

A-2-Z

Academy of Early Learning

Registration Packet



Dear Parent,

We would like to take this opportunity to welcome you to A-2-Z Academy of Early Learning. The history of our center began with a mother's love to spend more time with her children and help educate them. A-2-Z was founded by Ms. Sue Jennings in 1991 as a home daycare. As more students enrolled we relocated to a larger building. We provided a quality educational program from 1993-2010. For a few years, Ms. Sue directed a well respected corporate center. Ms. Sue had an opportunity to reestablish A-2-Z in its current location in 2015. We take pride in the family owned center with a personal touch of knowing every family and their needs. We thank you for choosing our center as a home away from home for your child's growth and learning needs.

Philosophy

Our philosophy is that children learn best through play. During the children's time with us, their activities are geared towards developing a love for learning. Our main goal is to help create an environment where our students learn a sense of community. Our experienced staff help accomplish this through using The Creative Curriculum. This is a research based curriculum by The teaching Strategies Company. Creative curriculum is used by several public school systems in the area. The students not only develop math and literacy skills, but they learn to think both critically and creatively, to solve complex problems that are developmentally appropriate. Our students are better prepared for life well beyond their time in our classrooms.

Sincerely,
Sue Jennings



Revised 4/3/2023

A-2-Z Policies and Procedures

Covid – 19

Revised 4/2023- no longer applicable

As we are all aware by now there are major changes in our life styles and child care is no exception. So our industry like many others has to go through some necessary changes. Our students will be received from your vehicles. Their temperatures will be taken and recorded and you will be asked several question each day. These regulations have been put forth by the CDC and Office Of Licensing. It is for everyone's protection. Please be patient and give yourself ample time.

We will be providing all bedding material which will be laundered at the school. Please prohibit from sending any items from home (lunch boxes, Bags, toys and so on).

Hand washing and social distancing rules goes without say. A-2-Z has always prided itself in rigid cleaning rules and will continue to do so.

Enrollment

Welcome to A-2-Z Academy

A-2-Z is licensed child care center caring for children from 6 weeks to 13 years of age. All students must have on file all of the following documents **Before the Child's start Date:**

#1 – 6 Included in packet:

- 1.The most recent physical exam within the past year (Universal Health Record)
2. Infant Feeding Plan (if your child is under 12 months)
3. Parental Authorization for Emergency Treatment
4. Permission Form to apply insect repellent and/or sunscreen to child
5. Financial agreement
6. Signed application

Not included in packet but also required

1. A copy of immunization record from your child's physician
2. A most recent custody document (if applicable)

A complete registration packet with all necessary documents required by the state of NJ licensing is provided to all parents. Please review and complete all documents in this packet prior to your child's first day of school. Feel free to speak with our director with any concerns or questions you may have.

Tuition

- Tuition is due by the 5th of each month
- A \$25 late fee will be applied if tuition is not received by the 5th of the month. Tuition includes the meal plan (breakfast, lunch and snacks)
- A \$50 registration fee is charged every September
- 10% discount is offered for siblings of full time students only and will be applied to lower tuition.
- 10% discount is offered to community helpers (police officers, fire fighters, Emts, nurses, doctors, post office, teachers, military) and will be applied to lower tuition.
- A credit card number must be held on file. We reserve the right to charge your card if tuition is not paid by the 5th of the month.
- Tuition is due regardless of illness, holidays, inclement weather or other unforeseen closures or absences including COVID.
- A \$1.00 fee per minute will be added to your tuition encase your arrival time is past 5:30. This fee will be assessed based on Tadpole sign out time.

Each family receives one week free vacation time. (This week is the week of our winter break). The center is closed the week of 4th of July (this week is not tuition free). Any other time you wish to take additional time is not tuition free.

Your family must be with A-2-Z for one year to receive your free week.

Please notify the center one month in advance in the event of additional vacation time that your family might take..

A two week notice must be provided should we need to end our agreement. All tuition is non-refundable.

Signing in and out

It is NJ State Law that you or the authorized person dropping off and picking up your children must sign in and out of the center on a daily basis via Tadpole at school computer. The health check screening must be completed prior to your arrival on the Tadpole app.

Our Center is conveniently open 6:30 am – 5:30 pm daily. A \$1.00 fee per minute will be charged after 5:30 pm.

All students must have:

- A personal backpack with their name (wipe able material)
- Two complete changes of clothing (shirts, pants, socks, shoes, underwear) season and play appropriate
- Insect Repellent spray and Sun block spray with permission slip
- One empty sip cup for water

Crocs & Boots are unsafe and not permitted. If you wish to bring your child in boots a pair of Velcro sneakers must be kept at the center. Please also refrain from allowing your child to wear hoodies for safety reasons.

Non-Toilet trained children should also bring

- Diapers

- Wipes
- Any creams necessary with a medical consent letter

Snow Policy

During inclement weather A-2-Z will follow Washington Township (Long Valley) school system. All information regarding closing, delay openings or early dismissals will be updated on Facebook and Tadpoles App and Nixle App.

Birthdays

Birthdays are a very special event for every child. We encourage parents to bring in special treats and celebrate with us. These celebrations take place at 3:00 pm. Please notify your child's teacher regarding your plans.

Breast Feeding and Breast Milk

All bottles must be prepared at home, labeled with your child's name and date. Breast milk should be labeled in red tape. This is to inform all that it is a bodily fluid and extra attention is required. We are a breast feeding friendly center so you are also welcome to come and nurse as needed.

Toilet Learning Policy

We encourage toilet learning once a child shows interest in addition to many other factors. Children should not be forced or rushed during this very important step. It is a multi-step process and set backs are common and expected. This learning process is a combination of school and home team work. Please discuss the process with your child's teacher once you are ready to move forward.

Child Accident Reports

All children are precious and none of us want to see them hurt, no matter how slight. As parents and care givers, we do our best possible job to keep our students safe. Unfortunately accidents do happen. Our school policy is to inform the parent via Tadpole app and provide a written report when necessary. Parents need to sign accident report upon picking up their child.

NJ Licensing

As a center registered under NJ state of licensing, this grants the state authority to enter the center, for any reason and conduct a CFS/DYFS interview/examination on enrolled children and staff without parent consent.

Medication Policy

We at A-2-Z feel medications should be distributed at home. In the event a child is in need of an inhaler or epi pen, please contact the director for appropriate medication forms to be completed by your child's physician. Diaper Creams and sunscreen spray also requires a medication distribution form.

Discipline Policy

Please note that discipline in most instances is relevant to the situation at hand, the children involved, the child's past history, family situations and most importantly their age. Our goal is to provide a safe environment for all of our students. Our steps include reminding the children of the class rules, routines and making every effort to redirecting the child. They might have to be removed from the group if necessary. After continuous behavior issues, parents are notified and then last resort after failed efforts, the child may be removed from the center.

Expulsion Policy/ Termination of Care

In unfortunate circumstances, it may be necessary for A-2-Z to terminate a child's attendance if all efforts have been exhausted for (a/multiple) continuous issue(s). We will make every effort to correct these issues before a termination decision is made. As a center, we will always use the best interest of the child, classmates, and overall environment in our decision.

Reasons for suspension and termination may include (but not limited to):

- The child is at risk of causing serious injury to him/herself or other children & staff
- A parental conflict that includes physical or verbal threats or intimidating actions toward staff members
- Continuous failure to pay or lateness of tuition
- Failure to complete necessary paperwork for child's enrollment such as information and health records
- Parent/Guardian tardiness at pick up
- Child has not adjusted to the center in a timely manner
- Child is physically and/or verbally abusive to other children and staff
- Excessive biting
- Continuous breaking of A-2-Z policy

A child will NOT be terminated for these reasons:

- Parent/Guardian made a complaint against the center to the Office of Licensing regarding violations of licensing standards
- Parent reported abuse or neglect to authorities
- Questioning the center about certain policies and rules
-

Out of Center Care

A-2-Z will not be held accountable for any accidents or issues that may arise if a staff member and family arrange for our of center car

Social Media (Facebook, Tadpoles, A2Z website, Google)

As we are all aware social Media and its usage is a given in today's world. Pictures are taken via Tadpoles app and are shared with parents. If you wish your child to be omitted from this practice please choose the correct option on your Enrollment application. There are times that A2Z might post a picture of your child on Facebook, website or Google. If you do not wish your child's picture to be shared on public sites please indicate this option on the enrollment form for your child.

Tadpoles is our main means of communication between home and A2Z. This app is utilized by staff to update parents on their child's day at the center. Teachers will post pictures which can only be viewed on this app. Group pictures are inevitable and will be posted on Tadpoles only. Please refrain from sharing pictures or posting them on any website outside of the Tadpoles app. This app is only now available between the 5:30 A.M and 6:30 P.M. Only Administration members can contact parents on weekends with emergency announcements (school closures, early dismissals, delay openings). The teachers are no longer permitted to have Tadpoles on their personal phones. The Tadpoles app is only available to the teachers through A2Z owned tablets. Any questions or concerns regarding your child must be addressed during the center's operating hours. In case of any emergency please contact administration members (Ms. Sue, Ms. Jordan, Ms. Regeneia and Ms. Summer).

Children Screen Time

No student under 2.5 years of age is exposed to screen time of any kind. The AAP has determined that the use of hand held devices and screen time can actually have an adverse reaction to brain development. Students above 2.5 years of age are permitted to use the interactive board no more than 15 minutes twice per week. This time must be utilized to enhance curriculum based learning activities.

Sickness Policy

We pride ourselves in operating child care program that goes above and beyond cleanliness standards for our children, ourselves, and our families. Despite our best efforts, the germs sneak in even with proper hand washing and sanitizing procedures. We understand that we are working parents, however we have to contain sickness. If your child shows any of the following symptoms, they are prohibited from returning to the center for 48 hours once symptoms subside or we have a note from their physician.

- Diarrhea
- Vomiting temperature higher than 100.4 F
- Yellow eyes or skin
- Lethargic
- Red or pink eye with discharge
- Severe cough with mucus
- Sores on the mouth or body
- Stiff neck
- Severe diaper rash
- Coxsackie

Parental Involvement

A-2-Z has an open door policy for registered parents. Welcome and encourage our parents to visit throughout the day and be involved with our school. We have rest time and lunches from 11 a.m – 2 p.m. As a courtesy to staff and students, please do not schedule your visit or doctors appointments during those times. As part of uniting home and school, we offer home visits. (see Covid addendum)

As a center which participates in Grow NJ Kids accreditation , we offer many resources for assistance and parenting classes. The director is available for meetings throughout the day should any issues arise. Back to school night is held every year in early October.

A-2-Z holds a Halloween parade and a potluck Holiday Party every year, We encourage parents to attend and participate.

We are a community friendly center, so please let us know if you are involved in local groups or charities.

Please note that throughout the year many surveys and questionnaires are forwarded to you (ASQ, strengthening families, evaluation of both center & staff). I know how busy everyone is, but please try to return all surveys and questionnaires in a timely manner. There items help us with providing quality care.



43B Newburgh Rd
Hackettstown, NJ 07840
908-684-3510

2023 School closures

Month	Day	Date	Holiday
January	Monday	Jan 2,2023	New years Day
January	Monday	1/16/2023	MLK Birthday
April	Friday	4/07/2023	Good Friday
May	Monday	5/29/2023	Memorial Day
July	Monday-Friday	7/3-7/7/2023	Summer Break
September	Monday	9/4/2023	Labor Day
November	Thursday & Friday	11/23-24/2023	Thanksgiving
December	Monday - Friday	12/25- 12/29/2023	Winter Break

Please note that your family must be with A-2-Z for one full year to receive one week Free (Winter break).

All tuition is due regardless of illness, holidays, inclement weather or any other absences.

The center must be notified by 9:00 A.M if your child is to be absent.

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. 3A:52)***, 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 and staff 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 and staff member'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 on the DCF website at <http://www.nj.gov/dcf/providers/licensing/laws/CCCmanual.pdf> or obtain a copy by sending a check or money order for \$5 made payable to the "Treasurer, State of New Jersey", and mailing it to: NJDCF, 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 OOL's Inspection/Violation Reports on the center, which are available soon 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 or you can view them online at <https://childcareexplorer.njccis.com/portal/>.

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 talk 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 <https://www.cpsc.gov/Recalls>. 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/.

EXPULSION POLICY

NAME OF CENTER: _____

Unfortunately, there are sometimes 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)

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 and 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 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 PARENT/GUARDIAN:

- 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:

- Try to redirect child from negative behavior.
- Reassess classroom environment, appropriateness of activities, supervision.
- Always use positive methods and language while disciplining children.
- Praise appropriate behaviors.
- Consistently apply consequences for rules.
- Give the child verbal warnings.
- Give the child time to regain control.
- Document the child's disruptive behavior and maintain confidentiality.
- Give the parent/guardian written copies of the disruptive behavior that might lead to expulsion.
- Schedule a conference including the director, classroom staff, and parent/guardian to discuss how to promote positive behaviors.
- Give the parent literature of other resources regarding methods of improving behavior.
- Recommend an evaluation by professional consultation on premises.
- Recommend an evaluation by local school district study team.

GUIDELINES FOR POSITIVE DISCIPLINE

Positive discipline is a process of teaching children how to behave appropriately. Positive discipline respects the rights of the individual child, the group, and the adult. Methods of positive discipline shall be consistent with the age and developmental needs of the children, and lead to the ability to develop and maintain self-control.

Positive discipline is different from punishment. Punishment tells children what they should not do; positive discipline tells children what they should do. Punishment teaches fear; positive discipline teaches self-esteem.

You can use positive discipline by planning ahead:

- Anticipate and eliminate potential problems.
- Have a few consistent, clear rules that are explained to children and understood by adults.
- Have a well-planned daily schedule.
- Plan for ample elements of fun and humor.
- Include some group decision-making.
- Provide time and space for each child to be alone.
- Make it possible for each child to feel he/she has had some positive impact on the group.
- Provide the structure and support children need to resolve their differences.
- Share ownership and responsibility with the children. Talk about our room, our toys.

You can use positive discipline by intervening when necessary:

- Re-direct to a new activity to change the focus of a child's behavior.
- Provide individualized attention to help the child deal with a particular situation.
- Use time-out -- by removing a child for a few minutes from the area or activity so that he/she may gain self-control. (One minute for each year of the child's age is a good rule of thumb).
- Divert the child and remove from the area of conflict.
- Provide alternative activities and acceptable ways to release feelings.
- Point out natural or logical consequences of children's behavior.
- Offer a choice only if there are two acceptable options.
- Criticize the behavior, not the child. Don't say "bad boy" or "bad girl." Instead you might say "That is not allowed here."

You can use positive discipline by showing love and encouragement:

- Catch the child being good. Respond to and reinforce positive behavior; acknowledge or praise to let the child know you approve of what he/she is doing.
- Provide positive reinforcement through rewards for good behavior.
- Use encouragement rather than competition, comparison or criticism.
- Overlook small annoyances, and deliberately ignore provocations.
- Give hugs and caring to every child every day.
- Appreciate the child's point of view.
- Be loving, but don't confuse loving with license.

Positive discipline is NOT:

- Disciplining a child for failing to eat or sleep or for soiling themselves
- Hitting, shaking, or any other form of corporal punishment
- Using abusive language, ridicule, harsh, humiliating or frightening treatment or any other form of emotional punishment of children
- Engaging in or inflicting any form of child abuse and/or neglect
- Withholding food, emotional responses, stimulation, or opportunities for rest or sleep
- Requiring a child to remain silent or inactive for an inappropriately long period of time

Positive discipline takes time, patience, repetition and the willingness to change the way you deal with children. But it's worth it, because positive discipline works.

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) to 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 *24-hour State Central Registry Hotline 1-877-NJ-ABUSE (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 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 center shall ensure 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 alternative person(s) authorized by the parent(s); and
3. If the center is unable to make alternative arrangements, a staff member shall call the *24-hour State Central Registry 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).

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 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 center 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 the parent stating that all sores have dried and crusted is required.

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

COMMUNICABLE DISEASE REPORTING GUIDELINES

Some excludable communicable 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.

Please Sign and Return
All of the
Following Documents
before your
Child's Start Date.

Thank you

Parent Receipt of Information

- Signed Enrollment/Application (Signed Document)
- Custody Document (if applicable)
- Information of Parents Document (Proof of Receipt)
- Guidelines for positive Discipline (Proof of Receipt)
- Policy of Expulsion (Proof of Receipt)
- Policy of the Use of Technology & Social Media (Proof of Receipt)
- Communicable Diseases (Proof of Receipt)
- Release Policy (Proof of receipt)
- Parental Notification Methods (Proof of receipt)
- Health Care Provider, Universal Health Record, Immunization Record (Signed Documents)
- Emergency Medical Care Authorization (Signed Documents)
- Parental Notification Methods (Signed Documents)
- A-2-Z Financial Agreement (Signed Documents)

I have read and received a copy of the Information and Policies listed above.

Child (ren)'s Name: _____

Parent/Guardian Name: _____

Parent/ Guardian Signature: _____

Date: _____

A-2-Z Academy Financial Agreement 2023

Ages	Ratio	Full Day		
		6:30 am – 5:30 pm		
		5 Days	4 Days	3 Days
Infant 6 weeks- 18 months	1 : 4	\$1459	\$1332	\$1167
Toddler 18 mos- 30 months	1 : 6	\$1274	\$1155	\$1059
PS2 & PS3 2.5-4 yrs old Potty learning completed	1 : 10	\$1220	\$1182	\$1024
PS4 4 years old	1 : 12	\$1151	\$1023	\$955
Kindergarten & Summer Camp 5 Years old	1 : 15	\$1129	\$1046	\$945

Please indicate below the applicable days:

Type of care	Monday	Tuesday	Wednesday	Thursday	Friday
Full Time					
Part time (hours)					

- A \$50.00 registration fee for every child is due every September
- Tuition is due by 5th of each month. A \$25.00 late fee will be applied if payment is received after 5th of the month
- \$1 fee/minute is charged if you arrive after 5:30 PM
- Meal plan (Breakfast, Lunch and two afternoon snack) and enrichment programs are included with the tuition
- A 10% sibling discount is applied when both students are Full time (the discount is off the lower tuition)
- A 10% discount is available for military, police, Fire, Emergency, Teachers, and other essential workers.(Only one Discount allowed per family)
- Tuition is due regardless of illness, holidays, inclement weather or absences
- A-2-Z offers one week free to families that have been with us for one full year(the week of winter break)
- A 2% raise in tuition is effective every January
- A half month's deposit is required to be placed on our waiting list. This amount will be applied to the tuition of the first month you are with us
- If you do not start your at the said date then the deposit is not refundable.

All tuition and fees are non-refundable

In the event that our agreement needs to be terminated for any reason, parents are required to provide a two week notice.

Please review the above document and ask for clarity if need be.

By signing below you agree to the terms and conditions listed above

Child's name: _____ Parent Signature: _____

Date: _____ Director's Signature: _____

ENROLLMENT APPLICATION

Name Of Child:	Birthdate:	Enrollment Date:
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PARENT/GUARDIAN INFORMATION	<i>Please check the box (<input type="checkbox"/>) to indicate the primary residence of the child listed above.</i>			
	<input type="checkbox"/> PARENT/GUARDIAN # 1		<input type="checkbox"/> PARENT/GUARDIAN # 2	
	Name:		Name:	
	Relationship:		Relationship:	
	Cell Phone:		Cell Phone:	
	Home Phone:		Home Phone:	
	Home Address:		Home Address:	
	Employer Name:		Employer Name:	
	Employer Phone:		Employer Phone:	
	Employer Address:		Employer Address:	
E-Mail Address:		E-Mail Address:		

EMERGENCY CONTACTS	Persons authorized to pick up your child and/or contact in case of emergency if neither parent is available to assume responsibility for the child.					
	Contact Name #1:		Contact Name #2:		Contact Name #3:	
	Relationship:		Relationship:		Relationship:	
	Cell Phone:		Cell Phone:		Cell Phone:	
	Home Phone:		Home Phone:		Home Phone:	
	Employer Phone:		Employer Phone:		Employer Phone:	

CUSTODY	Name of person PROHIBITED from picking up your child:	
	If a non-custodial parent has been denied access, or granted limited access, to the child by a court order, please submit documentation to this effect for the center to maintain a copy on file, and to comply with the terms of the court order.	

PERMISSIONS	<input type="checkbox"/> I give permission for my child to participate in <u>WALKING TRIPS</u> within the center's neighborhood, using routes that pose no known safety hazards to children, with the understanding that the walk involves no entrance into another facility unless otherwise indicated.	<input type="checkbox"/> I <u>DO NOT</u> permission for my child to participate in <u>WALKING TRIPS</u> within the center's neighborhood, using routes that pose no known safety hazards to children, with the understanding that the walk involves no entrance into another facility unless otherwise indicated.
	<input type="checkbox"/> I give permission for my child to be <u>PHOTOGRAPHED</u> during normal daycare hours, field trips, or activities and understand that photographs may be used in promoting child care services, either in print or on the Internet.	<input type="checkbox"/> I <u>DO NOT</u> give permission for my child to be <u>PHOTOGRAPHED</u> during normal daycare hours, field trips, or activities and understand that photographs may be used in promoting child care services, either in print or on the Internet.

RECEIPT OF POLICIES	I (we) attest that all of the information on this application is accurate, and that I (we) have received the following information:	
	<input type="checkbox"/>	Center Policies and Procedures
	<input type="checkbox"/>	Information to Parents Document
	<input type="checkbox"/>	Policy on the Expulsion of Children from Enrollment
	<input type="checkbox"/>	Policy On The Use Of Technology And Social Media
	<input type="checkbox"/>	Policy On The Management Of Illnesses/Communicable Diseases
	<input type="checkbox"/>	Policy On The Release Of Children
	<input type="checkbox"/>	Policy on the Methods of Parental Notification of Injuries (if applicable)
	<input type="checkbox"/>	Other: _____
	<input type="checkbox"/>	Other: _____

MEDICAL INFORMATION	Child's Health Care Provider:	
	Health Care Provider Phone:	
	Health Care Provider Address:	
	Name Of Insurance Company/Hmo:	
	Group #:	
	Identification #:	
	Subscriber's Name On Insurance Card:	
	Known Allergies (including medication):	
	Medication My Child Is Taking:	
	List Special Conditions, Disabilities, Medical/Physical Restrictions, Medical Information For Emergency Situations:	

HEALTH STATEMENT	As the parent/guardian of the above named child, I certify that he/she is in good physical health and may participate in the normal activities of the program and has no conditions or specific needs that require specific accommodations, unless otherwise indicated in the medical information provided above or an attached Universal Health Record or a Care Plan for Children with Special Health Needs.
	Parent/Guardian Initials:

EMERGENCY TREATMENT	As the parent(s)/ legal guardian(s) of the above named child, I (we) attest that the information above is correct. I (we) authorize the child care center staff to obtain emergency treatment for my child and understand that I (we) shall be promptly notified.
	Parent/Guardian Initials:

Parent/Guardian Signature #1:	Date:	Parent/Guardian Signature #2:	Date:
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PARENTAL AUTHORIZATION FOR EMERGENCY TREATMENT

Name Of Child:	Birthdate:	Enrollment Date:
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PARENT/GUARDIAN INFORMATION	<input type="checkbox"/> PARENT/GUARDIAN # 1		<input type="checkbox"/> PARENT/GUARDIAN # 2	
	Name:		Name:	
	Relationship:		Relationship:	
	Cell Phone:		Cell Phone:	
	Home Phone:		Home Phone:	
	Home Address:		Home Address:	
	Employer Name:		Employer Name:	
	Employer Phone:		Employer Phone:	
E-Mail Address:		E-Mail Address:		

EMERGENCY CONTACTS	Persons authorized to pick up your child and/or contact in case of emergency if neither parent is available to assume responsibility for the child.					
	Contact Name #1:		Contact Name #2:		Contact Name #3:	
	Relationship:		Relationship:		Relationship:	
	Cell Phone:		Cell Phone:		Cell Phone:	
	Home Phone:		Home Phone:		Home Phone:	
	Employer Phone:		Employer Phone:		Employer Phone:	

CUSTODY	Name of person PROHIBITED from picking up your child:	
	If a non-custodial parent has been denied access, or granted limited access, to the child by a court order, please submit documentation to this effect for the center to maintain a copy on file, and to comply with the terms of the court order.	

MEDICAL INFORMATION	Child's Health Care Provider:	
	Health Care Provider Phone:	
	Health Care Provider Address:	
	Name Of Insurance Company/Hmo:	
	Group #:	
	Identification #:	
	Subscriber's Name On Insurance Card:	
	Known Allergies (including medication):	
	Medication My Child Is Taking:	
	List Special Conditions, Disabilities, Medical/Physical Restrictions, Medical Information For Emergency Situations:	

AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT	
As the parent(s)/ legal guardian(s) of the above named child, I (we) attest that the information above is correct. I (we) authorize the child care center staff to obtain emergency treatment for my child and understand that I (we) shall be promptly notified.	

Parent/Guardian Signature #1:	Date:	Parent/Guardian Signature #2:	Date:
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Permission to Apply Insect Repellent and/or Sun Screen to Child

Center Name:			
Child's Name:		Child's Age:	

As the parent/guardian of the above named child, I have initialed next to the applicable statement(s) for the use of ***insect repellent*** on my child:

Staff may apply the center's ***insect repellent*** according to the directions on the product label.

I do not know of any allergies my child has to children's ***insect repellent***.

My child is allergic to some ***insect repellents***. I have provided the following brand/type of ***insect repellent*** for use on my child:

Please DO NOT apply ***insect repellent*** to the following areas of my child's body:

Please do not apply insect repellent to my child.

Parent/Guardian's Name:	Parent/Guardian's Signature:	Date:

As the parent/guardian of the above named child, I have initialed next to the applicable statement(s) for the use of ***sun screen*** on my child:

Staff may use the center's ***sun screen*** according to the directions on the product label.

I do not know of any allergies my child has to children's sun screen.

My child is allergic to some ***sun screens***. I have provided the following brand/type of ***sun screen*** for use on my child:

Please DO NOT apply ***sun screen*** to the following areas of my child's body:

Please do not apply sun screen to my child.

Parent/Guardian's Name:	Parent/Guardian's Signature:	Date:

Infant Feeding Plan

A written plan shall be maintained on file and available for the caregiver of any child less than 12 months of age.

Child's Name:		Date:	Birthdate:	
Formula:		Breast Feeding/Breastmilk		
<input type="checkbox"/> No <input type="checkbox"/> Yes Is your child fed formula ¹ ? <input type="checkbox"/> No <input type="checkbox"/> Yes Will formula be prepared (mixed) at home? <input type="checkbox"/> No <input type="checkbox"/> Yes Will formula be prepared by the caregiver? If the caregiver will be preparing the formula, please indicate any special instructions: _____ _____		<input type="checkbox"/> No <input type="checkbox"/> Yes Is your child breast fed? <input type="checkbox"/> No <input type="checkbox"/> Yes I will nurse my child at the center at these times: _____ <input type="checkbox"/> No <input type="checkbox"/> Yes I will provide breast milk ¹ . If breast milk is unavailable for a feeding, the center should: _____ _____		
Feedings:				
<input type="checkbox"/> No <input type="checkbox"/> Yes Does your child take a bottle? (Note: Bottles are required to be labeled with child's name and the current date.) <input type="checkbox"/> No <input type="checkbox"/> Yes Is the bottle warmed ² ? <input type="checkbox"/> No <input type="checkbox"/> Yes Does your child hold their bottle? <input type="checkbox"/> No <input type="checkbox"/> Yes Can the child feed his or herself? <input type="checkbox"/> No <input type="checkbox"/> Yes Are there any special instructions for bottle feeding your child? If "yes," please explain: _____ <input type="checkbox"/> No <input type="checkbox"/> Yes Is your child using a sippy cup? (Note: Sippy cups must be labeled with the child's name.) <input type="checkbox"/> No <input type="checkbox"/> Yes Does your child have any problems with feeding, such as choking or spitting up? If "yes," please explain: _____ <input type="checkbox"/> No <input type="checkbox"/> Yes Are there any special instructions concerning feeding your child? If "yes," please explain: _____ _____				
Foods and Feeding Schedule:				
Liquids (formula, breastmilk, 100% fruit juice in a cup)	<input type="checkbox"/> N/A <input type="checkbox"/> Introducing <input type="checkbox"/> Familiar	<input type="checkbox"/> Breast Feeding <input type="checkbox"/> by bottle <input type="checkbox"/> by breast	<input type="checkbox"/> Bottle Feeding <input type="checkbox"/> by caregiver <input type="checkbox"/> with help <input type="checkbox"/> independently	<input type="checkbox"/> Cup Feeding <input type="checkbox"/> with help <input type="checkbox"/> independently Amounts:
Semisolid Foods (infant cereal, strained fruits and/or vegetables)	<input type="checkbox"/> N/A <input type="checkbox"/> Introducing <input type="checkbox"/> Familiar	<input type="checkbox"/> Spoon Feeding <input type="checkbox"/> by caregiver <input type="checkbox"/> with help <input type="checkbox"/> independently	Kinds of Food:	Amounts:
Modified Table Foods (mashed, soft, diced fruit and/or vegetables, strained meat or poultry, pieces of soft bread)	<input type="checkbox"/> N/A <input type="checkbox"/> Introducing <input type="checkbox"/> Familiar	<input type="checkbox"/> Spoon Feeding <input type="checkbox"/> by caregiver <input type="checkbox"/> with help <input type="checkbox"/> independently	Kinds of Food:	Amounts:
Finger Foods (small pieces of soft/cooked table food, chopped food)	<input type="checkbox"/> N/A <input type="checkbox"/> Introducing <input type="checkbox"/> Familiar	<input type="checkbox"/> Spoon Feeding <input type="checkbox"/> by caregiver <input type="checkbox"/> with help <input type="checkbox"/> independently	Kinds of Food:	Amounts:
Other:				
<input type="checkbox"/> No <input type="checkbox"/> Yes Does your child take a pacifier? Note: Pacifiers with straps or other types of attachment devices are not permitted. Pacifiers must be removed when the child is crawling or walking.				
Additional Information:				
I will promptly provide any updates to my child's feeding plan as needed.		PARENT'S SIGNATURE:	DATE:	

¹Breast milk shall be gently mixed but not be shaken. Refrigerated breast milk shall be used within 24 hours. Formula or breast milk that is served, but not completely consumed or refrigerated, shall be discarded. ²No milk, formula, or breast milk shall be warmed in a microwave oven.

UNIVERSAL CHILD HEALTH RECORD

Endorsed by: American Academy of Pediatrics, New Jersey Chapter
New Jersey Academy of Family Physicians
New Jersey Department of Health

SECTION I - TO BE COMPLETED BY PARENT(S)

Child's Name (Last) _____ (First) _____		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth ____ / ____ / ____
Does Child Have Health Insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, Name of Child's Health Insurance Carrier _____		
Parent/Guardian Name _____	Home Telephone Number _____	Work Telephone/Cell Phone Number _____	
Parent/Guardian Name _____	Home Telephone Number _____	Work Telephone/Cell Phone Number _____	
I give my consent for my child's Health Care Provider and Child Care Provider/School Nurse to discuss the information on this form.			
Signature/Date _____		This form may be released to WIC. <input type="checkbox"/> Yes <input type="checkbox"/> No	

SECTION II - TO BE COMPLETED BY HEALTH CARE PROVIDER

Date of Physical Examination: _____	Results of physical examination normal? <input type="checkbox"/> Yes <input type="checkbox"/> No
Abnormalities Noted: 	Weight (must be taken within 30 days for WIC) _____
	Height (must be taken within 30 days for WIC) _____
	Head Circumference (if <2 Years) _____
	Blood Pressure (if ≥3 Years) _____

IMMUNIZATIONS	<input type="checkbox"/> Immunization Record Attached <input type="checkbox"/> *Date Next Immunization Due: _____
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MEDICAL CONDITIONS		
Chronic Medical Conditions/Related Surgeries • List medical conditions/ongoing surgical concerns:	<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached	Comments _____
Medications/Treatments • List medications/treatments:	<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached	Comments _____
Limitations to Physical Activity • List limitations/special considerations:	<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached	Comments _____
Special Equipment Needs • List items necessary for daily activities	<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached	Comments _____
Allergies/Sensitivities • List allergies:	<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached	Comments _____
Special Diet/Vitamin & Mineral Supplements • List dietary specifications:	<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached	Comments _____
Behavioral Issues/Mental Health Diagnosis • List behavioral/mental health issues/concerns:	<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached	Comments _____
Emergency Plans • List emergency plan that might be needed and the sign/symptoms to watch for:	<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached	Comments _____

PREVENTIVE HEALTH SCREENINGS					
Type Screening	Date Performed	Record Value	Type Screening	Date Performed	Note if Abnormal
Hgb/Hct			Hearing		
Lead: <input type="checkbox"/> Capillary <input type="checkbox"/> Venous			Vision		
TB (mm of Induration)			Dental		
Other:			Developmental		
Other:			Scoliosis		

I have examined the above student and reviewed his/her health history. It is my opinion that he/she is medically cleared to participate fully in all child care/school activities, including physical education and competitive contact sports, unless noted above.

Name of Health Care Provider (Print) _____	Health Care Provider Stamp: _____
Signature/Date _____	