



The Creative Campus Preschool Manville Registration Form 2025-2026

Office Use:

Allergy

Child's Name: _____

School District: _____ Age: _____ Start Date: _____

Birthdate: ____/____/____ Female Male

Mother/ Guardian: Last Name: _____ **First Name:** _____

Email: _____

Cell Phone: _____

Check box if you wish to receive emergency text messages.
Please provide your carrier _____.

Address: _____

Home Phone: _____

Town/Zip: _____

Work Phone: _____

Business Name: _____

Primary Pick-Up Payer Only

Title/ Position: _____

Primary Guardian

Father/ Guardian: Last Name: _____ **First Name:** _____

Email: _____

Cell Phone: _____

Check box if you wish to receive emergency text messages.
Please provide your carrier _____.

Address: _____

Home Phone: _____

Town/Zip: _____

Work Phone: _____

Business Name: _____

Primary Pick-Up Payer Only

Title/ Position: _____

Primary Guardian

Any special instructions, such as custody or restraining orders must be attached to this application and discussed personally with the camp director. All information will be kept confidential.

Emergency Contact: _____
(Last Name) (First Name)

Doctor's Name: _____
(Last Name) (First Name)

Relationship: _____

Doctor's Address: _____

Cell Phone: _____

Phone Number: _____

Name and Phone Number (s) of person (s) other than parents authorized to pick up your child:
(within 30 minutes of the school)

1. _____ Phone Number: _____ Relationship: _____
(Last Name) (First Name)

2. _____ Phone Number: _____ Relationship: _____
(Last Name) (First Name)

3. _____ Phone Number: _____ Relationship: _____
(Last Name) (First Name)

4. _____ Phone Number: _____ Relationship: _____
(Last Name) (First Name)

How did you hear about us: _____ Referred by: _____

AUTHORIZATION

To the best of my knowledge, the history provided below is correct and complete. I know of no reason to restrict applicant's activity and give permission for participation in all activities except as noted herein. In the event that I cannot be reached in an **EMERGENCY**, I hereby give permission to the physician selected by The Jointure to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery for my child.

Signature of Parent/Guardian

Date

Insurance Company

ID#

Group #

DISEASE OR PAST/PRESENT HISTORY

YES	NO	DETAILS	YEAR
_____	_____	Serious Illness_____	_____
_____	_____	Serious Injury_____	_____
_____	_____	Surgery_____	_____
_____	_____	Ears_____	_____
_____	_____	Eyes_____	_____
_____	_____	Nose/Sinus_____	_____
_____	_____	Teeth_____	_____
_____	_____	Throat/Tonsils_____	_____
_____	_____	Chest/Lungs_____	_____
_____	_____	Heart_____	_____
_____	_____	Stomach/Bowels_____	_____
_____	_____	Appendicitis_____	_____
_____	_____	Kidney/Bladder_____	_____
_____	_____	Menstrual Problems_____	_____
_____	_____	Hernia Rupture_____	_____
_____	_____	Back/Limbs/Joints_____	_____
_____	_____	Behavioral Conditions/IEP_____	_____
_____	_____	Allergies (Specify)_____	_____
_____	_____	Other (Specify)_____	_____

****Please list any SPECIAL NEEDS/ALLERGIES/MEDICATIONS****

My child is in good health and can participate in The Jointure/ Creative Campus Programs.

Signature of Parent/Guardian

Date

SPECIAL INSTRUCTIONS:_____

****If your child requires lifesaving medication (Epi-pen, Benadryl, etc.) please complete attached Medical Permission Form. A doctor's signature and Action Plan are also required to begin the program.****



10:122-7.5 Administration and control of prescription and non-prescription medicines and health care procedures may be used to record administration of medication to children.

INDIVIDUAL PERMISSON FOR MEDICATION OF HEALTH CARE PROCEDURE

ONLY IF CHILD REQUIRES LIFE-SAVING MEDICATION DURING PROGRAM HOURS

Name of Child: _____

Child's condition for administering medication: _____

Name of medication/procedure _____

_____ Prescription _____ Non-Prescription _____ Doctor's approval required

Amount to be administered _____

Time(s) to be administered _____

Dates to be administered From _____ To _____

Refrigeration necessary _____ Yes _____ No

Special Instructions _____

Possible adverse reactions: _____

I authorize the administration of medication to my child.

Parent's Signature

Date

All prescription medication must have physician authorization!

I authorize the following prescription medication to be administered as instructed above for this patient.

Physician Signature: _____ **Date:** _____

Physician Name: _____ **Phone:** _____

In consideration of the above named child being allowed to participate in the Jointure's program, I, the parent or legal guardian of the above mentioned child, hereby waive and forever release the Jointure, it's trustees, employees, agents, staff, volunteers, successors, partners, and assigns, from any and all liability, claims, demands, or causes of action, arising out of or in any way related to the handling of medically related situations for my child while participating in any Jointure program, specifically inclusive of claims based upon the negligent administration of the above medication.

I fully assume all risk and waive all liability in connection with my child's medical needs while participating in any Jointure Program, without limitation, to the fullest extent permitted by law. I will indemnify, save and hold harmless each of the above releases from any litigation expense, attorney fees, loss or liability, damage against the Jointure and/or the school district.

Signature of Parent/Guardian: _____

Date: _____

Print Name: _____

WAIVER OF LIABILITY AND INDEMNITY AGREEMENT

IN CONSIDERATION of being permitted to utilize the facilities, services and programs of The Jointure for any purpose, including, but not limited to observation or use of facilities or equipment, or participation in any program affiliated with the Jointure, the undersigned, for himself or herself and any personal representatives, heirs, and next of kin, hereby acknowledges, agrees and represents that he or she has, or immediately upon entering or participating inspect and carefully consider such premises and facilities or the affiliated program. It is further warranted that such entry into the Jointure for observation or use of any facilities or equipment or participation in any program constitutes an acknowledgement that such premises and all facilities and equipment thereon and such affiliated program have been inspected and carefully considered and that the undersigned finds and accepts same as being safe and reasonably suited for the purpose of such observation, use or participation.

IN FURTHER CONSIDERATION OF BEING PERMITTED TO ENTER THE JOINTURE FOR ANY PURPOSE INCLUDING, BUT NOT LIMITED TO OBSERVATION OR USE OF FACILITIES OR EQUIPMENT, OR PARTICIPATION IN ANY PROGRAM AFFILIATED WITH THE JOINTURE,

THE UNDERSIGNED HEREBY AGREES TO THE FOLLOWING:

1. THE UNDERSIGNED HEREBY RELEASES, WAIVES, DISCHARGES AND CONVENANTS NOT TO SUE the Jointure, its directors, officers, employees, and agents (hereinafter referred to as "releases") from all liability to the undersigned, his personal representatives, assigns, heirs, and next of kin for any loss or damages, and any claim or demands therefore on account of injury to the person or property or resulting in death of the undersigned, whether caused by the negligence of the releases or otherwise while the undersigned is in, upon, or about the premises or any facilities or equipment therein or participating in any program affiliated with the Jointure.
2. THE UNDERSIGNED HEREBY AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS the releases and each of them from any loss, liability, damage or cost they may incur due to the presence of the undersigned in, upon or about the Jointure premises or in any way observing or using any facilities or equipment of the Jointure or participating in any program affiliated with the Jointure whether caused by the negligence of the releases or otherwise.
3. THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE due to negligence of release or otherwise while in about or upon the premises of the Jointure and/or while using the premises or any facilities or equipment thereon or participating in any program affiliated with the Jointure.

THE UNDERSIGNED further expressly agrees that the foregoing RELEASE, WAIVER AND INDEMNITY AGREEMENT is intended to be as broad and inclusive as is permitted by the law of the State of New Jersey and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding continue in full legal force and effect.

THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGNS THE RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT, and further agrees that no oral representations, statements or inducement apart from the foregoing written agreement have been made.

Name of Child:

Name of School:

Parent/Guardian Signature:

Date:

TERMS AND CONDITIONS TO PARTICIPIATE IN JOINTURE'S PROGRAMS

Please initial that you understand and agree:

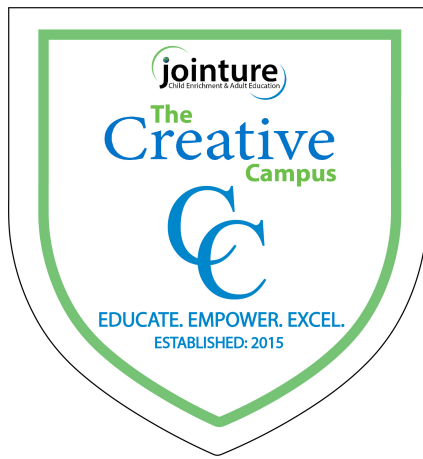
1. _____ The Jointure requires my child to meet certain standards of behavior and that if my child fails to behave or demonstrates repeated unsatisfactory conduct, The Jointure has the right to suspend my child, or to dismiss my child from the program. A meeting with the parent/guardian will be conducted prior to such dismissal.
2. _____ The Creative Campus Program operates Monday to Friday from 7:00 a.m. to 6:00 p.m.
3. _____ Due to the high priority of safety for all the children, it is imperative that you notify The Jointure office when your child will be absent from the program. Please note that after five absences without notification, your child will be terminated from the program for the remainder of the school year.
4. _____ If the need should arise to change my child's schedule, I will give written notification to The Jointure office at least 48 hours in advance. I am aware there is a \$25.00 fee for every schedule change.
5. _____ It is my responsibility to inform The Jointure in writing or by calling The Jointure office if someone other than those listed is picking up my child and that anyone picking up my child must present photo identification and be at least 18 years old. I will notify The Jointure in writing if a phone number or address should change.
6. _____ My child is not permitted to bring toys, video games or electronic devices to the program and will follow all of the rules of the Creative Campus Program. All cell phones are to remain in the child's backpack.
7. _____ Anyone picking up my child (including myself) will be asked to present photo identification before my child is released.
8. _____ A \$25 late fee per child will be imposed for every 15-minute interval or part thereof. (Ex. 6:00—6:15 = \$25, 6:15 – 6:30 = \$50, etc.) After 5 late pick-ups my child will be terminated from the program. I understand that this policy will be strictly enforced.
9. _____ When there is a Delayed Opening at The Creative Campus. I am aware there will be NO BEFORE CARE and The Creative Campus will open at 10:30 AM.
10. _____ **If my child requires life-saving medication (Epi-Pens, Benadryl, inhaler, etc.), I will provide the Action Plan provided by the child's physician, the completed Medical Permission Form signed by child's physician and parent/guardian and ALL medication prior to the child starting the program (2 Epi-Pens in the original box, Benadryl in the original box or inhaler in original box and labeled with child's name).**

Name of Child

School/Site

Parent/Guardian Signature

Date



Student Release of Information

Student's Name: _____ Birth Date: _____

I hereby Authorize _____

(District Teacher's Name or District Employee)

to share information contained in, mandated, and permitted Guidance, media, educational and social records to/from the Creative Campus, and the appropriate teacher. Such information will be for professional use only and if sent to organizations, agencies, and persons from outside the school, these records shall not be transferred to a third party without written consent of the parent/guardian or adult pupil.

Parent/Guardian Signature: _____

Date: _____

The Creative Campus
500 US HWY 22
Bridgewater, NJ 08807
908-722-1563
www.jointure.org



Social Media and Class Dojo Release Form

For the purpose of promoting The Jointure and The Creative Campus, I understand that pictures and videos may be taken of my child. These photographs and videos promote The Creative Campus programs on The Jointure's Facebook Page. By completing the form below, you are granting permission for your child to participate in any photographs/video for Facebook.

I **GIVE** permission for my child, _____ for photograph/video for The Jointure's Facebook Page to promote The Creative Campus Programs.

I **DO NOT GIVE** permission for my child, _____ for photograph/video for The Jointure's Facebook Page to promote The Creative Campus Programs.

Class Dojo

(Initial Below)

_____ I understand pictures and videos of my child will be on Class Dojo. Class Dojo is private and only for Jointure Families. Class Dojo is NOT PUBLIC and any pictures and videos on Class dojo will not be on any social media unless approved by parents.

PARENT OR GUARDIAN NAME

DATE

SIGNATURE OF PARENT OR GUARDIAN

Parent Receipt of Information

- o Information to Parents Document
- o Policy on the Release of Children
- o Positive Guidance and Discipline Policy
- o Policy on Methods of Parental Notification
- o Policy on Communicable Disease Management
- o Expulsion Policy
- o Policy on the Use of Technology and Social Media
- o Medication Administration in Child Care Policy and Procedures
- o Parent Handbook
- o Terms and Conditions
- o Payments and Procedures

I have read a copy of the information/policies listed above in our online handbook.

Child's Name

School/Program

Parent/Guardian's Name

Parent/Guardian's Signature

Date

Jointure Television and Computer Use Policy

The Jointure provides an activity-focused early learning environment for students of all ages. We believe children learn best through active participation, hands-on experiences, interactive conversation, and exploration. Utilizing technology in the classroom is a valuable resource and allows for various teaching methods when used appropriately. The Jointure follows 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.

Children under the age of two will not have access to television viewing, which includes watching videos, or DVD's, playing video games, and using the computer.

Children age two and older who are in care four or more hours each day, television screen time is limited to 40 minutes per week and no more than 20 minutes at a time. Computer use is limited to 15 minute increments per child, except for school-age children who are completing homework, school work, or supervised enrichment activities.

Children age two and older who are in care less than four hours per day, television screen time is limited to 30 minutes per week. Computer use is limited to 15 minutes per child, except school-age children who are completing homework, school work, or supervised activities.

I have read and understand The Jointure's Television and Computer Policy .

Parent/Guardian Signature

Date



Receipt of Information

I have received, reviewed and understand the ASQ Policy, ECERS Policy and Creative Campus Parent Handbook. I will return the completed ASQ questionnaire to my child's teacher by the first day of school.

Child's Name

Class Teacher

Parent/Guardian's Name

Parent/Guardian's Signature

Date