

**Enrollment Packet** 





2 convenient location in downtown Morristown Pine Street and Headquarters Plaza Call 973-998-9494, or stop by for more information.

cradles-to-crayons.com

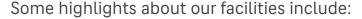




CHILDCARE & LEARNING CENTER

# PEACE OF MIND WHILE YOU WORK.

Cradles to Crayons is a center that nurtures and encourages to achieve to be the absolute best that children can be while never forgetting to have fun along the way. Together with our parents, we watch our children develop into young people with bright futures.



- 6 weeks to 6 years
- Hours 6:45am to 6:30pm
- 12 month program
- Summer fun program
- Full-time Kindergarten program
- Biometrics fingerprinting security system
- Full-time summer camp
- Extra-curriculum activities for every age group including swimming, soccer, dance, music, exercise/nutrition and more.

- Corporate discount program
- Sibling discount
- Emergency drop-in program
- Free workshops/seminars
- CPR/First Aid certified staff
- Audio / visually monitored private infant rooms





Cradles to Crayons has been awarded #1 childcare and pre-

**6 years** in the **Daily Record's** Reader's Poll.





ERS CHOICE CONTEST 2013





2 Convenient locations in Morristown www.cradles-to-crayons.com 973-538-1717

## **FINGERTIP FACTS**

#### **WEBSITE:**

cradles-to-crayons.com

#### **HOURS:**

6:45 am - 6:30 pm

#### LOCATIONS:

■ 16 Pine Street, Morristown, NJ / 973-538-1717

26 Headquarters Plaza, Morristown, NJ / 973-998-9494

Fax Number: 973-954-5519

#### **PROGRAMS:**

- Full Time
- Part Time
- Drop-In Programs

#### **DIRECTORS:**

- Maria Marra (mariamarra73@gmail.com)
- Debbie Ramrattan (cradlesmorristown@gmail.com)

#### **OWNERS:**

Doreen and Peter Gill

#### **MOBILE PAYMENT:**

Zelle Account: 973-953-9838

#### **SCHOOL CLOSING:**

- Labor Day
- Thanksgiving Day / Friday after Thanksgiving Day
- Christmas Eve / Christmas Day
- New Year Eve / New Year Day
- Martin Luther King Day
- Presidents Day / Good Friday
- Memorial Day / 4th of July

In case of bad weather, each parent will receive a HiMama Alert that will inform you if the center will be closed, have a delay opening or early dismissal according to the weather forecast.



## **CONTACT INFORMATION**



Childcare & Learning Center

#### Doreen Gill

#### Owner

- 973.953.9838 (mobile)
- 973.954.5519
- doreen@cradlestocrayonschildcare.net

Morristown's Childcare & Learning Center for children 6 weeks to 6 years of age.

#### Morristown Locations

- Main Office
- 16 Pine Street
- Morristown, NJ 07960
- 26 Headquarters Plaza Morristown, NJ 07960

www.cradles-to-crayons.com



Childcare & Learning Center

#### Maria Marra

Director - 16 Pine Street

- **2** 973.538.1717
- 973.954.5519
- mariamarra73@gmail.com

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Childcare & Learning Center

#### Debbie Ramrattan

Director - Headquarters Plaza

- **2** 973.998.9494
- 973.954.5519
- cradlesmorristown@gmail.com

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## CRADLES TO CRAYONS PROGRAMS AND RATE CHART

Effective 01/01/25

Junior Infants/S	Senior Infants ,	<b>Waddlers</b> (6 weeks–18 months or first available opening in Toddlers	3)
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Full-time (5 Days)	\$1,787.28/mo	\$412.45/week	\$82.49/day
Part-time (4 Days)	\$1,543.37/mo	\$356.16/week	\$89.04/day
Part-time (3 Days)	\$1,316.70/mo	\$303.85/week	\$101.28/day
Part-time (2 Days)	\$1,040.74/mo	\$240.17/week	\$120.09/day

#### **Toddlers** (19 months-2 years)

Full-time (5 Days)	\$1,667.11/mo	\$384.72/week	\$76.94/day
Part-time (4 Days)	\$1,445.12/mo	\$333.49/week	\$83.37/day
Part-time (3 Days)	\$ 1,226.28/mo	\$282.99/week	\$94.33/day
Part-time (2 Days)	\$ 968.06/mo	\$223.40/week	\$111.70/day

#### **Pre-School** (Ages 2 year old to 5 year old)

Full-time (5 Days)	\$1,489.38/mo	\$343.70/week	\$68.74/day
Part-time (4 Days)	\$1,290.78/mo	\$297.87/week	\$74.47/day
Part-time (3 Days)	\$1,154.28/mo	\$266.37/week	\$88.79/day
Part-time (2 Days)	\$ 943.17/mo	\$217.66/week	\$108.83/day

**One Time Enrollment Fee** \$150.00 (Applies to Infant, Toddlers, Pre-K, and Kindergarten)

**Security Deposit** \$700.00 (Applies to all age groups. Returned to you at the end of your enrollment)

Both the enrollment fee and the security deposit are due at the time of initial enrollment

along with the enrollment form to secure a spot.

**Drop In (Allow 24 Hours Notice)** 

Hourly \$21.00 Day \$98.00

#### **Discounts**

Sibling -10% off the oldest child

Twins – 15% off one

#### Before & Aftercare / Closing Coverage (Enrollment base on availability)

Before/Aftercare plus school closing coverage \$550.00/mo
Before care plus school closing coverage \$400.00/mo
Aftercare plus school closing coverage \$450.00/mo

Before care only \$20.00/hr (max. of \$65.47 per day)

Late Payment fee \$75.00



## **ENROLLMENT FORM**

9							]_[	
				1		CENTER#	FAMILY #	
1 Student	FIRST NAME		IIDDLE NAME	7	LAST NAME			e
Information	FIRST DAY OF ENROLLME	T TV	DULT(S) CHILD LIVES WITH	<b>.</b>	MALE	FEMALE	CHILD'S DATE OF B	IRTH
2 Family Information				1				
	MOTHER'S FIRST NAME	L	NIDDLE NAME	_1	LAST NAME		E-MAIL:	- V - V
	HOME ADDRESS		CITY		STATE	ZIP .	HOME PHONE	<del></del>
Parents Marital Status	EMPLOYER		MOTHER	S BIRTH	DATE DRIVER	'S LICENSE NO. AND STATE	CELL PHONE	
(check One)	EMPLOYER ADDRESS		CITY	7	STATE	ZIP	WORK PHONE	
□ MARRIED □ SINGLE	FATHER'S FIRST NAME		MIDDLE NAME	٦	LAST NAME		E-MAIL:	
DIVORCED	HOME ADDRESS		CITY		STATE	ZIP	HOME PHONE	
WIDOWED	EMPLOYER		FATHER	'S BIRTH	DATE DRIVER	'S LICENSE NO. AND STAT	E CELL PHONE	
SEPARATED	EMPLOYER ADDRESS		CITY		STATE	ZIP	WORK PHONE	
		RELEASED ONL	Y TO THE PERSON SIGNING TH	S APPL				UIRED BY LAW
•								
3 Contacts	FIRST NAME		LAST NAME		FIRST NAME		LAST NAME	
(Family Or	ADDRESS		CITY ST 2	ZIP	ADDRESS		CITY	ST ZIP
Friends)	HOME PHONE		WORK PHONE	-	HOME PHONE		WORK PHONE	
	DRIVER'S LICENSE NUM	BER	RELATIONSHIP		DRIVER'S LIC	ENSE NUMBER	RELATIONSHIP	
4	PHYSICIAN'S NAME OFFICE ADDRESS OFFICE NUMBER PREFERENCE   EMERGENCY CONTACTED (OTHER THAN PARENT OR DOCTOR)  LEGAL AUTHORITIES WILL BE CONTACTED FOR STUDENTS LEFT AT THE CENTER ONE HOUR CLOSING TIME OF THE CENTER							
Medical Information and	FIRST NAME		LAST NAME		FIRST NAME		LAST NAME	
Emergency Information	Apperox		OLT V	710	4555500		OITY	OT 71D
mormation			19009 V SE 19009 A	ZIP	ADDRESS		CITY	ST ZIP
	HOME PHONE	-	WORK PHONE		HOME PHON	E .	WORK PHONE	
	DRIVER'S LICENSE NUM		RELATIONSHIP		DRIVER'S LIC	CENSE NUMBER	RELATIONSHIP	
	MY CHILD HAS THE FOLLOWING ALLERGIES AND / OR SPECIAL NEEDS:							
	Program:	☐ Infants	☐ Toddlers	□ Pi	re-School	☐ Kindergarten		
	Attendance:	☐ Monday	☐ Tuesday		/ednesday	☐ Thursday	□ Friday	
	Registration Fee:		Security Deposit	:	*	Monthly Total:		
5 To be	Returned Check Fee: Late Payment Fee:							
Completed By	Late Pick-Up Fee: for each addition 15 minutes after 7:00pm.							
Center Director	Parent Certification: I certify that I read and understand the Application for Enrollment as well as the terms and conditions listed in the Parent Handbook supplied by the administration. In addition I agree to pay my child's tuition as indicated for the age appropriate program on the 1 <sup>st</sup> day of each month. If payment is not received on the 1 <sup>st</sup> day of each month, a \$50.00 late fee will be applied to the next month's tuition invoice. In the event that your child will be terminating their enrollment, a written notification must be received at least four weeks prior to termination date. I agree to pay the registration fee as indicated prior to enrollment to secure a position within the center. Registration fees are non refundable.							
	FICATION: I certify I have read a Parent Agreement and the fee s		Application for Enrollment and the P e.	arent Agr	eement printed on	the reverse side of this form	. I agree to the Financial	Ferms and Conditions
X Signature o	f Center Director		Date	X	ature of Parent/Gu	ardian	Date	
gmature 0				O -			Date	