



OF CENTRAL NEW JERSEY  
WILF JEWISH COMMUNITY CAMPUS

C H I L D R E N ' S  
S E R V I C E S



# Kindergarten Programs Parent Manual 2012 - 2013





## DEPARTMENT OF CHILDREN & FAMILIES OFFICE OF LICENSING

### INFORMATION TO PARENTS

Under provisions of the Manual of Requirements for Child Care Centers (N.J.A.C. 10:122), every licensed child care center in New Jersey must provide to parents of enrolled children written information on parent visitation rights. State licensing requirements, child abuse/neglect reporting requirements and other child care matters. The center must comply with this requirement by reproducing and distributing to parents this written statement, prepared by the Office of Licensing, Child Care & Youth Residential Licensing, in the Department of Children and Families (DCF). In keeping with this requirement, the center must secure every parent's signature attesting to his/her receipt of the information.

Our center is required by the State Child Care Licensing law to be licensed by the Office of Licensing, 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 secure a copy of the Manual of Requirements by sending a check or money order for \$5 made payable to the "Treasurer, State of New Jersey", and mailing it to: State of New Jersey, Department of Children and Families, Licensing Publication Fees, PO Box 34399, Newark, New Jersey 07189-4399.

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

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

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

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

Parents are entitled to review the center's copy of the Office of Licensing's Inspection/Violation Reports on the center, which are issued after every State Licensing inspection of our center. If there is a licensing complaint investigation, you are also entitled to review the Office'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 as we will make them available for your review.

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

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

Our center must post a listing or diagram of those rooms and areas approved by the Office 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 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).

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 Child Abuse Hotline, toll free at 1 (877) NJ ABUSE. Such reports may be made anonymously.

Parents may secure information about child abuse and neglect by contacting:  
Community Education Office, Division of Youth and Family Services, PO Box 717, Trenton, New Jersey 08625-0717.

## KINDERGARTEN PROGRAMS TO DO LIST FOR 2012 - 2013

Please complete and return the following:

- Registration Form
- Payment Form
- Pick Up Information Form
- Emergency Treatment/Personal History Form  
(Required at time of registration)
- Photo Authorization Form
- Information To Parents Form  
Signature required

**Don't forget these before school starts**

- Universal Health Form  
Valid for one year after examination date, please supply  
new one at time of annual exam.  
New Students need this form filled out and signed.



# PERSONAL HISTORY FORM

**Please circle the program your child is registered for:**  
**Preschool / Kindergarten    K-Wrap    Kid Zone**

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Age: \_\_\_\_\_ Both Parents live at home? Yes\_\_\_ Divorced\_\_\_ Widowed \_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Father's Occupation: \_\_\_\_\_ Mother's Occupation : \_\_\_\_\_

Other Household members (relationships, age) \_\_\_\_\_

What language, other than English, is spoken at home? \_\_\_\_\_

What major holidays are observed by family? \_\_\_\_\_

At what age did child begin to walk? \_\_\_\_\_ At what age did child begin to talk? \_\_\_\_\_

What operations or serious illnesses has he/she had and at what age? \_\_\_\_\_

What type of eating habits does the child have? \_\_\_\_\_

Are there any foods he/she particularly dislikes? \_\_\_\_\_

Has the child ever attended school before? \_\_\_\_\_

What type of experience was this? \_\_\_\_\_

Special vocabulary we should know? \_\_\_\_\_

Have there been any changes in the family situation in the past year? ( family move, separation, divorce, death, new school, birth, etc.) What effect did it have on your child?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Is your child or the family receiving any special help with emotional issues or behavioral issues at school or home? (Psychiatrist, counselor, social worker, etc.)

\_\_\_\_\_

How does your child establish new relationships?

With peers: \_\_\_ with ease \_\_\_ slowly \_\_\_ with difficulty

With adults: \_\_\_ with ease \_\_\_ slowly \_\_\_ with difficulty

Comments: \_\_\_\_\_



# EMERGENCY TREATMENT FORM

**Please circle the program your child is registered for:**  
**Preschool / Kindergarten      K-Wrap      Kid Zone**

Authorization: I hereby give permission to the medical personnel selected by the JCC to secure and administer treatment, including x-rays, routine tests and hospitalization for the child named below:

Parent Signature: \_\_\_\_\_ Child's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Address: \_\_\_\_\_

Mother's Work #: \_\_\_\_\_ Father's Work #: \_\_\_\_\_

Emergency Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Doctor's Address: \_\_\_\_\_

Dentist's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Hospital: \_\_\_\_\_ Phone: \_\_\_\_\_

# HEALTH HISTORY

**(Check-giving approximate dates)**

Frequent Ear Infections \_\_\_\_\_  
 Heart Defect \_\_\_\_\_  
 Convulsions \_\_\_\_\_  
 Diabetes \_\_\_\_\_  
 Bleeding/Clotting Disorders \_\_\_\_\_  
 Hypertension \_\_\_\_\_  
 Psychiatric Treatment \_\_\_\_\_  
 Mononucleosis \_\_\_\_\_

**Allergies**

Hay Fever \_\_\_\_\_  
 Ivy Poisoning etc. \_\_\_\_\_  
 Insect Stings \_\_\_\_\_  
 Penicillin \_\_\_\_\_  
 Other Drugs \_\_\_\_\_  
 Asthma \_\_\_\_\_  
 Dairy Products \_\_\_\_\_  
 Peanuts \_\_\_\_\_  
 Tree Nuts \_\_\_\_\_  
 Other \_\_\_\_\_

**Diseases**

Chicken Pox \_\_\_\_\_  
 Measles \_\_\_\_\_  
 German measles \_\_\_\_\_

Is child currently receiving special help with emotional and/or behavioral issues at home or school (i.e. psychiatrist, social worker, counselor, etc.) Yes \_\_\_ No \_\_\_

If yes, Name \_\_\_\_\_ Phone: \_\_\_\_\_

Do you carry family medical/hospital insurance \_\_\_\_\_ If so, indicate:

Carrier: \_\_\_\_\_

Policy or Group # \_\_\_\_\_



## LICENSING STATEMENT

January 2011

Dear Parent:

In keeping with New Jersey's child care center licensing requirements, we are obligated 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's DHS Child Abuse/Neglect Hotline Toll Free at 1-877-652-2873.

Please read this statement carefully and, if you have any questions, feel free to contact me at: 908-889-8800 ext. 204

Sincerely,

Robin Brous  
Director of Early Childhood Services



## LICENSING AGREEMENT

**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 document prepared by the Office of Licensing in the Division of Youth and Family Services.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_



## PHOTO AUTHORIZATION

Please circle the program your child is registered for:  
**Preschool/Kindergarten      Kindergarten Wrap      Kid Zone**

Child's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_ Phone #: \_\_\_\_\_

I hereby give to the Jewish Community Center and all persons acting with its permission, the absolute right and unrestricted permission to obtain, use, copyright, and/or publish photographic portraits or pictures of the above named person, whether such pictures are still, moving, single or multiple, or in which the above named person is in whole or in part, in conjunction with the person's own name or another fictitious name. It is my understanding that such picture(s) are for the purpose of art, advertising, trade, and any other lawful purpose whatsoever. I understand further that I will not have an opportunity to approve or review the finished product that may be used in connection therewith or the use to which it may be applied.

Parent's Signature: \_\_\_\_\_

Date: \_\_\_\_\_



## PICK UP INFORMATION

Please circle the program your child is registered for:  
**Preschool/Kindergarten      Kindergarten Wrap      Kid Zone**

Child's Name: \_\_\_\_\_

The following people have my permission to pick up my child:

1. Name: \_\_\_\_\_ Relationship \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

3. Name: \_\_\_\_\_ Relationship \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

4. Name: \_\_\_\_\_ Relationship \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## Kindergarten Programs 2012-2013 Registration Form

Family Name \_\_\_\_\_ Child's Name \_\_\_\_\_  Male  Female Date of Birth \_\_\_\_\_

Age as of 10/1/12 \_\_\_\_\_ Mother's Name \_\_\_\_\_ Day Phone \_\_\_\_\_

Evening Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ E-Mail Address \_\_\_\_\_

Home Address \_\_\_\_\_

Father's Name \_\_\_\_\_ Day Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ E-Mail Address \_\_\_\_\_

Home Address \_\_\_\_\_ Home School \_\_\_\_\_

Please check off the program that is being registered.

PROGRAM	TIME	TUITION	DEPOSIT
<input type="checkbox"/> Full Day Kindergarten	9:00 A - 3:00 P	\$8,843	\$884.30

Please return this form and the above deposit to: The JCC of Central New Jersey, Wilf Jewish Community Campus, 1391 Martine Avenue, Scotch Plains, NJ 07076

PROGRAM			
KINDERGARTEN WRAP-AROUND	TIME	TUITION	DEPOSIT
<input type="checkbox"/> Tue/Thur Kindergarten Wrap	11:30 A - 3:00 P	\$1,675	\$167.50
<input type="checkbox"/> Tue/Thur Kindergarten Wrap w/Transportation	11:30 A - 3:00 P	\$2,320	\$232.00
<input type="checkbox"/> Mon/Wed/Fri Kindergarten Wrap	11:30 A - 3:00 P	\$3,445	\$344.50
<input type="checkbox"/> Mon/Wed/Fri Kindergarten Wrap w/Transportation	11:30 A - 3:00 P	\$4,220	\$422.00
<input type="checkbox"/> Mon-Fri Kindergarten Wrap	11:30 A - 3:00 P	\$4,575	\$457.50
<input type="checkbox"/> Mon-Fri Kindergarten Wrap w/Trans	11:30 A - 3:00 P	\$5,345	\$534.50

• \$100 community participant registration fee is required at time of registration for families who are not JCC members.

• A 10% deposit (see chart) will be due at time of registration. This deposit will be the June 2013 tuition and is non-refundable.

• One-time \$50 sibling discount (per sibling) will be deducted from tuition payment (not deposit).

11:30 - 12:30 includes time for transportation and lunch. Class time begins at 12:30.

\_\_\_\_\_ **Medical Permission:** I hereby give permission for my child to participate in all JCC Early Childhood activities, including trips away from the Jewish Community Center of Central New Jersey (JCC). I understand that the JCC does not assume responsibility for injury and that, in case of emergency, I hereby give permission to the JCC to secure medical treatment for my child at a hospital or physician selected by the JCC at no cost to the JCC staff or agency.

\_\_\_\_\_ **Siblings:** I am enrolling more than one child in the JCC Preschool, Kindergarten, Kindergarten Kids or Kidzone.

\_\_\_\_\_ **Friend Request:** \_\_\_\_\_ (Must be reciprocal)  
I realize that only one friend may be requested, and that this request is not a guarantee.

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**A copy of your child's birth certificate is required to register new students.**



## Children's Services Payment Form

**Deposit**

Child's Name(s) (Please Print):

	Tuition	Deposit	Balance
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____

Total \$ \_\_\_\_\_ \$ \_\_\_\_\_

- Check    Cash    Credit Card (AMEX/MC/Visa)

Name on Card \_\_\_\_\_ Exp. Date \_\_\_\_\_

Card Number \_\_\_\_\_ CID (Security Code) \_\_\_\_\_

Street Address \_\_\_\_\_ Zip Code \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Payment Plan Options**

- Pay in full at time of registration with check (payable to the JCC) or cash (Receive a 1.5% discount on total school tuition fees)

- Pay in full at time of registration with credit card (AMEX/MC/Visa)

**TOTAL Amount Enclosed or to be charged \$ \_\_\_\_\_**

- Automatic Monthly Payments - Beginning September 2012 through May 2013.  
Draft will occur between the 5th and 10th of each month. Please note if you are already drafting membership this will be a separate transaction.

- Draft from checking account    Draft from credit card (AMEX/MC/Visa)  
(Attach voided check)

Credit Card Information (if different from above)

Name on Card \_\_\_\_\_ Exp. Date \_\_\_\_\_

Card Number \_\_\_\_\_ CID (Security Code) \_\_\_\_\_

Street Address \_\_\_\_\_ Zip Code \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Office Use Only**

TOTAL FEES \_\_\_\_\_

Less Sibling Discount \_\_\_\_\_

Less Other Discount(s) \_\_\_\_\_

Total \_\_\_\_\_

Div # Payments \_\_\_\_\_

Monthly Amt. \_\_\_\_\_