



## The Early Childhood Program Registration 2019 - 2020

Family Name \_\_\_\_\_ Child's Name \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Home Phone \_\_\_\_\_

Mom's Name \_\_\_\_\_ Cell Phone \_\_\_\_\_

Work Phone \_\_\_\_\_ Email Address \_\_\_\_\_

Dad's Name \_\_\_\_\_ Cell Phone \_\_\_\_\_

Work Phone \_\_\_\_\_ Email Address \_\_\_\_\_

Home Address \_\_\_\_\_ City/Zip \_\_\_\_\_

**Permission:** I hereby give permission for my child to participate in all of the Early Childhood Program activities. I understand that the Early Childhood Program at Temple Beth Ahm Yisrael (ECP) does not assume responsibility for injury. \_\_\_\_\_ (Initial)

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## Early Childhood Program Payment Form

Parent's Name \_\_\_\_\_

Child's Name(s) \_\_\_\_\_

Program Enrollment:      Class: \_\_\_\_\_

Days: \_\_\_\_\_ Hours: \_\_\_\_\_ 10 months \_\_\_\_\_ 12 months \_\_\_\_\_

### Payment Plan Options

- Pay in full at time of registration with a check (payable to Temple Beth Ahm Yisrael), cash or Credit Card; (Receive a 1.5% discount on total school tuition)
- I am enrolling more than one child in the ECP for the school year and will receive a 5% sibling discount.
- Automatic Monthly Credit Card Payments – Beginning August, 2019. Draft will occur on the 15<sup>th</sup> of each month.
- I will pay bring in monthly payments. Payments are due on the 15<sup>st</sup> of each month prior. A \$25 late fee will be applied for payments received after the 15<sup>th</sup> of the month.

Check                       Cash                       Credit Card (Visa/Master Card)

Name on Card \_\_\_\_\_ Exp. Date \_\_\_\_\_

Card Number \_\_\_\_\_ CID (security code) \_\_\_\_\_

Street Address \_\_\_\_\_ Zip Code \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

TBAY Early Childhood Program  
2019-2020 Tuition Rates  
Pre-K Program

Child's Name \_\_\_\_\_

Class	Days	Times	10 mo. tuition	Monthly
Pre K	M-F	9am-12pm	\$4,882.50	\$488.25
4 yrs old by 10/1/2019	M-F	12pm-2:30pm	\$4,068.75	\$406.88
	M-F	Early Bird 7am-9am	\$2,481.24	\$248.12
	M-F	After Care: 2:30pm-4pm	\$1,860.93	\$186.09
	M-F	After Care: 2:30pm-6pm	\$4,342.17	\$434.22

Check the boxes needed for the program you are selecting

A \$200 **non-refundable** registration fee is due at time of registration.

**A \$30 check ( payable to TBAY-AHAVA) or cash is due at the time of registration.**

**PLEASE COMPLETE AND RETURN BEFORE MARCH 1, 2019.**

REGISTRATION IS COMPLETE ONLY WHEN ALL THE REQUIRED FORMS ARE RETURNED.

NO INCOMPLETE REGISTRATION FORMS WILL BE PROCESSED.

In the event my child(ren) will need to be withdrawn from the TBAY ECP Program for any reason, I must give 30 days written notice. If 30 days' notice is not received by TBAY, I understand I am financially responsible for the upcoming month of tuition. \_\_\_\_\_ (Initial)

School begins on Wednesday, September 4, 2019.

Pre-K tuition **does not** include our Vacation Day Programs.

Your child may attend the vacation day for an additional fee of \$12 per hour for their regular scheduled hours.

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

## Early Childhood Program at Temple Beth Ahm Yisrael

### CONSENT FORMS

\_\_\_\_\_ At times we enjoy exploring in our backyard or around the corner. Please sign this consent form allowing your child permission to walk around the grounds of the Temple.

\_\_\_\_\_ **Photo Permission:** I hereby give permission to Temple Beth Ahm Yisrael, and all persons acting within its permission, the absolute and unrestricted right to obtain, use, copyright, and/or publish photographic pictures of the above-named person, whether such pictures are still or moving.

\_\_\_\_\_ **Website:** I give permission for my child's picture to be used on the Early Childhood Program's Facebook page. Questions or concerns call Sandi Newman  
973-376-0539 x22

\_\_\_\_\_ **School Directory:** I give permission for my name address and email address to be put into the Early Childhood Program's directory.

\_\_\_\_\_ **Sunscreen:** I give permission for the teachers and staff of TBAY to reapply sunscreen for my child as needed.

Child's Name \_\_\_\_\_

Child's Name \_\_\_\_\_

Parent's Name \_\_\_\_\_

Signed: \_\_\_\_\_

Date: \_\_\_\_\_



# ECP Temple Beth Ahm Yisrael

## EMERGENCY PICK UP FORM

Child's Name: \_\_\_\_\_

Child's Name: \_\_\_\_\_

The following people have my permission to pick up my child(ren):

1. Name:

\_\_\_\_\_

Address:

\_\_\_\_\_

Phone:

\_\_\_\_\_

2. Name:

\_\_\_\_\_

Address:

\_\_\_\_\_

Phone:

\_\_\_\_\_

3. Name:

\_\_\_\_\_

Address:

\_\_\_\_\_

Phone:

\_\_\_\_\_

4. Name:

\_\_\_\_\_

Address:

\_\_\_\_\_

Phone:

\_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# Temple Beth Ahm Yisrael

## EMERGENCY TREATMENT FORM

Authorization: I hereby give permission to the medical personnel selected by Temple Beth Ahm Yisrael to secure and administer treatment, including x-rays, routine tests and hospitalization for the child named below:

Child's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Mother's Work #: \_\_\_\_\_ Father's Work #: \_\_\_\_\_

Emergency Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_

Emergency Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_

Doctor's Name and Address: \_\_\_\_\_

Phone # \_\_\_\_\_

Dentist's Name: \_\_\_\_\_ Phone # \_\_\_\_\_

Hospital: \_\_\_\_\_ Phone # \_\_\_\_\_

### Allergies

Hay Fever \_\_\_\_\_

Insect Stings \_\_\_\_\_

Penicillin \_\_\_\_\_

Other Drugs \_\_\_\_\_

Dairy Products \_\_\_\_\_

Peanuts \_\_\_\_\_

Tree Nuts \_\_\_\_\_

Other \_\_\_\_\_

Food \_\_\_\_\_

Is child currently receiving special help with emotional and/or behavioral issues at home or school (i.e. psychiatrist, social worker, counselor, etc?) Yes \_\_\_\_\_ No \_\_\_\_\_

Do you carry family medical/hospital insurance? \_\_\_\_\_

Carrier: \_\_\_\_\_

Policy or Group # \_\_\_\_\_

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## POLICY ON THE RELEASE OF CHILDREN

Each child may be released only to the child's parent(s) or person(s) authorized by the parent(s) to take the child from the center and to assume responsibility for the child in an emergency if the parent(s) cannot be reached.

If a non-custodial parent has been denied access, or granted limited access, to a child by a court order, the center shall secure documentation to that effect, maintain a copy on file, and comply with the terms of the court order.

If the parent(s) or person(s) authorized by the parent(s) fails to pick up a child at the time of the center's daily closing, the center shall ensure that:

1. The child is supervised at all times;
2. Staff members attempt to contact the parent(s) or person(s) authorized by the parent(s); and
3. An hour or more after closing time, and provided that other arrangements for releasing the child to his/her parent(s) or person(s) authorized by the parent(s), have failed and the staff member(s) cannot continue to supervise the child at the center, the staff member shall call the *24-hour State Central Registry Hotline 1-877-NJ-ABUSE (1-877-652-2873)* to seek assistance in caring for the child until the parent(s) or person(s) authorized by the child's parent(s) is able to pick-up the child.

If the parent(s) or person(s) authorized by the parent(s) appears to be physically and/or emotionally impaired to the extent that, in the judgment of the director and/or staff member, the child would be placed at risk of harm if released to such an individual, the center shall ensure that:

1. The child may not be released to such an impaired individual;
2. Staff members attempt to contact the child's other parent or an alternative person(s) authorized by the parent(s); and
3. If the center is unable to make alternative arrangements, a staff member shall call the *24-hour State Central Registry Hotline 1-877-NJ-ABUSE (1-877-652-2873)* to seek assistance in caring for the child.

For school-age child care programs, no child shall be released from the program unsupervised except upon written instruction from the child's parent(s).

## GUIDELINES FOR POSITIVE DISCIPLINE

Positive discipline is a process of teaching children how to behave appropriately. Positive discipline respects the rights of the individual child, the group, and the adult. Methods of positive discipline shall be consistent with the age and developmental needs of the children, and lead to the ability to develop and maintain self-control.

Positive discipline is different from punishment. Punishment tells children what they should not do; positive discipline tells children what they should do. Punishment teaches fear; positive discipline teaches self-esteem.

You can use positive discipline by planning ahead:

- Anticipate and eliminate potential problems.
- Have a few consistent, clear rules that are explained to children and understood by adults.
- Have a well-planned daily schedule.
- Plan for ample elements of fun and humor.
- Include some group decision-making.
- Provide time and space for each child to be alone.
- Make it possible for each child to feel he/she has had some positive impact on the group.
- Provide the structure and support children need to resolve their differences.
- Share ownership and responsibility with the children. Talk about our room, our toys.

You can use positive discipline by intervening when necessary:

- Re-direct to a new activity to change the focus of a child's behavior.
- Provide individualized attention to help the child deal with a particular situation.
- Use time-out – by removing a child for a few minutes from the area or activity so that he/she may gain self-control. (One minute for each year of the child's age is a good rule of thumb).
- Divert the child and remove from the area of conflict.
- Provide alternative activities and acceptable ways to release feelings.
- Point out natural or logical consequences of children's behavior.
- Offer a choice only if there are two acceptable options.
- Criticize the behavior, not the child. Don't say "bad boy" or "bad girl." Instead you might say "That is not allowed here."

You can use positive discipline by showing love and encouragement:

- Catch the child being good. Respond to and reinforce positive behavior; acknowledge or praise to let the child know you approve of what he/she is doing.
- Provide positive reinforcement through rewards for good behavior.
- Use encouragement rather than competition, comparison or criticism.
- Overlook small annoyances, and deliberately ignore provocations.
- Give hugs and caring to every child every day.
- Appreciate the child's point of view.
- Be loving, but don't confuse loving with license.

Positive discipline is NOT:

- Disciplining a child for failing to eat or sleep or for soiling themselves
- Hitting, shaking, or any other form of corporal punishment
- Using abusive language, ridicule, harsh, humiliating or frightening treatment or any other form of emotional punishment of children
- Engaging in or inflicting any form of child abuse and/or neglect
- Withholding food, emotional responses, stimulation, or opportunities for rest or sleep
- Requiring a child to remain silent or inactive for an inappropriately long period of time

Positive discipline takes time, patience, repetition and the willingness to change the way you deal with children. But it's worth it, because positive discipline works.



## BEHAVIOR/DISCIPLINE POLICY

Staff shall provide each child with guidance that helps the child acquire a positive self-concept. Discipline and behavior guidance used by each staff member will at all times be constructive, positive, and suited to the age of the child.

The following rules and standards will apply in the school for Toddler and Pre-School children. Infants will not be disciplined.

1. To prevent unacceptable behavior from occurring, the staff will:
  - a. Model appropriate behavior for the children
  - b. Arrange the classroom environment to enhance the learning of behaviors that are acceptable
  - c. Use positive reinforcement to encourage appropriate behavior (i.e. "Look how high you're building the blocks! Great job!")
2. When unacceptable behavior is about to occur/is occurring, the staff will use:
  - a. Redirection: substituting a positive activity for a negative activity
  - b. Distraction: change the focus of the activity or behavior
  - c. Active listening: determine the underlying cause of the behavior
  - d. Time out: separation from the group is used only when less intrusive methods have been tried and the behavior of the child is dangerous to himself or the other children. In the event that time out is used, the child will remain in sight and hearing of a staff member. The child will be separated from the group for a short time to allow the child time to calm down. The staff member will talk to the child and help the child make better choices.
3. Holding and rocking of the child may be done frequently.

The program complies with all federal, state, and local laws which prohibit corporal or abusive punishment in child care settings. Staff is prohibited from using unproductive or shaming methods of punishment.

This program believes that parents and staff must work together to deal with persistent behavioral issues such as biting, and aggression to self or others. If a child appears to be unusually stressed, anxious, or otherwise motivated to engage in negative behavior, parents will be consulted. If all appropriate methods have been used to prevent dangerous behavior but the behavior persists, the child may be removed from the program. This removal is for the safety and well being of the child and the other children in the class.

I have read and understand this document.

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Signature

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Date

## Policy on the Management of Communicable Diseases

If a child exhibits any of the following symptoms, the child should not attend the center. If such symptoms occur at the center, the child will be removed from the group, and parents will be called to take the child home.

- Severe pain or discomfort
- Acute diarrhea
- Episodes of acute vomiting
- Elevated oral temperature of 101.5 degrees Fahrenheit
- Lethargy
- Severe coughing
- Yellow eyes or jaundiced skin
- Red eyes with discharge
- Infected, untreated skin patches
- Difficult or rapid breathing
- Skin rashes in conjunction with fever or behavior changes
- Skin lesions that are weeping or bleeding
- Mouth sores with drooling
- Stiff neck

Once the child is symptom-free, or has a health care provider's note stating that the child no longer poses a serious health risk to himself/herself or others, the child may return to the center unless contraindicated by local health department or Department of Health.

### EXCLUDABLE COMMUNICABLE DISEASES

A child or staff member who contracts an excludable communicable disease may not return to the center without a health care provider's note stating that the child presents no risk to himself/herself or others.

Note: If a child has chicken pox, a note from the parent stating that all sores have dried and crusted is required.

If a child is exposed to any excludable disease at the center, parents will be notified in writing.

### COMMUNICABLE DISEASE REPORTING GUIDELINES

Some excludable communicable diseases must be reported to the health department by the center. The Department of Health's Reporting Requirements for Communicable Diseases and Work-Related Conditions Quick Reference Guide, a complete list of reportable excludable communicable diseases, can be found at:

[http://www.nj.gov/health/cd/documents/reportable\\_disease\\_magnet.pdf](http://www.nj.gov/health/cd/documents/reportable_disease_magnet.pdf).

# Quick Reference



## Reporting Requirements for Communicable Diseases and Work-Related Conditions



(see New Jersey Administrative Code Title 8, Chapters 57 and 58)

Communicable Disease Service  
Disease Reporting Requirements and  
Regulations can be viewed at:  
<http://nj.gov/health/cd/reporting.shtml>



**Health care providers required to report:** physicians, advanced practice nurses, physician assistants, and certified nurse midwives.

**Administrators required to report:** persons having control or supervision over a health care facility, correctional facility, school, youth camp, child care center, preschool, or institution of higher education.

**Laboratory directors:** For specific reporting guidelines, see NJAC 8:57-1.7.

### CONFIRMED or SUSPECT CASES TELEPHONE IMMEDIATELY to the LOCAL HEALTH DEPARTMENT

- Anthrax
- Botulism
- Brucellosis
- Diphtheria
- Foodborne intoxications (including, but not limited to, ciguatera, paralytic shellfish poisoning, scombroid, or mushroom poisoning)
- *Haemophilus influenzae*, invasive disease
- Hantavirus pulmonary syndrome
- Hepatitis A, acute
- Influenza, novel strains only
- Measles
- Meningococcal invasive disease
- Outbreak or suspected outbreak of illness, including, but not limited to, foodborne, waterborne or nosocomial disease or a suspected act of bioterrorism
- Pertussis
- Plague
- Poliomyelitis
- Rabies (human illness)
- Rubella
- SARS-CoV disease (SARS)
- Smallpox
- Tularemia
- Viral hemorrhagic fevers (including, but not limited to, Ebola, Lassa, and Marburg viruses)

### REPORTABLE WITHIN 24 HOURS OF DIAGNOSIS to the LOCAL HEALTH DEPARTMENT

- Amoebiasis
- Animal bites treated for rabies
- Arboviral diseases
- Babesiosis
- Campylobacteriosis
- Cholera
- Creutzfeldt-Jakob disease
- Cryptosporidiosis
- Cyclosporiasis
- Diarrheal disease (child in a day care center or a foodhandler)
- Ehrlichiosis
- *Escherichia coli*, shiga toxin producing strains (STEC) only
- Giardiasis
- Hansen's disease
- Hemolytic uremic syndrome, post-diarrheal
- Hepatitis B, including newly diagnosed acute, perinatal and chronic infections, and pregnant women who have tested positive for Hep B surface antigen
- Influenza-associated pediatric mortality
- Legionellosis
- Listeriosis
- Lyme disease
- Malaria
- Mumps
- Psittacosis
- Q fever
- Rocky Mountain spotted fever
- Rubella, congenital syndrome
- Salmonellosis
- Shigellosis
- *Staphylococcus aureus*, with intermediate-level resistance (VISA) or high-level-resistance (VRSA) to vancomycin only
- Streptococcal disease, invasive group A
- Streptococcal disease, invasive group B, neonatal
- Streptococcal toxic shock syndrome
- *Streptococcus pneumoniae*, invasive disease
- Tetanus
- Toxic shock syndrome (other than Streptococcal)
- Trichinellosis
- Typhoid fever
- Varicella (chickenpox)
- Vibriosis
- Viral encephalitis
- Yellow fever
- Yersiniosis

### REPORTABLE DIRECTLY to the NEW JERSEY DEPARTMENT OF HEALTH

**Hepatitis C**, acute and chronic, newly diagnosed cases only  
**Written report within 24 hours**

#### HIV/AIDS

**609-984-5940 or 973-648-7500**  
**Written report within 24 hours**

- AIDS
- HIV infection
- Child exposed to HIV perinatally

#### Sexually Transmitted Diseases

**609-826-4869**

**Report within 24 hours**

- Chancroid
- Chlamydia, including neonatal conjunctivitis
- Gonorrhea
- Granuloma inguinale
- Lymphogranuloma venereum
- Syphilis, all stages and congenital

#### Tuberculosis (confirmed or suspect cases)

**609-826-4878**

**Written report within 24 hours**

#### Occupational and Environmental Diseases, Injuries, and Poisonings

**609-826-4920**

**Report within 30 days after  
diagnosis or treatment**

- Work-related asthma (possible, probable, and confirmed)
- Silicosis
- Asbestosis
- Pneumoconiosis, other and unspecified
- Extrinsic allergic alveolitis
- Lead, mercury, cadmium, arsenic toxicity in adults
- Work-related injury in children (< age 18)
- Work-related fatal injury
- Occupational dermatitis
- Poisoning caused by known or suspected occupational exposure
- Pesticide toxicity
- Work-related carpal tunnel syndrome
- Other occupational disease

Cases should be reported to the local health department where the patient resides. If patient residence is unknown, report to your own local health department. Contact information is available at: [localhealth.nj.gov](http://localhealth.nj.gov).

If the individual does not live in New Jersey, report the case to the New Jersey Department of Health at: 609-826-5964.

In cases of immediately reportable diseases and other emergencies - if the local health department cannot be reached - the New Jersey Department of Health maintains an emergency after hours phone number: 609-392-2020.

July 2013

[www.nj.gov/health/cd](http://www.nj.gov/health/cd)

# 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 _____	
<b><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></b>					
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)		
<b>IMMUNIZATIONS</b>		<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"/> <b><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></b>					
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](http://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](http://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.

# PARENT

## RECEIPT OF INFORMATION:

- Information to Parents Document
- Policy on the Release of Children
- Positive Guidance and Discipline Policy
- Policy on Methods of Parental Notification
- 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

## 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 Children and Families (DCF). 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 Licensing law to be licensed by the Office of Licensing, Child Care & Youth Residential Licensing, in the Department of Children and 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 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 Children and Families, 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 requirements, 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 as we will make them available for your review.

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 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 Child Abuse Hotline, toll free at 1 (877) NJ ABUSE. 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.

I have read and understand everything listed here.

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Signature

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Date



# Early Childhood Program at Temple Beth Ahm Yisrael

## PERSONAL HISTORY FORM

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Age: \_\_\_\_\_ Both Parents live at home? Yes \_\_\_ Divorced \_\_\_ Widowed \_\_\_

Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Other Household members (relationships, age) \_\_\_\_\_

What language, other than English, is spoken at home? \_\_\_\_\_

What major holidays are observed by family? \_\_\_\_\_

At what age did child begin to walk? \_\_\_\_\_ At what age did child begin to talk? \_\_\_\_\_

What operations or serious illnesses has he/she had and at what age?

\_\_\_\_\_  
\_\_\_\_\_

What type of eating habits does the child have? \_\_\_\_\_

Are there any foods he/she particularly dislikes? \_\_\_\_\_

Has the child ever attended school before? \_\_\_\_\_

What type of experience was this? \_\_\_\_\_

Have there been any changes in the family situation in the past year? (Family move, separation, divorce, death, new school, birth, etc.) What effect did it have on your child?

\_\_\_\_\_  
\_\_\_\_\_

Is your child or the family receiving any special help with emotional issues or behavioral issues at school or home?

\_\_\_\_\_

(Psychiatrist, counselor, social worker, etc.)

How does your child establish new relationships?

With peers: \_\_\_ with ease \_\_\_ slowly \_\_\_ with difficulty

With adults: \_\_\_ with ease \_\_\_ slowly \_\_\_ with difficulty

Comments:

\_\_\_\_\_



COME GROW WITH US  
[www.tbaynj.org](http://www.tbaynj.org)

# Early Childhood Program At Temple Beth Ahm Yisrael



60 TEMPLE DRIVE  
SPRINGFIELD, NJ 07081  
973-376-0539x22  
973-376-5478 - FAX  
Sandi Newman Director  
sandinewman@tbaynj.org

Dear Parent:

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 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 standard; and the obligation of all citizens to report suspected child abuse/neglect/exploitation to the State Central Registry Hotline (877)NJ ABUSE/(877) 652-2873.

Please read this statement carefully and, if you have any questions, feel free to contact me at 973-376-0539 x22

Sincerely,

Sandi Newman, Director

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

Name of Child:

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Name of Parent(s):

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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: \_\_\_\_\_

# Ahava

The Parent Association for the ECP at Temple Beth Ahm Yisrael

The mission of Ahava is to enhance the ECP experience for the children, teachers and community by:

- Providing opportunities for collaboration between parents and teachers in the development of ideas.
- Encouraging parents to become involved with the ECP.
- Affording a supportive environment for parents and teachers to raise concerns.
- Realizing the value of everyone's perspectives.
- Fundraising
- Socializing outside the classroom.
- Playground upgrades

At the time of registration, you are required to pay a \$30 fee which will be used towards the purchase of items needed throughout the year. This needs to be paid by either cash or check made out to Temple Beth Ahm Yisrael Ahava. (CC cannot be used)

Child's Name \_\_\_\_\_ \$25 \_\_\_\_\_

Check Number \_\_\_\_\_ Cash \_\_\_\_\_

