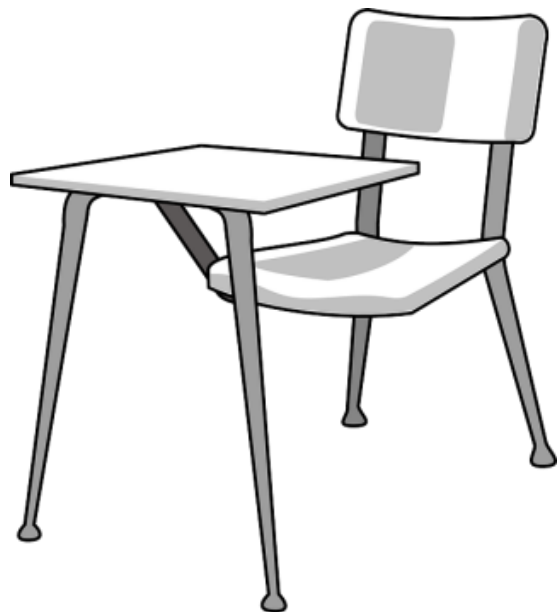
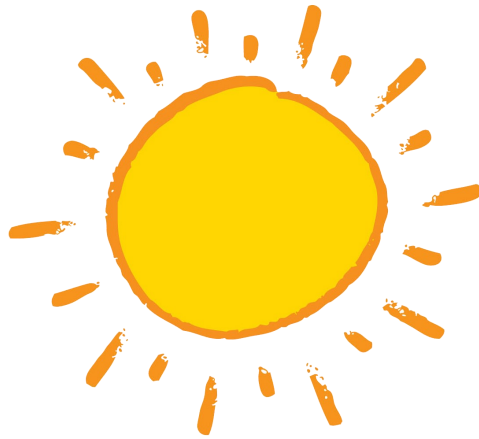


Township of Teaneck
Teaneck Recreation Department

SUNSHINE GARDEN LEARNING CENTER

2024-2025



Sunshine Garden Learning Center

2024-2025

HIGHLIGHTS



Hours of Operations

Full Day: 9:00 a.m. - 3:00 p.m.

Early Drop Off : 8:00 a.m.

Requirements

Participants must be 3 years by October 1, 2024

All children must be toilet trained

After Care Enrollment

Children may register for After Care from dismissal time to 6:00 p.m. (for an additional fee)

Enrollment is Limited

To enroll for After Care please check the box on the application

Uniforms

Mandatory uniforms are required

The nominal cost of these uniforms will be the responsibility of the parents





TEANECK RECREATION DEPARTMENT

250 Colonial Court

Teaneck, New Jersey 07666



SUNSHINE GARDEN LEARNING CENTER

The philosophy of our program is to nurture self-esteem while stimulating the physical, emotional and intellectual development of the students through multi-sensory activities.

Our curriculum is Montessori based. Activities such as art, music, social studies, housekeeping, and life experiences enable the process of learning to be our main focus. For the optimal learning experience we encourage, when possible, two years of participation in our program starting at the age of three years.

Registration begins *April 8th* and will be accepted, *In Person, Drop-Box or Mail. Online registration will tentatively begin April 15th*, at teaneck.gov/online-registration. Registration for our program is open to residents of Teaneck only. The Program hours are from 9:00 a.m. to 3:00 p.m., with an 8:00 a.m. drop off. We are a New Jersey State Licensed program. Spaces are available on a first-come first-served basis. **Parents must provide copies of proof of residency, and a birth certificate** for your child. In order to be eligible for our program the student must reach the age of three by October 1st, 2024 and must be toilet trained.**

* ONLINE REGISTRATION: You can reserve a spot by paying the non-refundable registration fee. However registration will not be completed until all required documents are submitted, **(completed application, copy of birth certificate** and proof of residency)**. Due date will be provided for these documents, approximately five (5) business days after reserving sessions or when requested.

Our Program operates from September 5th, 2024 to June 15th, 2025 (approximate dates) and observes all Municipal and Teaneck school holidays, vacations and snow days.

For program fees, please refer to the enclosed payment schedule. There is a \$25.00 non-refundable application fee. An After Care component is also available from school dismissal to 6:00 p.m. for Sunshine Garden students. These fees are also included in the enclosed payment schedule.

If interested in the program, please call (201) 837-7130, between the hours of 8:00 a.m. and 5:00 p.m. weekdays, for further information or to request a tour.

** Unless previously submitted for other programs

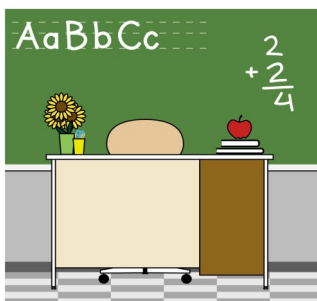
THE MONTESSORI PHILOSOPHY



Dr. Maria Montessori believed that the goal of early childhood education should be filled with ways in which the educator can cultivate the child's own natural desire to learn. This is achieved in two ways: first, by allowing each child to experience the excitement of learning at their own pace, and second, by helping the child to sharpen their natural tools for learning.

Montessori materials have a long range purpose that the child utilizes as early stepping stones for future education. Dr. Montessori identified this philosophy of learning as the "absorbent mind". In Dr. Montessori's writings, she has compared the child's young mind to a sponge which literally absorbs all the information from the environment.

A young child can learn to read, write and calculate in the same natural way he or she learns to walk and talk. In our Montessori classroom, the equipment invites the child to do this at his/her own pace based on interest and readiness.



\$25.00 NON REFUNDABLE APPLICATION FEE

**TOWNSHIP OF TEANECK
TEANECK RECREATION DEPARTMENT
250 COLONIAL COURT
TEANECK, NEW JERSEY 07666
(201) 837-7130**

**SUNSHINE GARDEN LEARNING CENTER
2024-2025
APPLICATION**

Office use only
Date: _____
Proof of Residency _____
Birth Certificate _____
Immunization _____
Universal Health Record _____
Proof of Health Ins. _____
After Care _____
Registration Fee _____
Check _____ Cash _____
OFC _____ On-Line _____ CC _____

DATE _____

CHILD'S NAME _____ LAST FIRST MIDDLE PREFERRED GENDER _____

ADDRESS _____ APT # _____

TELEPHONE _____ BIRTHDATE _____ AGE _____

MOTHER: _____ FATHER: _____

Employer _____ Employer: _____

Business Phone: _____ Business Phone: _____

Cell Phone _____ Cell Phone: _____

EMAIL _____

Legal Guardians Name(s) _____

AFTER CARE COMPONENT	
<input type="checkbox"/>	Yes, I would like to enroll my child
<input type="checkbox"/>	No, I am not enrolling my child

Sunshine Garden Learning Center Application 2024-2025

Are there any activities your child cannot participate in due to religious beliefs or your child's medical condition (including allergies, Kosher needs, etc) ?

As parent/guardian of the above participating child, I certify that he/she is in good physical health and may participate in all of the activities of the program, except as noted on application.

Does your child need a modification because of a disability or special needs to enjoy this program?

Yes or No (*circle one*)

If yes, please explain: _____

I agree and understand that by signing below or if online inserting my electronic signature or by typing my name to the within form, my electronic signature or typed name is the legal equivalent of my manual/handwritten signature and that I consent to be legally bound thereby.

Pictures may be taken by a Teaneck Recreation Department employee to use for publicity purposes. If you have any questions or concerns please contact the Recreation office in writing.

Parent's Signature _____ Date _____

I HEREBY GIVE PERMISSION TO HAVE MY CHILD PICKED UP AT THE RECREATION CENTER BY THE FOLLOWING: (All authorized persons MUST be 16 years or older.)

1. Name _____ Phone _____ Relationship _____

2. Name _____ Phone _____ Relationship _____

3. Name _____ Phone _____ Relationship _____

4. Name _____ Phone _____ Relationship _____

Parent's Signature: _____ Date: _____

Sunshine Garden Learning Center Application 2024-2025

To assist us in getting to know your child better, please complete the following. (Circle Yes or No)

- Does your child take a nap? Yes No
- Does your child fatigue easily? Yes No
- Does your child have any speech difficulties? Yes No
- Does your child have difficulty focusing? Yes No.
- Does your child have difficulty keeping hands to self?..... Yes No
- Is your child shy? Yes No
- Is your child excitable? Yes No
- Is your child comfortable in large groups? Yes No
- Does your child verbally express themselves? Yes No
- Have you been away from your child for any length of time? Yes No
- Can you leave your child readily? Yes No
- Are there any special needs we should be aware of? Yes No
If so, please explain: _____
- Does your child have any fears? Yes No
If so, please explain: _____

Brothers & Sisters (Names & Ages)

Other members of household _____

Do both parents now live with your child? _____ Language spoken at home _____

When was your child toilet trained? _____ (approximate date)

What type of discipline is used at home? _____

Previous nursery school experience: Where _____

When _____ How Long _____

Sunshine Garden Learning Center Application 2024-2025
PARENTAL AUTHORIZATION FOR EMERGENCY TREATMENT

CHILD'S NAME _____ Age _____ Date of Birth _____

ADDRESS _____

MOTHER'S NAME _____ Home Phone # _____

Bus. Phone # _____ Cell# _____

FATHER'S NAME _____ Home Phone# _____

Bus. Phone # _____ Cell # _____

EMERGENCY CONTACT _____ Phone # _____

CHILD'S MEDICAL INFORMATION (Circle Yes or No)

Is your child under any medical/physical restrictions? Yes No

If yes, please explain _____

Is your child taking any medications? (Prescription or over the counter) Yes No

Names of Medications _____

Has your child been under a doctor's care or hospitalized within the past three years? Yes No

If yes, please explain _____

Is your child allergic to any medications/food/insect stings? Yes No

If yes, please explain _____

Does your child need any modifications? Yes No

Please explain _____

The Youth Division Staff will not administer any medications other than for life threatening illnesses.

All emergency medications must be at school in original container/box with the allergies/anaphylaxis paperwork completed by parent/guardian and physician note by the first day of school.

I agree and understand that by signing below or on-line inserting my electronic signature or by typing my name to the within form, my electronic signature or typed name is the legal equivalent of my manual/handwritten signature and that I consent to be legally bound thereby

Parent's Signature: _____ Date: _____

PARENTAL AUTHORIZATION FOR EMERGENCY TREATMENT

2024-2025



Name of Child's Doctor _____ Phone # _____

INSURANCE: Company/HMO _____

Group Number _____ Identification # _____

I (we) state that we are the parent(s)/guardian(s) having legal custody of the above child and attest that the information above is correct. I (we) authorized the above child care center director or director's designee to obtain emergency treatment for 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.

In the case of an emergency the steps below will be followed:

1. The parent/guardian will be contacted immediately.
2. We will attempt to contact you through all of the emergency persons listed on the child's application form.
3. If we cannot 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) Have the child transported to an emergency hospital in the company of a staff member

I agree and understand that by signing below or if on-line inserting my electronic signature or by typing my name to the within form, my electronic signature or typed name is the legal equivalent of my manual/handwritten signature and that I consent to be legally bound thereby.

Parent Signature: _____ Date: _____

I agree and understand that by inserting my electronic signature or by typing my name to the within form, my electronic signature or typed name is the legal equivalent of my manual/handwritten signature and that I consent to be legally bound thereby.

NAME OF CENTER: Township of Teaneck-Sunshine Garden Learning Center

NAME OF CHILD: _____

SIGNATURE OF PARENT _____ DATE: _____

Unfortunately, there are sometimes reasons we have to 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) in order 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
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/SUSPENSION

If after 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 expulsion. A suspension action is meant to be a period of time 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 suspension period.

The parent/guardian will be informed about the expected behavioral changes required in order 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 child care (approximately one to two weeks' notice, depending on the 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.

A CHILD WILL NOT BE EXPELLED

If a child's parent(s):

Made a complaint to the Office of Licensing regarding a center's alleged violations of the licensing requirements.

Reported abuse or neglect occurring at the center.

Questioned the center regarding policies and procedures.

Without giving the parent sufficient time to make other child care arrangements.

PROACTIVE ACTIONS THAT CAN BE TAKEN IN ORDER TO PREVENT EXPULSION

Staff will try to redirect the child from negative behavior.

Staff will reassess classroom environment, appropriateness of activities, supervision.

Staff will always use positive methods and language while disciplining children.

Staff will praise appropriate behaviors.

Staff will consistently apply consequences for rules.

Child will be given verbal warnings.

Child will be given time to regain control.

Child's disruptive behavior will be documented and maintained in confidentiality.

Parent/guardian will be notified verbally.

Parent/guardian will be given written copies of the disruptive behaviors that might lead to expulsion.

The director, classroom staff, and parent/guardian will have a conference(s) to discuss how to promote positive behaviors.

The parent will be given literature or other resources regarding methods of improving behavior.

Recommendation of evaluation by professional consultation on premises.

Recommendation of evaluation by local school district child study team



**TEANECK RECREATION DEPARTMENT
SUNSHINE GARDEN LEARNING CENTER 2024-2024**



*** PAYMENT SCHEDULE *
(Subject to change)**

Date Due	Full Day Monthly Fee	Full Day w/ After Care	Period Covered	Additional Sibling Fee	Additional Sibling w/ After Care
At Time Of Acceptance	\$425.00	\$575.00	September 2024	\$325.00	\$450.00
September 1	\$425.00	\$575.00	October 2024	\$325.00	\$450.00
October 1	\$425.00	\$575.00	November 2024	\$325.00	\$450.00
November 1	\$425.00	\$575.00	December 2024	\$325.00	\$450.00
December 1	\$425.00	\$575.00	January 2025	\$325.00	\$450.00
January 1	\$425.00	\$575.00	February 2025	\$325.00	\$450.00
February 1	\$425.00	\$575.00	March 2025	\$325.00	\$450.00
March 1	\$425.00	\$575.00	April 2025	\$325.00	\$450.00
April 1	\$425.00	\$575.00	May 2025	\$325.00	\$450.00
May 1	\$425.00	\$575.00	June 2025	\$325.00	\$450.00

\$25.00 non-refundable application fee for all applicants for Sunshine Garden Learning Center.

PLEASE NOTE: Payment is due on the first of the month. If payment is not received by the close of business, 5:00p.m. on the 5th of the month there will be a \$50.00 non-negotiable late charge assessed per family.

Failure to pay by the 12th of the month will result in your child being automatically suspended from the program until payment is made.

Students enrolled in the After Care component must be picked up no later than 6:15 p.m. After this time a Late Pick-Up fee in the amount of \$30.00 will be assessed for each occurrence.

Monthly payments should be made at the Recreation Department's Administrative Office between the hours of 8:15 a.m. to 5:00 p.m. (Tuesdays until 6:30 p.m.). Payments can also be mailed, or online *. We recommend payment be mailed to the Teaneck Recreation Department no later than three (3) business days prior to the due date to ensure proper processing.

NOTE: Payments received by mail will not be processed earlier than the first or second of the month.

* Restrictions apply, please contact Lisa Skulnik, at 201-837-7130.

TOWNSHIP OF TEANECK
RECREATION DEPARTMENT
SUNSHINE GARDEN LEARNING CENTER
REGISTRATION 2024-2025

Dear Parents:

Registration for School Year 2024-2025 begins **Monday, April, 8th, In Person, Drop Box or Mail.** **Any application received before this date will be returned UNPROCESSED.** The program observes all Teaneck Municipal and school holidays, vacations and snow days.

All registrations must contain: (Check here)

- _____ Completed Application, \$25.00 Non-refundable Application Fee,
- _____ Parent's Authorization for Medical Treatment Form
- _____ Proof of Residency
- _____ Proof of Age (copy of Birth Certificate)
- _____ Proof of Health Insurance
- _____ Signed Expulsion Policy



If mailing, please send completed application to:
Teaneck Recreation Department
Sunshine Garden Learning Center
250 Colonial Court
Teaneck, NJ 07666-4849



You will be notified by mail starting **April 17th**, if your child has been accepted or put on the Reserve List. **Upon notification of acceptance, September 2024 payment will be due.**

Health Record, dated 2024 must be completed by your child's physician and received no later than Wednesday, **August 14^h, 2024.**

For further information or if special accommodations are needed call 837-7130.