

REQUIRED FORMS

Welcome to the Katz JCC Early Childhood Education Center. Our experienced educators are excited to meet your child and begin their school year. Please complete the enclosed forms and return them to the Early Childhood Education Center Office.



Getting to Know Your Child

Child's Name: _____

Age: _____ Date of Birth: _____

Parents marital status: ☐ Single ☐ Married ☐ Separated ☐ Divorced

Deceased: ☐ Mother ☐ Father

Please list all members of the household: (parents, brothers, sisters, grandparents, caretakers, etc.)

Name	Age	Relationship to Child
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Does your child have a nickname? ☐ Yes ☐ No If yes, what is it? _____

Does your child have any allergies? If yes, please specify: _____

Are there any special food or eating instructions? _____

Are there any medical problems of which we should be aware of? _____

What words does your child use for toileting? _____

Does your child have any bowel or bladder irregularities? _____

Does your child have any speech problems? _____

Are there any special napping instructions? _____

Is your child right or left handed? _____

Does your child have any pets? ☐ Yes ☐ No If yes, please tell us what kind of pet and its name: _____

Does your child have any specific fears? _____

Please provide us with any other additional information regarding his/her personality, behavior, special interests, activities, toys, etc. _____



Emergency Information Form

Year: 2020-2021

Child's Name: _____ Date of Enrollment: _____ Date of Birth: _____
Child's Address: _____ City: _____ State: _____ Zip: _____
Child's Phone Number: _____ Child's Nickname: _____

Parent or Guardian's Address Information:

Mom's Name: _____
Home Address: _____
Mom's City, State, Sip: _____
Dad's Name: _____
Home Address: _____
Dad's City, State, Sip: _____
Guardian's Name: _____
Home Address: _____
Guardian's City, State, Sip: _____

Parent or Guardian's Employment Information:

Mom's Place of Employment: _____ Business Phone: _____
Mom's Business Address: _____ Cell Phone: _____

Dad's Place of Employment: _____ Business Phone: _____
Dad's Business Address: _____ Cell Phone: _____

Guardian's Place of Employment: _____ Business Phone: _____
Guardian's Business Address: _____ Cell Phone: _____

Child's Physician Name: _____ Address: _____
Child's Dentist Name: _____ Address: _____

May we call another physician and/or dentist if unable to contact those listed above? ☐ Yes ☐ No

Does your child have any known allergies*? ☐ Yes ☐ No

*Allergies must be documented by your child's physician in writing

Persons to be notified in the case of emergency if parents are not available:

Name: _____ Phone: _____ Cell: _____
Relationship to Child: _____ Can Pick up Child: ☐ Yes ☐ No
Name: _____ Phone: _____ Cell: _____
Relationship to Child: _____ Can Pick up Child: ☐ Yes ☐ No
Name: _____ Phone: _____ Cell: _____
Relationship to Child: _____ Can Pick up Child: ☐ Yes ☐ No

DO NOT allow the following people to pick up my child: ____ If I cannot be contacted in the case of an emergency, I give the JCC Early Childhood Center my permission to transport my child to the following hospital or clinic for medical care: _____ or to the following dental clinic: _____ for dental care.

☐ I do not give my permission to transport my child in a medical emergency, please take the following actions:

Signature of Parent / Guardian: _____ Date: _____



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:			
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					



SCHEDULE CONTRACT

Please refer to the Fee Schedule Sheet enclosed in this packet to indicate the days and times you would like your child to attend our program for the 2020-2021 school year.

If you are a new enrollee, please send your deposit along with this form no later than **Friday, August 21, 2020.**

Child's Name: _____ Date of Birth: _____
Parent's Name: _____ Phone Number: _____
Parent's Address: _____ Email Address: _____

Please Complete the Schedule Selection Below.

Changes to your Schedule Contract must be made two weeks prior to the change using a Schedule Change Form available in the Early Childhood Education Center Office or online at jccatlantic.org.

Class: ☐ Infant/Toddler ☐ 2 Year Old Program ☐ 3 & 4 Year Old Program ☐ Kindergarten (5 day only)
Days: ☐ Monday-Friday ☐ Mondays, Wednesdays, Fridays ☐ Tuesdays and Thursdays
JCC Member: ☐ Yes ☐ No More than 1 child enrolled? ☐ Yes ☐ No

Time Schedule: _____ Monthly Amount: _____ Start Date: _____

☐ Invoice Me

☐ E-Pay – Charge My Credit Card Monthly (E-Pay Form must be filled out)

Tuition is based on a rate divided equally over the school year. For this reason, the rate stays the same each month regardless of the number of days the preschool is open during the month.

Before Care and After Care that is not part of your signed Schedule Contract must be scheduled in advance at a rate of 1 – 1 ½ hours at \$15.00 and 1 ½ - 3 hours at \$25.00. Unscheduled early drop off and late pick up will result in a \$25.00 fee per 15 minutes or any portion thereof.

Deposit Amount (one month payment): _____ (add \$35.00 for JCC Guest)

Method of Payment: ☐ Cash ☐ Check ☐ Visa ☐ MasterCard ☐ Amex ☐ Discover

(Please make checks payable to The Jewish Community Center of Atlantic County)

Card Number: _____ Security Code: _____ Expiration Date: _____

Name on Card: _____ Signature: _____

Signature of Parent / Guardian: _____ **Date:** _____



E-PAY CUSTOMER AGREEMENT

Child's Name: _____ Date of Birth: _____
Parent's Name: _____ Phone Number: _____
Parent's Address: _____

Monthly Payment Amount accordingly to your Schedule Contract: \$ _____
Monthly Payment to be charged on the credit card listed below: \$ _____
Start Date for E-Pay: _____ End Date for E-Pay: _____

Please fill out your Credit Card Information below:

☐ Visa ☐ MasterCard ☐ Amex ☐ Discover

Card Number: _____ Security Code: _____ Expiration Date _____
Name on Card: _____ Signature: _____

I _____, authorize the JCC to automatically charge the credit card listed above in the amount of \$ _____ on the 5th of each month stated above for my Early Childhood Tuition.

Should my Credit Card be declined, I realize that I am responsible for my tuition payments plus a late fee of \$25.00. I understand that it is my responsibility to notify the JCC in writing should I change my bank or credit card.

Signature: _____ Date: _____

FOR OFFICE USE ONLY:

Card information put to 100% Sponsor



Parent/Guardian Agreement

Child Name: _____

Welcome to the JCC Early Childhood Program. Please acquaint yourself with the following information. As you review it, initial each section and then sign and date the bottom.

Tuition Fees & Deposits: There is a one-time registration fee of \$100. I understand that I must register to reserve a space. I understand that tuition is calculated on a rate for a routine school year (12 months). Fees are divided into equal monthly payments. I understand that there is no deduction from tuition or make-up days scheduled because of absences or school closings. A full months deposit is required at the time of enrollment. All deposits that are taken are credited towards your last month of attendance at the Katz JCC i.e. graduation or unenrolling from the JCC as per the handbook. I understand that tuition is due on the 1st of each month. Payments received after the 5th are subject to a \$25 late fee. _____Initial

Release of Liability: If my child needs emergency medical, dental, or surgical services as determined by the JCC and substantiated by a Medical Doctor or Dentist, and the urgency for necessary treatment does not allow time to contact parents or legal guardian of said child, I the undersigned authorize, appoint, and empower the JCC to act as my agent, furnish oral and written authorizations as required, and I release the JCC from any liability which might arise from the giving of such authorization, it being my desire that my child be furnished with medical, dental or surgical service as soon as reasonably possible after the need arises. _____Initial

Permission Slip: I hereby grant permission for my child to participate in walking trips within the Center's neighborhood. I understand these walks do not involve entrance into any facility (except Beth El Synagogue across Jerome Avenue and the Chabad House next door) and the route of any trip will involve no safety hazards. _____Initial

Pick-Up: I understand that my child will only be released to his/her parents or persons authorized by the parent/guardian to be responsible for this child. I understand that I must pick up my child by my scheduled pick-up time. Late pick-ups are charged \$25 for each 15 minutes late (or portion thereof) unless prior arrangements are made. _____Initial

Parent Statement: I have read and received a copy of the Information to Parents Statement prepared by the Bureau of Licensing in the Division of Youth and Family Services. _____Initial

Medical: I have read the Policy on the Management of Communicable Diseases prepared by the Bureau of Licensing in the Division of Youth and Family Services and I agree to follow this policy. I also agree to provide the JCC with my child's immunizations as they are received (if applicable). I further agree to provide all allergy related restriction in writing and signed by my child's pediatrician. _____Initial

Covid-19: I have read and agreed to the Covid-19 Policy and Guidelines _____Initial

Policies: I agree to follow all JCC established policies, procedures and guidelines. I understand that all policy changes will be communicated in writing and agree to follow stated policies. I agree to read and abide by the parent handbook and welcome packet. I agree to make all schedules, classroom and other requests in writing. _____Initial

Discipline Policy: I have received a statement of the discipline philosophy as established by the Early Childhood Committee of the Jewish Community Center. I received a copy of this statement in the Parent Handbook. _____Initial

Photography Release: I hereby release and give permission for my child to be photographed or taped while a student at the JCC Early Childhood Program. The JCC may publish my child's photos on their website, Facebook and future brochures. _____Initial

I have read and agree with all the above.

Signature of Parent/Guardian: _____ Date: _____

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.

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.

Anyone who has a 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 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 Division of Youth and Family Services' Office of Child Abuse Control, toll free at 1-800-792-8610, or to any DYFS District Office. 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, P.O. Box 717, Trenton, New Jersey 08625-0717.

Dear Parent or Guardian:

In keeping with New Jersey's child care center licensing requirements, we are obliged to provide you, as the parent or guardian of a child enrolled in our child care center, with the attached 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 abuse/neglect/exploitation to the State of New Jersey's Division of Youth and Family Services (DYFS).

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

Please complete and return this lower portion to the center. (PLEASE PRINT)

Name of child(ren): _____

School: _____

Name of parent(s) or guardian(s): _____

I have received and read a copy of the Information to Parents statement prepared by the Bureau of Licensing in the Division of Youth and Family Services.

Signature of Parent/Guardian: _____ Date: _____



INFORMATION RELEASE FORM BIKE RIDING AND HELMET USE

Child's Name: _____

Child's Age: _____

Child's Teacher: _____

- ☐ My child may ride bikes at the JCC and use JCC helmets
- ☐ My child may ride bikes at the JCC and I will bring in a helmet to leave here at the JCC.
- ☐ My child may not ride bikes at the JCC.

Signature of Parent/Guardian: _____

Date: _____