

TO DO LIST FOR 2010 - 2011

Please complete and return the following:

Required at time of registration

- Registration Form
- Payment Form
- Pick Up Information Form
- Emergency Treatment/Personal History Form
- Photo Authorization Form
- Information To Parents Form
Signature required
- Copy of Birth Certificates (new enrollment only)
- Membership Form (new members only)

Don't forget these before school starts

- Yellow Immunization Card** (Obtain from school office)
New Students in Preschool/Kindergarten Only
- 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.



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.



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 2010

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: _____

Address: _____

Phone #: _____

2. Name: _____

Address: _____

Phone #: _____

3. Name: _____

Address: _____

Phone #: _____

4. Name: _____

Address: _____

Phone #: _____

Parent's Signature: _____ Date: _____



Early Childhood Programs 2010-2011 Registration Form

Family Name _____ Child's Name _____ Male Female Date of Birth _____

Age as of 10/1/10 _____ 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 _____

Please check off the program that is being registered.

PROGRAM			
PRESCHOOL	TIME	TUITION	DEPOSIT
<input type="checkbox"/> Tue/Thur 2 year olds	9:00 - 11:30 A	\$2,640	\$264.00
<input type="checkbox"/> Mon/Wed/Fri 2 year olds	9:00 - 11:30 A	\$3,075	\$307.50
<input type="checkbox"/> Mon/Wed/Fri 2 year olds	9:00 A - 12:30 P	\$3,985	\$398.50
<input type="checkbox"/> Mon/Wed/Fri 3 year olds	9:00 A - 12:30 P	\$3,985	\$398.50
<input type="checkbox"/> Mon-Fri 3 year olds	9:00 A - 12:30 P	\$4,995	\$499.50
<input type="checkbox"/> Mon-Fri full day 3 year olds	9:00 A - 2:30 P	\$7,925	\$792.50
<input type="checkbox"/> NEW Mon/Wed/Fri 3 year olds	12:30 - 3:00 P	\$2,850	\$285.00
<input type="checkbox"/> Mon-Fri 4 year olds	9:00 A - 12:30 P	\$4,995	\$499.50
<input type="checkbox"/> Mon-Fri full day 4 year olds	9:00 A - 2:30 P	\$7,925	\$792.50
<input type="checkbox"/> NEW Mon/Wed/Fri 4 year olds	12:30 - 3:00 P	\$2,850	\$285.00
<input type="checkbox"/> NEW Mon-Fri 4 year olds	12:30 - 3:00 P	\$3,570	\$357.00
Kindergarten	9:00 A - 3:00 P	\$8,255	\$825.50

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

• JCC family membership is required for registration in Early Childhood Programs

• A 10% deposit (see chart) will be due at time of registration. This deposit will be the June 2011 tuition and is non-refundable.

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

_____ **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. Requests and/or changes will not be accepted after April 15, 2010.

Parent Signature: _____ **Date:** _____

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



Kindergarten Kids Wrap-Around 2010-2011 Registration Form

Family Name _____ Child's Name _____ Male Female Date of Birth _____

Age as of 10/1/10 _____ 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 _____

Please check off the program that is being registered.

PROGRAM			
KINDERGARTEN KIDS	TIME	TUITION	DEPOSIT
<input type="checkbox"/> Tue/Thur Kindergarten Wrap	12:30-3:00 P	\$2,330	\$233.00
<input type="checkbox"/> Tue/Thur Kindergarten Wrap w/Transportation	12:30-3:00 P	\$2,830	\$283.00
<input type="checkbox"/> Mon/Wed/Fri Kindergarten Wrap	9:00 - 11:30 A	\$3,185	\$318.50
<input type="checkbox"/> Mon/Wed/Fri Kindergarten Wrap w/Transportation	9:00-11:30 A	\$3,865	\$386.50
<input type="checkbox"/> Mon/Wed/Fri Kindergarten Wrap	12:30-3:00 P	\$3,185	\$318.50
<input type="checkbox"/> Mon/Wed/Fri Kindergarten Wrap w/Transportation	12:30-3:00 P	\$3,865	\$386.50
<input type="checkbox"/> Mon-Fri Kindergarten Wrap	9:00-11:30 A	\$4,230	\$423.00
<input type="checkbox"/> Mon-Fri Kindergarten Wrap w/Transportation	9:00-11:30 A	\$4,895	\$489.50
<input type="checkbox"/> Mon-Fri Kindergarten Wrap	12:30-3:00 P	\$4,230	\$423.00
<input type="checkbox"/> Mon-Fri Kindergarten Wrap w/Transportation	12:30-3:00 P	\$4,895	\$489.50

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

- \$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 2011 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 time for lunch. Class times are actual instructional hours.

_____ **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. Requests and/or changes will not be accepted after April 15, 2010.

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 August 2010 through April 2011.
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. _____