

Greater Morristown YMCA 2017 Allamuchy Early Childhood Center Parent Packet



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

The following items are included in this package:

- Parent Information & Program Policies
- Illness Policy
- Discipline Procedures
- Required Medical History Forms
- Expulsion Policy
- Statement of Understanding
- Office of Licensing Information to Parents
- Enrollment Forms

Registration forms and enrollment packet can be obtained at the Allamuchy Early Childhood Center from the director. Your child's spot in the center will be reserved when the one month deposit is paid in full and all forms are complete and handed in to The Allamuchy Early Childhood Director.

Required documentation from The Greater Morristown YMCA/Allamuchy Early Childhood Center to be completed and turned in on or before August 15th:

1. Information Form
2. Parent /Guardian Agreement - *signed*
3. Authorization for Child Pick-Up – *signed*
4. Emergency Contact Information Form
5. Universal Child Health Record including Immunization Records (*Due prior to your child's first day of school*)
6. Photo Release Form

PARENT INFORMATION AND PROGRAM POLICIES

PROGRAM REQUIREMENTS:

Children **must** be potty trained and three years old by October 1, 2017 to attend school.

LATE PICK-UP FEE:

After 11:30 am or 3:00 pm a late fee of \$25.00 for every 15 minutes per child will be charged for those children not picked up. You will receive an invoice for the appropriate amount, payable by check or money order the following morning upon drop-off. **If payment is not remitted at that time, your child will not be accepted into the preschool that day.**

DROP-OFF AND PICK UP PROCEDURES:

Parents must park and escort children to the side preschool door and sign their child in on the appropriate clipboard.

Children cannot be dropped off earlier than 8:40 am. Before care starting at 8:00 am is available for an additional charge. All children must be signed in/out by parents or authorized designee.

PARENT INFORMATION AND PROGRAM POLICIES

NON-PARENT/GUARDIAN PICK-UPS: Child Release Policy

Children will be released from the Center by the teachers to those parents/guardians and to those authorized by parent/guardian as stipulated by the Child Release Authorization Form. If a child is to go home with a classmate, a **Release Form** must be completed with the Parent's/Guardian's Signature before we can release the child.

In the event a parent/guardian or authorized person is 15 minutes late in picking up their child, a call will be made to the parent/guardian. If no one responds to this call within 30 minutes, a person listed on the emergency list will be contacted. If no satisfactory arrangements are made for the child's authorized release, and no authorized person has arrived to pick up the child one hour from the center's closing, the staff must by law contact the Child Abuse Hotline at 1-800-792-8610.

If the parent(s)/guardian(s) or person(s) authorized appear to be physically and/or emotionally impaired to the extent that, in the judgment of the director and/or staff member, the child would be placed at risk of harm if released to such an individual. The procedures shall require that:

1. The child may not be released to such an impaired individual;
2. Staff members attempt to contact the child's other parent or an alternate person(s) authorized by the parent(s); and
3. If the center is unable to make alternative arrangements, as noted above, a staff member shall call the Division's 24-Hour Child Abuse Hotline to seek assistance in caring for the child.
4. The preceding applies to both Half Day and Full Day children.

REGISTRATION FORMS AND PAYMENTS:

A limited childcare membership or annual registration fee of \$75 is required for participation in any of our childcare programs. This fee is payable and renewable along with the required deposit or by the start of the new school year.

A one-month deposit, equal to one-month's tuition, is required upon enrollment. This deposit will be applied to June's tuition fee. If a month other than June will be child's last month of attendance, then parent/guardian ***must provide one month's advance written notice of withdrawal.*** Please note that if a rate increase has occurred, this deposit may not fully cover the balance due.

REFUNDS:

The Greater Morristown YMCA, Administrators and Directors reserve the right to dismiss any child from the center ***without refund.***

EMERGENCY PROCEDURES:

All staff personnel are trained in first aid, CPR and safety procedures, including fire and storm evacuations. In the event of a life-threatening emergency, the staff will assess the severity of the situation, administer necessary first aid, notify the Director, and summon an ambulance if necessary. The Allamuchy First Aid Squad or its designee will provide emergency transportation. Emergency medical attention will be provided by the Emergency Room at Hackettstown Regional Medical Center in Hackettstown. Parents/guardians will be notified of the situation immediately following the activation of the emergency medical service.

Illness Policy

Any child exhibiting the symptoms listed below IS REQUIRED TO BE PICKED UP WITHIN ONE HOUR OF A PHONE CALL from the center. This is for the protection of your child and the other children in the Center. Our facilities are not set up to accommodate ill children. You are responsible for keeping us updated on current emergency phone numbers. If children are absent more than three consecutive days the center will contact the family.

SICK DAYS AND HOSPITALIZATION DAYS ARE NOT DISCOUNTED FROM ENROLLMENT FEE.

The following symptoms must be treated at home:

1. Fever 101.5 or more. Temperature must be normal 24 hours before returning to Center.
2. Vomiting. Must be normal 24 hours before returning.
3. Diarrhea more than once an hour. Must have stopped 24 hours before returning.
4. Any childhood illness or infection, which may be contagious.
5. Ear or eye infections. *Any child diagnosed with pink eye must be on medication (eye drops) for 24 hours before returning to the center.*
6. Sore throat or severe coughing.
7. Skin rashes excluding diaper rash.
8. Visibly enlarged lymph nodes.

Children who are not able to participate in routine daily activities, including outdoor play, due to illness MUST NOT be sent to the Center.

Allamuchy Early Childhood Center can, at any time, require a doctor's note for your child to return to the Center after an illness. If your child has been ill for five or more days, had a contagious disease, or has been placed on antibiotics, you MUST have a doctor's note stating that the child can return.

POLICY ON THE MANAGEMENT OF COMMUNICABLE DISEASES

If a child exhibits any of the following symptoms, the child should not attend the center. If such symptoms occur at the center, the child will be removed from the group, and parents will be called to take the child home.

Severe pain or discomfort
Acute diarrhea
Episodes of acute vomiting
Elevated oral temperature of 101.5 degrees Fahrenheit
Lethargy
Severe coughing
Yellow eyes or jaundice skin
Red eyes with discharge
Infected, untreated skin patches
Difficult or rapid breathing
Skin rashes in conjunction with fever or behavior changes
Skin lesions that are weeping or bleeding
Mouth sores with drooling
Stiff neck

Once the child is symptom-free, or has a health care provider's note stating that the child no longer poses a serious health risk to himself/herself or others, the child may return to the center.

TABLE OF EXCLUDABLE COMMUNICABLE DISEASES

A child who contracts any of the following diseases may not return to the center without a health care provider's note stating that the child presents no risk to himself/herself or others:

Respiratory Illnesses

Chicken Pox**
German Measles*
Hemophilus Influenzae*
Measles*
Meningococcus*
Mumps*
Strep Throat
Tuberculosis*
Whooping Cough*

Gastrointestinal Illnesses

Campylobacter*
Escherichia coli*
Giardia Lamblia*
Hepatitis A*
Salmonella*
Shigella*

Contact Illnesses

Impetigo
Lice
Scabies
Shingles

*Reportable diseases that must be reported to the health department by the center.

** Note: If a child has chicken pox, a health care provider's note is not required for re-admitting the child to the center. A note from the parent is required, stating either that at least six days has elapsed since the onset of the rash, or that all sores have dried and crusted.

If a child is exposed to any excludable disease at the center, parents will be notified in writing.

Discipline Procedures

In order to ensure every child's full enjoyment of the program, the following **DISCIPLINE PROCEDURES** will be used to discourage negative behavior and encourage positive ones:

IN THE EVENT OF A DISCIPLINE PROBLEM WITH A CHILD, THE STAFF SHALL:

1. Speak to the child to determine the nature of the problem: Identify appropriate behavior.
2. Try to eliminate the problem by setting the stage for appropriate behavior.
3. Explain why the behavior is not appropriate and intervene to diminish problem behavior.
4. If discipline problem continues, the Director will notify the parents and an appointment will be made to discuss the situation.
5. Time out is used only as an understanding period; not as a restraining period. This is used only to help children understand they cannot hurt other children. It also makes children aware of wrong doing.

UNDER NO CIRCUMSTANCES SHALL A CHILD BE:

1. Deprived of food
2. Isolated
3. Subjected to corporal punishment or verbal abuse.

In the event that the child should continue to be unable to participate according to the established Code of Behavior, the child will be suspended from the program. Re-entry is dependent on a satisfactory interview with the Director and at least one day's suspension. If the problem continues, the child will be expelled from the program. Payment for suspended days is not refundable.

EXPULSION/SUSPENSION POLICY

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

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 or physical 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/ flu shot/annual universal health form
Habitual tardiness when picking up your child
Verbal or physical abuse to staff
Parent do not follow our policies and procedures as outlined in our handbook.

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

SCHEDULE OF EXPULSION

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

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.

PROACTIVE ACTIONS THAT CAN BE TAKEN IN ORDER TO PREVENT EXPULSION

Staff will try to redirect child from negative behavior.
Staff will reassess center 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, appropriate staff and parent/guardian will have a conference(s) to discuss how to promote positive behaviors.

**Department of Children and Families
Office of Licensing
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 Office of Licensing, Child Care & Youth Residential Licensing, in the Department of Children and Families. In keeping with this requirement, the center must secure every parent's signature attesting to his/her receipt of the information.

Our center is required by the State Child Care Center Licensing Law to be licensed by the Office of Licensing(OOL), Child Care & Youth Residential Licensing, in the Department of Children and Families (DCF). A copy of our current license must be posted in a prominent location at our center. Look for it when you're in the center.

To be licensed, our center must comply with the Manual of Requirements for Child Care Centers (the official licensing regulations). The regulations cover such areas as: physical environment/life-safety; staff qualifications, supervision, and staff /child ratios; program activities and equipment; health, food and nutrition; rest and sleep requirements; parent/community participation; administrative and record keeping requirements; and others.

Our center must have on the premises a copy of the Manual of Requirements for Child Care Centers and make it available to interested parents for review. If you would like to review our copy, just ask any staff member. Parents may view a copy of the Manual of Requirements by sending a check or money order for \$5 made payable to the "Treasurer, State of New Jersey", and mailing it to: NJ Department of Children and Families, Office of Licensing, Publication Fees, PO Box 657, Trenton, NJ 08646-0657.

We encourage parents to discuss with us any questions or concerns about the policies and program of the center or the meaning, application or alleged violations of the Manual of Requirements for Child Care Centers. We will be happy to arrange a convenient opportunity for you to review and discuss these matters with us. If you suspect our center may be in violation of licensing requirements, you are entitled to report them to the Office of Licensing toll free at 1(877) 667-9845. Of course, we would appreciate your bringing these concerns to our attention too.

Our center must have a policy concerning the release of children to parents or people authorized by parents to be responsible for the child. Please discuss with us your plans for your child's departure from the center.

Our center must have a policy about administering medicine and health care procedures and the management of communicable diseases. Please talk to us about these policies so we can work together to keep our children healthy.

Our center must have a policy concerning the expulsion of children from enrollment at the center. Please review this policy so we can work together to keep your child in our center.

Parents are entitled to review the center's copy of the Office 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 OOL's Complaint Investigation Summary Report, as well as any letters of enforcement or other actions taken against the center during the current licensing period. Let us know if you wish to review them and we will make them available for your review.

Our center must cooperate with all DCF inspections/investigations. DCF staff may interview both staff members and children.

Our center must post its written statement of philosophy on child discipline in a prominent location and make a copy of it available to parents upon request. We encourage you to review it and to discuss with us any questions you may have about it.

Our center must post a listing or diagram of those rooms and areas approved by the OOL for the children's use. Please take to us if you have any questions about the center's space.

Our center must offer parents of enrolled children ample opportunity to assist the center in complying with licensing requirements; and to participate in and observe the activities of the center. Parents wishing to participate in the activities or operations of the center should discuss their interest with the center director, who can advise them of what opportunities are available.

Parents of enrolled children may visit our center at any time without having to secure prior approval from the director or any staff member. Please feel free to do so when you can. We welcome visits from our parents.

Our center must inform parents in advance of every field trip, outing, or special event away from the center, and must obtain prior written consent from parents before taking a child on each such trip.

Our center is required to provide reasonable accommodations for children and/or parents with disabilities and to comply with the New Jersey Law Against Discrimination (LAD), P.L. 1945, c. 169 (N.J.S.A. 10:5-1 et seq.), and the Americans with Disabilities Act (ADA), P.L. 101-336 (42 U.S.C.12101 et seq.). Anyone who believes the center is not in compliance with these laws may contact the Division on Civil Rights in the New Jersey Department of Law and Public Safety for information about filing an LAD claim at

(609) 292-4605 (TTY users may dial 711 to reach the New Jersey Relay Operator and ask for (609) 292-7701), or may contact the United States Department of Justice for information about filing an ADA claim at (800) 514- 0301 (voice) or (800) 514-0383 (TTY).

Our center is required, at least annually, to review the Consumer Product Safety Commission (CPSC), unsafe children's products list, ensure that items on the list are not at the center, and make the list accessible to staff and parents and/or provide parents with the CPSC website at www.cpsc.gov/cpscpub/prerel/prerel.html. Internet access may be available at your local library. For more information call the CPSC at (800) 638-2772.

Anyone who has reasonable cause to believe that an enrolled child has been or is being subjected to any form of hitting, corporal punishment, abusive language, ridicule, harsh, humiliating or frightening treatment, or any other kind of child abuse, neglect, or exploitation by any adult, whether working at the center or not, is required by State law to report the concern immediately to the State Central Registry Hotline, toll free at (877) NJ ABUSE/(877) 652-2873. Such reports may be made anonymously. Parents may secure information about child abuse and neglect by contacting: DCF, Office of Communications and Legislation at (609) 292-0422 or go to www.state.nj.us/dcf/ and select Publications.

REV: 1/15/15

**Allamuchy Early Childhood
Greater Morristown YMCA
Parent Statement of Understanding**

The following information is important for the safety and protection of your child. Please read this information, sign the consent form on page 11, and return it to the YMCA/Allamuchy Early Childhood Center, Director.

I understand that the YMCA/Allamuchy staff and volunteers are not allowed to baby-sit or transport children at anytime outside the YMCA/Allamuchy program. If a violation is discovered, the YMCA will take immediate disciplinary action toward staff and volunteers.

I understand that I am not to leave my child at the YMCA/Allamuchy or program site unless a YMCA/Allamuchy staff member is there to receive and supervise my child. I understand that my child must be escorted to and from the school or playground area by me or another person on my authorized list. Children may not just be dropped off in a classroom or YMCA/Allamuchy facilities.

***NOTE:** the Greater Morristown YMCA's policy is that children under the age of 12 may **not** be alone in our facilities/program sites.

I understand children should not receive gifts (e.g., toys, video games, jewelry) from YMCA staff or volunteers, and I should report this to a supervisor if they do.

I understand that my child will not be allowed to leave the program with an unauthorized person. Any person authorized to pick up my child, including relatives, must be listed with the YMCA/Allamuchy staff and must be of the age required by this YMCA. Any other alternate pick up arrangements must be made in writing by parent/guardian. Phone notifications of an alternate pick up arrangement is only accepted in an emergency.

I understand that should a person arrive to pick up my child who appears to be under the influence of drugs and/or alcohol, for the child's safety, staff may have no recourse but to contact the police. *Please do not put staff in a position where they have to make this judgment call.

I understand that I must sign my child in and out of the program each day. (initials and time of drop off/pick up)

I understand that I can help ensure my child's safety by taking an active interest in his or her YMCA/Allamuchy preschool experience. I will monitor volunteer and staff interactions with my child and ask my child specific questions about program activities and volunteer or staff relationships with my child.

I understand that the YMCA/Allamuchy is mandated by state law to report any suspected cases of child abuse and/or neglect to the appropriate authorities for investigation.

I have received a copy of the YMCA/Allamuchy Early Childhood Parent Handbook and/or Program Policies and Procedures and will keep it for future reference.

If you have any concerns or questions please contact Ashley or Kim.

APPLICATION FOR CHILD ENROLLMENT ALLAMUCHY EARLY CHILDHOOD

Enrollment Date _____

CHILD NAME _____

Birth Date _____

Parent / Guardian #1		Parent / Guardian #2	
NAME:		NAME:	
Cell #		Cell #	
Address:		Address: (if different)	
EMAIL:		EMAIL:	
Marital Status: Together _____ Separated _____ Divorced _____			
Custody Arrangements <i>(if applicable)</i> _____			

Persons authorized to pick up your child and/or contact in case of emergency and neither parent is available to assume responsibility for the child.			
Name of Contact #1		Name of Contact #2	
Daytime Phone #		Daytime Phone #	
Relationship		Relationship	
Address: <i>(for identification)</i>		Address: <i>(for identification)</i>	
Child's Doctor:			
Telephone:			
Address:			

If a non-custodial parent is not included among those persons authorized by the custodial parent to pick up the child, please explain below and attach a copy of the custody agreement. Name of parent who is PROHIBITED from picking up the child:

I have completed the medical emergency permission form which authorizes the Center to seek emergency medical care for my child as deemed necessary by the Director or the Director's designee.

Parent's signature: _____ Date: _____

_____ I give my permission for my child to participate in walking trips within the Center's grounds.

_____ I do not give my permission for my child to participate in walking trips within the Center's grounds.

Parent's signature: _____ Date: _____

I (we) attest that all of the information on this application is accurate, and that I (we) have received the following information for my (our) home records:

*All of the below information is provided in the 2017-2018 parent handbook.

1. DYFS Information to Parents Document. _____ Yes _____ No

2. Policy on the Release of Children. _____ Yes _____ No

3. Philosophy of Discipline. _____ Yes _____ No

4. Policy on the Management of Illnesses/Communicable Diseases _____ Yes _____ No

5. Expulsion Policy _____ Yes _____ No

Parent's signature: _____ Date: _____

1. PARENT/GUARDIAN/ AGREEMENT SIGNATURES**NAME OF CHILD:** *(please print)* _____**NAME OF Parent/Guardian****COMPLETING THIS FORM** *(please print)* _____

#1

I ALLOW THE YMCA/ALLAMUCHY EARLY CHILDHOOD CENTER STAFF TO WALK WITH MY CHILD ALL AROUND THE ALLAMUCHY MOUNTAIN VILLA SCHOOL FACILITIES AND GROUNDS.

Parent/Guardian Signature_____
Date

#2

I HAVE READ, UNDERSTAND and AGREE TO FOLLOW **ALL** OF THE ALLAMUCHY EARLY CHILDHOOD CENTER "PARENT INFORMATION PACKET AND PROGRAM POLICIES." And " Parent Statement of Understanding."_____
Parent/Guardian Signature_____
Date

#3

I have read the **YMCA/Allamuchy Early Childhood Center Discipline Policy**._____
Parent/Guardian Signature_____
Date

#4

I HAVE READ, UNDERSTAND, AGREE AND WILL FOLLOW THE ALLAMUCHY EARLY CHILDHOOD CENTER **EXPULSION POLICY AND CODE OF BEHAVIOR**. I understand that failure to adhere to the guidelines will result in my child's dismissal *with no refund of fees*._____
Parent/Guardian Signature_____
Date

2. AUTHORIZATION FOR CHILD PICK-UP

I/We authorize my/our child _____ to be picked up from the Greater Morristown YMCA's Allamuchy EARLY CHILDHOOD CENTER program by the following adults (18 years or older).

Please list all persons authorized to pick up your child **other** than parents listed on the *Information Sheet*. In *emergency situations only*, parents/guardians must give written permission for an individual who is not on the list to pick up the child listed on this application. **NO** child will be released without written/verbal permission. There are **no exceptions** to this policy; this is done for the safety of your child.

All students **MUST** have at least **ONE other** authorized person listed for pick-up other than parents.

#1 Name: _____ Daytime Phone # _____

Full Address (as proof of identity) _____

#2 Name: _____ Daytime Phone # _____

Full Address (as proof of identity) _____

#3 Name: _____ Daytime Phone # _____

Full Address (as proof of identity) _____

I understand that if my child is picked up later than 11:30 AM or 3:00 PM by any of the above individuals, I will be subject to paying a late fee.

Parent/Guardian Signature

Parent/Guardian Signature

Print Name

Print Name

Date

Date

Child's Name (Last) _____ (First) _____		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth ____ / ____ / ____		
Does Child Have Health Insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, Name of Child's Health Insurance Carrier _____			
Parent/Guardian Name _____		Home Telephone Number _____		Work Telephone/Cell Phone Number _____	
Parent/Guardian Name _____		Home Telephone Number _____		Work Telephone/Cell Phone Number _____	
I give my consent for my child's Health Care Provider and Child Care Provider/School Nurse to discuss the information on this form.					
Signature/Date _____			This form may be released to WIC. <input type="checkbox"/> Yes <input type="checkbox"/> No		
SECTION II - TO BE COMPLETED BY HEALTH CARE PROVIDER					
Date of Physical Examination: _____		Results of physical examination normal? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Abnormalities Noted: _____		Weight (must be taken within 30 days for WIC)		_____	
		Height (must be taken within 30 days for WIC)		_____	
		Head Circumference (if <2 Years)		_____	
		Blood Pressure (if >3 Years)		_____	
IMMUNIZATIONS		<input type="checkbox"/> Immunization Record Attached <input type="checkbox"/> Date Next Immunization Due: _____			
MEDICAL CONDITIONS					
Chronic Medical Conditions/Related Surgeries • List medical conditions/ongoing surgical concerns:		<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached	Comments _____		
Medications/Treatments • List medications/treatments:		<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached	Comments _____		
Limitations to Physical Activity • List limitations/special considerations:		<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached	Comments _____		
Special Equipment Needs • List items necessary for daily activities		<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached	Comments _____		
Allergies/Sensitivities • List allergies:		<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached	Comments _____		
Special Diet/Vitamin & Mineral Supplements • List dietary specifications:		<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached	Comments _____		
Behavioral Issues/Mental Health Diagnosis • List behavioral/mental health issues/concerns:		<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached	Comments _____		
Emergency Plans • List emergency plan that might be needed and the sign/symptoms to watch for:		<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached	Comments _____		
PREVENTIVE HEALTH SCREENINGS					
Type Screening	Date Performed	Record Value	Type Screening	Date Performed	Note if Abnormal
Hgb/Hct			Hearing		
Lead: <input type="checkbox"/> Capillary <input type="checkbox"/> Venous			Vision		
TB (mm of Induration)			Dental		
Other:			Developmental		
Other:			Scoliosis		
<input type="checkbox"/> I have examined the above student and reviewed his/her health history. It is my opinion that he/she is medically cleared to participate fully in all child care/school activities, including physical education and competitive contact sports, unless noted above.					
Name of Health Care Provider (Print) _____			Health Care Provider Stamp: _____		
Signature/Date _____					

Emergency Contact Information

Child's Name: _____ **Birth date:** _____

Parent/Guardian #1: _____

Home #: _____ Work #: _____ Cell #: _____

Employer's Name and Address: _____

Parent/Guardian #2: _____

Home #: _____ Work #: _____ Cell #: _____

Employer's Name and Address: _____

**** EMERGENCY CONTACT(S) TO WHOM THE CHILD MAY BE RELEASED IF PARENT/GUARDIAN IS UNAVAILABLE.**

Name #1: _____ Relationship: _____

Home #: _____ Work #: _____ Cell #: _____

Name #2: _____ Relationship: _____

Home #: _____ Work #: _____ Cell #: _____

Child's Healthcare Provider:

Name: _____ Telephone: _____

Address: _____

Child's Health Insurance

Name of Insurance #1: _____ ID# _____

Subscriber name on insurance: _____

List special conditions, disabilities, allergies, or medical information for emergency situations:

List preferences for transport arrangement in an emergency situation.

(Parents/guardians are responsible for all emergency transportation charges):

Hospital preference: 1st choice _____ 2nd choice: _____

Parent/Guardian Consent and agreement for Emergencies

As a parent/guardian, I give consent to have my child, _____, receive first aid by the childcare staff and, if necessary, be transported to receive emergency care. I also authorize the Director or Director Designee to contact my child's health care provider to alert him/her to my child's situation. I understand that I will be responsible for all the charges not covered by insurance. I give consent for the emergency contact person listed above to act on my behalf until I am available. I agree to review and update this information whenever a change occurs and at least every 6 months. In the event of accidental poisoning, I agree that my child may receive syrup of Ipecac as directed by the Poison Control Center.

Parent/Guardian Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

3. Photo Release Form

Child's Name:

Date:

The staff will take pictures of the children. These pictures can be used for inside marketing (bulletin boards etc.) or outside marketing (brochures, website, print ads, etc.) for official Greater Morristown YMCA business.

Children's names are never used. In the event we are in a position that requires the children's names included with the photo – usually for press releases to the local papers, we will notify you and will require additional consent from you. This release is for 'no name included' photos.

This form must be signed with either a Yes or a No.

____ **YES** by signing below, I agree to the consent and use of any picture of my child for public relations and advertising by the Greater Morristown YMCA. I waive all claims for any compensation for such use.

Signature

Date

OR

____ **NO** my child cannot be used in any picture for public relations and advertising by the Greater Morristown YMCA.

Signature

Date

CHILD CARE CENTERS OF THE GREATER MORRISTOWN YMCA

The Allamuchy Early Childhood Center

PROGRAM POLICIES and FEE AGREEMENT

EFFECTIVE DATE: September 1, 2017

DAYS OF SERVICE: Monday through Friday, 8:00 a.m. to 3:30 p.m.

MEMBERSHIP/Registration: A limited childcare membership or annual registration fee of \$75 is required for participation in any of our childcare programs. This fee is payable and renewable along with the required deposit or by the start of the new school year.

DEPOSIT: A one-month deposit, equal to one-month's tuition, is required upon enrollment. This deposit will be applied to June's tuition fee. If a month other than June will be child's last month of attendance, then parent/guardian ***must provide one month's advance written notice of withdrawal***. Please note that if a rate increase has occurred, this deposit may not fully cover the balance due.

PAYMENT OF FEES: Fees are paid monthly. Method of payment may be check, money order or credit card (Visa, MasterCard, Discover, American Express). Checks and money orders are payable to the **Greater Morristown YMCA**. Credit card payments are made through a monthly credit card plan by completing the Pre-Authorization Form. Fees are then automatically charged between the 1st and 4th of the month.

Payments by check or money order must be remitted to:

THE GREATER MORRISTOWN YMCA
ATTN: Child Care Registrar
79 Horsehill Road
Cedar Knolls, NJ 07927

Payment Schedule and Late Fees:

<u>PAYMENT SCHEDULE</u>	<u>DUE DATES</u>	<u>LATE FEE</u>
Monthly	1 st of month	\$35.00 after 6 th of month

SCHEDULE CHANGES: Any changes made in the child's days of attendance must be submitted to the Director by the parent/guardian in writing, at least four weeks in advance of the scheduled day of change. The Director must approve all schedule changes. If an additional day is requested, the parent must pay for the day. Please note that substitutions on a week-by-week basis are not permitted.

ABSENCE: Fees will not be reduced due to absence from sickness.

HOLIDAYS, VACATIONS AND EMERGENCY CLOSING: Fees will not be reduced for holidays, the holiday week between Christmas and New Years, vacations and emergency closings. Please refer to your Center's individual Holiday and scheduled closers.

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CHILD DROP OFF AND PICKUP: All children are to be picked up by 3:00 p.m. for full day students and 11:30 a.m. for morning students. Any parents/guardians detained or otherwise unable to pick up their child must contact the Center as soon as possible. Children will be released only to individuals on the enrollment or the authorization for pickup forms. All parents/guardians must sign out the child before leaving the facility.

LATE PICKUP: A \$25.00 late fee will be charged for each 15-minute period or portion thereof after the 3:00 p.m. or 11:30 a.m. pickup time. This late fee is to be paid directly to Staff at the time of pick-up. It is understandable an occasion may arise that a parent or guardian is unavoidably delayed; however, if a parent/guardian is continually late, the Director may ask that the child be withdrawn from the program.

WITHDRAWAL: If parents/guardians decide to withdraw child(ren) from the Greater Morristown YMCA's Child Care Program, notification in writing must be submitted to the Director at least one month prior to withdrawal. Failure to do so will forfeit the non-refundable deposit.

SCHOLARSHIP: Limited financial assistance is available for those families whose income meets that criteria established by the United Way and the Greater Morristown YMCA. If you think you may be eligible, please contact the Child Care Director.

RATES FOR CHILDCARE:**Monthly****Deposit Required**

5 days / week	<input type="checkbox"/> A.M.	<input type="checkbox"/> Full	<input type="text"/>	<input type="text"/>
3 days / week	<input type="checkbox"/> A.M.	<input type="checkbox"/> Full	<input type="text"/>	<input type="text"/>
2 days / week	<input type="checkbox"/> A.M.	<input type="checkbox"/> Full	<input type="text"/>	<input type="text"/>

☐ Resident☐ Non-Resident**PAYMENT PREFERENCE:** *(Please check one)*

Check

☐

Credit Card

☐_____
Child(ren)'s NAME_____
Director Signature_____
Date*I have read and agree to the policies stated herein.*_____
Parent / Guardian_____
Date_____
Parent / Guardian_____
Date