



Pennington Children's Academy

Back-up Care

Registration Form

Date: _____

CHILD

Name: Lives with: Both Parents / Mother / Father / Guardian(s)
 Date of Birth: / / Age: Sex: Male / Female

HOME

Address: Home Phone:

PARENT/
GUARDIAN

Name: Occupation:
 Work Phone: Name of Work:
 Cell Phone: Work Address:
 Email Address: Relationship to Child:

PARENT/
GUARDIAN

Name: Occupation:
 Work Phone: Name of Work:
 Cell Phone: Work Address:
 Email Address: Relationship to Child:

EMERGENCY

Emergency Contact #1

Emergency Contact #2

Name: Name:
 Relationship: Relationship:
 Phone Number: Phone Number:

DOCTOR

Name: Address:
 Phone:



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Please bring in copies of identification (i.e Driver's Licences) on or before your child's first day

Please Attach:

Parent/guardian 1's driver's license:

Parent/guardian 2's driver's license:



Emergency Medical Authorization

CHILD'S FULL NAME:

FATHER'S NAME:

CELL PHONE: WORK PHONE:

MOTHER'S NAME:

CELL PHONE: WORK PHONE:

CHILD'S DOCTOR: PHONE:

EMERGENCY CONTACT #1 NAME:

RELATIONSHIP TO CHILD: PHONE:

EMERGENCY CONTACT #2 NAME:

RELATIONSHIP TO CHILD: PHONE:

INSURANCE PROVIDER:

POLICY/MEMBERSHIP NUMBER:

HOSPITAL PREFERENCE, NAME:

ADDRESS: PHONE:

CITY/STATE: ZIP CODE:

ANY OTHER RELEVANT MEDICAL INFORMATION:



Emergency Medical Authorization

I give consent to *Pennington Children's Academy* to take the necessary steps to obtain emergency medical care until I can be contacted. I understand that every effort will be made to contact me before any action/step is taken. Steps may include, but not limited to:

- Attempt to contact parent or emergency contacts
- Attempt to contact child's physician
- Provide first aid at the center and/or by a physician for medical or surgical care.
- Taking the child to the local ER or clinic via an ambulance

In case of an emergency, we will try to honor your preferences. In an extreme emergency, we may have to take your child directly to the hospital. We will notify you of the location and request that you meet us there.

I hereby grant permission for my child to use all of the play equipment and participate in all physical activities conducted at the school.

Signature of Parent/Guardian: **Date:**

Signature of Parent/Guardian: **Date:**



Emergency Information

Please give details of any allergies your child might have and any daily medications they take.

CHILD'S NAME:

ALLERGIES:

.....

.....

REACTIONS:

.....

.....

MEDICATION:

NEEDED FOR **ALLERGIES**

DOSAGE:

Daily Medication Information

MEDICATIONS:

DOSAGE:

Parent/Guardian Signature:.....

Date:.....



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Child's Name _____

Dietary Preferences _____

If cakes, cookies or other treats are given as a snack in the event of a Birthday or other special occasion, do you object your child consuming them?



Medical Authorization Policy

Medication:

Prescription medication will only be administered to a child if the center received both a signed note from the child's physician in addition to a parent's note of consent. Prescription medications need to be provided in its original container with the child's first and last name, the date that the prescription was filled, the name of the licensed health care provider, expiration date of the medication/period of use of the medication, manufacturer's instruction or the original prescription label that details the name of the medication, and instructions on how to administer and store it. Parents should provide a measuring device for the medication to be dispensed to the child.

Medication Procedures: The dispensation of medication is a professional courtesy and is not required by law. Schools reserves the right to refuse to dispense medication to any child if proper procedures are not as followed:

1. It is recommended that the first does of medication should be given at home to see if the child has any type of adverse reaction. However, if a child does have an adverse reaction at school, parents/guardians will be contacted immediately.
2. Medication will only be given when ordered by a child's health care provider and with written consent of the child's parent/legal guardian. Parents/guardians must fill out a medical authorization form. All information on the form must be completed before the medication can be given.
3. Medications given in the Center will be administered by a staff member who has had training in safe administration of medication and will have been informed of the child's health needs related to the medication.
4. Staff will complete a medication log that is signed on a daily basis. They will sign and log the date each time medication is administered to a child. If there is a routine request for a specific symptom, parents/guardians may be asked to sign the medication log monthly. Our staff are responsible for checking this log daily and dispensing the medication requested.
5. Unused or expired medication will be returned to the parent/guardian when it is no longer needed or able to be used by the child.
6. All medication and their administration is strictly confidential. Parents can request information their child's medication records maintained at the center at any time.
7. Medication is to be stored in the original container marked with the child's first and last name, the date that the prescription was filled, the name of the licensed health care provider, expiration date of the medication/period of use of the medication, manufacturer's instructions or the original prescription label that details the name of the medication, and instructions on how to administer and store it.
8. All medication will be stored in a cabinet that is inaccessible to children.
9. Staff will not mix any medicine into the child's food or drink or store medication in diaper bags or lunch boxes.

Parent/ Guardian Signature(s)

_____ Date _____

_____ Date _____



Medical Authorization Form

The following information should be completed and returned to the center by the child's health care provider:

Child's Name: _____

Birth Date: _____

Health Care Provider Name: _____

Health Care Provider Location: _____

Medication: _____ Allergies: _____

Purpose of Medication: _____

Time of Day Medication should be Administered: _____

Instructions on Administration of Medication:

Start Date: _____

End Date: _____

.....
This portion should be completed by a Parent/Guardian of the child:

I hereby grant permission for my child, _____, to receive the above medication. I understand that I must provide the medication in its original container and labeled with the child's first and last name, the date that the prescription was filled, the name of the licensed health care provider, expiration date of the medication/period of use of the medication, manufacturer's instructions or the original prescription label that details the name of the medication, and instructions on how to administer and store it. Also, I am to supply the appropriate measuring device for the medication.

(Parent/Guardian Signature)

Amount of medication brought to Pennington Children's Academy:

Date: _____ Parent/Guardian Signature:

Amount of medication returned to Parent/Guardian: _____

Date: _____ Parent/Guardian Signature:



Sunscreen and Insect Repellent Authorization

I grant permission to apply sunscreen on my child _____ . I am aware that it is my responsibility to provide sunscreen to Pennington Children's Academy.

Name of Sunscreen:

Application Instructions:

Parent/Guardian Signature:

Date: _____

.....

I hereby grant permission to Pennington Children's Academy to apply insect repellent on my child _____ . I am aware that it is my responsibility to provide insect repellent to Pennington Children's Academy.

Name of Insect Repellent:

Application Instructions:

Parent/Guardian Signature:

Date: _____



Media Release

Dear Parents,

We are looking to document the activity of our kids with photos and more. To this end, please read and respond to the photograph/video request below. If you have any questions, feel free to contact the center at 609-737-1333.

Sincerely yours,

Pennington Children's Academy

Name of Child(ren):

Name of Parent(s):

I give Pennington Children's Academy permission to take pictures/videos of my child while they are at school.

Yes / No

These pictures/videos can be shared privately among staff and the parents/guardians.

Yes / No

These pictures/videos can be shared in the school's publications.

Yes / No

These pictures/videos can be shared on our school website, social media (i.e. Facebook, Google+, Yelp, etc.) and for marketing purposes (i.e. brochures/flyers).

Yes / No

Signature: _____

Date: _____



Pennington Children's Academy

Dear Parent:

In keeping with New Jersey's child care center licensing requirements, we are obliged to provide you, as a parent, of a child enrolled at our center, with this informational statement.

The statement highlights, among other things: your right to visit and observe our center at any time without having to secure prior permission; the center's obligation to be licensed and to comply with licensing standards; and the obligation of all citizens to report suspected child abuse/neglect/exploitation to the State Central Registry Hotline (877) NJ ABUSE/ (877) 652-2873.

Please read this statement carefully and, if you have any questions, feel free to contact the center at (609) 737-1333.

Sincerely,

Pennington Children's Academy

Name of Child:

Name of Parent(s):.....

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

Signature:.....

Date:.....



Expulsion Policy

10:122-6.8

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

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.



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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 childcare (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 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 classroom environment, appropriate of activities, supervision. Staff will always use positive methods and language while disciplining children. Staff will praise appropriate behaviors
- * Staff will consistently apply consequences for rules. Child will be given verbal warnings
- * Child will be given time to regain control
- * Child's disruptive behavior will be documented and maintained in confidentiality. Parent/guardian will be notified verbally
- * Parent/guardian will be given written copies of the disruptive behaviors that might lead to expulsion
- * The director, classroom staff and parent/guardian will have a conference(s) to discuss how to promote positive behaviors
- * The parent will be given literature or other resources regarding methods of improving behavior
- * Recommendation of evaluation by professional consultation on premises



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I have read and received a copy of the Expulsion Policy for Pennington Children's Academy, mandated by the State of New Jersey.

Name of Child:

Name of Parent:

Parent's Signature:

Date:



Withdrawal Procedure

If you are no longer in need of care at our center, you must give thirty days' written notice to have your deposit applied to the last tuition bill. If the director/owner does not receive notice in time, your deposit will be forfeited and you will be charged tuition for your last two weeks at the center.

Parent(s) or the Center may terminate this contract. Thirty days' notice prior to the last date of care is required.

The Center may immediately terminate this contract without any notice IF payment is not made on time.

Other:

- If the Center chooses not to enforce any portion of the contract, it does not give up the Center's right to enforce any other portion of the contract.
- The contract can be revised at any time by the Center if necessary.

Signatures:

The signatures below indicate agreement with this contract and with the written policies of the Center. The Center may change the policies as needed with advance written notice.

Parent's Name (Print)

Parent's Signature/ Date

Parent's Name (Print)

Parent's Signature/ Date

If the parent or legal guardian is under the age of 18, a cosigner must sign this agreement and act as a guarantor to the contract and agree to be bound by all financial terms.



Pennington Children's Academy

Dear New Parents,

Below for you review is a list of our childcare policies, which can be found in the family handbook and registration packet. Please check below and sign that you have received a copy of our family handbook and registration packet that includes the following policies:

_____ I have received the Family Handbook

_____ I have read the Policy on the Management of Communicable Diseases outlined in the Family Handbook

_____ I have read the Discipline Policy outlined in the Family Handbook

_____ I have read the DCF Information to Parents

_____ I have read the Pick-Up Procedures for our children outlined in the Family Handbook

_____ I have read the Policy on the Release of Children outlined in the Family Handbook

_____ I have read the Expulsion Policy outlined in the Family Handbook

_____ I have received the Registration Packet

Name: _____ Date: _____

Signature: _____

If you did not receive a copy of one of these policies, please see the Director or your child's teacher. Thank you.

Ismat Shehzad
Pennington Children's Academy