

BABY & KIDDIE GALILEO
Pre-school & Daycare Center
360 Grove Street, Jersey City NJ 07304
175 Newark Avenue, Jersey City, NJ 07304
(201) 798-0343 (201) 451-7788 ^{FAX} (201) 798-8155

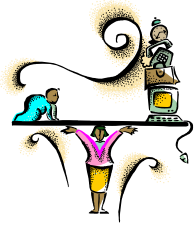


Smart Parents, Smarter Kids

BABY & KIDDIE GALILEO Pre School & Daycare

Operating Policies

Rev. 08.26.2011



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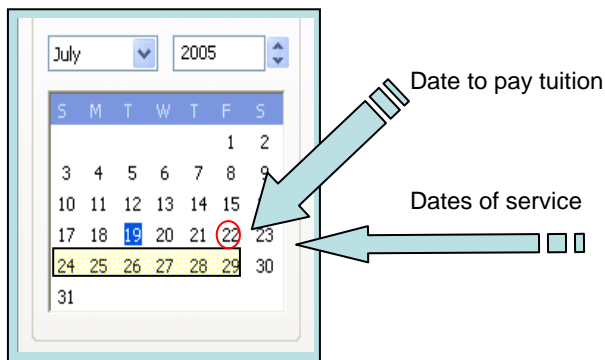


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TUITION AND FEES:

TUITION: Due every Friday prior to the upcoming week by close of business. All fees are subject to change.

For example:



VACATION: Each child will be allowed 1 free week vacation for every 12 months of continuous enrollment.

ABSENCES: Please telephone Baby Galileo by 8:30 am should your child miss a day of school. Describe why they are absent.

DEPOSIT: We require a deposit equal to 2 weeks of tuition. This deposit will be used for the first week and the last week of care. Parents are allowed one courtesy postponement of their agreed upon start date. This postponement can not be more than 2 months from the previously agreed upon date. If child can not start within this period, security deposit will be forfeited and 1st week will be refunded.

REGISTRATION CHARGE:

To secure enrollment there is a non-refundable registration fee of \$85. In addition there is a one (1) week security deposit and first (1st) week tuition due at time of registration. The security deposit is applied to the last week of care or refunded if last week of care has already been paid and the center is notified in writing one (1) month prior to proposed withdrawal date.

PICKUP/ DROP-OFF CHANGE: If there is a change in the pickup/drop-off change please notify the staff. Each person should be on the list you have provided in your application.

LATE PICKUP: 15 minute grace period after published school closing hours is granted. The school will charge fees as per prevailing rate sheet published on website.



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RETURNED CHECKS: A penalty charge of \$35.00 will apply. Upon notification of a returned check you will have 24 hours to replace the payment in cash. If this amount is not paid after 24 hours a late payment fee of \$5 per day will be added.

LATE PAYMENT: Monthly payments are due the last day of previous month. Weekly payments are due the Friday before the week for which the payment is being made. Daily charge of \$5 per day will be added to all late tuition payments.

SICK LEAVE: We understand that children become ill and empathize with your situation, but unfortunately we cannot waive fees for sick days. If a child is seriously ill and cannot attend School per a doctor's **written** notice for more than one consecutive week, the following payment schedule applies to maintain your spot:

Week 1: 100% of regular fee charged
Week 2&3 - 50% of regular fee charged
Week 4: 100% of regular fee charged

WITHDRAWALS: For withdrawal or decrease in a child's schedule a one month advance **written** notice is required or your deposit will be forfeited.

SIBLING DISCOUNT 10% discount on the lesser fee.

TERMINATION The School reserves the right to discontinue child care if we decide that either the child, School, or family is not benefiting from the arrangement.

**9/2011- 8/2012
HOLIDAYS**

- *September 5, 2011: Labor Day [1st monday in Sept]*
- *October 10, 2011: Columbus Day [2nd monday in Oct]*
- *November 11, 2011: Veterans' Day [Nov. 11 every year]*
- *November 24, 2011: Thanksgiving Day [4th thursday in Nov]*
- *November 25, 2011: Day after Thanksgiving [4th friday in Nov]*
- *December 23, 2011: 3pm Close in observance of Christmas*
- *December 26, 2011: Christmas Day [Dec. 25 every year]*

- *January 2, 2012: New Year's Day [Jan. 1 every year]*
- *January 16, 2012: Martin Luther King Day [3rd monday in Jan]*
- *February 20, 2012: Presidents Day [3rd monday in Feb]*
- *April 6, 2012: Good Friday [Friday before Easter Sunday]*
- *May 28, 2012: Memorial Day [last monday in May]*
- *July 4, 2012: Independence Day [July 4 every year]*



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**COMMUNICATION
TO/FROM SCHOOL**

Parents regularly receive communications from the school through Galileo notes and official memos. Reminders are also posted on the boards in each classroom.

B'DAY PARTIES

Birthday parties are always welcome. Please notify the Teacher or staff at least one week in advance so that the school's schedule can be adjusted accordingly.

SCHOOL PICTURES: A photographer is scheduled to take pictures yearly. School pictures/ graduation packages will be available for purchase.

GRADUATION DAY: The Pre-school celebrates graduation each year. The graduation schedule will be sent home a month in advance. The children make a presentation and refreshments follow.

**MEET MY
TEACHER & STAFF**

A general meeting with the Director, teachers and staff is held. A brief presentation occurs followed by a Q&A session. This is a great time to meet other parents. Child care is provided for your convenience.

FIELD TRIPS:

For our Kiddie Galileo students, a minimum of three field trips per year will occur. Additional fees apply for these events and permission slips are required. Parents are welcome to join on the trips, it is a great time to spend quality time with your child and become familiar with their school mates.

ANNUAL PICNIC: Once a year, in mid-June.

Our goal is to be a "Pre-school and Daycare of choice" and to be recognized by our little clients and their parents as the "best" at what we do! We look forward to keeping you and your little one happy, safe and prepared for the changing world around us!



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BRING TO SCHOOL CHECKLIST

*Items Your Child Will Need To Help Make Them Feel At Home
Please make sure to provide labels for your child's items.*

0-24 months

- Pre-made Bottles
- Cereal and Baby food daily (if necessary)
- Baby Feeding Schedule (if necessary)
- Baby Wipes
- Diaper (Weekly Supply)
- Diaper Rash Cream
- Extra Clothing (Full Set)
- Crib Sheets (2)
- Light Blanket
- Light Sweater or Blanket

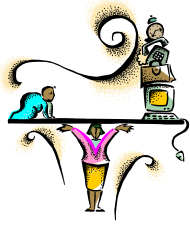
24-36 months

- Diapers (25 per week)
- Blanket for Naptime
- Crib Sheets (2)
- Drinks
- 2 snacks per day (Optional)
- Lunch (Optional)
- Full Change of Clothing (including socks)

36 months - 5 1/2 years

- Diapers and wipes when necessary (no pull ups)
- Blanket and sheet
- Full Change of Clothing (including socks)
- Drinks
- 2 snacks per day (optional)
- Lunch (optional)
- Snow pants(during winter)

NOTE: Please do not bring your child to the center with jewelry. These items could be hazardous to our little clientele and the School assumes no responsibility for lost jewelry.



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SIGN-IN & SIGN-OUT

Baby Galileo sign-in and sign out policy is as follows:

- 1) It is the responsibility of each parent to sign their child/children IN on the computer when dropping off your child/children. If your child is not signed-in, Baby Galileo will not be responsible for him/her.
- 2) If the School has to sign in your child, the sign-in time will be defaulted to the School's official opening time of 7:30 A.M. Additional charges may be incurred as a result which will be the full responsibility of said parent.
- 3) It is the responsibility of each parent to sign their child/children OUT on the computer when picking up your child/children.
- 4) If the School has to sign your child out, the sign-out time will be defaulted to the School's official closing time of 6:00 P.M. Additional charges may be incurred as a result which will be the full responsibility of said parent.
- 5) Billing associated with failure to sign-in and sign-out will be reflected on the invoice for the following week.

Parent Signature: _____

Date: _____

Parent Name: _____



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SCHOOL OPERATING & FINANCIAL POLICY

Our goal is to provide and maintain great service for your child by ensuring that the School is operating smoothly. Outlining the School & Daycare Center policy enables a good flow of communication and enables us to achieve this goal. Please read the policies below carefully and if you have any questions please do not hesitate to ask speak directly with the School's Director.

1. The School & Daycare Center is open five days a week, Monday to Friday, and the hours of operation are as follows: Monday to Friday 7:30-6:00 p.m.
2. When dropping off and picking up your child, please sign your child in/out on the SIGN-IN sheet in each classroom. No staff person will be responsible for signing your child in/out.
3. On payment days, please submit your payment to the School Director or designated staff member in class. In order to meet operating expenses, full payment is expected even if a child is out sick or out on a school holiday.
4. The primary parent as identified on the application form is responsible for any and all payments associated with your child's tuition and fees.
 - If you are replacing a returned check or paying late fees, payment is expected in full from each parent within 24 hours after School notification.
5. If you are going on vacation, School policy requires that you notify your child's teacher or designated staff one week prior to the planned vacation. Should you fail to provide adequate notification:
 - A spot will not be held for your child after their accrued vacation is used without notification. In order to maintain your child's spot, payment will be expected. Extenuating circumstances must be discussed with the School's Director directly.
6. If your child is going to be absent, please notify the School by 8:30 a.m.
7. The School will not release any child to anyone other than parents or legal guardians, unless proper authorization has been given in writing or in person. If the new person is not listed on your child's profile, your child WILL NOT BE signed out to the care of said person.
8. If you will be picking up your child late, please contact the School as soon as possible.
9. Though we hope you do not have to do this until your child graduates, if you are planning to withdraw your child from the School, please notify the Center Director according to the School's policy as outlined in the tuition schedule.

Parent Signature: _____

Date: _____

Parent Name: _____



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STUDENT ABSENCE POLICY

Please telephone Baby Galileo by 8:30 am should your child miss a day of school and describe why they are absent. Each child will be allowed 1 free week vacation for every 12 months of continuous enrollment. All school holidays and additional unexplained, unapproved (by Director) absences will be billed at the full tuition rate.

Parent Signature: _____

Date: _____

Parent Name: _____



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STUDENT WITHDRAWAL POLICY

We require a deposit equal to 2 weeks of tuition. This deposit will be used for the first and last weeks of care, provided you give us one month notice upon leaving the center. We will make exceptions to the notice period due to unexpected and uncontrollable events such as a layoff or sudden job relocation, with supporting documents from employer.

Should extenuating circumstances arise, discretion will be applied by the School's management staff. Withdrawals of convenience or last minute withdrawals will be your responsibility.

Thank you for your understanding and cooperation.

Parent Signature: _____

Date: _____

Parent Name: _____



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FIELD TRIP PERMISSION FORM

Your child's class will be attending a field trip to:	
<i>Date</i>	<i>Time</i>
<i>Location</i>	
<i>Cost</i>	
<i>Transportation</i>	
<i>Notes</i>	

Please return this permission slip by: _____

As parent/guardian, I remain fully responsible for any legal liability, which may result from any personal action taken by my child.

I understand that this event will take place away from school grounds and that my child will be under supervision of the teachers and other representatives of Baby Galileo Pre-school & Daycare. I consent to the conditions of the event stated above, including the method of transportation.

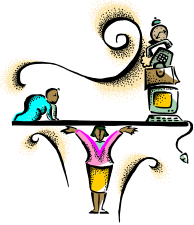
I understand and agree that in the event that my child should suffer injury of any sort while participating in this event, I will not seek to pursue any claims against the supervisor, the school, and /or any of its agents, servants, employees or volunteers.

I give permission for my child _____ in room _____
 to attend the field trip to _____ on _____
 from _____ to _____

Enclosed is \$ _____ to cover the cost of the trip. (Exact cash or check made payable to school.)

In case of an emergency, I give permission for my child to receive medical treatment. In case of such an emergency, please contact:

<i>Name</i>	<i>Phone</i>
Parent/Guardian Signature	Date



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BLANKET PERMISSION FOR WALKING TRIPS

I hereby give permission for my child (Name) _____ to participate in walking trips in and around the neighborhood of the daycare. I understand these walks:

Include no safety hazards and will not involve entrance into any facility other than parks; libraries; post offices; fire station; art galleries; or any other place suitable for children to see.

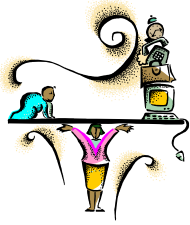
As parent/guardian, I remain fully responsible for any legal liability, which may result from any personal action taken by my child.

I understand that this event will take place away from school grounds and that my child will be under supervision of the teachers and other representatives of Baby Galileo Pre-school & Daycare. I consent to the conditions of the event stated above, including the method of transportation.

I understand and agree that in the event that my child should suffer injury of any sort while participating in this event, I will not seek to pursue any claims against the supervisor, the school, and /or any of its agents, servants, employees or volunteers.

Parent Signature: _____
 Parent Name: _____

Date: _____



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BLANKET PERMISSION FOR OUTSIDE PLAY (School Backyard)

I hereby give permission for my child (Name) _____ to participate in outside play in designated school backyard adjacent to room L3 at 175 Newark Avenue. I understand that playing:

Include no safety hazards and will not involve entrance into any facility other than parks; libraries; post offices; fire station; art galleries; or any other place suitable for children to see.

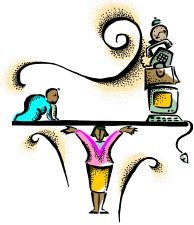
As parent/guardian, I remain fully responsible for any legal liability, which may result from any personal action taken by my child.

I understand that this event will take place away from school grounds and that my child will be under supervision of the teachers and other representatives of Baby Galileo Pre-school & Daycare. I consent to the conditions of the event stated above.

I understand and agree that in the event that my child should suffer injury of any sort while participating in this event, I will not seek to pursue any claims against the supervisor, the school, and /or any of its agents, servants, employees or volunteers.

Parent Signature: _____
 Parent Name: _____

Date: _____



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CHILD RELEASE FORM

I, _____ hereby release my child _____ to one of the following names in the event my spouse or I can not pickup our child after school. I will notify you immediately in the event of a change of a name as I understand this is going on file.

1. Name: _____ Phone: _____
2. Name: _____ Phone: _____
3. Name: _____ Phone: _____
4. Name: _____ Phone: _____
5. Name: _____ Phone: _____

Once my child has been picked up by a family member, friend or associate I know all responsibilities of my child were released from Baby Galileo Pre-School and Daycare and all premises of the Baby Galileo Pre-School Daycare

The Baby Galileo Pre-School Daycare will not be liable for any injuries and accidents pertaining to my child once they have been picked up.

Parents
 Signature _____

PARENTAL AUTHORIZATION FOR EMERGENCY TREATMENT

CHILDS'S NAME _____



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AGE: _____ DATE OF BIRTH _____
 ADDRESS: _____
 PARENT(S) NAME: _____
 PARENT(S) ADDRESS: _____

CHILD'S MEDICAL INFORMATION

MEDICAL PROBLEMS: _____
 ALLERGIES: _____
 MEDICINE(S) CHILD IS TAKEN: _____
 MEDICINE(S) CHILD IS ALLERGIC TO: _____
 CHILD'S DOCTOR NAME: _____ DOCTOR PHONE: _____

CHILD'S INSURANCE INFORMATION

COMPANY/HMO: _____
 GROUP#: _____ IDENTIFICATION#: _____

I (We) state that we are the parent(s) or guardians(s) having legal custody of the above child and attest that the information above is correct. I (we) authorize the above child care center Director or Director's designee to obtain emergency treatment of my child. I consent to an x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care to be rendered to the minor at a recognized medical facility, under the general or special supervision of a licensed physician or surgeon.

The following steps will be followed in an emergency:

1. The parent/guardian will be contacted immediately
2. The child's physician will be contacted
3. We will attempt to contact you through all the emergency persons listed on the child's application form
4. If we can not contact you or your child's physician we will do any or all of the following:
 - a. Call for emergency first aid assistance/transportation
 - b. Call another physician
 - c. Have the child transported to an emergency hospital in the company of a staff member

PARENT SIGNATURE: _____
 DATE: _____ DATE PERMISSION TERMINATED: _____
 WITNESS: _____ DATE: _____