



Enrollment Form AND Authorization for Emergency Treatment

DATE OF ENROLLMENT	START DATE	HOURS/DAYS ATTENDING:			
		<input type="checkbox"/> 3 HOURS PART TIME <input type="checkbox"/> 6 HOURS PART TIME <input type="checkbox"/> FULL TIME			
		<input type="checkbox"/> MON <input type="checkbox"/> TUE <input type="checkbox"/> WED <input type="checkbox"/> THU <input type="checkbox"/> FRI			
CLASSROOM AND TEACHER					
CHILD'S INFORMATION					
LAST NAME			FIRST NAME		
NICKNAME		DATE OF BIRTH		GENDER	
				<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	
STREET ADDRESS		CITY	STATE	ZIP CODE	
MOTHER'S INFORMATION					
LAST NAME			FIRST NAME		
HOME PHONE		CELL PHONE	EMAIL ADDRESS		
WORK ADDRESS (OR WHERE YOU CAN BE REACHED WHEN CHILD IS IN CARE)				WORK PHONE	
FATHER'S INFORMATION					
LAST NAME			FIRST NAME		
HOME PHONE		CELL PHONE	EMAIL ADDRESS		
WORK ADDRESS (OR WHERE YOU CAN BE REACHED WHEN CHILD IS IN CARE)				WORK PHONE	
PERSON(S) AUTHORIZED TO ASSUME RESPONSIBILITY FOR THE CHILD IF THE PARENT IS NOT AVAILABLE					
LAST NAME		FIRST NAME		RELATIONSHIP TO CHILD	
HOME PHONE	CELL PHONE		EMAIL ADDRESS		
STREET ADDRESS			CITY	STATE	ZIP CODE
LAST NAME		FIRST NAME		RELATIONSHIP TO CHILD	
HOME PHONE	CELL PHONE		EMAIL ADDRESS		
STREET ADDRESS			CITY	STATE	ZIP CODE



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CHILD'S MEDICAL INFORMATION	
MEDICAL CONDITIONS (anything emergency room would need to know such as Asthma, Diabetes, Epilepsy, etc.)	
ALLERGIES (food allergy, beestings and other life threatening allergies) HAS AN EPI PEN? <input type="checkbox"/> YES <input type="checkbox"/> NO	
MEDICINE(S) CHILD IS TAKING	MEDICINE(S) CHILD IS ALLERGIC TO
DOCTOR'S NAME	DOCTOR'S PHONE NUMBER
DENTIST'S NAME	DENTIST'S PHONE
CHILD'S MEDICAL INSURANCE COVERAGE	
INSURANCE COMPANY NAME	MEMBER/POLICY NUMBER
POLICY HOLDER'S NAME	EMPLOYER NAME
INSURANCE COMPANY NAME	MEMBER/POLICY NUMBER
POLICY HOLDER'S NAME	EMPLOYER NAME
CONSENT* TO MEDICAL CARE AND TREATMENT OF MINOR CHILDREN	
<p>By my signature, I agree to the following (please initial each line):</p> <p>_____ In the event of a medical emergency, I authorize Greatstart Early Learning South Plainfield or any of its employees to call a physician to secure necessary medical care. I give consent for all medical and/or surgical treatment that may be required for my child during my absence, as deemed necessary by the Director.</p> <p>_____ I authorize Greatstart Early Learning South Plainfield to have my child treated by any medical personnel, EMTs, paramedics, doctors or dentist that Greatstart Early Learning South Plainfield thinks is necessary (including the administration of anesthesia if surgery is advised by a physician), and to otherwise act in my behalf in order to protect my child when I cannot be reached and/or when delay would be dangerous in case of illness or accident.</p> <p>_____ I also give my consent to have my child transported by ambulance to a medical facility.</p> <p>_____ I understand that I will be responsible for all costs related to above treatments.</p> <p>_____ I acknowledge that no guarantees have been made to me as to the effect of such examinations or treatments on my child's condition. I have read this form and I certify that I understand its contents.</p> <p>Parent/Guardian Printed Name: _____</p> <p>Parent/Guardian's Signature: _____ Date: _____</p>	



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By my signature, I attest to the following (please initial each line):

_____ I certify that I am the parent or guardian having legal custody of the above child and attest that the information provided is correct.

_____ I acknowledge that if anyone other than the parent or guardian is to pick up my child, I will contact the Director/Teacher accordingly. The children are dismissed from inside the school building. The adult I would designate to pick up my child will be asked to show some form of identification.

Parent/Guardian Printed Name: _____

Parent/Guardian's Signature: _____ Date: _____

NOTE: Custodial Information – If a non-custodial parent is not included among those persons authorized by the custodial parent to pick up the child, please explain below and attach a copy of the appropriate legal documents (court orders).

**Consent expires when the child no longer attends Greatstart Early Learning South Plainfield.*



GREATSTART EARLY LEARNING EXPULSION POLICY

Unfortunately, there are sometimes reasons we have to expel a child from our program either on a short term or permanent basis. We want you to know we will do everything possible to work with the family of the child(ren) in order to prevent this policy from being enforced. The following are reasons we may have to terminate or suspend a child from this center:

PARENTAL ACTIONS FOR CHILD'S EXPULSION

- Failure to pay/habitual lateness in payments
- Failure to complete required forms including the child's immunization records.
- Failure to pay Summer Activity Fee in full and on time
- Failure to comply with the center's policies and procedures as defined in the Parent Handbook
- Habitual tardiness when picking up your child.
- Excessive tardiness when picking up your child that puts staff in dangerous driving conditions during weather-related early closings
- Physical abuse, verbal abuse, verbal disrespect, or harassment toward staff (Depending on the severity or extent of same, it can be grounds for immediate expulsion as set forth below)
- Refusal of parent to seek services for the child even after a recommendation has been given by professional consultation or local school district child study team

CHILD'S ACTIONS FOR EXPULSION

- Failure of child to adjust after a reasonable amount of time.
- Uncontrollable tantrums/angry outbursts.
- Physical abuse, verbal abuse, verbal disrespect or harassment to staff or other children. (Depending on the severity or extent of same, it can be grounds for immediate expulsion as set forth below)
- Excessive biting.
- Behavior on the part of the child that interferes with the safety or well-being of himself/herself, or any other person.
- Behavior that takes a staff member away from working in ratio.
- Lack of respect for property and/or the property of others.
- Specific behavior (explain)

PROACTIVE ACTIONS THAT WILL BE TAKEN IN ORDER 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.



GREATSTART EARLY LEARNING EXPULSION POLICY

- Child will be given a brief time-out so he/she can regain control.
- Child may lose certain privileges.
- 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, classroom staff and parent/guardian will have a conference(s) to discuss how to promote positive behaviors.
- The parent will be given literature or other resources regarding methods of improving behavior.
- Recommendation of evaluation by professional consultation on premises.
- Recommendation of evaluation by local school district child study team.

SCHEDULE OF EXPULSION

- If after the remedial actions above have not worked, the child's parent/guardian will be advised verbally and in writing about the child's or parent's behavior warranting an expulsion. An expulsion action is meant to be a period of time so that the parent/guardian may work on the child's behavior or to come to an agreement with the center.
 - The parent/guardian will be informed regarding the length of the expulsion period.
 - The parent/guardian will be informed about the expected behavioral changes required in order for the child or parent to return to the center.
 - The parent/guardian will be given a specific expulsion date that allows the parent an adequate amount of time to seek alternate child care (approximately one to two weeks notice depending on risk to other children's welfare or safety).
 - Failure of the child/parent to satisfy the terms of the plan may result in permanent expulsion from the center.

Notwithstanding the foregoing, if the behavior of the parent/child is defined as potentially dangerous, then it is grounds for immediate expulsion from the program. Potentially dangerous behavior is defined as, but not limited to; inappropriate sexual behavior, verbal or physical abuse towards a child or staff member, harassment toward a child or staff member, bringing a weapon to school.

TEMPORARY SUSPENSION OF SERVICES

If a child's parent(s):

- Made a complaint to the Office of Licensing regarding a center's alleged violations of the licensing requirements (1-877-667-9845) that alleges possible endangerment to the child; or
- Reported abuse or neglect occurring at the center. (1-800-215-6853) or (1-800-792-8610 after 5pm).

For the safety of the child, the family will be advised verbally and in writing to temporarily stop bringing the child to the center while the state agency is conducting their investigation. Once the investigation is complete, the child may return and the center will notify and work with the parent about remediation steps that will be undertaken (if necessary) to address any findings that are found substantiated. If the investigation is unfounded/unsubstantiated, the school has the right to either accept the child back or decide to terminate services.

INFORMATION TO PARENTS

Under provisions of the **Manual of Requirements for Child Care Centers (N.J.A.C. 3A:52)**, 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 and staff this written statement, prepared by the Office of Licensing, Child Care & Youth Residential Licensing, in the Department of Children and Families. In keeping with this requirement, the center must secure every parent and staff member'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 (OOL), 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 view a copy of the Manual of Requirements on the DCF website at <http://www.nj.gov/dcf/providers/licensing/laws/CCCmanual.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 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 OOL's Inspection/Violation Reports on 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://childcareexplorer.njccis.com/portal/>.

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 OOL 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 provide reasonable accommodations for children and/or parents with disabilities and 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).

Our center is required, at least annually, to review the Consumer 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 any 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 Communications and Legislation at (609) 292-0422 or go to www.state.nj.us/dcf/.



Getting to Know Your Child

Child's Name

Welcome to Greatstart Early Learning!!! This form is all about your child. With this information, it would help us get to know your child before he/she starts and help us decide how best to proceed with your child's care. We want to make your child's day as enjoyable as possible and would like to know their normal routine. We will try to follow your routine as much as we can during their first few days, and as your child adjusts to us and the other children, we will try to get him/her used to our daily routine and rules. This can be a big adjustment for some children specially if they have never been in daycare before. If you have any concerns, just ask us or give us a call and we can discuss it. We want you and your child to feel comfortable in our home.

How would you describe your child's temperament?

Happy Moody Quiet Chatty Testing Cooperative

Does your child play well with other children?

Yes No Not sure

Has your child been in daycare before?

Yes No

Does your child take naps?

Yes No How long does your child usually sleep during the day?

Do you have a routine for putting your child to bed? If yes, please describe:

Yes No

What time does your child

get up in the morning? _____ go to bed at night? _____

What are you looking for in daycare?

Playtime for your child Learning program Art program Fun & Learning Other

If other, please describe:

Does your child have any siblings?

Brother(s), ages _____ Sister(s), ages _____

Do you allow your child to watch TV?

Yes No Limited viewing only

How would you describe your child's eating habits?

Likes to eat Picky eater

What are some of your child's favorite food?



Getting to Know Your Child

Is your child allowed to have treats on occasions? <input type="checkbox"/> Cookies <input type="checkbox"/> Candy <input type="checkbox"/> Cake <input type="checkbox"/> Never
When we go for walks, can your child walk in front of me by himself? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you mind if we take videos or pictures on special occasions? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is your child toilet trained? <input type="checkbox"/> Yes <input type="checkbox"/> No
Does your child drink out of a <input type="checkbox"/> Sippy Cup <input type="checkbox"/> Bottle
Does your child use a pacifier? <input type="checkbox"/> Yes <input type="checkbox"/> No
If your child gets upset, how do you soothe him/her?
Does your child have a favorite toy or blanket?
Is your child "scared" of anything such as bugs, dogs, lightning, etc.?
How do you discipline your child?
Does your child have any problem(s) that we should be aware of? If yes, please explain: <input type="checkbox"/> Yes <input type="checkbox"/> No
How does your child react to strangers?
What are your expectations of our childcare?

UNIVERSAL CHILD HEALTH RECORD

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

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 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	

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: _____
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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		

<input type="checkbox"/> 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.	
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, Vaccine Preventable Diseases Program at 609-826-4860. 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.nj.gov/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.