Jersey City Public Schools 3-Year-Old Preschool Program
2025-2026 Contracted Childcare Center Application

Kidz Kingdom Learning Center

Child's Information

Child's Name:		
Date of Birth:	Gender: ☐ Male ☐ Female	
City of Birth:	State of Birth:	Country of Birth:
Child's Race/Ethnicity:	Language(s) Spoken at Home:	
Home Address:	Apt. #:	Zip Code:

Child's Health Insurance:
☐ Private ☐ Medicaid ☐ NJ Family Care ☐ Other ☐ Uninsured

Does the child have a physical/mental handicap? ☐ Yes ☐ No Specify:

Has any Agency, such as early intervention, DYFS, or a Child Study Team recommended your child for a preschool program? ☐ Yes ☐ No

Has your child received services or therapy (Occupational Therapy, Physical Therapy, Speech, etc.)?
☐Yes No

Is the child currently enrolled in a preschool program? ☐ Yes ☐ No

Parent/Guardian #1 Information

Name:	Relationship to Child:
Daytime Telephone:	Mobile Telephone:

Parent/Guardian #2 Information

Name:	Relationship to Child:
Daytime Telephone:	Mobile Telephone:

Sibling Information

Does the child have an older sibling in a Jersey City Public School? ☐ Yes ☐ No If Yes, please provide the name(s) and school(s) attending.

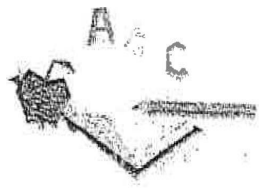
Name(s):	School(s):

Parent Certification

I certify that the statements made by me in this application are true, complete and correct to the best of my knowledge.
Signature: _____ Date: _____

Do Not Write Below This Line. This Portion Needs to Be Completed by The Center.

Date of Application:	Signature of Provider:	Student ID:



Kidz Kingdom Learning Center
1944 Kennedy Blvd.
Jersey City, New Jersey 07305

Information Sheet*

Child's Name: _____Birth date: _____
Home Address: _____
Home Telephone Number: _____
Mother's Name: _____

Mother's Employer, Address & Telephone Number: _____
Father's Name: _____

Father's Employer, Address & Telephone Number: _____

_____

Authorized Persons' Permitted to pick up Child

Name	Relationship	Telephone
1.		
2.		
3.		

Authorized Persons Permitted to sign for Emergency Treatment
(Please include your and your spouse, if applicable)

_____

_____

Child's Physician, Address & Telephone Number: _____

- It is your responsibility to notify us immediately of any changes

in employment, residence, and contact information.

Developmental Health History

1. How well does your child use table utensils? _____

2. How does your child indicate bathroom needs?
   Word used for urination: _____
   Word used for bowel movement: _____

3. What is your child's regular sleeping patterns?
   Awakes: _____ Naps: _____ Goes to be at: _____

4. What help does your child need to get dressed? _____

Social Relationships/Play

1. What ages are your child's most frequent playmates? _____
2. Is your child friendly? _____ Aggressive? _____ Shy? _____
   Withdrawn? _____
3. Does your child play well alone? _____
4. What is your child's favorite toy? _____
5. Does your child have any problems with talking or making sounds?
   (please explain)_____
6. Does your child have a problem with walking, running, or moving?
   (Please explain) _____
7. Does your child have a problem seeing or hearing?
   (Please explain) _____

Daily Living

1. What is your child's typical eating pattern? _____
2. What food does your child like? _____
3. Who does most of the disciplining? _____
4. What do you hope to gain from his/her experience at Kidz Kingdom Learning Center? _____
5. How did you hear about Kidz Kingdom Learning Center?
   _____

My child _____ is in good health and can participate in all activities at Kidz Kingdom Learning Center.

Parent Signature: _____ Date: _____

EARLY CHILDHOOD HEALTH HISTORY QUESTIONNAIRE

Student' s Name: _____ Date of Birth: _____

Parents/Guardian: _____ Daytime Phone Number: _____

Child's Doctor: _____ Cell/Emergency Number: _____

Prenatal

Were you sick during your pregnancy? Yes: _____ No: _____

If yes, please explain: _____

Full term: _____ Premature: _____ Complications: _____

What type of delivery did you have? Normal: _____ C-Section: _____

Neonatal

How much did your baby weigh at birth? _____

Was your baby sick in the first few days of life? Yes: _____ No: _____

If yes, please explain: _____

Developmental Milestones (age at which the child)

Sat up_____ Crawled_____ Walked_____ Talked_____ Toilet Trained_____

Health Problems

Has your child ever had any of the following?

	Yes	No	Age		Yes	No	Age
Heart disease				Seizure/Convulsion			
Fainting				Diabetes			
Kidney Disease				Ear Infections			
Sickle Cell				Lead Poisoning			
Hearing Problem				Learning Problem			
Vision Problem				Broken Bones			
Surgery				Asthma			

Explain any "yes" answers and list any other health problems.

_____

**********CONTINUED ON NEXT PAGE **********

Activity restrictions specified by ND (note required) _____

Hospitalizations

Has your child ever been hospitalized for any reason? Yes _____ No _____

Reason for hospitalization? _____How many days? _____ Year _____

Reason for hospitalization How many days?_____ Year _____

Asthma

Has your child ever had asthma? Yes _____ No _____

How often does your child have asthma attacks? _____

What triggers your child's asthma? _____

Has your child used asthma medicine in the past 2 years? Yes _____ No _____

If yes, please indicate medicine used: _____

Allergies

To food? Yes ___ No ____ To medicine? Yes ____ No _____

If yes, please list things child is allergic to and indicate symptoms:

_____

Anaphylaxis? Yes____ No _____ EpiPen? Yes _____ No _____

Medications

Does your child take any prescription medici1E at home? Yes ____ No _____

If yes, please list medicine(s) _____

Will your child be taking prescription medicine at school? Yes ____ No ____

If yes, what medicine(s)? _____

Parents/Guardian Signature: _____Date: _____

1 GIVE PERMISSION TO SHARE THIS NFORMATION WITH STAFF MEMBERS INVOLVED m MY CHILD'S CARE AND EDUCATION.

Parents/Guardian Signature: _____ Date: _____

Reviewed by: _____ Date: _____

THE KIDZ KINGDOM LEARNING CENTER

PARENT AGREEMENT

I have received a copy of the "Parents' Information Manual", which includes the "Information to Parents" documents, and by my signature below, acknowledge that I may review the Policy and Procedure Manual.

Parent Signature: _____ Date: _____

The Teachers of Kidz Kingdom Learning Center will take responsible measures to supervise the children's daily activities. During the course of the day children may become injured. The Learning Center will notify the parents immediately when professional medical care is required. In cases of extreme emergency, children will be taken to the Emergency Room.

I authorized my child to be taken to the Emergency Room for emergency care. I WILL ASSUME FULL FINANCIAL RESPONSIBILITY FOR SERVICES RENDERED.

Medical Carrier Number: _____

Parent Signature: _____

This is not intended to be an exhaustive list. Users should use their own good judgment when using social media.

LIMITATION OF LIABILITY

Kidz Kingdom will not be responsible for damage or harm to persons, files, data, or hardware.

POLICY VIOLATIONS

Violations of this policy may have disciplinary repercussions, including:

- Loss of use of the school Network, computers and software including internet access.
- Additional consequences determined by the Administration, including, but not limited to, legal action by school, civil authorities, or other involved parties.

I have read and understood this Acceptable Use Policy and agree to abide by it:

_____

(Print Name)

_____

(Parent's Signature)

POLICY ON USING PHOTOGRAPHIC IMAGES OF CHILDREN

Parents & Guardians:

Generally, photographs are taken of our children at Pre-School as a source of evidence for completing the child's Learning Journey and for recording each child achieving their goals.

However, we live in an age in which digital technology has vastly increased the use and potential misuse of photography.

Our Pre-School recognizes that parents/guardians may have concerns about their child being photographed and how the images of their child will be stored.

Please be advised that Kidz Kingdom learning Center need the parent's permission to use some photographs that will be taken either in the classroom or on field trips, please sign this release form granting consent. Thank you in advance for your cooperation concerning this matter.

_____ I WILL give Kidz Kingdom learning center permission to use photographs taken at the center.

_____ I WILL NOT Kidz Kingdom learning center permission to use photographs taken at the center.

_____

Child's Name

_____

Parent's Signature

KIDZ KINGDOM LEARNING CENTER
(Where Education is the Key to Success)
1944 J. F. K. Blvd.
Jersey City, N. J. 07305
(201-209-0545)

PERMISSION FOR WALKING TRIPS

I hereby give permission for my child/children _____

To participate in walking trips in and around the Neighborhood/Center

(Kidz kingdom Learning Center) for the school year (2025 - 2026).

I understand that the walking route includes no safety hazards and that the walks,

will not involve entrance into any facility other than Kidz Kingdom Learning Center.

_____ _____

Parent/Guardian Signature Date

KINGDOM LEARNING CENTER
FINANCIAL CONTRACT

The school is prepared for each child each day. If a parent chooses to keep a child home for any reason, it is his/her responsibility to notify the Director, as soon as possible and state the reason for not attending.

The Kidz Kingdom Learning Center will be closed for the following holidays: New Year's Day, Martin Luther King Jr. Day, Presidents' Day, Good Friday, Memorial Day, Independence Day, Labor Day, Thanksgiving Day, and Christmas Day.

Voucher program participants are responsible for their co-pay and any charges that the voucher program does not pay (which is due on the first of each month).

Should a **check bounce, a $35.00 processing fee** will be assessed and a cashier's check or money order or cash must be presented to make all future payments.

Kidz Kingdom Learning Center closes at **5:00 p.m. sharp.** A late fee of $25.00 for any time after the first 15 minutes and $30.00 for any time within each half hour thereafter. However, the Abbott Program is **FREE** from **8:30 a.m. – 2:30 p.m.**

Spaces are neither guaranteed nor reserved. New enrollees who cannot be accommodated will be notified one (1) week in advance of anticipated start date. **ANY CHANGES SHOULD BE SUBMITTED IMMEDIATELY.**

Any three (3) violations of the Learning Center's Policy may result in termination from the program.

If any unusual circumstances arise that question a Policy, the Director will make the decision.

The Kidz Kingdom Learning Center reserves the right to suspend/terminate services when the home/school partnership is creating a negative effect on either the child or the center. The Director will make this decision.

I, _____, having read the conditions of this Financial and Policy Contract, do hereby state that I understand and accept each condition of this contract. By my signature below, I agree to follow and abide by these terms as well as my responsibilities as set forth in the Parent Information Manual. I have received a copy of the above terms and manual for my records.

Parent Signature: _____ Date: _____

Director Signature: _____Enrollment Date: _____

EXPULSION POLICY

NAME OF CHILD: _____

SIGNATURE OF PARENT: _____

Unfortunately, there are sometimes reasons we must expel a child from our program either on a short term or permanent basis. We want you to know we will do everything possible to work with the family of the child(ren) to prevent this policy from being enforced. The following are reasons we may have to expel or suspend a child from this center:

IMMEDIATE CAUSES FOR EXPULSION:

- The child is at risk of causing serious injury to other children or himself/herself.
- Parent threatens physical or intimidating actions toward staff members.
- Parent exhibits verbal abuse to staff in front of enrolled children

PARENTAL ACTIONS FOR CHILD'S EXPULSION:

- Failure to pay/habitual lateness in payments.
- Failure to complete required forms including the child's immunization records.
- Habitual tardiness when picking up your child.
- Verbal abuse to staff.
- Other (explain)

CHILD'S ACTIONS FOR EXPULSION:

- Failure of child to adjust after a reasonable amount of time.
- Uncontrollable tantrums/ angry outbursts.
- Ongoing physical or verbal abuse to staff or other children.
- Excessive biting.
- Other (explain)

SCHEDULE OF EXPULSION:

If the remedial actions above have not worked, the child's parent/guardian will be advised verbally and in writing about the child's or parent's behavior warranting an expulsion. An expulsion action is meant to be a period so that the parent/ guardian may work on the child's behavior or to come to an agreement with the center.

The parent/guardian will be informed regarding the length of the expulsion period and the expected behavioral changes required for the child or parent to return to the center. The parent/guardian will be given a specific expulsion date that allows the parent sufficient time to seek alternate childcare (approximately one to two weeks' notice depending on risk to other children's welfare or safety). Failure of the child/parent to satisfy the terms of the plan may result in permanent expulsion from the center.

CHILDCARE CENTER TELEVISION COMPUTER VIEWING POLICY

Kidz Kingdom Learning Center provides an active learning environment. We believe children learn best through active participation, hands-on experiences, interactive conversation, and exploration. Kidz Kingdom learning center follows the recommendations established by the American Academy of Pediatrics, which has found that too much television viewing has been linked to poor performance in school, overweight children, and the establishment of poor dietary habits. As such children at Kidz Kingdom learning center under the age of two will not have access to television viewing, which includes watching videos, or DVDs, playing video games, and using the computer.

For children aged two and older who are in care four or more hours each day, television screen time is limited to 60 minutes per week and no more than 30 minutes at a time. Computer use is limited to 15 minutes increments per child, except for school-age children who are completing homework, schoolwork, or supervised enrichment activities.

For children aged two and older who are in childcare less than four hours per day, television screen time is limited to 30 minutes per week. Computer use is limited to 15-minute increments per child, except for school-age children who are completing homework, schoolwork, or supervised enrichment activities.

I agree to comply with the terms of this Television Viewing Policy. My signature below is acknowledgement of my review and acceptance of the terms of this policy.

_____ _____

Parent's Name Child's Name

_____ _____

Parent's Signature Date

KID KINGDOM LEARNING CENTER

Attendance/Tardiness Policy

Kidz Kingdom will offer a Pre-k Program for 184 calendar days during the 2025 – 2026 school year. The length of the school day shall be six (6) hours and shall begin at 8:30 am and end at 2:30 pm. Before and Aftercare are available, all enrolled families receive a calendar showing the scheduled days off during the operational period. Attendance during the scheduled instructional days is of the utmost importance.

Tardiness: Arrival for Kidz Kingdom program is between 8:30 am and 8:45 am. Children should be signed up at their Pre-K classroom. The instructional day begins at 8:45 am, and all children are expected to be in place and ready to start the day. Arrivals after 9:00 am are disruptive to the group in progress and difficult for the arriving child as well. We understand that it is occasionally unavoidable please notify the office as soon as possible.

Absence: Daily attendance in Kidz Kingdom program is necessary for optimal learning, however if your child is absent for 1 day, the parent or guardian should notify the office by 8:00 am and he/she should bring a note from the parent or guardian. If your child is absent for 3 or more consecutive days, he/she must bring a note from the doctor. If any enrolled child is absent without excuse for up to ten (10) consecutive days of school, the family worker will make every attempt to contact the parents or guardian, if these attempts fail, the child shall no longer be enrolled, and Kidz Kingdom may fill the slot with another child.

I agree to comply with the terms of this Absence and Tardiness Policy. My signature below is acknowledgement of my review and acceptance of the terms of this policy.

_____ _____

Child's Name Date

_____

Signature of Parent/Guardian

PARENT RECEIPT OF INFORMATION

- ☐ Information to Parents Document
- ☐ Policy on the Release of Children
- ☐ Positive Guidance and Discipline Policy
- ☐ Policy on Methods of Parental Notification
- ☐ Policy on Communicable Disease Management
- ☐ COVID-19 Policy
- ☐ Expulsion Policy
- ☐ Policy on the Use of Technology and social media

I have read and received a copy of the information/policies listed above.

Child(ren)'s Name: _____

Parent/Guardian's Name: _____

_____ _____

Signature

Date

FAMILY OUTREACH PROGRAM

Parent Interest and Needs

Interés y necesidades de los padres

Child's Name/Nombre del Niño:

_____

Check the topics you would like information on:

Consulte los temas sobre los que desea obtener información sobre:

- ☐ Discipline
  Disciplina
- ☐ Helping Children Express themselves appropriately.
  Ayudar a los niños a expresarse adecuadamente
- ☐ Communicating with children
  Comunicarse con los niños
- ☐ Lying, stealing, and cheating in children
  Mentir, robar y hacer trampas en los niños
- ☐ Divorce and young children
  Divorcio e hijos pequeños
- ☐ Preparing healthy snacks
  Preparación de refrigerios saludables
- ☐ Language and reading activities.
  Actividades de lenguaje y lectura
- ☐ Keeping your child safe (accident prevention/poisoning)
  Mantener a su hijo a salvo (prevención de accidentes/intoxicación)
- ☐ Emergency First Aid/what should be in the home.
  Primeros Auxilios de Emergencia/lo que debe haber en el hogar
- ☐ Building Self-Esteem
  Construir autoestima
- ☐ Sibling Rivalry
  Rivalidad entre hermanos
- ☐ Domestic Violence
  Violencia doméstica

☐ Age-appropriate Activities
Actividades apropiadas para la edad

☐ Coping with Stress
Enfrentar el estrés

☐ OTHER/OTRO _____

Please mark your availability to attend a Parent Group Meeting
Por favor, marque su disponibilidad para asistir a una Reunión del Grupo de Padres

___ Morning/ Mañana ____ Afternoon/Tarde ____ Evening/Noche