

17 Greenwich Church Road Stewartsville, NJ 08886 Phone 908-479-6886 • Fax 908-479-4269 www.greenwichnursery.com

Name of Child:	
Name of Parent:	
Discipline Policy Disclosure I have read and received the policy statement on the Office of Licensing, Child Care and Residential Licensi	disciplining of children by staff members as prepared by the ng, in the Department of Children and Families.
Parent's Signature	Date
Information to Parents Statement Disclosure I have read and received a copy of the Information to Care & Youth Residential Licensing, in the Department	Parents statement prepared by the Office of Licensing, Child t of Children and Families.
Parent's Signature	Date
Release Policy Disclosure I have read and received a copy of the Release Policy Residential Licensing, in the Department of Children a	prepared by the Office of Licensing, Child Care & Youth and Families.
Parent's Signature	Date
Expulsion Policy Disclosure I have read and received a copy of the Expulsion Polic Residential Licensing, in the Department of Children a	cy prepared by the Office of Licensing, Child Care & Youth and Families.
Parent's Signature	Date
Toilet Training Policy I have read and received a copy of GNS Toilet Training	g Policy (if applicable).
Parent's Signature	Date
Tuition Policy I have read and received a copy of the GNS Tuition P	olicy.
Parent's Signature	Date
Management of Communicable Diseases Policy I have read and received a copy of the Policy on the I of Licensing, Child Care & Youth Residential Licensing	Management of Communicable Diseases prepared by the Office
Parent's Signature	Date
Social Media Policy I have read and received a copy of the Social Media F Residential Licensing, in the Department of Children a	Policy prepared by the Office of Licensing, Child Care & Youth and Families.
Parent's Signature	Date