

# THE CLIFTON LITTLE SCHOOL

391 Broad Street, Clifton, NJ 07013

(973) 278-0505

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

Date of Birth: \_\_\_\_\_

Parent or Guardian: \_\_\_\_\_

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

Home Telephone: \_\_\_\_\_

Business Telephone (mom): \_\_\_\_\_

Business Telephone (dad): \_\_\_\_\_

|                     |         |          |          |          |          |
|---------------------|---------|----------|----------|----------|----------|
| <b>Weekly Fees:</b> | 1 day   | 2 days   | 3 days   | 4 days   | 5 days   |
|                     | \$50.00 | \$100.00 | \$150.00 | \$200.00 | \$245.00 |

Tuition is due bi-weekly. Tuition will increase every September. Parents are responsible for all supplies.

There will be a \$75.00 application fee and a 2 week security deposit due at the time of registration. Your registration fee and 2 week deposit will not be refunded if you decide not to enroll. A 2 week notice is required if you decide to discontinue our service. Once your notice is given your security deposit will be applied towards your child's last two weeks of school.

I UNDERSTAND THAT THERE ARE NO REFUNDS FOR HOLIDAYS, DAYS OUT DUE TO ILLNESS OR UNEXPECTED CLOSINGS DUE TO WEATHER, ETC.

\_\_\_\_\_  
Parents Signature

\_\_\_\_\_  
Date

# GENERAL INFORMATION

Mother's Name: \_\_\_\_\_

Father's Name: \_\_\_\_\_

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

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

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Mother's Employer: \_\_\_\_\_

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

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

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Father's Employer: \_\_\_\_\_

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

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

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## CHILD INFORMATION

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

Date of Birth: \_\_\_\_\_

DOES YOUR CHILD HAVE ANY ALLERGIES:      Yes \_\_\_\_\_      No \_\_\_\_\_

IF YES, PLEASE LIST \_\_\_\_\_

Desired Start Date: \_\_\_\_\_ Days per Week: M T W Th F

Child's Doctor: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

## REGISTRATION FEE/SECURITY DEPOSIT POLICY

There will be a \$75.00 application fee and a 2 week security deposit due at the time of registration. Your registration fee and 2 week deposit will not be refunded if you decide not to enroll. A 2 week notice is required if you decide to discontinue our service. Once your notice is given your security deposit will be applied towards your child's last two weeks of school.

## TUITION PAYMENT/LATE FEE POLICY

Tuition is payable in advance, and is due every other week. If Friday is a Holiday, tuition is due upon returning to school. A tuition statement will be put in your child's folder a few days prior to the day tuition is due.

A \$25.00 LATE FEE will be applied to your account after the 5<sup>th</sup> day your payment is late. If tuition is 10 days late, your child will NOT be permitted to return to school without full payment.

If a check is returned, all bank charges will be the responsibility of the parent.

## IMMUNIZATION RECORDS

All children MUST have a copy of all updated shots on file for his/her first day of school. Updated copies of immunization records are due after all shots.

FLU SHOTS ARE REQUIRED YEARLY BETWEEN THE MONTHS OF SEPTEMBER TO DECEMBER. A copy must be submitted yearly.

## LATE PICK-UP

A \$10.00 late fee will be charged after the first five minutes and \$1.00 for each additional minute.

You will be required to sign a LATE PICK-UP FORM that will give the actual time you left the center. Late fees will be applied to your next tuition statement.

-----  
Signature

-----  
Date

I, \_\_\_\_\_, am responsible for payment for \_\_\_\_\_ .

## MEDICAL EMERGENCY AUTHORIZATION

In the event that a medical emergency occurs, I authorize THE CLIFTON LITTLE SCHOOL to seek emergency medical care for my child a necessary by the center Director and/or first-aid paramedics.

-----  
Signature

-----  
Date

# AUTHORIZED PICK-UP FORM

Child: \_\_\_\_\_

I authorize the following to pick up by child and for emergency contact.

Name: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_

ATTACH PHOTO HERE

Relationship to child: \_\_\_\_\_

Name: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_

ATTACH PHOTO HERE

Relationship to child: \_\_\_\_\_

Name: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_

ATTACH PHOTO HERE

Relationship to child: \_\_\_\_\_

If a non-custodial parent is not included among those persons authorized to pick up the child, please attach a copy of any appropriate documents (i.e. court order)

## CONSENT TO PHOTOGRAPH

I hereby give permission to the staff of THE CLIFTON LITTLE SCHOOL to photograph my child, \_\_\_\_\_, during activities or events.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Dear Parent(s):

Please sign and check the appropriate box below.

- I do NOT give my child \_\_\_\_\_ permission to go on occasional walks.
  
- I give my child \_\_\_\_\_ permission to go on occasional walks.

-----  
Signature

Date

# THE CLIFTON LITTLE SCHOOL

391 Broad Street, Clifton, NJ 07013

(973) 278-0505

Dear Parent:

In keeping with New Jersey's child care 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 Department of Children and Families.

Thank you.

Please complete, sign and date.

Name of Child: \_\_\_\_\_

Name of Parent(s): \_\_\_\_\_

I have read and received a copy of the Information to Parents document prepared by the Department of Children and Families.

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

# PARENTAL AUTHORIZATION FOR EMERGENCY TREATMENT

CHILD'S NAME: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

Parent(s) Name: \_\_\_\_\_

Parent(s) Address: \_\_\_\_\_

## CHILD'S MEDICAL INFORMATION

Medical Problems: \_\_\_\_\_

ALLERGIES: \_\_\_\_\_

Medicine(s) Child is taking: \_\_\_\_\_

Medicine(s) Child is Allergic to: \_\_\_\_\_

Name and Address of Child's Doctor: \_\_\_\_\_

Telephone: \_\_\_\_\_

## CHILD'S INSURANCE

Company/HMO: \_\_\_\_\_

Group Number: \_\_\_\_\_ Identification #: \_\_\_\_\_

I (we) state that we are the parent(s)/guardian(s) having legal custody of the above child and attest that the information above is correct. I (we) authorize the child care center to obtain emergency treatment for my child. I consent to an x-ray examination, anesthetic, medical or surgical diagnosis or treatment, and hospital care to be rendered to the minor at a recognized medical facility, under the general or special supervision of a licensed physician or surgeon.

The following steps will be followed in an emergency:

1. The parent/guardian will be contacted immediately. (We will contact you through all of the emergency numbers and persons listed on your child's application)
2. The child's physician will be contacted.
3. If we cannot contact you or child's physician, we will do any or all of the following:
  - a. Call for emergency first aid assistance/transportation
  - b. Call another physician
  - c. Have the child transported to a hospital in the company of a staff member.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**INFORMATION  
FOR  
PARENTS  
(keep from here)**



# POLICY ON THE MANAGEMENT OF COMMUNICABLE DISEASES

If your child exhibits any of the following symptoms, he/she should not attend the center. If such symptoms occur at school, the child will be removed from the group, and you will be called to take him/her home.

|  |  |
|--|--|
| Severe pain or discomfort                  | Infected untreated skin patches          |
| Acute diarrhea                             | Difficult or rapid breathing             |
| Episodes of acute vomiting                 | Skin rashes lasting longer than 24 hours |
| Elevated oral temperature of 101.5 degrees | Swollen joints                           |
| Sore throat or severe coughing             | Visibly enlarged lymph nodes             |
| Yellow eyes or jaundice skin               | Stiff neck                               |
| Red eyes with discharge                    | Blood in urine                           |

Once your child is symptom-free, or has a doctor's note stating that he/she no longer poses a serious health risk to himself/herself or others, he/she may return to the center.

## Table of Excludable Communicable Diseases

A child who contracts any of the following diseases *may not* return to the center without a physician's note stating that the child presents no risk to himself/herself or others:

| <u>Respiratory Illnesses</u> | <u>Gastrointestinal Illnesses</u> | <u>Contact Illnesses</u> |
|------------------------------|-----------------------------------|--------------------------|
| Chicken Pox**                | Giardia Lambliia*                 | Impetigo                 |
| German Measles               | Hepatitis A*                      | Lice                     |
| Homophiles Influenza*        | Salmonella*                       | Scabies                  |
| Measles*                     | Shigella*                         |                          |
| Meningococcus*               |                                   |                          |
| Mumps*                       |                                   |                          |
| Strep Throat                 |                                   |                          |
| Tuberculosis*                |                                   |                          |
| Whooping Cough*              |                                   |                          |

\* Reportable diseases that will be reported to the health department by the center.

\*\* Note: If your child has chicken pox, a doctor's note is not required for re-admitting the child to the center. A note from the parent is required, stating either that at least six days have elapsed since the onset of the rash, or that all sores have dried and crusted.

IF YOUR CHILD IS EXPOSED TO ANY EXCLUDABLE DISEASE AT THE CENTER, YOU WILL BE NOTIFIED.

## **We would like to remind you of a few of our policies:**

### **Illness and Medication Dispensing Policies**

Fever: 101.5 and over – parents will be called immediately to pick up your child. Your child cannot return to school until your child is fever free for 24 hours.

Chicken Pox: Child can return after 7 days with all pox scabbed over and dry.

Diarrhea: Child can return if there is none within 24 hours.

Vomiting: Child can return if there is none within 24 hours.

Impetigo: Child can return when there is dry, healing skin with no crusts.

Conjunctivitis: Child can return when the pus is gone and your child is on medication for at least 24 hours.

Lice: Child can return when he/she is nit free.

Strep: Child can return when he/she is on medication for at least 24 hours.

Coxsackie Virus: Child can return when he/she is fever free for 24 hours and blisters are dried up.

Parents will also be called if, through the determination of the child's teacher and the director, the child is lethargic, uncontrollable crying, pulling on their ears, or otherwise seems to be very uncomfortable and irritable.

Non-prescription medication will only be administered to the child if accompanied by a doctor's note stating dosage and frequency for your child's weight, age, and illness. Prescription medication will be administered if it is in its original container with current date and proper dosage information clearly stated on the packaging. Parents are required to fill out a medicine card stating name of medicine, amount, and time to be administered.

For the well being of our other children and our staff here at The Clifton Little School please do not bring your child to school if they have symptoms of a cold or infection. For those children that show signs such as a runny nose (not including clear fluid) or fever, the parent or guardian will be called to pick up the child. The child should not return to school without being well for 24 hours.

required by State Law to report the concern immediately to the Department of Children and Families at 877.667.9845. Such reports may be made anonymously.

# POLICY ON 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 to 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:

The child is supervised at all times;  
Staff members attempt to contact the parent(s) or person(s) authorized by the parent(s); and  
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 contact the proper authorities.

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 staff members, the child would be placed at risk or harm if released to such an individual, the center shall ensure that:

The child may not be released to such an impaired individual;  
Staff members attempt to contact the child's other parent or an alternative person(s) authorized by the parent(s); and  
If the center is unable to make alternative arrangements, a staff member shall call the proper authorities

PLEASE CONTACT THE CENTER IF YOU ANTICIPATE ANY DIFFICULTY PICKING UP YOUR CHILD BY THE CENTER'S CLOSING TIME.

# CHILD CARE'S GUIDELINES FOR POSITIVE DISCIPLINE

Positive discipline is a process of teaching children how to behave appropriately. Positive discipline respects the rights of the individual child, the group, and the adult.

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

You can use positive discipline by planning ahead:

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

You can use positive discipline by intervening when necessary:

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

You can use positive discipline by showing love and encouragement:

- Catch the child being good. Respond to and reinforce positive behavior;  
Acknowledge or praise to let the child know you approve of what he/she is doing.
- Provide positive reinforcement through rewards for good behavior.
- Use encouragement rather than competition, comparison or criticism.
- Give hugs and caring to every child every day.
- Appreciate the child's point of view.

POSITIVE DISCIPLINE TAKES TIME, PATIENCE, REPETITION AND THE WILLINGNESS TO CHANGE THE WAY YOU DEAL WITH CHILDREN.