ENROLLMENT AGREEMENT

The Malvern School
FOR EARLY CHILDHOOD EDUCATION

NAME OF CHILD			DATE OF ENROLLMENT
MONTHLY TUITION	CHILD'S SCHEDULE M ☐ T ☐ W ☐ TH ☐ F ☐	FULL TIME ☐ PART TIME ☐	ARRIVAL TIME: DEPARTURE TIME:

IN ADDITION TO THE PARENT/GUARDIAN, PLEASE NAME THREE (3) INDIVIDUALS TO WHOM THE CHILD CAN BE RELEASED:

NAME: _____

NAME: _____

NAME: _____

SERVICES TO BE PROVIDED AS PART OF TUITION (CHECK ALL THAT APPLY):

☐ Infant Child Care & Education ☐ Toddler Child Care & Education ☐ Preschool/Pre-K Child Care & Education
☐ School Age Child Care & Education ☐ Child Development Reports to Parent ☐ Organic Snacks

SERVICES TO BE PROVIDED AT AN ADDITIONAL FEE (CHECK ALL THAT APPLY):

☐ Extra Days ☐ Transportation ☐ Summer Activity Fee ☐ Swim Fee ☐ Field Trip Fee

PHOTO/VIDEO RELEASE – I grant permission to The Malvern School to use photographs and/or video of the above named child in publications, advertising, social media, online and in other communications related to school programming and special events. ☐ YES ☐ NO

CONNECT PHOTO RELEASE - I grant permission to The Malvern School to upload photographs and/or video of the above named child in the internal digital communications platform, CONNECT. ☐ YES ☐ NO

TUITION AND PAYMENT

ENROLLMENT POLICIES

1. There is a non-refundable $100 registration fee due at the time of registration which is valid for one year from the registration date. In addition, there is an annual re-registration fee of $100 which is billed each September.
2. Tuition is due on or before the 1st of each month. Payments received after the 5th are subject to a $25 late fee. Additional weekly charges will incur until payment is received. There is a $40 fee for any returned checks or declined credit cards or other electronic transactions.
3. Your tuition will change in the event of a schedule change. A two-week notice is required.
4. There is a 2% convenience fee for any payment made via debit or credit card.

OPERATIONS

1. The Malvern School is open Monday through Friday. We are closed for holidays and in-service days as listed in the Parent Handbook.
2. There is no refund or a reduced tuition rate for holidays, illnesses, vacation, inclement weather days, natural disasters, acts of God, government or medically directed/ordered closure or quarantine, or other events outside the control of The Malvern School.
3. Switching days of attendance is not allowed. You may add days for an additional fee and with at least a 24-hour notice to the Director. Additional days are based on availability. See your Director for more details including tuition rates.
4. There will be a late fee charged for children not picked up by the school's identified closing time. (see financial policy attached)

INCLUSION, WITHDRAWAL AND DISMISSAL

1. Parents agree to the inclusion policy and the requirements outlined in the Parent Handbook.
2. A 30-day written notice to the Director is required to withdraw from the program. If a 30-day notice is not given, the parent will be charged for that time period.
3. The Malvern School reserves the right to deny, cancel, or suspend a child's enrollment if it is deemed in the best interest of the child or the school, or for non-payment.
4. In the event a leave of absence is needed, a 30-day written notice must be provided to the Director. A deposit is also required. Please see your Director for full details
5. Children who become ill while at The Malvern School must be picked up immediately. By law, children who are ill are not able to attend the program. Please reference the health policies in the Parent Handbook. If your child is absent due to illness, please notify the school by 9am.

☐ I have read the above Enrollment Policies and agree to abide by its conditions. I have received the original of this document and a copy of The Malvern School Handbook, which includes the details of all policies put forth by The Malvern School.

☐ I have received and read the WatchMeGrow Acknowledgement and Consent Form at the time of enrollment.

☐ I received written program information at the time of enrollment.

☐ I agree to provide updated emergency contact information and update my child's profile sheet every six months or as changes occur.

Parent Signature and Date _____

Director Signature and Date _____

Six Month Review – Parent Signature and Date _____

update 08/2025

ENROLLMENT APPLICATION

The Malvern School
FOR EARLY CHILDHOOD EDUCATION

NAME OF CHILD	DATE OF BIRTH	DATE OF ENROLLMENT
ADDRESS	BEST EMAIL FOR SCHOOL USE	
PARENT NAME/LEGAL GUARDIAN		HOME PHONE
ADDRESS		CELL PHONE
WORK/BUSINESS NAME AND ADDRESS		WORK PHONE
PARENT NAME/LEGAL GUARDIAN		HOME PHONE
ADDRESS		CELL PHONE
WORK/BUSINESS NAME AND ADDRESS		WORK PHONE

IN ADDITION TO PARENTS AND/OR LEGAL GUARDIANS, PLEASE NAME THREE EMERGENCY CONTACTS (REQUIRED TO PROVIDE THREE):

NAME	ADDRESS	PHONE NUMBER
NAME	ADDRESS	PHONE NUMBER
NAME	ADDRESS	PHONE NUMBER

IN ADDITION TO PARENTS AND/OR LEGAL GUARDIANS, PLEASE NAME THREE INDIVIDUALS TO WHOM THE CHILD CAN BE RELEASED

NAME	ADDRESS	PHONE NUMBER
NAME	ADDRESS	PHONE NUMBER
NAME	ADDRESS	PHONE NUMBER

MEDICAL INFORMATION (Please mark N/A if it does not apply)

NAME OF MEDICAL CARE PROVIDER/PRIMARY CARE PHYSICIAN	ADDRESS	PHONE NUMBER
ALLERGIES (INCLUDING MEDICAL REACTIONS)		
MEDICAL OR DIETARY INFORMATION NECESSARY IN AN EMERGENCY SITUATION		
MEDICATION, SPECIAL CONDITIONS	SPECIAL DISABILITIES (IF ANY)	
ADDITIONAL INFORMATION REGARDING ANY SPECIAL NEEDS OF THE CHILD		
HEALTH INSURANCE POLICY/MEDICAL ASSISTANCE		POLICY NUMBER (REQUIRED)

PARENTAL CONSENT (PLEASE SIGN EACH ITEM TO INDICATE PARENTAL CONSENT)

OBTAIN EMERGENCY MEDICAL CARE	ADMINISTER FIRST AID
WALKS AND FIELD TRIPS	TRANSPORTATION TO THE FACILITY
SWIMMING (IF APPLICABLE)	WADING (IF APPLICABLE)

PARENT SIGNATURE _____ DATE: _____

PARENT SIGNATURE (6-MONTH REVIEW) _____ DATE: _____

Update 08/2025

APPENDIX H

UNIVERSAL CHILD HEALTH RECORD

Endorsed by: *American Academy of Pediatrics, New Jersey Chapter*
New Jersey Academy of Family Physicians
New Jersey Department of Health

SECTION I - TO BE COMPLETED BY PARENT(S)

Child's Name *(Last)* *(First)*	Gender ☐ Male ☐ Female	Date of Birth / /

Does Child Have Health Insurance? ☐Yes ☐No	If Yes, Name of Child's Health Insurance Carrier

Parent/Guardian Name	Home Telephone Number ( ) -	Work Telephone/Cell Phone Number ( ) -
Parent/Guardian Name	Home Telephone Number ( ) -	Work Telephone/Cell Phone Number ( ) -

I give my consent for my child's Health Care Provider and Child Care Provider/School Nurse to discuss the information on this form.

Signature/Date	This form may be released to WIC. ☐Yes ☐No

SECTION II - TO BE COMPLETED BY HEALTH CARE PROVIDER

Date of Physical Examination:	Results of physical examination normal? ☐Yes ☐No

Abnormalities Noted:		
	Weight *(must be taken within 30 days for WIC)*	
	Height *(must be taken within 30 days for WIC)*	
	Head Circumference *(if <2 Years)*	
	Blood Pressure *(if ≥3 Years)*	

IMMUNIZATIONS	☐ Immunization Record Attached ☐ Date Next Immunization Due: _____

MEDICAL CONDITIONS

Chronic Medical Conditions/Related Surgeries • List medical conditions/ongoing surgical concerns:	☐ None ☐ Special Care Plan Attached	Comments
Medications/Treatments • List medications/treatments:	☐ None ☐ Special Care Plan Attached	Comments
Limitations to Physical Activity • List limitations/special considerations:	☐ None ☐ Special Care Plan Attached	Comments
Special Equipment Needs • List items necessary for daily activities	☐ None ☐ Special Care Plan Attached	Comments
Allergies/Sensitivities • List allergies:	☐ None ☐ Special Care Plan Attached	Comments
Special Diet/Vitamin & Mineral Supplements • List dietary specifications:	☐ None ☐ Special Care Plan Attached	Comments
Behavioral Issues/Mental Health Diagnosis • List behavioral/mental health issues/concerns:	☐ None ☐ Special Care Plan Attached	Comments
Emergency Plans • List emergency plan that might be needed and the sign/symptoms to watch for:	☐ None ☐ Special Care Plan Attached	Comments

PREVENTIVE HEALTH SCREENINGS

Type Screening	Date Performed	Record Value	Type Screening	Date Performed	Note if Abnormal
Hgb/Hct			Hearing		
Lead: ☐ Capillary ☐ Venous			Vision		
TB (mm of Induration)			Dental		
Other:			Developmental		
Other:			Scoliosis		

☐ ***I have examined the above student and reviewed his/her health history. It is my opinion that he/she is medically cleared to participate fully in all child care/school activities, including physical education and competitive contact sports, unless noted above.***

Name of Health Care Provider (Print)	Health Care Provider Stamp:
Signature/Date	

CH-14 OCT 17 Distribution: Original-Child Care Provider Copy-Parent/Guardian Copy-Health Care Provider

NJ-07/24/26

Instructions for Completing the Universal Child Health Record (CH-14)

Section 1 - Parent

Please have the parent/guardian complete the top section and sign the consent for the child care provider/school nurse to discuss any information on this form with the health care provider.

The WIC box needs to be checked only if this form is being sent to the WIC office. WIC is a supplemental nutrition program for Women, Infants and Children that provides nutritious foods, nutrition counseling, health care referrals and breast feeding support to income eligible families. For more information about WIC in your area call 1-800-328-3838.

Section 2 - Health Care Provider

1. Please enter the date of the physical exam that is being used to complete the form. Note significant abnormalities especially if the child needs treatment for that abnormality (e.g. creams for eczema; asthma medications for wheezing etc.)
   - **Weight** - Please note pounds vs. kilograms. If the form is being used for WIC, the weight must have been taken within the last 30 days.
   - **Height** - Please note inches vs. centimeters. If the form is being used for WIC, the height must have been taken within the last 30 days.
   - **Head Circumference** - Only enter if the child is less than 2 years.
   - **Blood Pressure** - Only enter if the child is 3 years or older.

2. **Immunization** - A copy of an immunization record may be copied and attached. If you need a blank form on which to enter the immunization dates, you can request a supply of Personal Immunization Record (IMM-9) cards from the New Jersey Department of Health, Vaccine Preventable Diseases Program at 609-826-4860. The Immunization record must be attached for the form to be valid.
   - "Date next immunization is due" is optional but helps child care providers to assure that children in their care are up-to-date with immunizations.

3. **Medical Conditions -** Please list any ongoing medical conditions that might impact the child's health and well being in the child care or school setting.

   a. Note any significant medical conditions or major surgical history. **If the child has a complex medical condition, a special care plan should be completed and attached for any of the medical issue blocks that follow.** A generic care plan (CH-15) can be downloaded at www.nj.gov/health/forms/ch-15.dot or pdf. Hard copies of the CH-15 can be requested from the Division of Family Health Services at 609-292-5666.

   b. **Medications -** List any ongoing medications. Include any medications given at home if they might impact the child's health while in child care (seizure, cardiac or asthma medications, etc.). Short-term medications such as antibiotics do not need to be listed on this form. Long-term antibiotics such as antibiotics for urinary tract infections or sickle cell prophylaxis should be included.

   PRN Medications are medications given only as needed and should have guidelines as to specific factors that should trigger medication administration. *Please be specific about what over-the-counter (OTC) medications you recommend, and include information for the parent and child care provider as to dosage, route, frequency, and possible side effects. Many child care providers may require separate permissions slips for prescription and OTC medications.*

   c. **Limitations to physical activity -** Please be as specific as possible and include dates of limitation as appropriate. Any limitation to field trips should be noted. Note any special considerations such as avoiding sun exposure or exposure to allergens. Potential severe reaction to insect stings should be noted. Special considerations such as back-only sleeping for infants should be noted.

   d. **Special Equipment** – Enter if the child wears glasses, orthodontic devices, orthotics, or other special equipment. Children with complex equipment needs should have a care plan.

   e. **Allergies/Sensitivities -** Children with life-threatening allergies should have a special care plan. Severe allergic reactions to animals or foods (wheezing etc.) should be noted. Pediatric asthma action plans can be obtained from The Pediatric Asthma Coalition of New Jersey at www.pacnj.org or by phone at 908-687-9340.

   f. **Special Diets** - Any special diet and/or supplements that are medically indicated should be included. Exclusive breastfeeding should be noted.

   g. **Behavioral/Mental Health issues** – Please note any significant behavioral problems or mental health diagnoses such as autism, breath holding, or ADHD.

   h. **Emergency Plans -** May require a special care plan if interventions are complex. Be specific about signs and symptoms to watch for. Use simple language and avoid the use of complex medical terms.

4. **Screening** - This section is required for school, WIC, Head Start, child care settings, and some other programs. This section can provide valuable data for public heath personnel to track children's health. Please enter the date that the test was performed. Note if the test was abnormal or place an "N" if it was normal.
   - For lead screening state if the blood sample was capillary or venous and the value of the test performed.
   - For PPD enter millimeters of induration, and the date listed should be the date read. If a chest x-ray was done, record results.
   - Scoliosis screenings are done biennially in the public schools beginning at age 10.

   This form may be used for clearance for sports or physical education. As such, please check the box above the signature line and make any appropriate notations in the Limitation to Physical Activities block.

5. Please sign and date the form with the date the form was completed (note the date of the exam, if different)
   - Print the health care provider's name.
   - Stamp with health care site's name, address and phone number.

DIAPER OINTMENT AUTHORIZATION FORM

The following form must be filled out completely in order for The Malvern School to dispense diaper ointment to your child. Diaper ointment guidelines:

- Diaper ointment (prescription or non-prescription) may only be accepted in an original container.
- The label of a diaper ointment container shall identify the first and last name of the child for whom the ointment is intended. This should be a prescription label or written on the non-prescription container. Ointment shall be administered only to the child whose name appears on the container.
- Diaper ointment cannot be dispensed "as needed". Specific times and dates must be listed.

Child's Name _____

Parent Signature _____

Diaper Ointment Name_____

Dosage _____ _____

Dates to be applied _____

Times to be given _____ _____

Additional Comments:

KEY CODE ENTRY FORM

In order to provide a secure setting for the children and staff at The Malvern School, an access control system has been installed. This system uses a family specific codes that will release the lock on the door and allow entry into the foyer / reception area. You will not need your code to exit the front door protected by the access control system.

In the event that someone other than a parent / legal guardian needs to pick up your child, they will need to use the intercom located at the front door. An authorized Malvern School staff member will greet them and upon following the proper security features as outlined on the PASSWORD FORM, will allow them access into the building. **Under no circumstances should you give your code to an unauthorized user.** Please call the office to receive your key code.

I have reviewed the access control information and my signature signifies that I have reviewed it.

CHILD'S NAME: _____

PARENT SIGNATURE _____

PASSWORD FORM

Dear Parents,

It is the policy of The Malvern School that every child has a password on file as an added measure of security. In the event that your child is picked up by a family member or friend he/she will be required to give the Director or supervising teacher the password as well as show a picture form of identification. This person will also be responsible for signing your child out of the building.

In order for your child to be released to an authorized person the following conditions must be met:

1. The Director must be notified in writing that you are authorizing someone else to pick up your child. If you telephone the school to authorize a pick-up, be prepared to receive a confirming call from the school.
2. Inform the authorized individual that he/she will need to present a form of ID (preferably photo ID), and tell someone the password. This individual will also need to sign your child out of school.

Remember the password is an added measure of security for your family and will also be located with your child's emergency contact information.

CHILD'S NAME: _____

PASSWORD: _____

PARENT SIGNATURE _____

WatchMeGrow™ ACKNOWLEDEGMENT and CONSENT FORM

To promote the safety of children, parents, and employees, as well as the security of its facilities, The Malvern School may conduct audio and video surveillance of any portion of its premises at any time, except private areas such as bathrooms. Video cameras will be positioned in appropriate places within and around The Malvern School. Parents will not have access to the live audio or video feeds nor any recordings made thereof. Our system will strictly be used for internal monitoring and recording to enhance our current safety measures that we have in place.

This form is acknowledgment that you received the communication that is in our Parent Handbook outlining the WatchMeGrow camera system.

Furthermore, this form acknowledges that you understand and agree to The Malvern School's policies on monitoring and surveillance. You understand that you and your child(ren) may be audio recorded, videotaped and/or photographed while inside and/or surrounding the school building. You understand that there is no expectation of privacy in connection with the use of this equipment or with the transmission, receipt, or storage of information in this equipment.

I acknowledge and consent to The Malvern School's WatchMeGrow Acknowledgement and Consent Form as written above.

Parent's Name: _____

Parent's Signature: _____

Date: _____

Director's Name: _____

Director's Signature: _____

Date: _____

Receipt and Acknowledgement
Of The Malvern School Parent Handbook

This Parent Handbook is an important document intended to help you become acquainted with The Malvern School. This Manual will serve as a guide; it is not the final word in all cases. Individual circumstances may call for individual attention. The contents of this Manual may be changed at any time at the discretion of The Malvern School.

I have read The Malvern School Parent Handbook and have been advised of all Malvern School policies and procedures.

Child(ren)'s Name (please print) _____

Parent Signature & Date _____

Director Signature & Date _____

BP Connect (Parent Engagement Program)

I _____ (Parent/Guardian Name) am the parent or guardian of _____ (Child's Name) (the "**child**") and have voluntarily chosen to participate in BrightPath Connect (the "**Engagement Program**").

Participation Agreement

In consideration for BrightPath Kids Corp., its subsidiaries and affiliates (together "**Brightpath**") providing BrightPath Connect (Engagement Program), accepting my application to participate in BP Connect) Engagement Program, and providing me access to BrightPath Connect (Engagement Program), I hereby understand, acknowledge, and agree that:

(a) Our participation in BrightPath Connect (Engagement Program) is entirely voluntary and undertaken at my own and my child's risk.

(b) I have read the BrightPath Connect Parent Engagement Information Letter attached hereto and I had all my questions in relation to BrightPath Connect Engagement Program answered to my satisfaction prior to deciding to sign this Participation Agreement.

(d) I understand that I am prohibited from sharing photos and/or video of any children (other than my child), including any group photos/video, that I may have access to through my participation in the BrightPath Connect Engagement Program. Should any photos and/or videos of children other than my child be distributed in violation of this covenant, I agree to indemnify and hold harmless BrightPath and its agents, employee, affiliates and/or assigns for all claims, liabilities, damages, losses and expenses (including legal fees on a solicitor and own client full indemnity basis) arising by reason of my unauthorized distribution in breach of this covenant.

(e) I understand and acknowledge that the BrightPath Connect Engagement Program relies on the use of a third party provider (the "**Developer**") that utilizes the internet and cloud computing technology. Accordingly I acknowledge that the Developer will have access to information, photos and videos of and about my child and may create and hold electronic copies of this information for the purposes of back-up. The Developer may also monitor, for its internal use only, my access and use of the BrightPath Connect Engagement Program. I understand and acknowledge that there are inherent privacy and confidentiality risks when using an internet-based service and cloud computing technology upon which the BrightPath Connect Engagement Program relies. I understand and accept that BrightPath will have no liability in the event of any breach of confidentiality of any information collected and copied from the BrightPath Connect Engagement Program, whether or not such breach resulted from the actions of the Developer of Brightpath, its agents, employees, or assigns, or of any other parents who also participate in the Engagement Program. My participation in and use of the BrightPath Connect Engagement Program is an acceptance of this limitation of liability.

(f) For greater certainly, I hereby release and forever discharge and agree not to make any claim against BrightPath, its board of directors, officers, agents, employees, affiliates and/or or assigns, for any and all claims, resulting from my participation and my child's participation in the BrightPath Connect Engagement Program; and

(g) I understand and acknowledge that the terms of this waiver shall apply equally to me, and to my child.

Approval for Photos/Videos

I hereby grant permission to BrightPath Kids Corp. and its representatives to photograph and video my child, and otherwise capture my child's image and to make recordings of my child's voice for the purposes of sharing information about my child with me under the BrightPath Connect Parent Engagement Program.

I further grant permission to BrightPath Kids Corp. and its representatives to reproduce, use, exhibit, display, post or distribute any images and recordings of my child when such images or recordings are taken in a group, or in a multiple child setting, to other parents who are also participating in the BrightPath Connect Parent Engagement Program.

I hereby confirm and covenant that I will not share photos of any child (including group photos), other than my own, that I receive through the BrightPath Connect Parent Engagement Program with anyone other than BrightPath and its employees.

I hereby release, defend, indemnify and hold harmless BrightPath Kids Corp., its board of directors, officers, employees or agents from and against any claims, damages or liability arising from or related to the use of images, recording or materials of my child, whether individually or in a group setting.

_____

(Name of Child)

_____ _____

(Parent/Guardian Signature) (Date)

_____ _____

(Witness) (Date)

Primary email:_____