

A Little Class 3 Preschool



640 Green Grove Road
Neptune, NJ 07753

(732) 922-3309

Preschool Summer Camp After-School Program

Open to ALL Monmouth/Ocean County Families

We are a privately-owned preschool serving this community for 30+ years & believes all children deserve the best! The best in education & the best in loving care. At A Little Class Preschool, our children learn through hands on experiences. We are a total program giving children a full day of learning, explorative play, music, arts & crafts, stories and fun. We provide the care all children need while you are at work, school, or just wanting your child to have a good preschool experience.

- ** We are open Monday through Friday 6:30 am until 6:00 pm
- ** Breakfast, Lunch & Snack daily - included!!
- ** State Approved Educational Curriculum
- ** Open 245 Days per year
- ** Quality Teaching Staff/** NJ State Licensed
- ** Our own Transportation - door to door in morning & afternoon upon parent's request: included
- ** Summer Fun Camp Program: swimming, bowling, roller skating, fishing, movies, golfing and much more
- ** After school program to 12 years old
- ** Your school age children can be with your preschool child in the afternoon
- ** At home loving atmosphere
- ** 2 1/2 years old through AFTER-SCHOOL CHILDREN
- ** We contract with *Monmouth County Child Care Resources*
- ** Ask about possible free or reduced tuition fees for 3 & 4 yr. olds with your family's child care through *Child Care Resources*



Our school proves to be a constant and dependable service to our community.

Our doors are always open, please come in and visit.
If you prefer a small private school, we are the one.
We have been in operation for over 30 years.

Discipline Philosophy: There shall be NO use of hitting, corporal punishment, abusive treatment, ridicule, or any harsh, humiliating and/or frightening treatment of any kind. There shall be NO child abuse, neglect, and exploitation of any kind. Discipline shall NOT be associated with the behavior of children regarding rest, toilet training, or food. Children shall NOT be isolated without supervision. Discipline shall not be associated with the withholding of emotional response or stimulation and shall not require the child to remain quiet for long periods of time.

OUR METHOD OF DISCIPLINE IS POSITIVE AND CONSISTENT WITH THE DEVELOPMENTAL NEEDS OF THE CHILDREN. CHILDREN ARE PRAISED AND REWARDED FOR THEIR GOOD BEHAVIOR.

Poor behavior is disciplined through "redirection". If a child is misbehaving, the teacher is to explain why the behavior is not acceptable and show/tell the child the correct way to act or play. Children are encouraged to correct the situation by "using their words" and expressing their feelings. The teacher redirects the child to a new activity. Teachers encourage the children to be mindful of "class rules". If necessary, children are given an opportunity to sit and reflect on their behavior, for an age appropriate period of time (ex. If the child is 2 years old---the child may only sit for 2 minutes). If poor behavior persists, the child's parent is to be called and explained the situation, and if need be, asked to pick their child up from the center.

Our discipline policy applies to ALL children enrolled at A Little Class Preschool—this is to include all staff.

Expulsion Policy: Our goal at A Little Class is to prepare our young children to succeed in school; we believe suspending or expelling children fails to accomplish that goal. Unfortunately, there are times that we must expel/suspend a child from our program for either a short term or permanent basis. We want you to know we will do everything possible to work with the child and family to prevent this policy from being enforced.

The following are reasons we may have to expel or suspend a child from our wrap-around or school-age program –

IMMEDIATE CAUSES FOR EXPULSION

- The child is at risk of causing serious injury to another child or to him/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 including the child's immunization records
- Habitual tardiness when picking your child up
- Verbal abuse to staff

SCHEDULE OF EXPULSION

- If after the remedial actions have not worked, the child's parent or guardian will be advised verbally and in writing about the child's or parent's behavior warranting expulsion. As an expulsion action is meant to be a period so that the parent may work on the behavior or come to an agreement with the director.
- The parent or guardian will be informed regarding the length of the expulsion period
- The parent or guardian will be informed about the expected behavioral changes for the child or parent to return to the center.
- The parent or guardian will be given a specific expulsion date that allows the parent sufficient time to seek alternate childcare (approximately one week).
- Failure to satisfy the terms of the plan may result in permanent expulsion.

Illness/Communicable Disease Policy: In taking your child into this program, we accept a great responsibility and your cooperation is needed if we are to be successful. It is your responsibility to inform the teacher if your child shows any signs or symptoms of being exposed to any communicable disease. It is unfair to the other children if you are aware of this and do not let the school know.

Please keep your child home and take him/her to the doctor.

A Little Class is not equipped to nurse an ill child. Any child who has a fever over 100 degrees, two episodes of diarrhea, vomiting, skin rashes (not diaper rash) or shows other signs of illness will be excluded from the school. If a child displays any of the above symptoms while in school, an authorized individual will be notified, and arrangements must be made to pick the child up within an hour of notification.

A child who is ill will be isolated from the group, by remaining in the director's office until an authorized individual arrives. Children with diarrhea or vomiting are omitted from school for 24hrs mandatory. Any child who has a contagious illness must obtain a physician's release before returning to school. Please request a copy of our nurses' guidelines for a more complete explanation.

Thank you for your cooperation in this matter.

http://www.nj.gov/health/cd/documents/reportable_disease_magnet.pdf

Please remember that this is for your child's safety, as well as his/her classmates.

Medication Policy: Medications in general are not administered at the school. If a child is ill and on medication they should not be in school. **Some** medication will be administered when accompanied by a permission slip by the parent. Prescribed medications can only be given in its' original vial with a physician's prescription and instructions on the vial. Vial **MUST** have child's name on it. No sibling sharing of medications permitted.

Bus Policy: If your child rides the bus to school each morning – and does not need transportation for a particular day, you must call the school by 7:45a.m. To notify the school. Your call is needed so that the bus does not have to make unnecessary stops. Children that ride the bus home in the afternoons must be met at the bus and taken off the bus by someone at **least 18 years of age or older** (with written or verbal permission by the parent). No child is permitted to go home alone.

Attire: Children need to be dressed appropriately for play. Please dress your child comfortably so he/she does not have to worry about getting his/her clothes soiled during play. PLEASE LABEL ALL YOUR CHILD'S CLOTHING (pants, shirts, coats, hats, underclothes, etc.). We can not be liable for any lost clothing. **All children need to have an extra set of clothing that can be left at school in case of an accident.** If your child does not have a change of clothing and has an accident, we will call you to bring your child a change of clothing. We will not leave children in soiled clothes and we will not lend out another child's clothing.

PARENTAL NOTIFICATION: A Little Class utilizes the following methods of notification to our parents: **1.** Via the telephone numbers you provided to us in your enrollment application. This includes all alternate numbers listed **2.** Via radio station 94. THE POINT **3.** Via social media.

POLICY ON USE OF TECHNOLOGY AND SOCIAL MEDIA: Computers used to extend concepts presented in the classroom, age-appropriate activities, Individual or guided instruction, computer experiences will be monitored, Facebook used for parental notification.

Policy on Releasing of Children (Infant- Pre-K):

Each child may be released only to the child's custodial parent or to persons authorized by the custodial parent.

- A child shall not be released to a non-custodial parent, unless the custodial parent gives the center written authorization. This also applies to visits. This written authorization must include name, address, and phone number of the non-custodial parent. Copies of all court orders shall be maintained on file.
- If the child's parent or person authorized by the parent comes to pick up the child, and in the judgment of the director or teacher, appears to be physically and/or emotionally impaired to the extent that the child may be at risk or harm:
 - A. The child will not be released to such an impaired person.
 - B. The director or teacher shall attempt to contact an authorized person—authorized by the parent.
 - C. If alternative arrangements are not possible, we shall contact D.Y.F.S. at 1-800-792-8610, and explain the situation.

Policy on Releasing of School Age Children(K-8): No school age child shall be released from the program unsupervised except upon written instruction from the child's parent.

VISITORS: Parents of enrolled children may visit our center at any time without having to secure prior approval from the director or any staff member. Please feel free to do so when you can. We welcome visits from our parents.

All visitors, including but not limited to, Board of Education Personal, Licensing Personal, Building Inspectors, Delivery personal and parents of potential new students must sign in and out of the building at the front door. Visitors will then be escorted by a staff member.

Late Parent /No-Show Policy: For the convenience of working parents, our hours are 6:30a.m. – 6:00p.m.

Please do not bring your child to school before 6:30 and do not pick your child up after 6:00p.m. We realize that emergencies do occur, but please realize that running late is not an emergency. **THERE IS A \$4.00 CHARGE, PER CHILD, FOR EVERY FIFTEEN MINUTES - BEGINNING WITH THE FIRST MINUTE AFTER 6:00P.M.** This is strictly enforced and is to be paid to the teacher on duty upon your arrival.

We wish to collect this fee even less than you wish to pay it ---- so please adhere to this rule.

The staff members who close the school are required to stay with the child. At 6:15p.m, if the parent has not yet called or come for the child, the closing supervisor is to call the persons listed on the Emergency Contact Numbers in the child's registration form. At 7:00p.m, if no one can be contacted---the closing supervisor is to call The Division of Youth and Family Services at 1-800-792-8610, explain the situation and seek assistance.

Policy on Parent/Family/Community Participation: At the time of enrollment all parents must attend a parent/director conference. It is at this meeting that the parent is informed of A Little Class' days and hours of operation. The center policies and procedures are discussed, as well as any special needs that the child may have. Parents must read, review, and sign our enrollment application before the child can start attending at A Little Class.

Every September A Little Class holds our OPEN HOUSE. Parents are invited to come and spend time at our school and observe their child during daily activities. Throughout the year our Family workers host family events such as the Harvest Festival, Holiday Gathering, Fathers Night and such.

A Little Class holds semi-annual parent-teacher conference meetings during January and June. The child's progress and needs are discussed during the conference regarding the child's progress report/portfolio. Additional conferences are held upon the request of the parent and/or teacher.

A Little Class has an OPEN-DOOR policy----parents are always welcome!

Parents and persons of our community serve as volunteers and help in our schools' program---field trips, class mothers, teacher assistants, bus aides, etc...

Throughout the school year, we invite local officials (police officers, firemen, first aid volunteers, nurses, etc.) to come and visit the school and our children. The officials speak to our children about safety, community service, health and hygiene, etc... We also have these representatives come and speak to our staff members regarding abuse, neglect, safety, etc...

Lost Child Procedure: If a child is missing from the center the director is to check all classrooms and bathrooms. She is to inform all staff of the situation and instruct them not to let any children leave their classrooms until further notice. The director is to check the playground, the bus, and all surrounding areas. If the child still cannot be located, she is to call the child's parent. If the child's parent does not have the child, the director is to call 9-1-1 the police at 774-1300 and explain the situation.

If a child is missing while on a trip, the teacher is to notify the director. The director will then inform all other teachers who are on the trip and instruct them to stay put until further notice. The director shall look for the child and check with trip location's lost and found/information desk/local park officials. If the child has not yet been located the child's parent and local police shall be informed of the situation.

A little Class follows several procedures to keep the above mentioned from happening. Teachers are to take head counts every 10 minutes, throughout the day—in the center, on the playground and on all field trips. A Little Class uses a "BUDDY SYSTEM" as our constant and consistent from of tracking ALL CHILDREN AT ALL TIMES. A whistle is blown to sound a "Buddy Check" every 10 minutes while on a field trip. Buddy checks ensure that every child is accounted for at on all trips. All trip chaperones receive a "total" trip list in addition to a specific group list. To keep our children-to-adult ratio to a minimum, we ask that parents join us on all trips.

Department of Children & Families/Office of Licensing
INFORMATION TO PARENTS

Under provisions of the Manual of Requirements for Child Care Center (N.J.A.C.3A:520, every licensed child care center in NJ must provide to parents of enrolled children written information on parent visitation rights, State licensing requirements, child abuse/neglect reporting requirements and other child care matters. The center must comply with this requirement by reproducing and distributing to parents and staff this written statement, prepared by the Office of Licensing, Child Care & Youth Residential Licensing, in the Department of Children & Families. In keeping with this requirement, the center must secure every parent and staff members signature attesting to his/her receipt of the information.

Our center is required by the State Child Care Center Licensing law to be licensed by the Office of Licensing (OOL), Child Care & Youth Residential Licensing, in the Department of Children & Families (DCF). A copy of our current license must be posted in a prominent location at our center. Look for it when you're in the center.

To be licensed, our center must comply with the Manual of requirements for Child Care Centers (the official licensing regulations). The regulations cover such areas as: physical environment/life-safety; staff qualifications, supervision, and staff/child ratios; program activities and equipment; health, food and nutrition; rest and sleep requirements; parent/community participation; administrative and record keeping requirements; and others.

Our center must have on premises a copy of the Manual of Requirements for Child Care Centers and make it available to interested parents to review. If you would like to review a copy, just ask any staff member. Parents may view a copy of the manual on the DCF website at <http://www.nj.gov/dcf/providers/licensing/laws/CCManual.pdf> or obtain a copy by sending a check or money order for \$5 made payable to the "Treasurer, State of New Jersey", and mailing it to: NJDCF, Office of Licensing, Publication Fees, PO Box 657, Trenton, NJ 08646-0657.

We encourage parents to discuss with us any questions or concerns about the policies and program of the center of the meaning, application or alleged violations of the Manual of Requirements for Child Care Centers. We will be happy to arrange a convenient opportunity for you to review and discuss these matters with us. If you suspect our center may be in violation of licensing requirements, you are entitled to report them to the Office of Licensing too free at 1 (877)667-9845. Of course, we would appreciate you bringing these concerns to our attention too.

Our center must have a policy concerning the release of children to parents or people authorized by parents to be responsible for the child. Please discuss with us your plans for your child's departure from the center.

Our center must have a policy about administering medicine and health care procedures and the management of communicable diseases. Please talk to us about these policies so we can work together to keep our children healthy.

Our center must have a policy concerning the expulsion of children from enrollment at the center. Please review this policy so we can work together to keep your child in our center.

Parents are entitled to review the centers copy of the OOL's Inspection/Violation Reports at the center, which are available soon after every State licensing inspection of our center. If there is a licensing complaint investigation, you are also entitled to review the OOL's Complaint Investigation Summary report, as well as any letters of enforcement or other actions taken against the center during the current licensing period. Let us know if you wish to review them and we will make them available for your review or you can view them online at <https://data.nj.gov/childcare> explorer.

Our center must cooperate with all DCF inspections/investigations. DCF staff may interview both staff members and children.

Our center must post its written statement of philosophy on child discipline in a prominent location and make a copy of it available to parents upon request. We encourage you to review it and discuss with us any questions you may have about it.

Our center must post a listing or diagram of those rooms and areas approved by the OOL for the children's use. Please talk to us if you have any questions about the centers space.

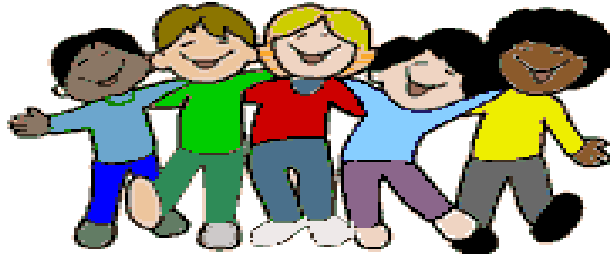
Our center must offer parents of enrolled children ample opportunity to assist the center in complying with licensing requirements; and to participate in and observe the activities of the center. Parents wishing to participate in the activities or operations if the center should discuss their interest with the center's director, who can advise them of what opportunities are available.

Parents of enrolled children may visit our center at any time without having to secure prior approval from the director or any staff member. Please feel free to do so when you can. We welcome visits from parents. Our center must inform parents in advance of every field trip, outing, or special event away from the center and must obtain prior written consent from parents before taking the child on each such trip.

Our center is required to provide reasonable accommodations for children & or parents with disabilities & to comply with the N.J. Law Against Discrimination (LAD). PL 1945, c.169 (N.J.S.A. 10:5-1 et seq.) & the Americans With Disabilities Act (ADA), PL 101-336 (42 USC 12101 et seq). Anyone who believes the center is not in compliance with these laws may contact the Division of Civil Rights in the NJ Department of Law & Public Safety for information about filing an LAD claim at (609) 292-4605 (TTY users dial 711 to reach the NJ Relay Operator and ask for assistance, (609)292-7701), or may contact the U.S. Dept. of Justice for information on filing an ADA claim at (800)514-0301(voice) or (800)514-0383 (TTY).

Our center is required, at least annually, to review the Customer Product Safety Commission (CPSC), unsafe children's products list, ensure that items on the list are not at the center, and make the list accessible to staff and parents and/or provide parents with the CPSC website at <https://www.cpsc.gov/Recalls>. Internet access may be available at your local library. For more information call the CPSC at (800)638-2772.

Anyone who has reasonable cause to believe that an enrolled child has been or is being subjected to any form of hitting, corporal punishment, abusive language, ridicule, harsh, humiliating or frightening treatment, or any other kind of child abuse, neglect, or exploitation by an adult, whether working at the center or not, is required by State law to report the concern immediately to the *State Central Registry Hotline, toll free at (877) NJ ABUSE/ (877)652-2873*. Such reports may be made anonymously. Parents may secure information about child abuse and neglect by contacting: DCF, Office of Communication and Legislation at (609)292-0422 or go to www.state.nj.us/dcf/.



Welcome to A Little Class

BEFORE your child can begin school/CAMP, we MUST receive

- () Pages 6, 8, 10, 11, 12 & 13 of our application (you complete)
- () Page 9 of our application. Universal Physical form (Dr. completes)
- () Copy of shot record from Dr. (must include flu shot)
- () Completed Prelim from Child Care Resources (if applicable)

Child

Last Name _____ First _____ Middle Initial _____

Date of Birth (M/D/Y) _____ Sex: M-___ F___ Start Date- _____

Home Address: _____

City: _____ N.J. Zip: _____ Day Phone _____

+Parent/Guardian:

Last Name _____ First _____ Middle Initial _____

Day Time address: _____ Day Phone # _____

City: _____ State: _____ Zip _____

Parent/Guardian:

Last Name _____ First _____ Middle Initial _____

Day Time address: _____ Day Phone # _____

City: _____ State: _____ Zip _____

Can both parents pick up your child? If NO, who can NOT _____

Alternate Contacts: please list below if there are any other contacts that you give permission to pick up your child:

Name _____ Day Phone # _____

Day Time address: _____

Relationship to Child _____

Alternate Contacts:

Name _____ Day Phone # _____

Day Time address: _____

Relationship to Child _____

Releases

I verify the above information to be correct.

Signature _____ Date _____

TUITION INFORMATION:

When you enroll your child at A Little Class, a space will be reserved for your child. Since this space has been reserved, tuition MUST be paid even though your child may be absent. There are no refunds, but unlike most schools, credit will be given for our holidays and snow days (see list below for dates). TUITION IS DUE A WEEK IN ADVANCE FOR THE FOLLOWING WEEK. If tuition is not paid by the Friday of that week, your child care will be terminated until payment is made.

FREE-----All students attending 5 days per week (after 90 days) are entitled to take 5 days off free– without paying. These days do not need to be taken consecutively. If these days are not used within the year there are no refunds, credits, or make-up days.

In the event of additional absences, TUITION MUST STILL BE PAID. This is to include vacations. You may withdraw your child at any time without further tuition payments. Re-entry to A Little Class will be permitted provided a space exists.

A \$35.00 fee (which the bank charges us) will be charged for all checks that are returned for insufficient funds.

HOLIDAY CLOSINGS

Closed for 2 IN SERVICE TRAINING Days in Sept.

Labor Day...

Columbus Day...

Thanksgiving & the Day after...

Christmas Holiday...5-6 days

New Year's Day...

Martin Luther King Jr. Day...

President's Day...

Good Friday...

Easter Monday...training

In service day in spring

Independence Day...

Exact Dates will be distributed in August of every year

CHILD'S NAME: _____ Birthday: _____

PRESCHOOLERS – 3 and 4-years old

**If you are a Monmouth County Resident/Have Child Care & your child is 3 or 4 by October 1st
TUITION IS FREE AS LONG A YOU MAINTAIN YOUR CHILD CARE!!**

*****COPAYS ARE WAIVED*****

TUITION IS DUE EVERY MONDAY

18 months- 2 1/2-year-old = \$ 165.00 weekly

2 1/2 - 4 = \$ 133.00 weekly

You **DO NOT** pay for days we are closed/You **DO** pay for days you are absent

Would you like transportation? (It's free within in Neptune, & Neptune City)

Yes _____ No _____

Our transportation picks up mornings between 7:45am – 9:00am and
we drop off afternoons between 2:45pm – 4:00pm.

Pick up address: _____ Initial: _____

Drop off address: _____ Initial: _____

If your child will not be using our transportation, please list the approximate hours your child

will be attending? _____ am till _____ pm

School Age Care (kindergarten through 12 years old)

_____ After elementary school = \$ 67.00 weekly ****Transportation included****

Tuition is due EVERY MONDAY

You **DO NOT** pay for days we are closed/You **DO** pay for days you are absent

Name of Public School your child attends: _____ Initial" _____

_____ Summer Camp - Full Day =\$133.00 per week with or without transportation

PLEASE CIRCLE THE DAYS YOUR CHILD WILL BE ATTENDING A LITTLE CLASS
MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY

Total tuition you will be paying each week \$ _____

IF YOU HAVE ANY QUESTIONS ABOUT THE TUITION INFORMATION, PLEASE ASK.

UNIVERSAL CHILD HEALTH RECORD

Endorsed by: American Academy of Pediatrics, New Jersey Chapter
New Jersey Academy of Family Physicians
New Jersey Department of Health and Senior Services

SECTION I - TO BE COMPLETED BY PARENT(S)					
Child's Name (Last) _____ (First) _____		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		Date of Birth / /	
Does Child Have Health Insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, Name of Child's Health Insurance Carrier _____			
Parent/Guardian Name _____		Home Telephone Number _____		Work Telephone/Cell Phone Number _____	
Parent/Guardian Name _____		Home Telephone Number _____		Work Telephone/Cell Phone Number _____	
<i>I give my consent for my child's Health Care Provider and Child Care Provider/School Nurse to discuss the information on this form.</i>					
Signature/Date _____				This form may be released to WIC. <input type="checkbox"/> Yes <input type="checkbox"/> No	
SECTION II - TO BE COMPLETED BY HEALTH CARE PROVIDER					
Date of Physical Examination: _____		Results of physical examination normal? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Abnormalities Noted:			Weight (must be taken within 30 days for WIC)		
			Height (must be taken within 30 days for WIC)		
			Head Circumference (if <2 Years)		
			Blood Pressure (if ≥3 Years)		
IMMUNIZATIONS		<input type="checkbox"/> Immunization Record Attached <input type="checkbox"/> Date Next Immunization Due: _____			
MEDICAL CONDITIONS					
Chronic Medical Conditions/Related Surgeries • List medical conditions/ongoing surgical concerns:		<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached		Comments	
Medications/Treatments • List medications/treatments:		<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached		Comments	
Limitations to Physical Activity • List limitations/special considerations:		<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached		Comments	
Special Equipment Needs • List items necessary for daily activities		<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached		Comments	
Allergies/Sensitivities • List allergies:		<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached		Comments	
Special Diet/Vitamin & Mineral Supplements • List dietary specifications:		<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached		Comments	
Behavioral Issues/Mental Health Diagnosis • List behavioral/mental health issues/concerns:		<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached		Comments	
Emergency Plans • List emergency plan that might be needed and the sign/symptoms to watch for:		<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached		Comments	
PREVENTIVE HEALTH SCREENINGS					
Type Screening	Date Performed	Record Value	Type Screening	Date Performed	Note if Abnormal
Hgb/Hct			Hearing		
Lead: <input type="checkbox"/> Capillary <input type="checkbox"/> Venous			Vision		
TB (mm of Induration)			Dental		
Other:			Developmental		
Other:			Scoliosis		
<input type="checkbox"/> <i>I have examined the above student and reviewed his/her health history. It is my opinion that he/she is medically cleared to participate fully in all child care/school activities, including physical education and competitive contact sports, unless noted above.</i>					
Name of Health Care Provider (Print) _____			Health Care Provider Stamp:		
Signature/Date _____					

Instructions for Completing the Universal Child Health Record (CH-14)

Section 1 - Parent

Please have the parent/guardian complete the top section and sign the consent for the child care provider/school nurse to discuss any information on this form with the health care provider.

The WIC box needs to be checked only if this form is being sent to the WIC office. WIC is a supplemental nutrition program for Women, Infants and Children that provides nutritious foods, nutrition counseling, health care referrals and breast feeding support to income eligible families. For more information about WIC in your area call 1-800-328-3838.

Section 2 - Health Care Provider

1. Please enter the date of the physical exam that is being used to complete the form. Note significant abnormalities especially if the child needs treatment for that abnormality (e.g. creams for eczema; asthma medications for wheezing etc.)

- **Weight** - Please note pounds vs. kilograms. If the form is being used for WIC, the weight must have been taken within the last 30 days.
- **Height** - Please note inches vs. centimeters. If the form is being used for WIC, the height must have been taken within the last 30 days.
- **Head Circumference** - Only enter if the child is less than 2 years.
- **Blood Pressure** - Only enter if the child is 3 years or older.

2. **Immunization** - A copy of an immunization record may be copied and attached. If you need a blank form on which to enter the immunization dates, you can request a supply of Personal Immunization Record (IMM-9) cards from the New Jersey Department of Health and Senior Services, Immunization Program at 609-588-7512.

- The Immunization record must be attached for the form to be valid.
- "Date next immunization is due" is optional but helps child care providers to assure that children in their care are up-to-date with immunizations.

3. **Medical Conditions** - Please list any ongoing medical conditions that might impact the child's health and well being in the child care or school setting.

- a. Note any significant medical conditions or major surgical history. **If the child has a complex medical condition, a special care plan should be completed and attached for any of the medical issue blocks that follow.** A generic care plan (CH-15) can be downloaded at www.state.nj.us/health/forms/ch-15.dot or pdf. Hard copies of the CH-15 can be requested from the Division of Family Health Services at 609-292-5666.
- b. **Medications** - List any ongoing medications. Include any medications given at home if they might impact the child's health while in child care (seizure, cardiac or asthma medications, etc.). Short-term medications such as antibiotics do not need to be listed on this form. Long-term antibiotics such as antibiotics for urinary tract infections or sickle cell prophylaxis should be included.

PRN Medications are medications given only as needed and should have guidelines as to specific factors that should trigger medication administration.

Please be specific about what over-the-counter (OTC) medications you recommend, and include information for the parent and child care provider as to dosage, route, frequency, and possible side effects. Many child care providers may require separate permissions slips for prescription and OTC medications.

c. **Limitations to physical activity** - Please be as specific as possible and include dates of limitation as appropriate. Any limitation to field trips should be noted. Note any special considerations such as avoiding sun exposure or exposure to allergens. Potential severe reaction to insect stings should be noted. Special considerations such as back-only sleeping for infants should be noted.

d. **Special Equipment** - Enter if the child wears glasses, orthodontic devices, orthotics, or other special equipment. Children with complex equipment needs should have a care plan.

e. **Allergies/Sensitivities** - Children with life-threatening allergies should have a special care plan. Severe allergic reactions to animals or foods (wheezing etc.) should be noted. Pediatric asthma action plans can be obtained from The Pediatric Asthma Coalition of New Jersey at www.pacnj.org or by phone at 908-687-9340.

f. **Special Diets** - Any special diet and/or supplements that are medically indicated should be included. Exclusive breastfeeding should be noted.

g. **Behavioral/Mental Health issues** - Please note any significant behavioral problems or mental health diagnoses such as autism, breath holding, or ADHD.

h. **Emergency Plans** - May require a special care plan if interventions are complex. Be specific about signs and symptoms to watch for. Use simple language and avoid the use of complex medical terms.

4. **Screening** - This section is required for school, WIC, Head Start, child care settings, and some other programs. This section can provide valuable data for public health personnel to track children's health. Please enter the date that the test was performed. Note if the test was abnormal or place an "N" if it was normal.

- For lead screening state if the blood sample was capillary or venous and the value of the test performed.
- For PPD enter millimeters of induration, and the date listed should be the date read. If a chest x-ray was done, record results.
- Scoliosis screenings are done biennially in the public schools beginning at age 10.

This form may be used for clearance for sports or physical education. As such, please check the box above the signature line and make any appropriate notations in the Limitation to Physical Activities block.

5. Please sign and date the form with the date the form was completed (note the date of the exam, if different)

- Print the health care provider's name.
- Stamp with health care site's name, address and phone number.

Child's Name _____

The children at A Little Class go on several field trips. For example, we go to various parks, pumpkin picking, the pet store, the bakery, etc.... For each of these trips we will send home a permission slip stating exactly when and where your child will be going. Parents are always more than welcome to come along. Our children also go on local walks. If you would like your child to go on the local walks, please sign below.



****Parent's signature _____

Parental Notification/Technology/Social Media Policy:

PARENTAL NOTIFICATION: A Little Class utilizes the following methods of notification to our parents: 1. Via the telephone numbers you provided to us in your enrollment application. This includes all alternate numbers listed 2. Via radio station 94.THE POINT 3. Via social media.

POLICY ON USE OF TECHNOLOGY AND SOCIAL MEDIA: Computers used to extend concepts presented in the classroom, age-appropriate activities, Individual or guided instruction, computer experiences will be monitored, Facebook used for parental notification

****Parent's signature _____



In the event of an emergency, and a parent or guardian can not be reached, I authorize the director or the directors' designee to obtain emergency medical 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.



****Parent's Signature _____ Date _____

In keeping with recent amendments to NJ Child Care Center Licensing Requirements, we have provided to you this informal registration packet.

PARENTS RECEIPT OF INFORMATION:

This packet highlights, among other things:

- our discipline/positive guidance, expulsion, release of children, illness, medication & communicable disease policies
- the Information to Parents document prepared by the Office of Licensing, stating your right to visit and observe our school without having to secure prior permission—
- our schools' obligation to be licensed and to comply with licensing standards—
- and the obligation to all citizens to report suspected abuse/neglect/exploitation to the State Central Registry Hotline.
- Policy on the release of children, policy on methods of parental notification & policy on the use of Technology & Social Media

I have read and received a copy of the information/policies listed above:



****Parent's Signature _____ Date _____

Procedures Regarding Child Abuse

3A:52-4.9 Special requirements to prevent child abuse and neglect (a) The sponsor, sponsor representative, director, or any staff member shall verbally notify the State Central Registry Hotline (1-877 NJ ABUSE/1-877-652-2873) immediately whenever there is reasonable cause to believe that a child has been subjected to abuse or neglect by a staff member, or any other adult, pursuant to N.J.S.A. 9:6-8.9, 8.10, 8.13 and 8.14. 34 (b) In addition to the reporting requirements specified in (a) above, the sponsor, sponsor representative, director, or any staff member shall advise the parent(s) of the occurrence of any unusual incident(s) that occurred at the center and that might indicate possible abuse or neglect involving the child. Such notification shall be made on the same day on which the incident occurred. Such incidents may include, but are not limited to, unusual sexual activity; violent or destructive behavior; withdrawal or passivity; or significant change(s) in the child's personality, behavior or habits. The center shall maintain on file a record of such incidents and documentation that parents have been informed of them. (c) The Department, during the course of investigating an allegation of child abuse or neglect, may determine that corrective action is necessary to protect the children whenever: 1. The sponsor, sponsor representative, director, or staff member has been found by the Department's Institutional Abuse Investigation Unit (IAIU) to pose a risk of harm to children; 2. The sponsor, sponsor representative, director, or staff member has committed an act of child abuse or neglect, as substantiated by the IAIU; or 3. The sponsor, sponsor representative, director, or staff member has been convicted of such acts. (d) Whenever the Department makes a determination that corrective action is necessary to protect the children, the sponsor or sponsor representative shall carry out the Department's recommendation for corrective action. Such corrective action may include, but not be limited to: 1. Removal or suspension of the affected sponsor, sponsor representative, director, or staff member(s) from the center or reassignment to other duties that do not involve contact with the children; or 2. When the sponsor, sponsor representative, director, or staff member resides at the facility where the center is located, removal of the affected employee from the premises for a period of time extending from one hour prior to the arrival of the children until one hour after the children have left. (e) Such suspension, removal, or reassignment, as specified in (d)1 and 2 above, shall remain in effect until the results of the Department's investigation have been determined and a final decision in the matter has been rendered by the Office of Licensing. (f) If an allegation of child abuse or neglect is substantiated against a staff member, the sponsor or sponsor representative shall immediately terminate the staff member's employment at the center. If an allegation of child abuse or neglect is substantiated against the sponsor or sponsor representative, the Department shall revoke or refuse to renew the license or Certificate of Life/Safety Approval, as applicable.

PARENT

RECEIPT OF INFORMATION:

Information to Parents Document

Policy on the Release of Children

Policy on Methods of Parental Notification
(Applicable only if a method other than a phone call is used to notify parents of an injury to a child's head, a bite that breaks the skin, a fall from a height, or an injury requiring professional medical attention.)

Policy on Communicable Disease Management

Expulsion Policy

Policy on the Use of Technology and Social Media

I have read and received a copy of the information/policies listed above.

Child(ren)'s Name:

Parent/Guardian's Name:

Signature

Date



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SMILE.....

Often our children are photographed for lesson plans, take home projects, the newspaper, and our brag books & website. Please sign below if we have your permission to photograph your child. ***ALSO we would like to send you the pictures on your phone, please include your cell number below.***



A Little Class Preschool Parents Permission to photograph.

****Parent's signature_____