INFORMATION,**  
**PLEASE SIGN AND DATE BELOW AND RETURN WITH ALL COMPLETED**  
**FORMS:**  
**EMERGENCY FORM, EMERGENCY CARE FORM, ESCORT AUTHORIZATION**  
**FORM, PARENT GUIDE FORM AND PAYMENT POLICY FORM.**

I verify that I have read and understand the enclosed information.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Contact Phone Number

\_\_\_\_\_  
Contact Email Address



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EARLY CHILDHOOD LEARNING CENTER  
2016-17



**PAYMENT POLICY\*\***

Child's Name: \_\_\_\_\_

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

The Tenaflly School District's Tiger Tots programs have adopted the following policy for the 2016-17 school year:

“The September Tiger Tots tuition payment is due by August 1, 2016. All subsequent tuition payments are due by the 1<sup>st</sup> of the month. Any payment received after the 10<sup>th</sup> day of each month will be charged a \$50.00 late fee. If payment is not received by the last day of the month, the district maintains the right to remove the student from our program.”

Please sign and return this form prior to your child's first day. Failure to return this form by that date may result in rescheduling your child's first day.

I have read the above policy and it is my intention to comply.

Parent/Guardian Signature: \_\_\_\_\_

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

\*\*Please note that all payments must be made by check and there is a \$50 fee for any checks that are returned.