

This packet contains the following forms to be submitted electronically.

Registration Form (1 per child)

Emergency Form (1 per family)

Child Release Form (1 per family)

Universal Health Form (1 per child)

The universal Health form is also located at katzjcc.org/after-school-programs to be downloaded and submitted to your child's pediatrician

Medication Form (1 per child)

Food Allergy Information Form (1 per child)

Manual of Requirements (1 per family)

Communicable Disease Form (1 per family)

Homework Completion Form (1 per family)

Computer Usage Policy (1 per family)

Behavior Policy (1 per family)

Late Pick-Up Policy (1 per family)

A parent handbook will be sent separately.

When forms are complete please click **SUBMIT FORMS** button

Family Name _____ **JCC Acct. #** _____
For office use

Parent 1 _____ **Parent 2** _____

Address _____

City _____ **State/Zip** _____

Email _____ **Home Phone** _____

Child Name _____ **DOB** _____ M F

Grade as of 9/1 _____ **School** _____ **District** _____

Program Day: Monday Tuesday Wednesday Thursday Friday (Check all that apply)

Payment Information:

- \$200 deposit for each child and understand my monthly rate will be prorated all so all tuition is paid by April 30.
- EFT Draft
- Check # _____ Make checks payable to Katz JCC
- Please charge my credit card Visa Master Card Amex Discover
Charge will come out on the first of the month and subject to a 3% service fee.

Accounting office will contact you for payment information.

Transportation Policy: We will only provide bussing from a school that has at least four students registered in Just4Kids. In addition, please understand that your child's bus route may change during the year as a result of changes in registrations from a particular school.

Name: _____

Child Last Name _____ First _____ Initial _____ Date of Birth (MM/DD/YYYY) _____

Address _____

City _____ Zip _____ Home Phone _____

To Parent/Guardian:

To serve your child in case of accident or sudden illness, it is necessary that you give the following information for EMERGENCY CALLS.

Parent/Guardian 1 Name _____ Relationship _____

Home _____ Cell _____ Work _____ Email _____

Parent/Guardian 2 Name _____ Relationship _____

Home _____ Cell _____ Work _____ Email _____

List two neighbors or nearby relatives who will assume temporary care of your child(ren) if you cannot be reached:

Neighbor/Relative 1 Name _____ Relationship _____

Home _____ Cell _____ Work _____ Email _____

Neighbor/Relative 2 Name _____ Relationship _____

Home _____ Cell _____ Work _____ Email _____

Does this child have any health insurance including NJ FamilyCare/Medicaid, Medicare, private or other?

YES My child has health insurance.

NO My child does not have health insurance. You may release my name and address to the NJ FamilyCare Program to contact me about health insurance.

Signature: _____ Printed Name: _____ Date: _____

Written consent required pursuant to 20 U.S.C. § 1232g(b)(1) and 34 C.F.R. 99.30(b). NJ FamilyCare provides free or low cost health insurance for uninsured children and certain low income parents. For more information visit www.njfamilycare.org to apply online or call 1-800-701-0710.

List any medical/surgical care your child has received during the past year: _____

Allergies _____

Kind

Medications

Allergic Reaction _____

Date

Medications

Immunizations/Tetanus _____

Date

Type

Restrictions _____

Doctor _____ Phone _____

Dentist _____ Phone _____

Hospital _____ Phone _____

Hospital Name/Address _____

I, the undersigned, do hereby authorize officials of the Katz JCC to contact directly the person(s) named on this card and do authorize the named physicians to render such treatment as may be deemed necessary in an emergency, for the health of said child. In the event that physicians, other persons named on this card, or parents/guardians cannot be contacted, the JCC officials are hereby authorized to take whatever action is deemed necessary in their judgment, for the health of the aforesaid child. I will be financially responsible for the cost of emergency care and/or transportation for my child. The JCC shall have no financial responsibility for same and I will indemnify and save the JCC harmless from any liability.

Signature of Parent/Guardian _____

Date _____

Name: _____

Please fill out the form below relating to those persons who have your permission to pick up your child from the Katz JCC Just 4 Kids After School Program.

If, due to unforeseen circumstances, you assign someone else to pick up your child, we will require permission by phone, e-mail or a note from you to release the child into their care. Please be aware that the person will be asked to identify him/herself with photo identification before receiving your child.

If there are any custody issues, we must have legal documentation regarding who is allowed to pick up the child/ren and on which days.

All information will be kept strictly confidential.

Child 1		Grade	
Child 2		Grade	
Child 3		Grade	

Parent 1 Name			
Cell #		Email	

Parent 2 Name			
Cell #		Email	

The following people are authorized to pick up my child from the Katz JCC Just 4 Kids After School Program. I authorize the release of my child to their care.

Name	Relationship	Phone Number

Authorized Signature	
Date	

UNIVERSAL CHILD HEALTH RECORD

*Endorsed by: American Academy of Pediatrics, New Jersey Chapter
New Jersey Academy of Family Physicians
New Jersey Department of Health and Senior Services*

SECTION I - TO BE COMPLETED BY PARENT(S)					
Child's Name (Last) _____ (First) _____		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		Date of Birth _____	
Does Child Have Health Insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, Name of Child's Health Insurance Carrier _____			
Parent/Guardian Name _____		Home Telephone Number _____		Work Telephone/Cell Phone Number _____	
Parent/Guardian Name _____		Home Telephone Number _____		Work Telephone/Cell Phone Number _____	
<i>I give my consent for my child's Health Care Provider and Child Care Provider/School Nurse to discuss the information on this form.</i>					
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>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.</i>					
Name of Health Care Provider (Print) _____			Health Care Provider Stamp: _____		
Signature/Date _____					

Instructions for Completing the Universal Child Health Record (CH-14)

Section 1 - Parent

Please have the parent/guardian complete the top section and sign the consent for the child care provider/school nurse to discuss any information on this form with the health care provider.

The WIC box needs to be checked only if this form is being sent to the WIC office. WIC is a supplemental nutrition program for Women, Infants and Children that provides nutritious foods, nutrition counseling, health care referrals and breast feeding support to income eligible families. For more information about WIC in your area call 1-800-328-3838.

Section 2 - Health Care Provider

1. Please enter the date of the physical exam that is being used to complete the form. Note significant abnormalities especially if the child needs treatment for that abnormality (e.g. creams for eczema; asthma medications for wheezing etc.)

- **Weight** - Please note pounds vs. kilograms. If the form is being used for WIC, the weight must have been taken within the last 30 days.
- **Height** - Please note inches vs. centimeters. If the form is being used for WIC, the height must have been taken within the last 30 days.
- **Head Circumference** - Only enter if the child is less than 2 years.
- **Blood Pressure** - Only enter if the child is 3 years or older.

2. **Immunization** - A copy of an immunization record may be copied and attached. If you need a blank form on which to enter the immunization dates, you can request a supply of Personal Immunization Record (IMM-9) cards from the New Jersey Department of Health and Senior Services, Immunization Program at 609-588-7512.

- The Immunization record must be attached for the form to be valid.
- "Date next immunization is due" is optional but helps child care providers to assure that children in their care are up-to-date with immunizations.

3. **Medical Conditions** - Please list any ongoing medical conditions that might impact the child's health and well being in the child care or school setting.

a. Note any significant medical conditions or major surgical history. **If the child has a complex medical condition, a special care plan should be completed and attached for any of the medical issue blocks that follow.** A generic care plan (CH-15) can be downloaded at www.state.nj.us/health/forms/ch-15.dot or pdf. Hard copies of the CH-15 can be requested from the Division of Family Health Services at 609-292-5666.

b. **Medications** - List any ongoing medications. Include any medications given at home if they might impact the child's health while in child care (seizure, cardiac or asthma medications, etc.). Short-term medications such as antibiotics do not need to be listed on this form. Long-term antibiotics such as antibiotics for urinary tract infections or sickle cell prophylaxis should be included.

PRN Medications are medications given only as needed and should have guidelines as to specific factors that should trigger medication administration.

Please be specific about what over-the-counter (OTC) medications you recommend, and include information for the parent and child care provider as to dosage, route, frequency, and possible side effects. Many child care providers may require separate permissions slips for prescription and OTC medications.

c. **Limitations to physical activity** - Please be as specific as possible and include dates of limitation as appropriate. Any limitation to field trips should be noted. Note any special considerations such as avoiding sun exposure or exposure to allergens. Potential severe reaction to insect stings should be noted. Special considerations such as back-only sleeping for infants should be noted.

d. **Special Equipment** - Enter if the child wears glasses, orthodontic devices, orthotics, or other special equipment. Children with complex equipment needs should have a care plan.

e. **Allergies/Sensitivities** - Children with life-threatening allergies should have a special care plan. Severe allergic reactions to animals or foods (wheezing etc.) should be noted. Pediatric asthma action plans can be obtained from The Pediatric Asthma Coalition of New Jersey at www.pacnj.org or by phone at 908-687-9340.

f. **Special Diets** - Any special diet and/or supplements that are medically indicated should be included. Exclusive breastfeeding should be noted.

g. **Behavioral/Mental Health issues** - Please note any significant behavioral problems or mental health diagnoses such as autism, breath holding, or ADHD.

h. **Emergency Plans** - May require a special care plan if interventions are complex. Be specific about signs and symptoms to watch for. Use simple language and avoid the use of complex medical terms.

4. **Screening** - This section is required for school, WIC, Head Start, child care settings, and some other programs. This section can provide valuable data for public health personnel to track children's health. Please enter the date that the test was performed. Note if the test was abnormal or place an "N" if it was normal.

- For lead screening state if the blood sample was capillary or venous and the value of the test performed.
- For PPD enter millimeters of induration, and the date listed should be the date read. If a chest x-ray was done, record results.
- Scoliosis screenings are done biennially in the public schools beginning at age 10.

This form may be used for clearance for sports or physical education. As such, please check the box above the signature line and make any appropriate notations in the Limitation to Physical Activities block.

5. Please sign and date the form with the date the form was completed (note the date of the exam, if different)

- Print the health care provider's name.
- Stamp with health care site's name, address and phone number.

Name: _____

The Program Director will administer medicine to a child only if the parent delivers the medication in its original package and with direction of administration on the prescription bottle/container.

We DO NOT administer over the counter drugs. If needed, over the counter medicines need to be transferred to a prescription requiring:

- Doctor’s prescription/note, along with the child’s name
- Prescribed dosage and time interval dosage with the actual times indicated by your child’s doctor, indicating that the medication is needed to be given to the child during their hours with us.

The Director will log each time the medicine is administered.

No medication will be administered on an “as needed” basis (except for emergency medication for asthma, sever allergic reaction; EpiPen).

Our staff cannot make decisions about whether or not medicine is to be given.

No medication can be given to a child that is “hidden” within a bottle or cup.

All medications are kept out of the reach of children in a locked container.

Insect repellent may be used with written parental permission on children older than 2 months once per day.

Allergies

Please indicate your child’s allergies on the enrollment/intake forms. We are happy to work with you in ensuring your child is safe in our care. If it is a life-threatening allergy, we will need specific information and an action plan on treatment in case of contact as well as the appropriate supplies (for example an EpiPen, Benadryl).

We have several children highly allergic to nuts; therefore, our program is deemed “NUT AWARE”.

Please do not send any food products that contain nuts or processed in a facility that is not nut-free.

Yes, I will be sending medication.

Child Name	
Parent/Guardian Signature	
Physician Signature	
Date	

Name: _____

At the Katz JCC After School Program, safety is out number one priority. We need your help to make your child's experience both fun and safe.

Please complete the form below only if your child has a medically diagnosed food allergy. Our staff will review this information. In addition, your child's group leader will use this information to plan for special events.

This information will be kept confidential and only provided to appropriate staff on a need to know basis.

My child has food allergies. If Yes, continue to fill out information below My child has NO known food allergies.

Child's Name	
Grade	
Food Allergy 1	
Reaction to touch	
Reaction to smell	
Other	
Food Allergy 2	
Reaction to touch	
Reaction to smell	
Other	
Food Allergy 3	
Reaction to touch	
Reaction to smell	
Other	

Will you be sending an Epi-pen to be kept in the office? Yes No
 Is there a history of an anaphylactic reaction? Yes No

If yes, please explain:
Emergency Medical Instructions:

Parent/Guardian Signature	
Date	

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 may comply with this requirement: 1) by reproducing and distributing to parents this written statement, prepared by the Bureau of Licensing in the Division of Youth and Family Services (DYFS); or 2) by incorporating the required information in its own handbooks, brochures or other informational materials. 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 of 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, 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 and make it available to interested parents for review. If you would like to review our copy, just ask the Director. Parents may secure a copy of the Manual of Requirements for Child Care Centers, for a nominal fee, by writing to the Bureau of Licensing, Division of Youth and Family Services, CN 717, Trenton, New Jersey 08625-0717, telephone (609) 292-1021 or (609) 292- 9220.

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. 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 them to the Bureau of Licensing. 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 diseases. 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.

Name: _____

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 room 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 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 Division of Youth and Family Services' Office of Child Abuse Control, Toll-Free at (800) 792-8610, or to any 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, CN 717, Trenton, New Jersey 08625-0717.

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.

Name of Child	
Name of Parent	
Signature	
Date	

If a child exhibits any of the following symptom, the child should not attend the Just 4 Kids Programs. 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.

- Symptoms of COVID-19
- Severe pain or discomfort
- Acute diarrhea
- Episodes of acute vomiting
- Elevated oral temperature of 100.4 degrees Fahrenheit
- Lethargy
- Severe coughing
- Yellow eyes or jaundiced 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 unless contraindicated by local health department or Department of Health.

EXCLUDABLE COMMUNICABLE DISEASES

A child or staff member who contracts an excludable communicable disease may not return to the Katz JCC without a health care provider’s note stating that the child presents no risk to himself/ herself or others.

Note: If a child has chicken pox, a note from a parent stating that all sores have dried and crusted is required. If a child is exposed to any excludable diseases at the center, parents will be notified in writing.

COMMUNICABLE DISEASE REPORTING GUIDELINES

Some excludable diseases must be reported to the health department by the center. The Department of Health’s Reporting Requirements for Communicable Diseases and Work-Related Conditions Quick Reference Guide, a complete list of reportable excludable communicable diseases, can be found at: http://www.nj.gov/health/cd/documents/reportable_disease_magnet.pdf

Name of Parent	
Signature	
Date	

Name: _____

Each day at Just4Kids we offer your child time to complete their homework and assistance if needed.

Please note that our staff and volunteers can assist your child, but we are unable to provide private tutoring and ultimately, responsibility for your child's homework must be yours.

To avoid any confusion, please return this slip with your choice. Thank you.

-
- I would like my child/ren to do his/her homework at Just4Kids when they arrive to the JCC.
 - I would like my child/ren to do part (1 period) of their homework at the Just 4 Kids Program.
 - I would prefer to have my child/ren do their homework at home

Child 1		Grade	
Child 2		Grade	
Child 3		Grade	
Notes:			

Name of Parent	
Signature	
Date	

Name: _____

The Katz JCC has established a computer network and is pleased to offer Computer access with Internet. In order to use the Computer System, members must first read and understand the following acceptable and unacceptable use of its Systems.

Acceptable Uses

1. Use of the Internet is contingent upon members and/or parent/guardian permission in the form of a signed copy of this Computer Policy. Parents/guardians may revoke approval at any time.
2. Materials created and/or stored on the system are not guaranteed to be private. Network administrators may review the system from time to time to ensure that the system is being used properly. For this reason, members should expect that emails, materials placed on personal Web pages, and other work that is created on the network may be viewed by a third party.
3. Users are expected to adhere to the safety guidelines as listed.

Unacceptable Uses

1. Network may not be used to download, copy, or store any software, shareware, or freeware.
2. Users are not permitted to install any software onto Katz JCC's computers.
3. Network may not be used for commercial purposes. Users may not buy or sell products or services through the system.
4. Use of the network for advertising or political lobbying is prohibited.
5. The network may not be used for any activity, or to transmit any material, that violates United States or local laws. This includes, but is not limited to illegal activities such as threatening the safety of another person or violating copyright laws.
6. Users may not use vulgar, derogatory, or obscene language. Users may not engage in personal attacks, harass another person, or post private information about another person.
7. Users may not access web sites, newsgroups, or chat areas that contain material that is obscene or that promotes illegal acts. If a user accidentally accesses this type of information, he or she should immediately notify an employee of the Katz JCC immediately.
8. Users are not to access chat areas or use any type of instant messaging.
9. Users may not engage in "spamming" or participate in chain letters.
10. Users may not attempt to circumvent security system or to exploit or probe for security holes in computer system, nor may users attempt any such activity against other systems accessed through the Katz JCC's computer system.
11. Users may not attempt to repair, open or cause any damage physically or otherwise to the computers, printers and any ofhter coponent of the Katz JCC's computer system.

Safety Guidelines

1. Never give out your last name, address, or phone number.
2. Never agree to meet with anyone you have met online unless you first have the approval of your parent or guardian.
3. Notify an adult immediately if you receive a message that maybe inappropriate or if you encounter any material that violates this Computer Policy.
4. Your parent's should instruct you if there is additional material that they think would be inappropriate for you to access. The Katz JCC expects you to follow your parent's wishes in this matter.

Name: _____

Consent Form and Waiver for Children

The following form must be read and signed by you and your parent or legal guardian.

By signing the Consent and Waiver form attached, the _____ family agrees to abide by the following restrictions. We have discussed these rights and responsibilities. Further, we have been advised that the Katz JCC does not have control of the information on the Internet, although it attempts to provide prudent and available barriers. Other sites accessible via the Internet may contain material that is illegal, defamatory, inaccurate or potentially offensive to some educational goals and objectives, users will have the ability to access other materials as well.

The Katz JCC believes that the benefits to children from access to the Internet, in the form of information resources and opportunities for collaboration, far exceed any disadvantages of access. But ultimately, the parent(s)/guardian(s) of minors are responsible for setting and conveying the standards that their student should follow. To that end, The Katz JCC supports and respects each family's right to decide whether or not to apply for Katz JCC network access.

By signing this form I agree to the terms in the Katz JCC Computer Policy.

Signature of Child	
Parent/Guardian Signature	
Date	

Name: _____

There will be a charge of \$15 per quarter hour or portion thereof for pick up after the 6:30pm closing time (6pm on Fridays). This charge must be paid within 1 week or your child will not be able to attend the after school program until payment has been made.

If you are going to be late picking up your child, please call to let us know that you are delayed.

Please call 856-424-4444 and ask for the J4K office- if no answer, please leave a message with the reception desk.

I have read and understand the Late Pick-Up Policy.

Child Name	
Parent/Guardian Signature	
Date	

Name: _____

It is our objective to foster self-esteem, self-control, self-direction, and cooperation. Positive redirection, logical and natural consequences, and opportunities for children to problem solve and make choices are the means of fostering all the above. In the event a child requires discipline by a group leader, the following philosophy shall be followed:

- The methods of guidance used shall be positive, consistent with the developmental needs of the children and applied with the full knowledge and understanding of the parent(s).
- There shall be NO use of hitting, corporal punishment, abusive language, ridicule, or harsh, humiliating, or frightening treatment, or any other kind of child abuse/neglect or exploitation.
- Discipline shall not be associated with the withholding of emotional responses or stimulation and shall not require the child to remain silent for extended periods of time.
- The child will be disciplined according to the following procedures:
 1. Distraction of child
 2. Verbal reminder of behavior needing modification
 3. Child will be given time away from the group, with supervision of a staff member, but within the classroom.
- Any acute disciplinary problems will be discussed with the Director and the parents.

Dismissal from program:

The director reserves the right to cancel any child's enrollment or dismiss a child whose mental condition, conduct, influence, or behavior is deemed unsatisfactory to the best interests of the program. You will have 10 days to make other arrangements for your child.

This notification must be given through a parent conference with written notification. If the behavior is deemed to be dangerous, there will be an immediate dismissal.

No refunds will be given.

I have read, understand, and accept the rules, and the standards of conduct outlined in this document.

Child Name	
Parent/Guardian Signature	
Date	