

ENROLLMENT APPLICATION

I am enrolling my child (name) _____

in preschool beginning (date) _____. I understand that the cost will be \$19.00 per session, payable in advance the first day of each month your child attends. A \$25 enrollment fee is required. I realize that I am financially responsible for all days for which my child is registered, whether he/she attends. There are no excused absences. Finally, I understand all enrollment policies/procedures. Should I decide to withdraw my child before the end of the school year, I agree to give two weeks prior notice.

PARENT'S SIGNATURE

I wish to enroll my child in a half-day program:

_____ 3 year old Tuesday & Thursday class 9:30 - 12:00

_____ 3 year old Tuesday & Thursday class 1:00 - 3:30

_____ 4 year old Monday, Wednesday, Friday class 9:30 - 12:00

_____ 4 year old Monday, Wednesday, Friday class 1:00 - 3:30

**Washington Professional Campus
901 Route 168 Suite 402
Turnersville, NJ 08012
(856) 347-7100**

PUPIL INFORMATION FORM

The only persons authorized to pick up my child are:

PARENT SIGNATURE

If a non custodial parent is not included among those persons so authorized by the custodial parent, the record shall include a written documentation from the custodial parent that the non custodial parent has been denied or granted limited access to the child by a court order. Please be aware that a written note from you will be required if you will not be picking up your child that day, or a telephone call informing us of the details.

FAMILY HISTORY

Child's name: _____

Child's nickname: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Telephone Number: _____

Date of Birth: _____

Mother's Name: _____

Mother's Occupation: _____

Business Address and Telephone Number: _____

Father's Name: _____

Father's Occupation: _____

Business Address and Telephone Number: _____

In case of Emergency (if parent or guardian is not immediately available)

Contact: _____

Contact's Telephone Number: _____

EMERGENCY TREATMENT RELEASE FORM

In the event that my child _____ sustains an injury or displays a condition requiring immediate medical attention while on the premises, I hereby authorize the staff to transport my child to the nearest hospital (or the hospital of my choice, which is _____ Hospital) and obtain the emergency treatment indicated. The staff hereby agrees to make every effort possible to contact me and notify me of the action being taken and the reasons for such action, but by signing this form, I consent to the treatment of my child in an emergency situation, should I be unavailable.

PARENT SIGNATURE

Child's Name: _____

Address: _____

Telephone Number: _____

Date of Birth: _____

Family Physician: _____

Family Physician's Telephone Number: _____

Allergies: _____

Date of Most Recent DPT: _____

HEALTH INFORMATION FORM

Emergency Health Record:

Name: _____ Age _____ Sex: _____

Address: _____

Date of Birth: _____

Place of Birth: _____

Parent or Guardian: _____

Parent or Guardian's Telephone Number: _____

Father's Business Phone: _____

Mother's Business Phone: _____

In case of an emergency and parent or guardian is not immediately available, contact:

Friend or relative: _____ Telephone Number: _____

Physician: _____ Telephone Number: _____

Hospital: _____ Telephone Number: _____

PARENT/GAURDIAN SIGNATURE

DATE: _____

Medical Record:

Name of Child's Doctor: _____

Address: _____

Serious Accidents: _____

Serious Illnesses: _____

Operations: _____

Hospitalizations: _____

Disabilities: _____

Allergies: _____

Communicable Diseases: Please check the diseases that your child has had and give the date:

_____ Chicken Pox Date: _____

_____ Infectious Hepatitis Date: _____

_____ Mumps Date: _____

_____ Whooping Cough Date: _____

_____ German Measles Date: _____

_____ Red Measles Date: _____

_____ Rheumatic Fever Date: _____

Immunization Record (Give Dates):

DPT #1: _____

DPT #2: _____

DPT #3: _____

DPT Booster: _____

Sabin Trivalent #1: _____

Sabin Trivalent #2: _____

Sabin Trivalent #3: _____

Sabin Trivalent Booster: _____

Measles: _____

Mumps: _____

Rubella: _____

TB: _____

HIB: _____

Remarks: _____

Signature of Doctor: _____

Date: _____

In your opinion, is the child well enough to attend school? _____

UNIVERSAL CHILD HEALTH RECORD

American Academy of Pediatrics
New Jersey Chapter

Endorsed by:
New Jersey Department of
Health and Senior Services

New Jersey Academy of
Family Physicians

Child's Name (Last) _____ (First) _____		Date of Birth / /
Parent/Guardian Name _____	Home Telephone Number _____	Work Telephone/Cell Phone Number _____
Parent/Guardian Name _____	Home Telephone Number _____	Work Telephone/Cell Phone Number _____
I give my consent for my child's Health Care Provider and Child Care Provider/School Nurse to discuss the information on this form.		
Signature/Date _____		This form may be released to WIC. <input type="checkbox"/> Yes <input type="checkbox"/> No

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: _____
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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		

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

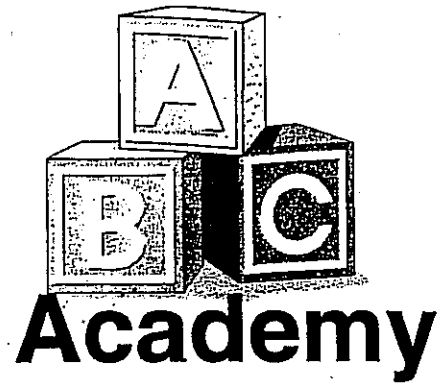
Please have the parent/guardian complete the top section and sign the consent for the child care provider/school nurse to discuss any information on this form with the health care provider.

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 setting.
 - a. **If the child has a complex medical condition, a special care plan should be completed and attached.** Note any significant medical conditions or major surgical history.
 - 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 likely 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 and some other programs. This section may be optional for routine child care settings but 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.
 - 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.
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.



Dear Parent,

In keeping with recent amendments to 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 informational 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's Division of Youth and Family Services (DYFS).

Please read this Statement carefully and if you have any questions, feel free to contact us,

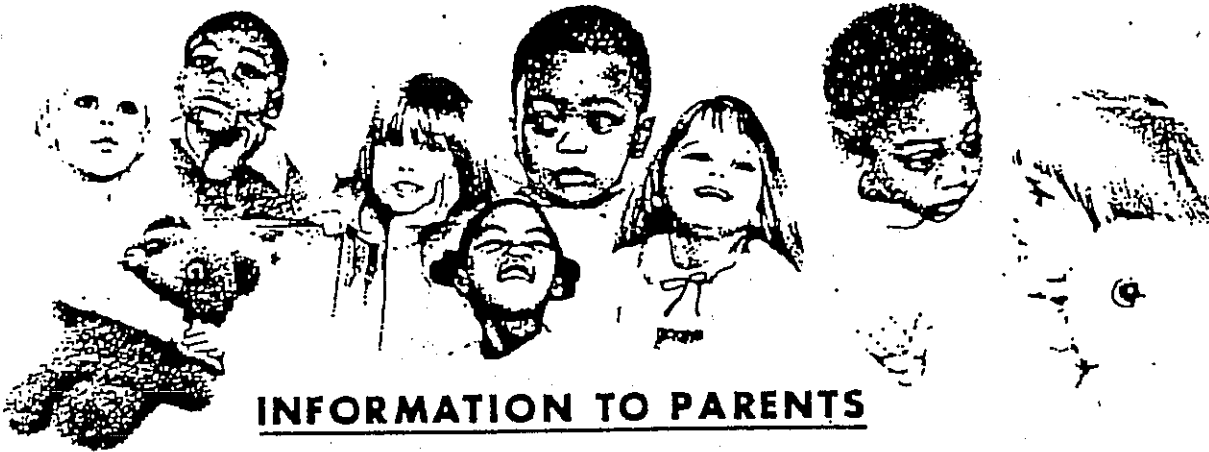
Sincerely,

Kathie K. Lezotte
Director

Parent's Signature

Washington Professional Campus
901 Route 168 Suite # 402
Turnersville, NJ 08012
(609) 374-7100

NEW JERSEY DIVISION OF YOUTH AND FAMILY SERVICES



INFORMATION TO PARENTS

NOTE: Under provisions of the Manual of Standards for Child Care Centers (N.J.A.C.10:122), every licensed child care center in New Jersey 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 may comply with this requirement: 1- by reproducing and distributing to parents this written statement, prepared by the Bureau of Licensing in the Division of Youth and Family Services (DYFS); or 2- by incorporating the required information in its own handbooks, brochures or other informational materials. In keeping with this requirement, the center must secure every parent's signature, attesting to his/her receipt of the information.

Bureau of Licensing
(609)292-1018.

* * *

- o Our center is required by the State Child Care Center Licensing Law to be licensed by the Bureau of Licensing of the New Jersey Division of Youth and Family Services (DYFS). 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.
- o To be licensed, our center must comply with the Manual of Standards 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 recordkeeping requirements; and others.
- o Our center must have on the premises a copy of the Manual of Standards and make it available to interested parents for review. If you would like to review our copy, just ask any staff member. Parents may secure a copy of the Manual of Standards for Child Care Centers, for a nominal fee, by writing to the DYFS Bureau of Licensing, One South Montgomery Street, CN717, Trenton, NJ 08625.

- o We encourage parents to discuss with us any questions or concerns about the policies and program of the center or the meaning, application or alleged violations of the Manual of Standards. If you suspect our center may be in violation of licensing standards, you are entitled to report them to the Bureau of Licensing. Of course, we would appreciate your bringing these concerns to our attention, too.
- o Parents are entitled to review the center's copy of the Bureau of Licensing's Inspection/Violation Reports on the center, which are issued after every State licensing inspection of our center. Let us know if you wish to review them and we will make them available for your review.
- o Our center must post its written statement of philosophy on child discipline in a prominent location and to make a copy of it available to parents upon request. We encourage you to review it and to discuss with us any questions you may have about it.
- o Our center must offer parents of enrolled children ample opportunity to participate in and observe the activities of the center. Parents wishing to participate in the activities or operations of the center should discuss their interest with the center director, who can advise them of what opportunities are available.
- o 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.
- o 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 a child on each such trip.
- o 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 any person, whether working at the center or not, is required by State law to report the concern to the DYFS Office of Child Abuse Control, Toll-Free at 1-800-792-8610. Such reports may be made anonymously.
- o Parents may secure information about child abuse and neglect by contacting: Community Education Office, Division of Youth and Family Services, One South Montgomery Street, CN717, Trenton, NJ 08625.

PHILOSOPHY OF DISCIPLINE

ABC Academy's Philosophy of Discipline reflects our strong belief in providing and maintaining a non-aggressive and non-violent atmosphere. We do not use corporal punishment or any form of physical sustainment in disciplining a student. If a child displays negative behavior or is physically abusive to another child, and if we feel there is a need for discipline, we will remove that child for a "time out" period until the negative behavior has ended.

PARENT SIGNATURE

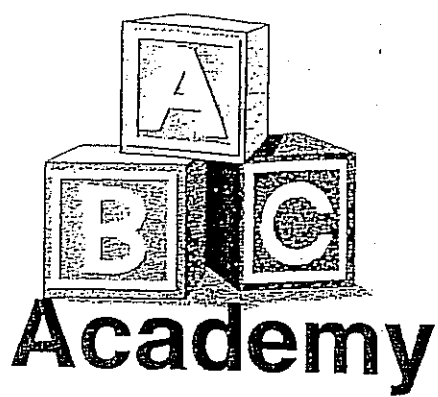
CHILD'S NAME

FAILURE TO RETRIEVE A CHILD

Our written procedure for failure of child retrieval from ABC Academy is a simple policy that will be followed if a student is not picked up in a timely manner. First, we will try to call the parent's by telephone at their place of residence. If we receive no response, we will telephone the parent's place of employment. If we still do not receive a response, we will then call the emergency number indicated on the pupil information form. This cycle will be repeated until we receive a response or until a student is picked up by a parent or authorized person. During this time the child will be supervised by a teacher/director and remain at the center with such person.

PARENT'S SIGNATURE

CHILD'S NAME



Dear Parent,

In keeping with recent amendment to 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 informational 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, to comply with licensing standards, and the obligation of all citizens to report suspected child abuse/neglect/exploitation to the State's Division of Youth and Family Services (DYFS). Please read this statement carefully and if you have any questions, feel free to contact us.

Sincerely,

Kathie K. Lezotte
Director

PARENT'S SIGNATURE

Information to Parents

Under provisions of the Manual of Requirements for Child Care Centers (N.J.A.C. 10:122), every licensed child care center in New Jersey 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 this written statement, prepared by the Office of Licensing, Child Care & Youth Residential Licensing, in the Department of Human Services (DHS). In keeping with this requirement, the center must secure every parent's 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, Child Care & Youth Residential Licensing, in the Department of Human Services (DHS). 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 the premises a copy of the Manual of Requirements for Child Care Centers and make it available to interested parents for review. If you would like to review our copy, just ask any staff member. Parents may secure a copy of the Manual of Requirements by sending a check or money order for \$5 made payable to the "Treasurer, State of New Jersey", and mailing it to: State of New Jersey, Department of Human Services, Licensing Publication Fees, PO Box 34399, Newark, New Jersey 07189-4399.

We encourage parents to discuss with us any questions or concerns about the policies and program of the center or 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 standards, you are entitled to report them to the Office of Licensing toll-free at 1-877-667-9845. Of course, we would appreciate your 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 center's copy of the Office of Licensing's Inspection/Violation Reports on the center, which are issued after every State licensing inspection of our center. If there is a licensing complaint investigation, you are also entitled to review the Office'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.

Our center must cooperate with all DHS inspections/investigations. DHS 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 to 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 Office for the children's use. Please talk to us if you have any questions about the center's 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 of the center should discuss their interest with the center 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 our 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 a child on each such trip.

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

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 any adult, whether working at the center or not, is required by State law to report the concern immediately to the State Central Registry and Child Abuse Hotline, toll-free at 1-(877) NJ ABUSE (652-2873). Such reports may be made anonymously.

Parents may secure information about child abuse and neglect by contacting:
Community Education Office, Division of Youth and Family Services, PO Box 717,
Trenton, New Jersey 08625-0717.

.....**EXPULSION POLICY**

Unfortunately, sometimes there are reasons that a child needs to be expelled from our program either on a short term or permanent basis. The following are reasons that we may have to expel or suspend a child from ABC Academy.

IMMEDIATE CAUSES FOR EXPULSION

- * The child is at risk of causing serious injury to other children or themselves.
- * Parent threatens physical or verbal abuse toward staff members.

PARENTAL ACTIONS FOR CHILD'S EXPULSION

- * Failure to pay tuition
- * Failure to complete required forms including the child's immunization records.
- * Verbal abuse to staff

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.

SCHEDULE OF EXPULSIONS

- * If remedial actions do not work, the child's parent / guardian will be advised verbally and in writing about the behavior warranting an expulsion. A period of time will be given so that the parent / guardian may work on the behavior or come to an agreement with the center.
- * The parent / guardian will be informed about the expected behavioral changes required in order for the child or parent to remain in the center.

PROACTIVE ACTIONS TO BE TAKEN TO PREVENT EXPULSION

- * Staff will try to redirect child from negative behavior.
- * Staff will reassess classroom environment, appropriate 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, teachers and parent / guardian will have a conference to discuss How to promote positive behavior.
- * The parent will be given literature or other resources regarding methods of improving behaviors.
- * Recommendation of evaluation by professional consultation on premises.
- * Recommendation of evaluation by local school district child study team.

NAME OF CHILD _____

SIGNATURE OF PARENT _____
