

Registration Fee \$ \_\_\_\_\_ \$75 (New) - \$50 (Returning) Class: YL (2 ½) 3's 4/Pre-K  
Activity Fee \$ \_\_\_\_\_ \$50 (4s) / \$40 (3s) / \$30 (YL) Days \_\_\_\_\_ Time \_\_\_\_\_  
Enrollment Dep. \$ \_\_\_\_\_ (June, 2019) Church/Board Discount: Y N  
1<sup>st</sup> Month Tuition: \$ \_\_\_\_\_ (if starting mid-year) Sibling Discount: Y N  
Total Amount Due \$ \_\_\_\_\_ Start Date: \_\_\_\_\_  
Total Amount Rec'd \$ \_\_\_\_\_ Check # \_\_\_\_\_ Date Rec'd \_\_\_\_\_

Child's Name \_\_\_\_\_ M ( ) F ( ) Birth Date \_\_\_\_\_

Home Address \_\_\_\_\_  
Street City Zip

**Primary Parent Name** \_\_\_\_\_ Cell Number \_\_\_\_\_

Email Address \_\_\_\_\_ Home Phone Number \_\_\_\_\_

Employer/Occupation \_\_\_\_\_ Business Phone Number \_\_\_\_\_

**Secondary Parent Name** \_\_\_\_\_ Cell Number \_\_\_\_\_

Email Address \_\_\_\_\_ Home Phone Number \_\_\_\_\_

Include Secondary Parent on ALL emails Y N

Employer/Occupation \_\_\_\_\_ Business Phone Number \_\_\_\_\_

*Pediatrician Name* \_\_\_\_\_ *Phone Number* \_\_\_\_\_

*Dentist Name* \_\_\_\_\_ *Phone Number* \_\_\_\_\_

*(Pediatrician and Dentist names and phone numbers are mandatory.)*

**AUTHORIZED PERSONS** to pick up child if parent is unable:

Name/Relationship	Home/Cell Phone	Address
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please mention any **ALLERGIES** or special concerns: (If medication is required at school, please ask for forms.)

Other children in the family:  
\_\_\_\_\_ Age \_\_\_\_\_ \_\_\_\_\_ Age \_\_\_\_\_ \_\_\_\_\_ Age \_\_\_\_\_

**Community Nursery School 2018/2019 Class Offerings – Please indicate your class preference below**

**2 ½ Year Old Young Learner Class**

_____ Monday & Wednesday 9:00-11:30	\$235/month
_____ Tuesday & Thursday 9:00-11:30	\$235/month
_____ Friday (Third day) 9:00-11:30	+\$56/month
_____ 8:30 Early Drop Off	(\$30 two day/\$45 three day/monthly fee)

---

**3 Year Old Class – 3 years old by October 1, 2018**

_____ 9:00-12:00	_____ 9:00-1:00 (Bring Lunch)		
		<b><u>9:00-12:00</u></b>	<b><u>9:00-1:00</u></b>
_____ Monday/Wednesday/Friday		\$295/month	\$352/month
_____ Tuesday/Thursday		\$250/month	\$300/month
_____ Monday/Tuesday/Thursday		\$295/month	\$352/month
_____ Tuesday/Thursday/Friday		\$295/month	\$352/month
_____ Tuesday/Wednesday/Thursday		\$295/month	\$352/month
_____ Monday – Friday (5 Day)		\$430/month	\$462/month
_____ 8:30 Early Drop Off		\$30 two day/\$45 three day/\$65 five day/monthly fee	

---

**4 Year old/Pre-K Class – 4 years old by October 1, 2018**

_____ 9:00-12:00	_____ 9:00-1:00 (Bring Lunch)	_____ 9:00-3:00 (Bring Lunch)			
			<b><u>9:00-12:00</u></b>	<b><u>9:00-1:00</u></b>	<b><u>9:00-3:00</u></b>
_____ Monday/Wednesday/Friday			\$295/month	\$352/month	\$505/month
_____ Tuesday/Thursday			\$250/month	\$300/month	-----
_____ Monday/Tuesday/Thursday			\$295/month	\$352/month	\$505/month
_____ Tuesday/Thursday/Friday			\$295/month	\$352/month	\$505/month
_____ Tuesday/Wednesday/Thursday			\$295/month	\$352/month	\$505/month
_____ Monday – Friday (5 Day)			\$430/month	\$462/month	\$687/month
_____ 8:30 Early Drop Off			\$30 two day/\$45 three day/\$65 five day/monthly fee		

---

## Policy and Permission Page

**PLEASE READ, SIGN AND RETURN WITH THE FIRST PAGE & DEPOSIT.**

STUDENT'S NAME: \_\_\_\_\_

### **LICENSING REQUIREMENTS**

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 (attached.)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

### **EXPULSION POLICY**

I have read, received and understand the Expulsion Policy of Community Nursery School (attached.)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

### **PARENT HANDBOOK**

You will be given our Parent Handbook at orientation (1<sup>st</sup> day of school) which includes information on the following: Financial, Health, Behavior, Snow, Trips, Arrival/Dismissal, Clothing, Food, Tests, Snow and more.

### **PERMISSION FOR EMERGENCY MEDICAL TREATMENT**

I give my permission for emergency medical treatment to be administered to my child in the event I cannot be reached immediately.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

### **PERMISSION FOR PARTICIPATION**

I give permission for my child to participate in planned, at-school activities such as:

- screening for vision, speech and language
- occasional participation in children's educational research programs
- charity benefits

I give permission for my child to participate in spontaneous walks, within a specified radius of the school, as part of the class time activities. These walks will only be undertaken when the teacher and assistant feel that the class is able to listen and follow directions well enough to walk safely. The children will be on school property.

NOTE: Advance notice will be given for class trips. Parents may be asked to help with trips.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**WITHDRAWAL POLICY**

A registration fee, activity fee and enrollment deposit (applied to June, 2019) are payable upon registration. The registration fee is not refundable. The activity fee is refundable only if the child is withdrawn before the start of school. The enrollment deposit is only refundable if the child is withdrawn from the program because he/she has been accepted into the public school's special needs program in lieu of private preschool OR before the start of school in September on a sliding scale as follows: 75% if withdrawn before April 1st, 50% if withdrawn after April 1st but before June 15th. No refunds if withdrawn after June 15th.

---

 Signature

---

 Date
**CLASS/ADDRESS LISTS**

I give my permission to have my child's name, address and telephone number on a class list to be distributed to his/her classmates for birthday parties, play dates and class mothers.

---

 Signature

---

 Date
**PERMISSION TO USE PHOTOS & VIDEOS**

Pictures and videos of your child may be taken while participating in Community Nursery School activities. Usually these pictures are posted in classrooms and bulletin boards. Sometimes we use photos/videos on our website and Facebook page. The purpose is always to present our school, its program, students and staff in a positive way. Children are not identified by name in photos/videos. Please indicate your preference below and sign:

Yes, my child's image **may** be used in school, on the website and Facebook page.

---

 Signature

---

 Date
**OR**

My child's image may only be used in the school and **may not** be used on the website or Facebook page

---

 Signature

---

 Date
**POLICY ON THE USE OF TECHNOLOGY AND SOCIAL MEDIA**

I have read and understand Community Nursery School's Social Media Policy.

---

 Signature

---

 Date

*"Nobody Does It Better -- Since 1949"*

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. 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 Center 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 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 NJ Department of Children and Families, 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.

## INFORMATION TO PARENTS, Cont'd

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 and 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 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 609292-4605 (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 800-5140301 (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 [www.cpsc.gov/cpsc.gov/cpscpub/prerel/prerel.html](http://www.cpsc.gov/cpsc.gov/cpscpub/prerel/prerel.html). 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/](http://www.state.nj.us/dcf/) and select Publications.

# COMMUNITY NURSERY SCHOOL

## EXPULSION POLICY

Community Nursery School's mission is centered on the children for whom we care. We seek to design programs that support children's growth and challenge them to learn as unique individuals.

Because our program is based on developing a partnership with each family, it is only on rare occasions that we have to expel a child from our program, either on a short term or permanent basis. We want you to know we will do everything possible to work with the family of the child(ren) in order to prevent this policy from being enforced. The following are reasons we may have to terminate or suspend a child from this school:

### 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 abide by the school's policies or requirements imposed by licensing or accreditation agencies
- Physical or verbal abuse to staff, children, or anyone else at the school
- Failure to complete required forms including the child's immunization records
- Habitual tardiness when picking up your child
- Failure to pay/habitual lateness in payments

### CHILD'S ACTIONS FOR EXPULSION

- A child appears to be in danger to him/herself, other children, employees, or anyone else at the school
- When medical, psychological or social service personnel, working with the school determine that continued enrollment could be harmful or not in best interest of the child
- Uncontrollable tantrums/angry outbursts, biting, or ongoing physical or verbal abuse to staff or other children
- Any situation whereby accommodations required for a child's success and participation place an undue burden on school resources and finances
- Failure of child to adjust after a reasonable amount of time

### PROACTIVE ACTIONS THAT WILL BE TAKEN IN ORDER TO PREVENT EXPULSION

- Staff will try to redirect child from negative behavior
- Staff will reassess classroom environment, appropriateness of activities, supervision
- Staff will always use positive methods and language while disciplining children
- Staff will praise appropriate behaviors
- Staff will consistently apply consequences for rules
- Child will be given verbal warnings
- A brief time-out will be given so child can regain control
- Child may lose special privileges
- Child's disruptive behavior will be documented and maintained in confidentiality
- Parent/guardian will be notified verbally
- Parent/guardian will be given written copies of the disruptive behaviors that might lead to expulsion
- The director, classroom staff and parent/guardian will have a conference(s) to discuss how to promote

## EXPULSION POLICY Continued

- positive behaviors The parent will be given literature or other resources regarding methods of improving behavior
- Recommendation of evaluation by professional consultation on premises may be made
- Recommendation of evaluation by local school district child study team may be made

### SCHEDULE OF EXPULSION

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

### A CHILD WILL NOT BE EXPELLED

- If a child's parent(s):
  - Made a complaint to the Office of Licensing regarding the school's alleged violations of the licensing requirements
  - Reported abuse or neglect occurring at the school
  - Questioned the school regarding policies and procedures
- Without giving the parent an adequate amount of time to make other child care arrangements

## POLICY ON THE USE OF TECHNOLOGY AND SOCIAL MEDIA

We acknowledge that social media can play an important role in maintaining communication with families and the local community in today's society. Community Nursery School aims to ensure that our school, students, educators and families are not compromised on any form of social networking.

At Community Nursery School social media is used as an additional means of communication between our school and the families we service. Users should safeguard the privacy, dignity and rights of the preschool, our students, staff, and families. When posting pictures on individual social media pages, please refrain from posting pictures of other children.

The required UNIVERSAL CHILD HEALTH RECORD (CH-14)



**PROTECTIVE FACTORS SURVEY (OPTIONAL)**

Agency ID Participant ID # \_\_\_\_\_

1. Date Survey Completed:     /     /

2. Sex:  Male  Female

3. Age (in years): \_\_\_\_\_

4. Race/Ethnicity: (Please choose the ONE that best describes what you consider yourself to be)

- A Native American or Alaskan Native  B Asian
- C African American  D African Nationals/Caribbean Islanders
- E Hispanic or Latino  F Middle Eastern  G Native Hawaiian/Pacific Islanders  H White (Non-Hispanic/European American)  I. Multi-racial  J Other

5. Marital Status:

- A Married  B Partnered  C Single  D Divorced  E Widowed  F Separated

6. Family Housing:

- A Own  B Rent  C Shared housing with relatives/friends
- D Temporary (shelter, temporary with friends/relatives)  E Homeless

7. Family Income:

- A \$0-\$10,000  B \$10,001-\$20,000  C \$20,001 - \$30,000
- D \$30,001-\$40,000  E \$40,001-\$50,000  F more than 50,001

8. Highest Level of Education:

- A Elementary or junior high school  B Some high school  C High school diploma or GED
- D Trade/Vocational Training  E Some college  F 2 -year college degree (Associate's)
- G 4-year college degree (Bachelor's)  H Master's degree  I PhD or other advanced degree

9. Which, if any, of the following do you currently receive? (Check all that apply)

- A Food Stamps  B Medicaid (State Health Insurance)  C Earned Income Tax Credit
- D TANF  E Head Start/Early Head Start Services  F None of the above

10. Please tell us about the children living in your household.

	Gender		Birth Date (mm/dd/yy)	Your Relationship to Child (check one)						
	Male	Female		A. Birth parent	B. Adoptive parent	C. Grandparent	D. Sibling	E. Other (relative)	F. Foster parent	Other
Child 1										
Child 2										
Child 3										
Child 4										

If more than 4 children, please use another page.

**Part I.** Please **circle** the number that describes how often the statements are true for you or your family. The numbers represent a scale from 1 to 7 where each of the numbers represents a different amount of time. The number 4 means that the statement is true about half the time.

	Never	Very Rarely	Rarely	About Half the Time	Frequently	Very Frequently	Always
1. In my family, we talk about problems.	1	2	3	4	5	6	7
2. When we argue, my family listens to "both sides of the story."	1	2	3	4	5	6	7
3. In my family, we take time to listen to each other.	1	2	3	4	5	6	7
4. My family pulls together when things are stressful.	1	2	3	4	5	6	7
5. My family is able to solve our problems.	1	2	3	4	5	6	7

**Part II.** Please **circle** the number that best describes how much you agree or disagree with the statement.

	Strongly Disagree	Mostly Disagree	Slightly Disagree	Neutral	Slightly Agree	Mostly Agree	Strongly Agree
6. I have others who will listen when I need to talk about my problems.	1	2	3	4	5	6	7
7. When I am lonely, there are several people I can talk to.	1	2	3	4	5	6	7
8. I would have no idea where to turn if my family needed food or housing.	1	2	3	4	5	6	7
9. I wouldn't know where to go for help if I had trouble making ends meet.	1	2	3	4	5	6	7
10. If there is a crisis, I have others I can talk to.	1	2	3	4	5	6	7
11. If I needed help finding a job, I wouldn't know where to go for help.	1	2	3	4	5	6	7

*This survey was developed by the FRIENDS National Resource Center for Community-Based Child Abuse Prevention in partnership with the University of Kansas Institute for Educational Research & Public Service through funding provided by the US Department of Health and Human Services.*

**PROTECTIVE FACTORS SURVEY (Optional)**

I have read, received and understand the Protective Factors Survey provided by the US Dept. of Health & Human Services (attached.)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

