

East Hanover Co-op Nursery School



Where learning and friendship go hand in hand

ENROLLMENT APPLICATION 2019-2020

Date of Application _____

Date of Birth _____

ALLERGIES _____

Country of Birth _____

Child's Name _____ Sex (Circle one) M F

Address _____
Street City State Zip Code

Home Telephone _____

Parent Name _____ Parent Name _____

Email _____ Email _____

Parent Occupation _____ Parent Occupation _____

Employer _____ Employer _____

Address _____ Address _____

Business Phone _____ Business Phone _____

Cell Phone _____ Cell Phone _____

AUTHORIZED PICK UP LIST – Persons authorized to pick up child and or contact in case of emergency if neither parent is available. **ABSOLUTELY REQUIRED (Must be two different parties other than parents)**

Name _____ Name _____

Relationship _____ Relationship _____

Address _____ Address _____

Phone _____ Phone _____

Please let us know who referred you so that we can properly thank them through our "Refer a Friend" program (Only one name please) _____

Registration Fee Received:

CHECK # _____ DATE _____ AMOUNT _____ CLASS _____ INITIAL _____

Other members of the household (brothers, sisters, grandparents, etc)

469 Ridgedale Avenue, East Hanover, NJ 07936 (973) 515-0477 Fax (973) 515-0433 www.ehcoopnursery.com ehcoopdirector@gmail.com

Other members of the household (brothers, sisters, grandparents, etc.)

Name	Relationship to child	Age	Birthdate
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Child's Physician _____

Address _____

Phone _____

Name to be used in school (i.e. nickname)

Has your child had any previous group experience? _____

Please list any additional information you feel we should know in advance to properly care for your child _____

Session Preferred (Check One)

Four Year Old Program	Mon., Tues., Wed., Thurs., Fri.	\$550/mo	9:00 am - 1:00 pm _____
Three Year Old Program	Mon., Tues., Wed., Thurs.	\$435/mo	9:00 am - 12:00 pm _____
Young 3's Program	Tues., Wed., Thurs.	\$325/mo	9:00 am - 11:30am _____

I have received the INFORMATION TO PARENTS STATEMENT.

As a member of the East Hanover Co-Op, all families are required to (1) meet tuition/fee obligations (2) provide 6 volunteer hours (3) participate on a committee (4) participate at a scheduled toy cleaning (5) a one-time \$50 donation for school events (6) provide snack for my child's class and (7) complete all documentation requirements.

Tuition can be paid in one, two or ten installments. If ten installments are chosen, payment is due by the 15th of the preceding month for the following month, beginning in August 2019. A \$25.00 late fee will be assessed for payments received after the 21st of the month.

By signing this application, I agree to these terms.

Date _____ Signature _____

A non-refundable registration fee of \$175 must accompany this application. Checks should be made payable to EH Cooperative Nursery School.

The East Hanover Cooperative Nursery School admits students of any color, race, national and ethnic origin to all the rights, privileges, programs and activities generally accorded or made available to students at the school. It does not discriminate on the basis of educational policies, admission policies, scholarship and loan programs and athletic and other school-administered programs.

Custodial Information: If a non-custodial parent is not included among the persons authorized by the custodial parent to pick up the child, please explain (attach a note & copy of appropriate documents)

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Medical Release Form

2019-2020

In the event of a medical emergency, I authorize the East Hanover Cooperative Nursery School to seek emergency medical care for my child as deemed necessary by the staff. The family telephone number on the registration form will be called immediately thereafter. This authorization also extends to the treating physician.

Child's Name _____

Parent/Guardian's Signature _____

Date _____

Child's Physician _____

Physician's Telephone Number _____

Hospital of Choice _____

List Any Allergies:

Allergies to Medication

Allergies to Food

East Hanover Co-op Nursery School



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www.ehcoopnursery.com ehcoopdirector@gmail.com

As a member of the East Hanover Cooperative Nursery School, I agree to the following:

- To meet yearly tuition and fee obligations for the class(es) in which my child(ren) is/are enrolled. These payments are collected on the 15th of the preceding month, starting August, 2019. I agree to pay my annual tuition in 10 monthly installments, annually or bi-annually. I agree that a late fee of \$25 will be assessed if my tuition is not received by the 21st of the month. If tuition is late for a second month at any time throughout the school year, a \$30 fee will be imposed. If tuition is late for a third month at any time throughout the school year, a \$35 fee will be imposed. If tuition is late for a fourth time, this will be grounds for expulsion.
- I understand that each family is required to complete **six (6) volunteer hours**. **Three (3) hours** must be completed towards fundraising and **three (3) hours** must be completed towards school support. These hours will be tracked by a board member. **Two post-dated checks (dated June 10, 2020) in the amount of \$250 each** are due at time of registration and will be cashed **ONLY** if volunteer service requirements are **NOT** met as stated above. Should you leave the school prior to year-end for any reason and your hours are not complete, your check(s) will be cashed.
- To serve on a committee.
- I understand that for my child to attend classes, all registration documentation, medical forms and signed paperwork must be filled out and returned to East Hanover Cooperative Nursery School by 9/3/19. There are **NO EXCEPTIONS** for missing paperwork.
- To attend one of the toy cleaning days held throughout the school year OR opt out by paying the work session fee up front with Registration for \$50. A post-dated check (dated May 1, 2020) in the amount of \$50 is due at time of registration and will be cashed only if my toy cleaning requirements are **NOT** met. Should you leave the school prior to year-end for any reason and your toy cleaning has not been completed, your check will be cashed.
- A one-time \$50 donation to be used toward school events. My \$50 donation is due at time of registration.
- A one-time annual maintenance fee of \$40 per family is due with your August tuition payment.
- To provide snack for my child(ren)'s class as scheduled.
- **Checks due with Registration form:**
 - **\$175 – Registration Fee**
 - **\$40 – Maintenance Fee**
 - **\$50 – Donation**
 - **\$50 – Toy Cleaning (Post- dated check 5/1/20 if you wish to participate in a Toy Cleaning OR \$50 check with current date to buy out of your work session.)**
 - **\$250 – Fundraising Volunteer hours (post-dated 6/10/20)**
 - **\$250 – School Operation Volunteer hours (post-dated 6/10/20)**

Child Enrolled

Class

Parent Signature

Date

Print Parent Name

PARENT

RECEIPT OF INFORMATION:

- ☐ Information to Parents Document
- ☐ Policy on the Release of Children
- ☐ Policy on Methods of Parental Notification
(Applicable only if a method other than a phone call is used to notify parents of an injury to a child's head, a bite that breaks the skin, a fall from a height, or an injury requiring professional medical attention.)
- ☐ Policy on Communicable Disease Management
- ☐ Expulsion Policy
- ☐ Policy on the Use of Technology and Social Media

I have read and received a copy of the information/policies listed above.

Child(ren)'s Name: _____

Parent/Guardian's Name: _____

Signature

Date

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://data.nj.gov/childcare_explorer.

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/.

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).

East Hanover Cooperative Nursery School

469 Ridgedale Avenue East Hanover, NJ 07936

Phone: (973) 515-0477

Policy on Methods of Parental Notification

Dear Parents,

Attached is a release form granting permission to use your phone number for voice calls or text messages, and email address for school correspondences and communication regarding your child. The information provided will be shared with other families within the school as well as for school business. For example, school messages, committee responsibilities, newsletters, etc. Please sign the authorization below and return to school.

I grant permission for staff to communicate any immediate information regarding my child through text messages.

Many thanks for your help in this matter.

I, _____, grant permission for authorization to the East Hanover Cooperative Nursery School to use my email address and phone number provided, for school related correspondences. I also grant permission for staff to communicate any immediate information regarding my child through text messages.

Email address _____.

Email address _____.

Phone number _____.

Phone number _____.

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



(see New Jersey Administrative Code Title 8, Chapters 57 and 58)

**Communicable Disease Service
Disease Reporting Requirements and
Regulations can be viewed at:**
<http://nj.gov/health/ed/reporting.shtml>



Health care providers required to report: physicians, advanced practice nurses, physician assistants, and certified nurse midwives.

Administrators required to report: persons having control or supervision over a health care facility, correctional facility, school, youth camp, child care center, preschool, or institution of higher education.

Laboratory directors: For specific reporting guidelines, see NJAC 8:57-1.7.

**CONFIRMED or SUSPECT CASES
TELEPHONE _____ to the
LOCAL HEALTH DEPARTMENT**

- Anthrax
- Botulism
- Brucellosis
- Diphtheria
- Foodborne intoxications (including, but not limited to, ciguatera, paralytic shellfish poisoning, scombroid, or mushroom poisoning)
- *Haemophilus influenzae*, invasive disease
- Hantavirus pulmonary syndrome
- Hepatitis A, acute
- Influenza, novel strains only
- Measles
- Meningococcal invasive disease
- Outbreak or suspected outbreak of illness, including, but not limited to, foodborne, waterborne or nosocomial disease or a suspected act of bioterrorism
- Pertussis
- Plague
- Poliomyelitis
- Rabies (human illness)
- Rubella
- SARS-CoV disease (SARS)
- Smallpox
- Tularemia
- Viral hemorrhagic fevers (including, but not limited to, Ebola, Lassa, and Marburg viruses)

Cases should be reported to the **local health department** where the patient resides. If patient residence is unknown, report to your own local health department. Contact information is available at: localhealth.nj.gov.

If the individual does not live in New Jersey, report the case to the New Jersey Department of Health at: 609-826-5964.

In cases of **immediately reportable diseases** and other **emergencies** - if the local health department cannot be reached - the New Jersey Department of Health maintains an emergency after hours phone number: 609-392-2020.

**REPORTABLE _____
OF DIAGNOSIS to the
LOCAL HEALTH DEPARTMENT**

- Amoebiasis
- Animal bites treated for rabies
- Arboviral diseases
- Babesiosis
- Campylobacteriosis
- Cholera
- Creutzfeldt-Jakob disease
- Cryptosporidiosis
- Cyclosporiasis
- Diarrheal disease (child in a day care center or a foodhandler)
- Ehrlichiosis
- *Escherichia coli*, shiga toxin producing strains (STEC) only
- Giardiasis
- Hansen's disease
- Hemolytic uremic syndrome, post-diarrheal
- Hepatitis B, including newly diagnosed acute, perinatal and chronic infections, and pregnant women who have tested positive for Hep B surface antigen
- Influenza-associated pediatric mortality
- Legionellosis
- Listeriosis
- Lyme disease
- Malaria
- Mumps
- Psittacosis
- Q fever
- Rocky Mountain spotted fever
- Rubella, congenital syndrome
- Salmonellosis
- Shigellosis
- *Staphylococcus aureus*, with intermediate-level resistance (VISA) or high-level-resistance (VRSA) to vancomycin only
- Streptococcal disease, invasive group A
- Streptococcal disease, invasive group B, neonatal
- Streptococcal toxic shock syndrome
- *Streptococcus pneumoniae*, invasive disease
- Tetanus
- Toxic shock syndrome (other than Streptococcal)
- Trichinellosis
- Typhoid fever
- Varicella (chickenpox)
- Vibriosis
- Viral encephalitis
- Yellow fever
- Yersiniosis

**REPORTABLE DIRECTLY to
the NEW JERSEY
DEPARTMENT OF HEALTH**

**Hepatitis C, acute and chronic, newly
diagnosed cases only
Written report within 24 hours**

**HIV/AIDS
609-984-5940 or 973-648-7500
Written report within 24 hours**

- AIDS
- HIV infection
- Child exposed to HIV perinatally

**Sexually Transmitted Diseases
609-826-4869
Report within 24 hours**

- Chancroid
- Chlamydia, including neonatal conjunctivitis
- Gonorrhea
- Granuloma inguinale
- Lymphogranuloma venereum
- Syphilis, all stages and congenital

**Tuberculosis (confirmed or suspect cases)
609-826-4878
Written report within 24 hours**

**Occupational and Environmental
Diseases, Injuries, and Poisonings
609-826-4920
Report within 30 days after
diagnosis or treatment**

- Work-related asthma (possible, probable, and confirmed)
- Silicosis
- Asbestosis
- Pneumoconiosis, other and unspecified
- Extrinsic allergic alveolitis
- Lead, mercury, cadmium, arsenic toxicity in adults
- Work-related injury in children (< age 18)
- Work-related fatal injury
- Occupational dermatitis
- Poisoning caused by known or suspected occupational exposure
- Pesticide toxicity
- Work-related carpal tunnel syndrome
- Other occupational disease

July 2013

State of New Jersey Expulsion Policy

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.
Habitual tardiness when picking up your child.
Verbal abuse to staff.
Other-at the discretion of the Director.

Child's Actions for Expulsion:

Failure of child to adjust after a reasonable amount of time.
Uncontrollable tantrums/angry outbursts.
Bullying or hurting other children (i.e. pushing, kicking, punching, cursing etc.)
Threatening other children with violent words.
Other-at the discretion of the Director.

Schedule of Expulsion:

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

A Child will not be Expelled:

If a child's parent (s):
Make 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.

Proactive Actions that can be Taken in Order to Prevent Expulsion

Staff will try to redirect child from negative behavior.
Staff will reassess the environment, activities, and 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.
Parent/guardian will be given written copies of the disruptive behaviors that might lead to expulsion.
The director and parent will have a conference to discuss how to promote positive behavior.

The East Hanover Cooperative Nursery School reserves the right to alter this policy as deemed necessary to ensure the health and safety of all children and staff members.

I have read and received a copy of the Discipline, Concerns, and Expulsion Policy. A copy of this is included in the East Hanover Cooperative Nursery School Handbook 2016-2017 that I have received and is also available at the school upon request.

Name of child _____ Name of parent _____

Parent's Signature _____ Date _____

East Hanover Cooperative Nursery School

469 Ridgedale Avenue East Hanover, NJ 07936

Phone: (973) 515-0477

Policy on the Use of Social Media

I grant to East Hanover Cooperative Nursery School, its representatives and employees the right to take photographs of my child(ren). I authorize East Hanover Cooperative Nursery School, its assigns and transferees to use and publish the same in print and/or electronically.

East Hanover Cooperative Nursery School uses Facebook social media. I agree that the center may use my child's photographs with or without their names for any lawful purpose, including for example publicity, illustration, advertising, video and web content.

Posting of photographs or videos of children, other than you own, is prohibited including, but not limited to photographs or videos of children obtained through hand held devices, computers, video monitoring systems, or any other electronic device or transmission.

I have read and understand the above:

Child's Name _____

Parent's Name _____

Parent's Signature _____

Date _____

☐ I choose to opt out of my child's photo being used for any purposes. This includes class photos, party pictures, trip pictures, yearbook photos, etc.

Child's Name _____

Parent's Name _____

Parent's Signature _____

Date _____

Dear Parent:

In keeping with New Jersey's child care center licensing requirements, we are obliged to provide you, as the 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 me at (973) 515.0477.

Sincerely,

X Kara J Caulfield
Kara Caulfield
Director

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

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: _____

COMMITTEE SHEET

Parent name: _____ Child's name: _____

Phone #: _____ E-mail: _____

Child's class (Circle One) Young 3's 3's 4's

Parents play a crucial role in the operation of our school. One parent from each family is REQUIRED to serve as a board member or act as a member on **two** of the following committees. Please indicate your first, second and third choice. You will be advised which committees you have been placed on before the school year starts.

Board of Directors:

Must be able to attend monthly board meetings. Some of these positions hold a vote when the board makes decisions. See details below

President ~ Vice President ~ Treasurer ~ Secretary ~ Advisor

President: _____

Works closely with the director and the rest of the board members in all operations of the school.

Vice President: _____

Fills in for President when needed. Chair of the Classroom cleaning, Hospitality Committee, School Maintenance. Schedule and organize toy cleanings.

Treasurer: _____

In charge of all the finances and bills of the school. Treasurer needs to keep running budgets and spreadsheets of all finances and present to the board

Secretary: _____

Track minutes of all board meetings throughout the year and all electronic votes. Type and copy minutes from board meetings for distribution at the following meeting.

Advisor: _____

Must have served at least one year on the Board of Directors. Advisor is responsible for advising on proper procedures and ensures that By-Laws are being followed.

Committees:

Fundraising Chairperson: _____

Organize all fundraising events throughout the school year. Keep track of fundraising hours completed by parents. Does not need to attend Board meetings regularly, only as needed during the year a few times to prepare for upcoming fundraisers.

Fundraising Committee: _____

Help organize and tally several fundraising events throughout the school year. Help during fundraising events in assisting with whatever duties there may be. Help sell tickets or merchandise.

Publicity Committee: _____

Publicize and advertise various events throughout the school year-Open Houses, Fundraising events, Camp etc. Set up and participate in town parades. Distribute fliers in town and post fliers on social media sites.

Website Coordinator: _____

Keep the website current with school information and fliers. The coordinator will also work closely with the board to continue to develop and update the school's website.

Tuition Coordinator: _____

Collect and deposit tuition on a monthly basis. Compile spreadsheets on tuition paid and late charges. **Does not need to attend board meetings. Does not hold a vote.**

Scholastic Coordinator: _____

The coordinator is responsible for the schools scholastic program by distributing fliers, collecting orders, placing order and distributing books on a monthly basis.

Hospitality Committee: _____

Bake or purchase goods and drinks for the following events or as needed.

(Back to school night, Open houses, Teacher appreciation breakfast, Fundraisers)

Class Parent: _____

Assist and take pictures on field trips, assist on picture day, sell school merchandise to your class, assist on class holiday parties. Put together various teacher gifts throughout the year (teacher appreciation, holiday gift, end of year gift etc.).

Classroom Cleaning Committee: _____

Light dusting, surface cleaning, and disinfecting, on a monthly basis.

Facebook Coordinator: _____

Update Facebook with upcoming events, picture and weather. (School trips, fundraising events, camp and registration information etc.).

School Maintenance: _____

Parents are needed to assist on an as needed basis for indoor and outdoor maintenance. This will include plumbing, landscaping, playground maintenance, snow blowing, leaves cleaning, power washing equipment, weeding, spring cleanup etc.).

Toilet Training Policy

East Hanover Cooperative Nursery School's policy on toilet training and admission to a program.

Policy for Young 3's

1. Children must be working towards completion of toilet training. All Y3's are required to be in the process of using the potty. Diapers are not permitted.
2. Parents will need to be on call to change their child if a potty accident occurs. Teachers are not responsible for changing pull-ups. If you are not around to change your child please make sure other accommodations are made for that day. Grounds for expulsion include not being able to reach a child's parent/guardian/emergency contact in case of a soiled diaper on more than 2 times.
3. A complete change of clothing and pull-ups should be left in your child's box in the designated area above the hallway shelf at school.
4. Pull-ups cannot be changed inside the school and are not allowed to be thrown into the school garbage! Wipes are not allowed to be thrown into the toilets.

3's and Pre-K

1. Children in the older classes are required to be toilet trained. Parents are responsible for all training.
2. Each child should be able to verbally indicate that he/she has a need, perform the act independently and be able to clean and wipe himself/herself.
3. A complete change of clothing should be left in your child's box in the designated area above the hallway shelf at school.

I agree to the East Hanover Cooperative Nursery School Toilet Training Policy and have read and understand the above:

Child's Name _____
Parent's Name _____
Parent's Signature _____
Date _____

HEALTH FORMS INSTRUCTIONS

Please have your doctor fill out the Universal Health Form at your child's next well visit. Either have the doctor's office or yourself fill out the yellow card with your child's updated immunizations. Both health forms are due before your child starts school. If your child has any food allergies or needs to keep prescription medications at the school, please obtain those forms from the office or online. Remember, children 6 months-59 months must also receive a flu shot between September 1, 2019- December 31, 2019. **New parents-Please note the Universal Health Form must be indicate that your child had a physical examination at least 1 year prior to being enrolled in the school.**

You may hand in forms as soon as they are available from the doctor. Additional copies of the health forms are on our website www.ehcoopnursery.com. Our fax # is (973) 515-0433 if you would your doctor to fax directly to the school. If you would like the doctor to send them directly to us, the school address is:

East Hanover Coop
469 Ridgedale Avenue
East Hanover, NJ 07936

Thank you very much for your cooperation!

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

- ☐ Immunization Record Attached
☐ 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		

☐ 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	

MEDICAL DECLARATION STATEMENT FOR SCHOOL-AGE CHILD CARE

(AND/OR FOR CHILDREN ENROLLED IN PUBLIC OR PRIVATE SCHOOL)

CHILD'S NAME:	DATE OF BIRTH:	GRADE IN SEPTEMBER:

HEALTH STATEMENT (CHECK ONE)

- ☐ My child is in good health and can participate in the normal activities of the program and has no conditions or special needs that require special accommodations.
- ☐ My child can participate in the normal activities of the program but has conditions or special needs that require special accommodations as indicated below.

SCHOOL-AGE CHILD'S SPECIAL CONDITIONS OR NEEDS REQUIRING SPECIAL ACCOMMODATIONS

Please list any allergies, medical conditions, including chronic health problems (such as asthma, seizures), behavioral disorders, special needs, etc.

PARENT/GUARDIAN SIGNATURE:	DATE:

BLANKET PERMISSION FOR WALKING TRIPS

Center Name: _____

Child's Name: _____

I hereby give permission for my child to participate in walking trips in the neighborhood around the center. I understand that the walking route is within the center's neighborhood, includes no known safety hazards, and that the walks will not involve entrance into any facility other than the following:

Signature of Parent/Guardian

Date

ENROLLMENT PAYMENT CONTRACT

I wish to enroll my child _____, in the East Hanover Cooperative Nursery School for the 2019-2020 school year. I understand and agree to abide by the following payment policies.

1. Early withdrawal or East Hanover Cooperative Nursery School's Termination of this Enrollment contract:
 - a) **All Enrollment Fees:** Parents/Guardians agree and understand that the Registration fee, donation amount, and maintenance fee are non-refundable. In addition, should you withdraw early and your Fundraising Volunteer hours and/or your School Volunteer hours have not been completed, your post-dated checks will be cashed.
 - b) **Tuition Payments and Deposits:** Parents/Guardians agree and understand:
 1. Tuition is due monthly by the 20th of the month.
 2. A tuition deposit of one half of one month's tuition amount will be collected before the school year. This deposit will be applied to June's tuition (which is collected in May). **With a 30-day advanced written notice** of a student's withdrawal from the school, the deposit will be returned.
 3. Parents/Guardians agree to forfeit the Tuition Deposit without sufficient notice. Early withdrawal of the student from East Hanover Cooperative Nursery School requires a written notification with 30 days advanced notice. Failure to give written notification will result in forfeiture of your deposit. Remaining payment due will be calculated daily from 30 days of receipt of the written notice of the date of withdrawal.
 - c) **Illnesses and vacations:** East Hanover Cooperative Nursery School does not give refunds for days Student is absent due to illnesses, vacations, or other personal reasons. Tuition is not refundable for absence or school closings. If a child has a documented hospitalization/illness that requires withdrawal (or temporary withdrawal) from the school written notification is required and will be reviewed by the Board of Directors.
2. Late/Penalty Fees:
 - a) Parents/Guardians agree that a \$25 late fee will be assessed if monthly tuition is not received by the 21st of the month.
 - b) Bounced/returned checks or declined charges will require a \$25 reprocessing fee.
 - c) Repetitive occurrences of late tuition and/or bounced/returned checks will have further fees/penalties as documented in the Parent Handbook.

I have carefully read and agree to the terms of this enrollment payment contract.

Parent Name (Printed)

Parent Signature

Date

Director's Signature

Date