



Milton & Betty Katz JCC

# EARLY CHILDHOOD

Education Center



## 2020 - 2021 Welcome Packet

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





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

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_

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: 2020-2021**

## 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:	
<b>Parent or Guardian's Address Information:</b>		
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:		
<b>Parent or Guardian's Employment Information</b>		
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 #	
<b>Child's Physician:</b>		<b>Address:</b>
<b>Child's Dentist:</b>		
May we call another physician and/or dentist if unable to contact those listed above?      Yes      No		
Does your child have any known allergies*? <b>*Allergies must be documented by your child's physician in writing</b>		
<b>Persons to be notified in the case of emergency if parents are not available:</b>		
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
<b>DO NOT</b> allow the following people to pick up my child:		
<input type="checkbox"/> 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.		
<input type="checkbox"/> I do not give my permission to transport my child in a medical emergency, please take the following actions:		
<b>Signature of Parent / Guardian:</b>		<b>Date:</b>



# 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 ( ) -	
<b>I give my consent for my child's Health Care Provider and Child Care Provider/School Nurse to discuss the information on this form.</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: _____		<b>FLU SHOT MANDATORY BY 12/31/20</b>

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	

## **COVID-19 Procedures**

The Milton and Betty Katz JCC Early Childhood Program will continue to monitor the latest health guidelines, NJ State mandated policies, CDC and local health department recommendations to make adjustments to our programming policies and procedures. Safety will always be our number one priority for our children, staff and families.

These procedural guidelines will be provided for, and agreed to, by all families and staff prior to the start of school. We will continue to review safety protocols and procedures on a regular basis.

We will continue to follow the recommendations to keep group sizes small and there will be no mixing of one class with another. Class sizes will be limited to 10 children, guided by Governor's Executive Order updates and CDC guidelines and we will update class sizes and staff accordingly.

### **Daily Health Check and Temperature Screening Upon Arrival**

We will be taking daily temperatures of all children and staff upon arrival using a no-touch forehead thermometer. Temperature results will be logged daily and sent to NJ Department of Children and Families. Any child or staff who has a temperature of 100.4 or higher will not be able to attend school that day.

If you answer yes to any of the following questions, you must stay home from school.

- Have you, your child or anyone in your home been in close contact with a person who has COVID-19 (defined by the CDC as being within 6 feet of someone for 10 minutes or more)?
- Do you, your child (or anyone in your home who hasn't been in quarantine) have a fever, cough, shortness of breath, difficulty breathing, sore throat, loss of smell or taste, chills, muscle pain, headache, a rash, diarrhea, vomiting or lethargy?
- Have you administered medication for fever to your child (or yourself) in the past 24 hours?
- Have you travelled to a state that you would have to quarantine if you entered the state of New Jersey?

Any child or staff member who displays visible symptoms of illness will not be accepted to school that day. Any child or staff with a headache, rash, diarrhea, vomiting or lethargy or showing signs of respiratory issues: coughing, tugging in the chest, wheezing or shortness of breath will be sent home.

### **Parent Drop-Off and Pick-Up Procedures**

Adults dropping off/picking up children must wear masks.

Parents will be not permitted to enter the building.

We have carefully considered young children and separation and have developed a plan for supporting their transition into school. If you would like to view your child's classroom and teacher, an appointment can be made when children are not in the building or we can set up a zoom call.

## **Physical Distancing Strategies**

Class sizes will be smaller to facilitate physical distancing and alterations will be made to large whole group circle times. Currently our class sizes are 10 children per class, excluding infants which is 8 per class. Classes will not become mixed with other classes for group activities.

The leadership team will restrict visits to rooms and observe by standing at the door unless necessary to go in so they are not working with multiple groups of children.

Playground times will be staggered as to not mix classes and allow for proper cleaning to occur. Some areas may be off-limits depending on the cleaning process needed.

One way traffic flow will be implemented in all buildings and schedules will be adjusted so that classes will not be mixed with other classes.

## **Wearing Masks at School**

CDC recommends that when feasible, staff members and older children should wear face coverings within the facility. Face coverings will NOT be put on children under age two (danger of suffocation).

The Katz JCC early childhood staff will wear masks in common areas and when indoors and within 6 feet of another person to protect themselves and others. Face coverings will not be required outdoors.

Face coverings are most essential when physical distancing is difficult. Since face coverings are a challenge for young children, it may be discouraged if it causes a child to touch their face frequently.

## **Illness at School and Updated Sick Policy**

As a direct response to the COVID-19 pandemic, we are modifying our normal sick policies to take special consideration in an effort to reduce the risk of possible infection. We cannot emphasize enough the need for our parents to keep children home when they are sick. We will require the following protocol to be adhered to by staff and families. The following policies supersede any information in our Katz JCC Parent Handbook concerning illness:

- Any sick children and staff are required to stay home; this includes children and staff when having a temperature of 100.4 F or higher, or who are displaying symptoms including coughing, sneezing, shortness of breath, difficulty breathing, sore throat, loss of smell or taste, chills, muscle pain, headache, a rash, diarrhea, vomiting or lethargy.
- Children or staff with immediate family presenting with the above listed symptoms are required to stay home.
- Any person who is confirmed to have COVID-19 within the last 14 days of being at Katz JCC ECD must notify us immediately.
- Persons with known close contact to a person who is confirmed to have COVID-19 may return following a 14 day self-quarantine period from the last date of exposure.

## **If a child or staff shows signs of illness at school**

If a child or staff displays symptoms of illness while at school including, but not limited to fever, coughing, sore throat, runny nose, diarrhea, vomiting, lethargy, and rash s/he will be isolated in our supervised, designated area.

Parents will be notified and required to pick up their child immediately. Emergency contacts will be called and your child should be picked up within 30 minutes. Parents should call the school at 609-822-1167, ext.130 when they arrive and the child will be brought to your car.

## **Returning to School after Illness**

Any child or staff showing signs of respiratory issues (including coughing, tugging in the chest, wheezing or shortness of breath) or other COVID-19 symptoms including fever, abdominal pain, diarrhea, vomiting, sore throat, or lethargy may return to school based upon the following criteria:

- 48 hours after being symptom free, without fever reducing medication AND with lab/physician documentation of negative COVID-19 test results OR they must be excluded for 14 days from symptom onset AND are only allowed to return 72 hours after fever resolution without medication AND improved respiratory symptoms.

OR

- They may return to school prior to the 14 day exclusion period if a physician establishes an alternative diagnosis and they present a doctor's note that states: "I examined "Child's name " in my office on \_\_\_\_\_ and evaluated for \_\_\_\_\_. She/he does not have COVID-19 and is able to return to school without placing others at risk.

## **Staff member or child is suspected of/or diagnosed with COVID-19**

Parents/staff must contact the preschool within 24 hours of finding out a medical diagnosis of COVID-19.

If any staff, child or anyone they have been in direct contact with has a positive COVID-19 diagnosis, the Katz JCC Early Childhood Department must be notified immediately. We will notify the New Jersey Department of Health and the Atlantic County Health Department and follow their guidance on action and closures. If this should occur, we will notify families immediately.

We will make decisions on closures and quarantining on a case by case basis with guidance from medical professionals, the New Jersey Department of Health and our local health department. Those actions may include:

- Anyone (including children and staff) who came into contact with children or staff suspected of infection of COVID-19 and awaiting test results must quarantine for 48 hours or until test results come back negative. The classroom may reopen after 48 hours or when permission is granted by regulatory agencies.
- Areas used by the child or staff member will be closed off from the rest of the building and disinfected.
- Families will be notified that a positive case has been in the school via email and parents from the affected class will be called. Confidentiality will be maintained while communicating with parents and staff about the situation.
- If an immediate family member of either a staff member or student has a positive COVID-19 diagnosis, the staff or student exposed may not return to school for 14 days AND with lab/physician documentation of negative COVID-19 test results.
- Siblings of students who are quarantining due to a positive case of COVID-19 in their class may continue to attend school as long as they remain asymptomatic. Contacts of contacts are not considered in the quarantining process.

# **Returning to School for Staff and Students after a confirmed positive case of COVID-19**

Staff/children who test positive for COVID-19 will be excluded for 14 days from symptom onset AND only allowed to return 3 days after fever resolution without medication AND improved respiratory symptoms.

## **In the Event of a Closure**

### **Closure Policy If/When There is a Positive Case**

The child/staff that tested positive must have two negative test results before returning to the program and be symptom-free. Only the class/cohort that has the positive case will temporarily close and will be deep cleaned. The minimum closure will be two days from the day the child was last in the program. The date of that class reopening will be determined on a case by case basis.

We will work with the New Jersey Department of Health (DOH) to determine if (and which) children and staff members will require quarantining and/or testing. Each case will be determined on an individual basis as the circumstances vary per case. This technique avoids a program wide closure.

## **Refund Policy Due to Temporary Closure/Return to School**

If your child's class has a temporary closure, a 50% refund will be given after four or more missed consecutive days within that month/following month. If we temporarily close for three or less consecutive days, no refunds will be issued for those days within that month/following month.

You may choose to withdraw from the program for future months; however, we cannot guarantee their space. Refunds will only be issued if the JCC closes, not if a parent chooses to withdraw from the program.

## **Cleaning and Disinfection**

The Katz JCC ECD is adding a number of protocols to keep our children and staff safe including the following:

- Classroom materials will be sanitized before each use.
- Staff and children will wash their hands upon arrival and after each activity or transition in addition to meal and bathroom time.
- Chairs, tables, doors and common areas will be wiped down frequently throughout the day.
- During nap time, children's naptime mats will be placed head to toe and spaced out 6 feet apart.
- Discontinued use of soft toys, sensory bins, and dramatic play costumes indefinitely.
- Regular deep cleaning of the entire building at night and regular cleaning throughout the day.

## **What is the plan for cleaning throughout the day and in the evenings?**

Facilities will have expanded cleaning and disinfecting each night and additional staff present throughout the day for consistent sanitizing of door handles, tables, chairs and other high contact surfaces.

Additional janitorial personnel are assigned to disinfect common areas with a professional Electrostatic Sprayer utilizing Aero Rough and Ready RTU disinfectant cleaner throughout the preschool buildings every evening. The sprayer provides complete disinfectant coverage on all hard and soft surfaces. The disinfectant used is a US EPA registered broad-spectrum disinfectant. It is safe to use in schools.



## Medical 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.

## School Calendar 2020-2021

Monday, September 7, 2020	Labor Day	Closed
Tuesday, September 8, 2020	First Day of School	Regular Schedule
Friday, September, 18, 2020	Erev Rosh Hashanah	Building Closing 5:30 pm
Monday, September 28, 2020	Yom Kippur	Closed
Saturday, October 3, 2020	Erev Sukkot	Regular Closing 5:30 pm
Sunday, October 4, 2020	Sukkot	Closed
Thursday & Friday, Nov. 26 & 27, 2020	Thanksgiving	Closed
Thursday, December 24, 2020	Christmas Eve	Early Closing 3:00
Friday, December 25, 2020	Christmas	Closed
Thursday, December 31, 2020	New Year's Eve	Early Closing 3:00
Friday, January 1, 2021	New Year's Day	Closed
Friday, March 26, 2021	Erev Passover	Early Closing 5:30
Monday, May 17, 2021	Shavuot	Closed
Monday, May 31, 2021	Memorial Day	Closed
Thursday, June 17, 2021	Preschool Graduation	5:00 pm
Friday, June 18, 2021	Last day of School	
Interim Week June 21-25, 2021	June 23-25, 2020 – Closed for 2's, 3's, & 4's Infant/Toddler – follow regular schedule	
Monday, June 28, 2021	First Day of Camp by the Sea	
Friday, August 20, 2021	Last Day of Camp by the Sea - Early Closing 3:00 pm	
August 23-27, 2021	Interim Week – Regular Schedule	
August 30 – Sept. 3, 2021	Early Childhood	Closed
Friday, September 3, 2021	Open House	3:00-4:00 pm
Monday, September 6, 2021	Labor Day	Closed
Tuesday, September 7, 2021	First Day of School	Regular Schedule

*This school calendar will be subject to change due to COVID-19.*



**! ALERT**  
Delay Opening due to inclement weather

Special Alerts  
Notices

Receive Class  
Updates

Calendar +  
**Today**  
12:30PM Harvest Festival  
Need 3 items & 5 pe  
3 x Pizzas  
Raffel Volunteer  
3:00PM Parent Teacher Co  
Parent-Teacher

Calendar Events



Today we painted outside with everyone getting their own color to create on large piece of art.

5 8 Comments Share

Annie Hsu  
Parent of Sophie  
**Play Dough!**  
This morning my Kindergartners got a cooking lesson.



Daily Communications

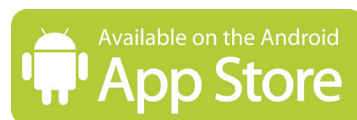
# Stay connected during the school day.

with

# Kaymbu

Communication from the JCC Early Childhood Education Center will now be sent electronically using Kaymbu parent communication app.

Get connected today. Download the APP for FREE!





# Milton & Betty Katz JCC

# EARLY CHILDHOOD

## Education Center

## 2020-21 MONTHLY TUITION FEES

The Milton & Betty Katz JCC Early Childhood program is open to members and guests, however, **guests 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 approximately by October 1 of enrolled year.

Early Childhood Tuition Includes **CAMP BY THE SEA** for the year enrolled.

### 5 Full Days: Mon-Fri

Time	Infant/Toddler	2 Yr Old	3&4 Yr Old	Kindergarten
7:30 - 3:00	\$972	\$930	\$881	\$881
7:30 - 4:30	\$1,022	\$969	\$914	\$914
7:30 - 5:30	\$1,076	\$999	\$948	\$948
9:00 - 3:00	\$822	\$823	\$757	\$757
9:00 - 4:30	\$972	\$930	\$881	\$881
9:00 - 5:30	\$1,022	\$969	\$914	\$914

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

Time	Infant/Toddler	2 Yr Old	3&4 Yr Old
7:30 - 3:00	\$734	\$702	\$671
7:30 - 4:30	\$773	\$737	\$700
7:30 - 5:30	\$812	\$776	\$718
9:00 - 3:00	\$655	\$626	\$569
9:00 - 4:30	\$734	\$702	\$671
9:00 - 5:30	\$773	\$737	\$700

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

Time	Infant/Toddler	2 Yr Old
7:30 - 3:00	\$609	\$560
7:30 - 4:30	\$641	\$584
7:30 - 5:30	\$671	\$615
9:00 - 3:00	\$577	\$488
9:00 - 4:30	\$609	\$560
9:00 - 5:30	\$641	\$584

### 5 Half Days: Mon-Fri

Time	Toddler	2 Yr Old	3 & 4 Yr Old
9:00 - 12:00	\$603	\$598	---
9:00 - 12:30	---	---	\$593

### 3 Half Days: Mon, Wed & Fri

Time	Toddler	2 Yr Old	3 & 4 Yr Old
9:00 - 12:00	\$447	\$437	---
9:00 - 12:30	---	---	\$426

### 2 Half Days: Tue & Thu

Time	Toddler	2 Yr Old
9:00 - 12:00	\$432	\$416

# 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:** \_\_\_\_\_ **D.O.B:** \_\_\_\_\_

**Parent's Name:** \_\_\_\_\_ **Phone No.:** \_\_\_\_\_

**Parent's Address:** \_\_\_\_\_

**E-Mail 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](http://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?** \_\_\_\_\_

**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:** \_\_\_\_\_

\_\_\_\_\_  
**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 5<sup>th</sup> 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**

# **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).

## **Parent Communication**

All parents/guardians listed on the enrollment forms will receive a notification to download the JCC's Kayambu School Communication App for notifications, photos and class announcements.

# **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.

# Parent/Guardian Agreement

**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 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 1<sup>st</sup> of each month. Payments received after the 5<sup>th</sup> 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

**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.

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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,

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**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

Child(s) Name: \_\_\_\_\_

Child(s) Age: \_\_\_\_\_

Child's Teacher: \_\_\_\_\_

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\_\_\_\_\_ 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