



STACY MALMBORG
DIRECTOR

13 Fairfield Avenue, Suite 102
Little Falls, NJ 07424
Tel: 973-837-6556 Fax: 646-626-6386

Dear Parent(s):

In keeping with New Jersey's child care center licensing requirements, we are obliged to provide you, as the parent of a child enrolled at our center, with this information statement.

The statement highlights, among other things: your right to visit and observe our center at any time without having to secure prior permission; the center's obligation to be licensed and to comply with licensing standards; and the obligation of all citizens to report suspected child abuse/neglect/exploitation to the State Child Abuse Hotline 1 (877) NJ ABUSE.

Please read this statement carefully and, if you have any questions, feel free to contact me at:

13 Fairfield Ave, Suite 102, Little Falls, NJ 07424,
Tel #973-837-6556 or email Stacy@JIAcademy.com

Sincerely,

Stacy Malmborg
Director

Please complete and return this portion to the center. (Please print)

Name of Child: _____

Name of Parent(s); _____

I have read and received a copy of the Information to Parents statement prepared by the Office of Licensing, Child Care & Youth Residential Licensing, in the Department of Children and Families.

Signature: _____ Date: _____