*(For Office Use Only)*

**Children’s Record Checklist**

The following must be kept on file for each enrolled child:

1. ENROLLEMENT APPLICATION:
   1. Child’s name, address, birth date
   2. Parents’ (guardian’s) name, home address, and phone number
   3. Persons authorized to assume responsibility for the chills if neither parent is available
   4. Parents’ (guardian’s) signature and date
2. AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT:
   1. Emergency information
   2. Any know allergies
   3. Physician’s name, address, phone number
   4. Emergency Authorization
3. PHYSICIAN’S REPORT:
   1. Health report
   2. Immunization record
   3. Universal Child Health Record
4. PERMISSION TO DISPENSE MEDICATION FORM:
   1. Parent’s (guardian’s) permission
   2. Parent’s (guardian’s) signature on form
5. ENROLLMENT AGRREMENT:
   1. Parent’s (guardian’s) signature
6. DEVELOPMENTAL HISTORY
   1. Completed information
7. RECEIPT OF THE DYFS INFORMATION TO PARENTS DOCUMENT:
   1. Parent’s (guardian’s) signature
8. ADDED TO STATE ROSTER
   1. Date Added \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
9. EMERGENCY CARD FILED:
   1. Date Filed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
10. EXPULSION POLICY
    1. Date Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(For Office Use Only)*

**New Student Form**

Dear Staff,

There is a new student beginning in the class on

.

Child’s Name:

Scheduled Days: M T W Th F

Hours: Drop off

Pick up:

Emergency phone #(s)

Special Information:

Registration fee paid

Registration fee outstanding balance in the amount of $

First week tuition paid

First week tuition outstanding in the amount of $

All paperwork turned in

Needs the following documents:

Signature Date

**Enrollment Application**

**General Information:**

Child’s Name Birth Date

Address Phone#

**Mothers Information:**

Mother/Guardian’s Name Home Phone#

Home Address (if different)

Social Security # Employer

Work Phone# Cell Phone#

**Father’s Information:**

Father/Guardian’s Name: Home Phone#

Home Address (if different)

Employer \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work Phone # Cell Phone#

**PERSON’S AUTHORIZED TO PICK CHILD UP:**

The following individuals, other than the Guardian(s) listed above, are authorized to pick up my child from the center. (Please Print)

**Name Address Relationship Home# Work#**

Parent’s/Guardian’s Signature Date

A ONE TIME $50.00 REGISTRATION FEE MUST ACCOMPANY THIS APPLICATION FOR PERSCHOOL CARE.



*Jesus said “Let the little children come to me, and do not hinder them, for the kingdom of heaven belongs to such as these.” (Matthew 19: 14 NIV)*

**Authorization for Emergency Medical Treatment**

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

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Legal Guardian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is your child allergic to any medications or foods?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Has your child been diagnosed with a disease or developmental disability? Ex. Diabetes, ADHD. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your child receive medications daily? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Nearby person to be called in case of an emergency:

Name Phone#

Child’s Physician Phone# Fax

Physician’s Address

City State Zip

**EMERGENCY AUTHORIZATION:**

I hereby grant permission for the Director or Acting Director to take whatever steps may be necessary to obtain emergency medical care. These steps may include, but are not limited to the following:

1. ATTEMPT TO CONTACT A PARENT OR GUARDIAN, THE CHILD’S PHYSICIAN, OR PERSON LISTED IN CASE OF EMERGENCY.
2. If we can not contact you or your child’s physician we will do one of the following
3. Call another physician or the paramedics and/or
4. Have the child taken to an emergency hospital in the company of a staff member.
5. Any expenses incurred under # 2, above, will be borne by the child’s family.
6. The school will not be responsible for a child who has not been signed in upon arrival for the day.

*(Circle one. If no, explain on back-please be specific)*

In compliance with the above steps, may school personnel perform general first aid procedures

on your child should a minor accident or injury occur? YES NO

In compliance with the above steps, may school authorities make choices for your child in the

event you (or other authorized persons) cannot be reached? YES NO

PARENT/GUARDIAN SIGNATURE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE\_\_\_\_\_\_

**Physician’s Report**

Section I:

Please complete the following for date of birth that has been enrolled in our school. The daily program involves both vigorous and quiet indoor and outdoor play. In your opinion, is this child physically and emotionally able to participate in a program like the one described above.

Circle One: YES NO

List any special considerations if any:

**Permission to Dispense Medication**

At times it may be necessary for a Little Lambs Preschool staff member to administer prescription or non-prescription, over-the-counter (O-T-C), medications to a child either at the parent’s request or in the case of an emergency. **Except, in the case of an extreme emergency, these medications will not be given without a written note from the child’s physician.** The medication log book in the preschool office must also be completed each time a parent makes a request for medication to be administered. The O-T-C medications are limited to the following: antihistamines, decongestants, aspirin substitutes, cough suppressants, and/or topical ointments.

I give permission to Little Lambs staff to administer prescription or non-prescription medications to my child. I understand that I must supply a note from my child’s physician and complete the medication log book each time I make a request.

I do not give permission to Little Lambs staff to administer medications to my child.

Signature Date

**Preschool Enrollment Agreement**

The Little Lambs Preschool, 2 Pemberton-Browns Mills Rd, Browns Mills, New Jersey, 08015; phone (609) 893-4546 (hereinafter referred to as the ‘school’) is a child day care facility operated by the Browns Mills United Methodist Church (same address), a nonprofit corporation. The school is licensed by the State Department of Human Services, Division of Youth and Family Services, Bureau of Licensing, pursuant to Chapter 122 of the State Administrative Code.

I am enrolling my child in the early childhood program of the Little Lambs Preschool. The terms of the agreement are as follows:

**CALENDAR**

The school is open year round. The calendar year is September 1st through August 31st. The program year is September through June, with a summer camp program beginning in late June through July and August. The following are days and holidays when the center will be closed: Labor Day, Thanksgiving Day and the day after, Christmas Eve Day, the week between Christmas and New Year’s Day, including those days, Presidents’ Day, Good Friday, the Monday after Easter, Memorial Day, and the Fourth of July. The school will be closed for inclement weather anytime that the Pemberton Township Schools are closed. **Tuition for all of our programs remains the same regardless of sick days, snow days, holidays, or many other days the school is closed or your child does not attend.** There is no tuition for the full week that the center is closed in December, and we also offer each family a maximum of two vacation weeks per year at ½ the regular tuition rate, provided that arrangements are made in advance. Family Service copayments remain the same regardless of ANY school closing, including these two full weeks. The state will adjust any payments made to us.

**HOURS**

The program operates from 6:30 A.M until 5:30 P.M. All children must be picked up by 5:30 pm. There is a $1.00 per minute fee for each minute past the closing time of each session that you are late.

**FEES**

**A $50.00 registration fee is due with the “Enrollment Application”.** There is no discount on this fee as it is for processing and/or purchasing materials. This fee is non-refundable and non-transferable. A $75.00 supply/activity fee is due at the beginning of Summer Camp each year. IF YOUR CHILD IS WITHDRAWN FROM THE PROGRAM, A $50.00 RE-REGRISTRATION FEE IS REQUIRED FROM HIM/HER TO RETURN. There is a $45.00 fee for ALL returned checks. The program is officially closed at 5:30 P.M. You will be charged a $1.00 fee for every minute you are late picking up your child. This charge is due with your next payment at the latest and NO exceptions will be made.

**TUITION**

Tuition payments are collected once a week in advance. They are received in the office all day Monday and Tuesday in the morning. Late fees may be assessed at the rate of $10.00 per day for a maximum of five more days at which time you child will be withdrawn from the program. (Any money that remains in your account will be put towards your balance due, as the school requires two weeks’ notice for parents to withdraw a child, to allow us time to find a replacement.)

**WITHDRAWAL AND VACATION**

In order to keep your child’s place, we ask that you notify us of your vacation two weeks in advance. One half of the regular tuition will be charged to save a place and to help us keep up with expenses. You must give two week’s notice to withdraw your child from the program. IF YOUR CHILD IS WITHDRAWN FROM THE PROGRAM A $50.00 RE-REGISTRATION FEE IS REQUIRED FOR HIM/HER TO RETURN.

**FINANCIAL POLICIES**

I understand that I must adhere to the financial policies as outlined in this agreement and/or the “Parent Handbook”.

**PERMISSION TO PARTICIPATE**

I hereby grant permission for y child to use all of the play equipment and participate in all activities of the school, and to leave the school premises under the supervision of a staff member for neighborhood walks and/or field trips.

**EMERGENCY FORM**

I agree to finish a completed emergency form signed by the child’s parent or legal guardian prior to the first day of school. I understand that it is my responsibility to see that emergency information is always current and up to date.

**INFORMATION TO PARENTS**

I have signed a disclosure stating that I have read and received a copy of the “Information to Parents” statement prepared by the Bureau of Licensing.

**PARENT HANDBOOK**

I have received and read a copy of the parent handbook distributed by the school and agree to abide by the policies and procedures outlined in the book including, but not limited to the following: Discipline Policy, Publicity Statement, Policy for Sick Children, the Control of Communicable Diseases, Policy for the Release of Children, Division of Youth and Family Service Reporting, and Emergency Evacuation Procedure.

Parent/Guardian Signature: Date:

**Developmental History**

**Family History:**

Name of Child: DOB:

Does your child have a nickname?

What would you like used at school?

Mother/Guardian Age:

Father/Guardian Age:

Is the child adopted? At what age was the child adopted?

Custody/visiting arrangements (if any):

Brothers and/or sisters of the child:

Name Age School Grade

Other member of the household (include relationship and age):

If parents do not personally provide care for the child before and after school, please state arrangements for care:

Has your child had a group play experience or attended another preschool? (Please explain)

Does your child have neighborhood playmates? Ages:

When and with whom does your child watch television? List shows:

Would you say your child is: Friendly Aggressive Shy Withdrawn Other

How would you describe your child’s personality?

When upset, how does your child show his/her feelings?

What fears does your child have?

**Eating:**

Is your child usually hungry at mealtime?

What foods does your child refuse?

Does your child have eating problems? (Explain)

Any food allergies?

Is your family vegetarian?

**Personal Information:**

Type of birth: Normal Premature Cesarean

Any complications? (Explain)

Age at which your child: Crept on hands and knees: Sat alone:

Walked alone: Talked:

Does your child have any speech, hearing, or vision problems? (Explain)

At what age was your child toilet trained? (If toilet trained)

What word does your child use for urination and/or bowel movement?

Does your child need help with toileting? (Explain)

Is your child right or left handed?

Does your child dress or undress self? (Explain)

What time does your child go to bed? Awaken?

Does your child share a room; if so, with whom?

What method of behavior control is used in your home?

How does your child react?

List any pets you may have and give their names:

Dear Parents,

In keeping with New Jersey’s child care center licensing requirements, we are obliged to provide you, as the parent of a child enrolled in our center, with this information statement.

This 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 child abuse/neglect/exploitation to the State Central Registry Hotline 877-652-2873 (877-NJABUSE).

Please read this statement carefully, and if you have any questions, feel free to contact me at **(609) 893-4546.**

Sincerely,

Tanya Mason

Director

Please complete and return this portion to the center. (Please Print)

Name of Child

Name of Parent

I have read and received a copy of the Information to Parents Statement prepared by the Office of Licensing, Childcare &Youth Residential Licensing, in the Department of Children and Families.

Signature Date

10:122-6.8 Expulsion Policy- Information to parents of the center’s policy on the expulsion from enrollment.

**EXPULSION POLICY**

Name of Center: Little Lambs Preschool

Name of Child:

Signature of Parent:

Unfortunately, there are 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 this policy from being enforced. The following are reasons we may have to expel or suspend a child from this center:

**Causes for Immediate Expulsion (Not Necessarily a Complete List)**

The child is at risk of causing serious injury to other children or himself/herself.

Parent threatens physical or intimidating actions towards staff members.

Parent exhibits verbal abuse to staff in front of enrolled children.

**Parental Actions Leading to a Child’s Expulsion (Not Necessarily a Complete List)**

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 of staff.

**Child’s Actions Leading to Expulsion (Not Necessarily a Complete List)**

Failure of child to adjust after a reasonable amount of time.

Uncontrollable tantrums/ angry outbursts.

Ongoing physical or verbal abuse of staff or other children.

Excessive biting.

**Schedule for Suspension or Expulsion**

* If the remedial actions above have not worked, the child’s parent/guardian will be advised verbally and in writing about the child’s parent’s behavior warranting a suspension or expulsion. A suspension is meant to be for a specific 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 suspension 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 MAY be given a specific suspension 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 permanent expulsion from the center/.

**A Child Will Not be Expelled if:**

A child’s parent(s):

* Made a complaint to the Office of Licensing regarding the 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.

**Proactive Actions to be Taken in Order to Prevent Suspension or Expulsion**

Staff will try to redirect child from negative behavior.

Staff will reassess classroom environment, appropriateness 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 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.

Recommendation of evaluation by professional consultation on premises.

Recommendation of evaluation by local school district child study team.