

My World Child Care and Montessori

495 Avenel St, Avenel NJ 07001

732-218-5538

APPLICATION FOR CHILD'S ENROLLMENT

CENTER	My World Child Care Center and Montessori	Date of Enrollment:
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C H I L D	Name of Child			
	Date of Birth	Sex		Age
	Home Address			

P A R E N T	PARENT 1		PARENT 2	
	Name		Name	
	Home Pho	()	Home Pho	()
	Cell Phone	()	Cell Phone	()
	Home Address		Home Address	
	Email			

W O R K	PARENT 1 WORK		PARENT 2 WORK	
	Name of Business		Name of Business	
	Business Phone	()	Business Phone	()
	Business Address		Business Address	

Persons authorized to pick up your child and/or contact in case of emergency if neither parent is available to assume responsibility for the child.				
E M E R G E N C Y	Name of Contact #1		Name of Contact #2	
	Phone	()	Phone	()
	Relationship Address		Relationship	

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E M E R G E N C Y	I have completed the medical emergency permission form which authorizes the center to seek emergency medical care for my child as deemed necessary by the Director or the director's designee. Parent's signature: _____ Date: _____
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W A L K S	___ I give my permission for my child to participate in walking trips within the center's neighborhood. ___ I do not give my permission for my child to participate in walking trips within the center's neighborhood. Parent's signature: _____ Date: _____
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D O C T O R	Child's Doctor	
	Telephone	
	Address	

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CHILD CARE EMERGENCY CONTACT INFORMATION

Child's name: _____ Birthdate: _____

Parent/guardian name #1: _____

Telephone numbers: Home (____) _____ Work (____) _____

Parent/guardian name #2: _____

Telephone numbers: Home (____) _____ Work (____) _____

Emergency contacts to whom child may be released if parent/guardian is unavailable:

Name & relationship #1: _____

Telephone numbers: Home (____) _____ Work (____) _____

Name & relationship #2: _____

Telephone numbers: Home (____) _____ Work (____) _____

Child's Health Care Provider:

Name: _____ Phone #: (____) _____

Address: _____

Child's Health Insurance:

Name of insurance plan _____ ID# _____

Subscriber's name on insurance card _____

List special conditions, disabilities, allergies or medical information for emergency situations:

List preference for transport arrangement in an emergency situation (*Parents/guardians are responsible for all emergency transportation charges.*) :

Hospital preference: 1st Choice _____ 2nd Choice _____

Parent/Guardian Consent and Agreement for Emergencies:

As parent/guardian, I give consent to have my child, _____, receive first aid by the child care staff, and, if necessary, be transported to receive emergency care. I also authorize the Director or Director Designee to contact my child's health care provider to alert him/her to my child's situation. I understand that I will be responsible for all charges not covered by insurance. I give consent for the emergency contact person listed above to act on my behalf until I am available. I agree to review and update this information whenever a change occurs and at least every 6 months.

Parent/Guardian Signature #1 _____ Date: _____

Parent/Guardian Signature #2 _____ Date: _____

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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 Child is Taking _____.

Medicine(s) Child is Allergic to _____

Name of Child's Health care provider _____ Telephone _____

CHILD'S INSURANCE

Company/HMO _____

Group Number _____ Identification # _____

I (we) state the 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 My World Child Care Center and Montessori's director or director's designee 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 recodnized 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.
2. The child's health care provider will be contacted.
3. We will attempt to contact you through all of the emergency persons listed on the child's application form.
4. If we cannot contact you or your child's health care provider, we will do any or all of the following.
 - (a) Call for emergency first aid assistance/transportation.
 - (b) Call another health care provider.
 - (c) Have the child transported to an emergency hospital in the company of a staff member.

Parent Signature: _____ Date: _____

Witness Signature: _____ Date _____

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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

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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://childcareexplorer.njccis.com/portal/>. 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/.

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OFFICE OF LICENSING: INFORMATION TO PARENTS LETTER

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 Central Registry Hotline:

Toll Free at 1-877-NJ ABUSE (1-877-652-2873).

Please read this statement carefully and, if you have any questions, feel free to contact me at:
908 421 1092

Sincerely,

Manisha Mehta
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 document prepared by the Office of Licensing, Child Care & Youth Residential Licensing in the Department of Human Services.

Signature: _____

Date: _____

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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

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Policy on the Management of Communicable Diseases

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.

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EXPULSION POLICY

Unfortunately, there are sometimes reasons 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 expel or suspend a child from this center:

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 including the child's immunization records.
- Habitual tardiness when picking up your child.
- Verbal abuse to staff.
- Other (explain)

CHILD'S ACTIONS FOR EXPULSION

- Failure of child to adjust after a reasonable amount of time.
- Uncontrollable tantrums/ angry outbursts.
- Ongoing physical or verbal abuse to staff or other children.
- Excessive biting.
- Other (explain)

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 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 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):

- Made 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.

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- Questioned the center regarding policies and procedures.
- Without giving the parent sufficient time to make other child care arrangements.

PROACTIVE ACTIONS THAT CAN BE TAKEN IN ORDER TO PREVENT EXPULSION

Staff will try to redirect child from negative behavior.

Staff will reassess classroom environment, appropriate 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.

Child will be given time to regain control.

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 positive behaviors.

The parent will be given literature or other resources regarding methods of improving behavior.

Recommendation of evaluation by professional consultation on premises.

Recommendation of evaluation by local school district child study team.

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MEDICAL DECLARATION STATEMENT FOR SCHOOL-AGE CHILD CARE

Child's Name: _____

Date of Birth: _____ Grade in September _____

Is your child under any medical/physical restrictions? _____ Yes _____ No

If yes, check all that apply:

_____ Asthma _____ Hearing Loss _____ Diabetes _____ Convulsions

_____ Other: _____

Is your child taking any medication? _____ Yes _____ No

If yes, please list:

Has your child been under a doctor's care or hospitalized within the last three years? _____ Yes _____ No

If yes, please explain:

Is your child allergic to any medications/foods/insect stings? _____ Yes _____ No

If yes, please list:

Family Health care provider's Name: _____

Telephone Number: (_____) _____

Address: _____

As a parent/guardian of the above participating child, I certify that he/she is in good physical health, has no special needs, and may participate in all of the activities of the Center's program, except as noted above.

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

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UNIVERSAL CHILD HEALTH RECORD

Endorsed by:

American Academy of Pediatrics, New Jersey Chapter
New Jersey Academy of Family Physicians
New Jersey Department of Health and Senior Services

SECTION I - TO BE COMPLETED BY PARENT(S)					
Child's Name (Last)		(First)		Gender ☐ Male ☐ Female	Date of Birth / /
Does Child Have Health Insurance? ☐ Yes ☐ 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. ☐ Yes ☐ No	
SECTION II - TO BE COMPLETED BY HEALTH CARE PROVIDER					
Date of Physical Examination:		Results of physical examination normal? ☐ Yes ☐ 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:		☐ None ☐ Special Care Plan Attached		Comments	
Medications/Treatments • List medications/treatments:		☐ None ☐ Special Care Plan Attached		Comments	
Limitations to Physical Activity • List limitations/special considerations:		☐ None ☐ Special Care Plan Attached		Comments	
Special Equipment Needs • List items necessary for daily activities		☐ None ☐ Special Care Plan Attached		Comments	
Allergies/Sensitivities • List allergies:		☐ None ☐ Special Care Plan Attached		Comments	
Special Diet/Vitamin & Mineral Supplements • List dietary specifications:		☐ None ☐ Special Care Plan Attached		Comments	
Behavioral Issues/Mental Health Diagnosis • List behavioral/mental health issues/concerns:		☐ None ☐ Special Care Plan Attached		Comments	
Emergency Plans • List emergency plan that might be needed and the sign/symptoms to watch for:		☐ None ☐ 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: ☐ Capillary ☐ Venous			Vision		
TB (mm of Induration)			Dental		
Other:			Developmental		
Other:			Scoliosis		
Name of Health Care Provider (Print)			Health Care Provider Stamp:		
Signature/Date					

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Instructions for Completing the Universal Child Health Record (CH-14)

Section 1 - Parent

Please have the parent/guardian complete the top section and sign the consent for the child care provider/school nurse to discuss any information on this form with the health care provider.

The WIC box needs to be checked only if this form is being sent to the WIC office. WIC is a supplemental nutrition program for Women, Infants and Children that provides nutritious foods, nutrition counseling, health care referrals and breast feeding support to income eligible families. For more information about WIC in your area call 1-800-328-3838.

Section 2 - Health Care Provider

1. Please enter the date of the physical exam that is being used to complete the form. Note significant abnormalities especially if the child needs treatment for that abnormality (e.g. creams for eczema; asthma medications for wheezing etc.)
 - **Weight** - Please note pounds vs. kilograms. If the form is being used for WIC, the weight must have been taken within the last 30 days.
 - **Height** - Please note inches vs. centimeters. If the form is being used for WIC, the height must have been taken within the last 30 days.
 - **Head Circumference** - Only enter if the child is less than 2 years.
 - **Blood Pressure** - Only enter if the child is 3 years or older.
2. **Immunization** - A copy of an immunization record may be copied and attached. If you need a blank form on which to enter the immunization dates, you can request a supply of Personal Immunization Record (IMM-9) cards from the New Jersey Department of Health and Senior Services, Immunization Program at 609-588-7512.
 - The Immunization record must be attached for the form to be valid.
 - "Date next immunization is due" is optional but helps child care providers to assure that children in their care are up-to-date with immunizations.
3. **Medical Conditions** - Please list any ongoing medical conditions that might impact the child's health and well being in the child care setting.
 - a. **If the child has a complex medical condition, a special care plan should be completed and attached.** Note any significant medical conditions or major surgical history.
 - b. **Medications** - List any ongoing medications. Include any medications given at home if they might impact the child's health while in child care. (seizure, cardiac or asthma medications etc.) Short-term medications such as antibiotics do not need to be listed on this form. Long-term antibiotics such as antibiotics for urinary tract infections or sickle cell prophylaxis should be included.

PRN Medications are medications given only as needed and should have guidelines as to specific factors that should trigger medication administration. *Please be specific about what over-the-counter (OTC) medications you recommend, and include information for the parent and child care provider as to dosage, route, frequency, and possible side effects. Many child care providers may likely require separate permissions slips for prescription and OTC medications.*
 - c. **Limitations to physical activity** - Please be as specific as possible and include dates of limitation as appropriate. Any limitation to field trips should be noted. Note any special considerations such as avoiding sun exposure or exposure to allergens. Potential severe reaction to insect stings should be noted. Special considerations such as back-only sleeping for infants should be noted.
 - d. **Special Equipment** - Enter if the child wears glasses, orthodontic devices, orthotics, or other special equipment. Children with complex equipment needs should have a care plan.
 - e. **Allergies/Sensitivities** - Children with life-threatening allergies should have a special care plan. Severe allergic reactions to animals or foods (wheezing etc.) should be noted. Pediatric asthma action plans can be obtained from The Pediatric Asthma Coalition of New Jersey at www.pacnj.org or by phone at 908-687-9340.
 - f. **Special Diets** - Any special diet and/or supplements that are medically indicated should be included. Exclusive breastfeeding should be noted.
 - g. **Behavioral/Mental Health issues** - Please note any significant behavioral problems or mental health diagnoses such as autism, breath holding, or ADHD.
 - h. **Emergency Plans** - May require a special care plan if interventions are complex. Be specific about signs and symptoms to watch for. Use simple language and avoid the use of complex medical terms.
4. **Screening** - This section is required for school, WIC, Head Start, child care settings, and some other programs. This section can provide valuable data for public health personnel to track children's health. Please enter the date that the test was performed. Note if the test was abnormal or place an "N" if it was normal.
 - For lead screening state if the blood sample was capillary or venous and the value of the test performed.
 - For PPD enter millimeters of induration, and the date listed should be the date read. If a chest x-ray was done, record results.
 - Scoliosis screenings are done biennially in the public schools beginning at age 10.
5. Please sign and date the form with the date the form was completed (note the date of the exam, if different)
 - Print the health care provider's name.
 - Stamp with health care site's name, address and phone number.

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Discipline Policy

A. 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.

We 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.

We 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 is a good rule of thumb).
- 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" or "bad girl." Instead you might say "That is not allowed here."

We 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.
- Overlook small annoyances, and deliberately ignore provocations.
- Give hugs and caring to every child every day.
- Appreciate the child's point of view.
- Be loving, but don't confuse loving with license.

Positive discipline takes time, patience, repetition and the willingness to change the way you deal with children. But it's worth it, because positive discipline works.

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B. Inappropriate Discipline

Any person, while on child care premises, shall not engage in any of the following actions towards children:

- a. Inflict corporal punishment in any manner upon a child's body
 - b. Hit, spank, beat, pinch, or any other measure that produces physical discomfort.
 - c. Cruel, harsh, unusual. Humiliating, or frightening methods of discipline, including threatening the use of physical punishment.
 - d. Placement in a locked or dark room
 - e. Public or private humiliation, yelling, or abusive or profane language.
 - f. Use time out for any child less than three years of age.
 - g. Use time out for any purpose other than to enable the child to regain control.
 - h. Will not physically restrain children except:
 - a. When it is necessary to ensure their own safety or that of others;
 - b. Only for as long as it is necessary for control of the situation
-

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Dear Parents and Guardians:

The following is a list of general information for all My World Child Care registrants.

- Parents are required to give one month's notice prior to discontinuing child care services.
- Deposit money is nonrefundable. Deposit money will only be applied towards last two weeks of tuition.
- Please provide the following things with your child:
 - ❖ An extra set of clothes for your child (underwear, socks, shirt, pants etc.) and put the clothes in a labeled bag.
 - ❖ A set of sheet and blanket for their cots for nap time. Make sure your child's name is on it.
 - ❖ Please send in their breakfast, lunch and snacks in thermos or ice packs. Please include plates, bowls and silver ware that your child will need.
 - ❖ Please label all your child's belongings.
 - ❖ Please send in the school supplies as per the list handed by the class teacher.
- Please make sure to sign your child in and out each day they attend My World Child Care Center. Please ask your child's teacher on how to use Brightwheel App for marking attendance.

Many thanks for your support. We are confident that we will have a great year at My World Child Care Center and Montessori.

My World Child Care and Montessori

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732-218-5538

Parental/Guardian Consent Form

This form requests permission for your child's photograph or image to appear in the classroom, center displays, printed promotional materials, the center's website, and approved social media pages.

Photos and online posts can be viewed or shared by others. To protect children's privacy, the center will not publish a child's last name, home address, email address, telephone number, or the location and time of an upcoming trip.

If you grant permission to use your child's image, you may choose whether the child's first name may appear with it. No additional personal identifiers will be published.

You may withdraw this permission at any time by giving written notice to the Center Director. The withdrawal will apply to future use after the notice is received.

Check one of the following choices:

Please check one option:

- ☐ I/We GRANT permission to use this child's photograph or image without the child's name.
- ☐ I/We GRANT permission to use this child's photograph or image with the child's first name only.
- ☐ I/We DO NOT GRANT permission to use this child's photograph or image.

Student's Name: (please print) _____ Student's Age: _____

Print name of Parent/Guardian: (print) _____

Signature of Parent/Guardian: (sign) _____

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2026– 2027 Calendar of Holidays.

My World Child Care Center and Montessori will remain close on the following days:

- | | |
|---|------------------|
| • August 31 st & Sept 1 st | Staff in Service |
| • September 7 th | Labor Day |
| • November 26 th & 27 th | Thanksgiving |
| • December 23 rd , 24 th & 25 th | Winter Break |
| • January 1 st | New Year's Day |
| • February 15 th | President's Day |
| • March 1 st | In Service Day |
| • March 29 th , 30 th & 31 st | Spring Break |
| • May 31 st | Memorial Day |
| • June 24 th & 25 th - | Staff in Service |
| • July 5 th | Independence Day |
| • | |

Inclement Weather Closings: If the Governor declares a state of emergency, MY World Child Care Center and Montessori will remain close

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2026– 2027 Calendar of Important Days

- September 2nd Academic Year Begins
- September 3rd Before/After Care Begins
- October Fire Prevention Month
- October 16th Fall Picture Day
- October 30th Trunk O Treat
- December 22nd Santa Claus Visits Our Class
Winter Concert /Class Party
- February 12th Valentine's Day Class Party
- March 1st – 5th Read Across America Week
- March 26th Easter Egg Hunt and Class Party
- April 30th Spring Picture Day
- May 7th Mother's Day Breakfast
- June 18th Father's Day Breakfast
- June 23rd Moving Up Ceremony – Center Closes at 2:00 pm
- June 23rd Last Day of the Academic Year
- June 29th Summer Program Begins

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Walking Field Trip Permission Slip

From time to time throughout the year, students may go on walking field trips in the surrounding neighborhoods of the center. There will always be appropriate teacher to student ratio while on these field trips as safety is the top priority. If you would prefer your child not to participate in these activities, then your child will stay at the center with one of the other teachers and do an alternative activity. Please fill out the section below.

___ I hereby give my permission for my child, _____, to participate in walking field trips around the My World Child Care and Montessori area.

___ I **DO NOT** give my permission for my child, _____, to participate in walking field trips around the My World Child Care and Montessori area.

Parent Name

Parent Signature

Date

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Policy on Late Pick-Up of Children

Please read the following policy and sign below:

We ask that you please arrive on time to pick up your child. We schedule our students and teachers accordingly and if you are late, then our ratio can become compromised. Children cannot be picked up late. In the event you are late, there will be a late pick-up fee assessed to your account. For every 15 minutes that you are late picking up your child, your account will automatically be charged an extra \$10. If your child is considered full day, then all we ask is that you try to be here as close to 6:30 as possible so our teachers can clean, and lock up on time.

I have read and agree to the above policy.

Child's Name

Parent's Name

Parent Signature

Date

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Policy on Tuition Payments

Please read the following policy and sign below:

Tuition is due on the 1st of every month. There is a tuition drop-off box for depositing tuitions payments. After the 7th of every month, your account will be charged \$10 each day the payment is late. Tuition is non refundable.

At My World Child Care Center and Montessori, tuition is paid monthly. There is no credit given towards monthly tuition dues, in the event your child is sick, travelling, or taking family time off during the month.

I have read and agree with the above policy.

Child's Name

Parent's Name

Parent Signature

Date

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Policy on Deposit Notice

The 2 weeks deposit that is paid upon enrollment of your child is nonrefundable and nontransferable. The deposit amount will be applied towards tuition only. You must give the center at least two weeks' notice for the deposit to be applied towards tuition. Upon receipt of the notice the deposit will be applied towards tuition only. Deposit will not be refunded.

I have read and agree with the above policy.

Child's Name

Parent Signature

Date

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Screen Viewing Policy

My World Child Care Center provides an activity-focused early learning environment. We believe that children learn best through active participation, hands-on experiences, interactive conversation, and exploration. My World follows the recommendations established by the American Academy of Pediatrics, which has found that too much television vision viewing has been linked to poor performance in school, overweight children, and the establishment of poor dietary habits. Children at My World Child Care Center, under the age of two years will not have access to television viewing, which includes watching videos, or DVDs, playing with video games, and using the computer. For children age two and older who are in care four or more hours each day, television screen time is limited to 60 minutes **per week** and no more than 30 minutes at a time. Computer use is limited to 15 minute increments per child, except for school age children who are completing homework, school work, or supervised enrichment activities. For children ages two and older who are in care less than four hours per day, television screen time is limited for 30 minutes **per week**. Computer use is limited to 15 minute increment per child, except for school – age children who are completing homework, school work, or supervised enrichment activities.

Breast Feeding Policy

My World Child Care Center supports breastfeeding friendly principles, including accepting and storing breast milk and providing a comfortable place for breastfeeding.

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Developmental Screening – ASQ 3

Dear Parent/Caregiver:

Welcome to our screening and monitoring program. Because your child's first 5 years of life are so important, we want to help you provide the best start for your child. As part of this service, we provide the Ages & Stages Questionnaires, Third Edition (ASQ-3), to help you keep track of your child's development. You may be asked to answer questions about some things your child can and cannot do. The questionnaire includes questions about your child's communication, gross motor, problem solving, and personal-social skills.

If the questionnaire shows that your child is developing without concerns, we will provide some activities designed for use with ASQ-3 to encourage your child's development.

If the questionnaire shows some possible concerns, we will contact you about getting a more involved assessment for your child. Information will only be shared with other agencies with your written consent.

We look forward to your participation in our program!

Sincerely,

Manisha Chaudhary

Director

My World Child Care and Montessori

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732-218-5538

Consent Form – Developmental Screening

The first 5 years of life are very important for your child because this time sets the stage for success in school and later life. During infancy and early childhood, your child will gain many experiences and learn many skills. It is important to ensure that each child's development proceeds well during this period.

Please read the text below and mark the desired space to indicate whether you will participate in the screening/monitoring program.

- I have read the information about Ages & Stages Questionnaires, Third Edition (ASQ-3) and I wish to have my child participate in the screening/monitoring program. I will fill out questionnaires about my child's development and will promptly return the completed questionnaires.
- I do not wish to participate in the screening/monitoring program. I have read the information about Ages & Stages Questionnaires, Third Edition (ASQ-3), and understand the purpose of this program

Parent's or guardian' Signature

Date:

Child's name: _____

Child's date of birth: _____

If child was born 3 or more weeks premature, # of weeks premature: _____

Name of child's primary care physician: _____

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PARENTAL AUTHORIZATION FOR DISPENSING OVER THE COUNTER MEDICINES AND TOPICAL CREAMS

Dear Families,

We want to keep all children safe during their outdoor time, especially with sunburn and insect bites. According to the NJ Department of Children and Families Manual of Requirements, Section 10: 122-7.5, the Center is required to have an authorization for each child that allows us to dispense the following over the counter medicines:

Antihistamines

Cough Suppressants

Decongestants

Non-aspirin fever reducers / pain relievers

Sunscreens

If you would like us to give your child any non-prescription medications listed above, you must fill out the authorization sheet with your signature and you must send in the medication and/or sunscreen you wish to use on your child with your child's full name on the bottle / tube or box. This medication will be placed in a secure container in your child's classroom. If we do not have the authorization or the medication we will not be able to give your child medication or use sunscreen.

PARENTAL AUTHORIZATION FOR DISPENSING OVER THE COUNTER MEDICINES AND TOPICAL CREAMS

I give my permission to give my child the non-prescription medications provided by me.

CHILD'S NAME: _____

DATE OF BIRTH: _____

PARENT(S) NAME: _____

PARENT(S) ADDRESS: _____

CELL PHONE: _____ WORK PHONE: _____

E-MAIL: _____ Date: _____

PARENT'S SIGNATURE: _____

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Absentee Policy

If your child is going to be out of school for any reason, please call on 908-421-1092 or email manisha@myworldchildcenter.com informing us about the reason of absence. A child who is absent for more than 3 consecutive days must return back with a doctor's note if the absence is for health reasons,

Please complete and return this portion to the center.

Name of Child: _____

Name of Parent: _____

Parents Signature: _____

Date: _____

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Use of Technology and Social Media Policy

Our center uses the following social media / networking

Center Website: www.myworldchildcenter.com

Facebook

WhatsApp

Child Care App

Guidelines for conduct on center social networking

Parents and Staff of center may not post photographs or videos of children, other than their own, including but not limited to photographs or videos of children obtained through hand held devices, computers, video monitoring systems, child care monitoring apps, or any other electronic device or transmission.

Any breaches of the center's Policy on the Use of Technology and Social Media must be promptly reported to the Director by the Parents and Staff of the center.

General center information / updates may be posted by Parents and staff of center with prior approval from the director.

Posting of private or sensitive company, staff or prior staff, and/ or enrolled or previously enrolled children / family information is prohibited to all Parents and Staff members

Maintain professional boundaries in the use of electronic media. Social Networking/Media parent/staff relationships are limited to center sites and approved devices only.

Staff/Parent communication is limited to center childcare monitoring app only.

Use of social media/networking and / or other websites is prohibited when supervising children.

Vulgar or abusive language, disparaging remarks and / or references of a disparaging manner, personal attacks of any kind, or offensive terms targeting individuals or groups is prohibited to all Parents and Staff members.

Posts that may reveal the center's current, off-site location are prohibited to all Parents and Staff members.

Parents and Staff of center are permitted to tag, share, and comment on the postings on centers facebook page.

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Methods Used to Communicate with Staff and Parents:

Center / Staff methods of electronic communication will be through E-Mail, Text Messages, Child Care App, Center Website, Center Social Media Site.

Devices used by center staff to communicate with parents will be Center Cell Phone, Center Tablet, and Center Computer.

Center Staff is permitted the use of devices for official purpose only but this shall not prevent staff from adequately supervising children.

Information that the center may communicate electronically to parents:

Illness/Accident/Injuries
Requests for Records/Supplies
Behavioral Concerns
Child's Daily Updates
Community Information
Emergency Closures
Photographs
Unusual Incidents

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Receipt of Information

_____ Information to Parents Document

_____ Policy on the Release of Children

_____ Policy on use of Technology and Social Media

_____ Expulsion Policy

_____ Methods used to communicate with parents and staff

_____ Policy on the Management of Communicable Diseases

_____ Discipline Policy

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

Parents Name

Date

Parents Signature

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Toilet Training Policy

According to a recent study, the average age for learning to use the potty or toilet reliably for bowel and bladder is 28 months. Although it is important to remember that each child is an individual and develops at his own rate, generally speaking you can expect a child to achieve daytime control sometime between the ages of two and three, and nighttime control between three and four and a half.

Toilet teaching is best started around the time the child becomes ready to learn and able to control his elimination. Most children do not have the physical ability to control their bowels before about eighteen months, and they do not achieve bladder control until sometime later. Beginning toilet-teaching early simply causes frustration for the caregiver and puts unnecessary pressure on a young toddler. Too-early toilet-teaching can actually delay progress rather than encourage it.

A toddler may show some—but not necessarily all—of the following signs as he becomes ready for learning: pausing and making sounds or grimaces while having a bowel movement; being regular in bowel movements; staying dry for an hour or two in the daytime; waking up dry from a nap; complaining when wet or soiled; being aware that urine and feces come from his body; telling the caregiver when he has had or is having a bowel movement; generally liking to be clean and tidy; and wanting to imitate adults and be grown up.

Toddlers need to know what caregivers expect of them. You should not push or pressure the child, but do watch for signs of readiness, prepare him/her gradually by teaching him/her about toileting over a period of time, and communicate very clearly that you have confidence that he/she will learn to use the potty and toilet when he/she is ready.

In the course of your everyday activities, point out when the child is having a bowel movement or is urinating. Teach children that urine and feces come from their body. Teach them the words you want them to use for bathroom functions. Allow them to observe others using the toilet and explain what it is for. Read them a children's book about toilet learning. Mention the advantages of staying clean and dry. Get a potty chair and introduce it as their own possession. Let them practice using the potty and praise them for success. Mention that when they are bigger they will start using the potty all the time and will wear underpants "like a big girl/boy."

When a toddler is between the ages of two and three, has shown some signs of readiness, and has had an ample period of preparation, you can expect him/her to become interested in giving up diapers. Switch from diapers to pants for waking activities if he/she occasionally asks to have his/her diaper removed to use the potty; tells you he/she wants underpants and doesn't want to wear diapers anymore; or has shown clearly that he/she is physically able to control elimination.

Expect children to have accidents for a while after beginning and be relaxed about them. Therefore please send in at least 3 extra pairs of clothing. Express no anger or disapproval; don't scold, shame, or punish. Clean up calmly, and reassure them that "next time they'll remember to use the potty." During the day, give gentle reminders to use the potty to help them be successful.

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Regressions to wetting and/or soiling are not uncommon in toddlers and are usually a reaction to stress. Look for sources of pressure in the child's life—separation from a parent, a new baby, starting nursery school, moving, etc.—and try to ease tension by providing reassurance. Don't punish him/her for the loss of control. Staying patient, understanding, and calm is the best way of dealing with regressions, which usually go away by themselves in a short time.

Staying dry while sleeping usually comes several months after daytime control is established, but some children, especially boys, take longer to achieve dry nights. The best way to handle night wetting is to be patient and wait for the child's bladder to mature. Punitive methods are definitely harmful: don't punish or shame a bed wetter. Instead, praise the child for any dry nights he may have; make no comment about wet beds; and express your confidence that he/she will be having more dry nights as he/she grows older. Until your child achieves night time dryness we will be putting a pull-up on during naptime.

If a child has not achieved daytime control by three and a half to four or is not making progress in controlling night wetting after age five, it is wise to consult your health care provider to rule out any physical causes, and then a child psychologist to help the child overcome the difficulties.

Psychologists say that parents whose children learn to use the toilet most easily are calm and patient and show a matter-of-fact attitude toward toilet-teaching; communicate clearly what behavior is expected of the child; anticipate gradual, rather than instant, success; do not use negative tactics like punishment, scolding, or shaming; observe the child and try to wait until he/she expresses interest in toilet learning; encourage and praise the child for successes and are understanding about failures; switch from diapers to pants when the child is ready; send a clear message that they have confidence in their child's ability to learn.

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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 1877-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). OOL/ 1.6.2017

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Walking Permission Slip for James F. Singer Park

James F. Singer Park is located at the intersection of Prospect Avenue and Wylie Street. We walk up Woodruff Avenue crossing over Lords Street and Wylie Street to reach the park.

The walk is 2 tenths of a mile up Woodruff Avenue. The walking route does not include sidewalks; the children walk holding on to a walking rope. The teachers walk at the front, along the side and in the back of the children walking to ensure safety of children.

The park does not have a bathroom facility; the children all use the bathroom at the center before we go to the park. In case of a bathroom emergency, a staff member will bring the child back to the center.

_____ Yes, I give my permission for my child to go to the park.

_____ No, I do not give permission for my child to go to the park.

Child's Name: _____

Parents Name: _____

Parents Signature: _____