



Milton & Betty Katz JCC

EARLY CHILDHOOD

Education Center



2019 - 2020 Welcome Packet

501 N. Jerome Avenue | Margate, NJ 08402
609.822.1167 Ext. 130 | jccatlantic.org





GETTING TO KNOW YOUR CHILD

Child's Name: _____ Date: _____

Age: _____ Date of Birth: _____ Sex: _____

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	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. _____



YEAR: 2019-2020

Emergency Information Form

Child's Name:	Date of Enrollment:	Date of Birth:
Child's Address:	Child's Telephone Number:	
City, State, Zip Code:	Child's Nickname:	
Parent or Guardian's Address Information:		
Mom's Name:	Home Address:	
Mom's City, State, Zip:		
Dad's Name:	Home Address:	
Dad's City, State, Zip:		
Guardian's Name:	Home Address:	
Guardian's City, State, Zip:		
Parent or Guardian's Employment Information		
Mom's Place of Employment:	Business Phone #	
Mom's Business Address:	Cell #	
Dad's Place of Employment:	Business Phone #	
Dad's Business Address:	Cell #	
Guardian's Place of Employment:	Business Phone #	
Guardian's Business Address:	Cell #	
Child's Physician:	Name	Address:
Child's Dentist:		
May we call another physician and/or dentist if unable to contact those listed above? _____ Yes _____ No		
Does your child have any known allergies*? *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:	(Please circle) 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	
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: _____	FLU SHOT MANDATORY BY 12/31/19
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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		

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 _____	

NEW MEDICATION PROCEDURES

1. The first dose of any medication should always be given at home and with sufficient time before the child returns to school. When a child is ill due to a communicable disease that required medication, the child must be on the medication for 24 hours before returning to school.
2. Medication will only be given when ordered by the child's healthcare provider and with written consent from the child's parent or guardian. A "Permission to Give Medication" form is attached to this policy. All information on the permission form must be completed before any medication can be given.
3. "As needed" medications may only be given when the child's health care provider completes a permission form that lists specific reasons and times when such medication can be given.
4. Medications given at school will be administered by the EC office. Please bring all medications labeled.
5. Any prescriptions or over the counter medication brought to school must be specific to the child who is to receive the medication, in its original container and to be labeled with the following information:
 - a. Prescription medication must have the original pharmacist label that includes the pharmacist's phone number, the child's full name, name of the health care provider prescribing the medication, name and expiration date of the medication, the date it was prescribed or updated, and dosage, route, frequency and any special instructions for administration and storage.
 - b. Over the counter medications must have the child's full name on the container and the manufacturers' original label with dosage, route frequency and any other special instructions.
 - c. Any over the counter medication without instructions for administration specific to the age of the child must have a completed permission slip from the health care provider.
6. Any information concerning observations, problems or suggestions in giving medication should be shared with staff caring for the child.
7. Parents need to sign all medication forms prior to staff dispensing the medications.

Holiday Schedule 2019-2020

Friday, August 30, 2019	Early Childhood Open House	3:00-4:00 p.m.
Monday, September 2, 2019	Labor Day	Closed
Tuesday, September 3, 2019	First Day of School	Regular Schedule
Monday, September 30, 2019	Rosh Hashanah	Closed
Tuesday, October 1, 2019	Rosh Hashanah	Closed
Tuesday, October 8, 2019	Erev Yom Kippur	Early Closing 5:30 pm
Wednesday, October 9, 2019	Yom Kippur	Closed
Monday, October 14, 2019	Sukkot	Closed
Monday, October 21, 2019	Shemini Atzeret	Closed
Thursday & Friday November 28 & 29, 2019	Thanksgiving	Closed
Tuesday, December 24, 2019	Christmas Eve	Early Closing 3:00
Wednesday, December 25, 2019	Christmas Day	Closed
Tuesday, December 31, 2019	New Year's Eve	Early Closing 3:00 pm
Wednesday, January 1, 2020	New Year's Day	Closed
Wednesday, April 8, 2020	Erev Passover	Early Closing 5:30 pm
Thursday, April 9, 2020	Passover	Closed
Monday, May 25, 2020	Memorial Day	Closed
Friday, May 29, 2020	Shavout	Closed
Thursday, June 11, 2020	Preschool Graduation 5:00 pm	
Friday, June 12, 2020	Last Day of School	
June 15, 16, 17, 2020	Interim Week for 2-3-4 Year-Old Classes	
June 18 & 19, 2020	Preschool Closed Infant/Toddler follow regular schedule	
Monday, June 22, 2020	First Day of Camp By The Sea	
Friday, August 14, 2020	Last Day of Camp By The Sea	Early Closing 3:00 pm
August 17, 18, 19, 20 & 21, 2020	Interim Week	Regular Schedule
August 24- August 31, 2020	Early Childhood Closed	
Monday, August 31, 2020	Early Childhood Open House	3:00-4:00 pm
Tuesday, September 1, 2020	First Day of School	Regular Schedule
Monday, September 7, 2020	Labor Day	Closed

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 **2019-2020** school year.

Child's Name: _____ D.O.B: _____

Parent's Name: _____ Phone No.: _____

Parent's Address: _____

E-Mail Address: _____

****Circle your selection below ~ Changes to your Schedule Contract are allowed with 2 weeks' notice and a Change Form.**

Class: Infant/Toddler 2 Yr. Olds 3 & 4 Yr. Olds

Days: Monday-Friday Mondays, Wednesdays, Fridays Tuesdays and Thursdays

JCC Member: Yes // No **More than 1 child enrolled?** _____

Time: _____ **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.

A Security Deposit of one month's tuition will be credited towards August 2020 tuition and is due no later than Friday, August 16, 2019.

Deposit Amount (one monthly payment): _____ **(add \$35.00 for Non-Member)**

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 _____

****Please note that this deposit amount is necessary to secure a spot for your child and will be applied at the end of the school year (June 2018).**

Parent/Guardian Signature

Dated

E-PAY CUSTOMER AGREEMENT

Child's Name: _____ D.O.B: _____

Parent's Name: _____ Phone No.: _____

Parents 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 No.: _____ Expiration Date: _____

Name on Card: _____ Security Code: _____

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



Milton & Betty Katz JCC

EARLY CHILDHOOD

Education Center

2019-20 TUITION FEES

The Milton & Betty Katz JCC Early Childhood program is open to members and non-members, however, **non-members are required to pay an additional \$35/month** per child enrolled. Yearly placement and fee adjustments after initial enrollment are made each September, NOT on the child's birthday. Placement depends on child's age by October 1st of enrolled year.

Early Childhood Program Includes **CAMP BY THE SEA**

5 Full Days: Mon-Fri

Time	Infant/Toddler	2 Yr Old	3&4 Yr Old
6:30 - 3:00	\$940	\$898	\$851
6:30 - 3:30	\$969	\$932	\$879
6:30 - 4:30	\$988	\$936	\$884
6:30 - 6:00	\$1,040	\$982	\$932
7:30 - 3:00	\$935	\$894	\$847
7:30 - 3:30	\$964	\$921	\$868
7:30 - 4:30	\$983	\$932	\$879
7:30 - 6:00	\$1,035	\$961	\$912
9:00 - 3:00	\$790	\$791	\$728
9:00 - 3:30	\$882	\$819	\$767
9:00 - 4:30	\$935	\$894	\$847
9:00 - 6:00	\$983	\$932	\$879

3 Full Days: Mon, Wed & Fri (3-Day Spaces Are Limited)

Time	Infant/Toddler	2 Yr Old	3&4 Yr Old
6:30 - 3:00	\$711	\$680	\$650
6:30 - 3:30	\$743	\$709	\$673
6:30 - 4:30	\$748	\$714	\$678
6:30 - 6:00	\$787	\$751	\$721
7:30 - 3:00	\$706	\$675	\$645
7:30 - 3:30	\$730	\$697	\$663
7:30 - 4:30	\$743	\$709	\$673
7:30 - 6:00	\$781	\$746	\$690
9:00 - 3:00	\$630	\$602	\$547
9:00 - 3:30	\$668	\$638	\$611
9:00 - 4:30	\$706	\$675	\$645
9:00 - 6:00	\$743	\$709	\$673

2 Full Days: Tue & Thu (2-Day Spaces Are Limited)

Time	Infant/Toddler	2 Yr Old
6:30 - 3:00	\$592	\$544
6:30 - 3:30	\$616	\$562
6:30 - 4:30	\$623	\$567
6:30 - 6:00	\$656	\$597
7:30 - 3:00	\$586	\$538
7:30 - 3:30	\$605	\$553
7:30 - 4:30	\$616	\$562
7:30 - 6:00	\$645	\$591
9:00 - 3:00	\$532	\$469
9:00 - 3:30	\$555	\$513
9:00 - 4:30	\$586	\$538
9:00 - 6:00	\$616	\$562

5 Half Days: Mon-Fri

Time	Toddler	2 Yr Old	3 & 4 Yr Old
9:00 - 12:00	\$580	\$575	---
9:00 - 12:30	---	---	\$570

3 Half Days: Mon, Wed & Fri

Time	Toddler	2 Yr Old	3 & 4 Yr Old
9:00 - 12:00	\$430	\$420	---
9:00 - 12:30	---	---	\$410

2 Half Days: Tue & Thu

Time	Toddler	2 Yr Old
9:00 - 12:00	\$415	\$400

The Milton & Betty Katz JCC Early Childhood Center
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) 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 Division's 24-hour Child Abuse Hotline (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 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; Staff members attempt to contact the child's other parent or an alternate person(s) authorized by the parent(s); and
2. If the center is unable to make alternative arrangements, a staff member shall call the Division's 24-hour Child Abuse 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).

Behavioral Management Policy

Unfortunately, there are some 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 expel or suspend a child from this Center:

IMMEDIATE CAUSES FOR EXPULSION

- The child is at risk of causing serious injury to other children or himself/herself.
- Parent threatens physical or intimidating actions toward staff members.
- Parent exhibits verbal abuse to staff in front of enrolled children.

PARENTAL ACTIONS FOR CHILD'S EXPULSION

- Failure to pay/habitual lateness in payments.
- Failure to complete required forms including the child's immunization records.
- Habitual tardiness when picking up your child.
- Verbal abuse to staff.
- Other (explain)

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.
- Other (explain)

A CHILD WILL NOT BE EXPELLED

If a child's parent(s):

- Made a complaint to the Office of Licensing regarding a Center's alleged violations of the licensing requirements.
- Reported abuse or neglect occurring at the Center.
- Questioned the Center regarding policies and procedures.

Without giving the parent sufficient time to make other child care arrangements.

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. And 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 sufficient time to seek alternate child care (approximately one to two weeks' notice depending on the risk to other children's welfare or safety).
- Failure of the child/parent to satisfy the terms of the plan may result in a permanent expulsion from the center.

PROACTIVE ACTIONS THAT CAN 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.
- 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, 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.

MILTON & BETTY KATZ JCC EARLY CHILDHOOD PROGRAM

CHILD'S 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 Information: There is a one- time registration fee of \$100.00. 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. **I understand that a one month tuition deposit to be credited towards August and is due at the start of the school year.** 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

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

Lunches: I agree to supply a dairy (non-meat) lunch and drink that meets my child's nutritional needs.

_____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.

Date: _____

Signature of Parent/Guardian: _____

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 Bureau of Licensing in the Division of Youth and Family Services (DYFS). 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 Bureau of Licensing in the New Jersey Division of Youth and Family Services. 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, a 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: Bureau of Licensing, Division of Youth and Family Services, Licensing Publication Fees, P.O. Box 18500, Newark, New Jersey 07191.

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 of 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 this to the Bureau of Licensing at 609-292-1021 or 609-292-9220. 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 parent(s) 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 dispensing medicine and the management of communicable disease. Please talk to us about these policies so we can work together to keep our children healthy.

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. If there is a licensing complaint investigation, you are also entitled to review the Bureau'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 DYFS inspections/investigations. DYFS 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 Bureau 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 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,



Jan Higbee
Early Childhood Director

=====

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: _____

Date: _____



INFORMATION RELEASE FORM

BIKE RIDING AND HELMET USE AT THE JCC

Please fill out this form and return to the Early Childhood Office.

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.

Parent/Guardian Signature

Date

STAY INFORMED!!



PARENTS OF JCC ATLANTIC PRE-SCHOOL

TEXT ALERTS

Receive important information about school closings and upcoming events by signing up for our JCC Early Childhood TEXT ALERTS.

Sign up now!

Text (609) 488-4361
Message: @jcce

