



Cassville Nursery

we make learning fun!

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APPLICATION FOR CHILD'S ENROLLMENT

Date of Enrollment:	
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CHILD	Name of Child	
	Date of Birth	
	Home Address	

PARENT	PARENT 1		PARENT 2	
	Name		Name	
	Home Phone	()	Home Phone	()
	Home Address		Home Address	

WORK	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.				
EMERGENCY	Name of Contact #1		Name of Contact #2	
	Phone	()	Phone	()
	Relationship		Relationship	
	Address		Address	

D O C T O R	Child's Doctor	
	Telephone	()
	Address	

C U S T O D I A N	<p>Name of person PROHIBITED from picking up your child: _____</p> <p>If a non-custodial parent is <u>not</u> included among those persons authorized by the custodial parent to pick up the child, please explain below and attach a copy of appropriate court order.</p>
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E M E R G E N C Y	<p>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.</p> <p>Parent's signature: _____ Date: _____</p>
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W A L K I N G	<p><input type="checkbox"/> I give my permission for my child to participate in walking trips within the center's neighborhood.</p> <p><input type="checkbox"/> I do not give my permission for my child to participate in walking trips within the center's neighborhood.</p> <p>Parent's signature: _____ Date: _____</p>
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P O L I C I E S	<p>I (we) attest that all of the information on this application is accurate, and that I (we) have received the following information for my (our) home records:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 60%;">1. Information to Parents Document</td> <td style="width: 10%; text-align: center;">_____ Yes</td> <td style="width: 10%; text-align: center;">_____ No</td> <td style="width: 10%;"></td> </tr> <tr> <td>2. Policy on the Release of Children</td> <td style="text-align: center;">_____ Yes</td> <td style="text-align: center;">_____ No</td> <td></td> </tr> <tr> <td>3. Policy on Discipline</td> <td style="text-align: center;">_____ Yes</td> <td style="text-align: center;">_____ No</td> <td></td> </tr> <tr> <td>4. Policy on the Expulsion of Children from Enrollment</td> <td style="text-align: center;">_____ Yes</td> <td style="text-align: center;">_____ No</td> <td></td> </tr> <tr> <td>5. Policy on the Management of Illnesses/Communicable Diseases</td> <td style="text-align: center;">_____ Yes</td> <td style="text-align: center;">_____ No</td> <td></td> </tr> </table> <p>_____ Date _____</p> <p>Parent's signature</p>	1. Information to Parents Document	_____ Yes	_____ No		2. Policy on the Release of Children	_____ Yes	_____ No		3. Policy on Discipline	_____ Yes	_____ No		4. Policy on the Expulsion of Children from Enrollment	_____ Yes	_____ No		5. Policy on the Management of Illnesses/Communicable Diseases	_____ Yes	_____ No	
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5. Policy on the Management of Illnesses/Communicable Diseases	_____ Yes	_____ No																			

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: _____

Source: Medication Administration in Child Care, Healthy Child Care New Jersey

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 of Child's Health care provider _____ 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 above child care center 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 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.
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 _____

PERSONAL INFORMATION RECORD FOR INFANT/TODDLER

Child's name _____ Age _____

1. What is your child's current daily sleeping schedule?
Morning wake-up time _____ Evening bedtime _____
Daily naps _____
2. Is your child sleeping through the night? _____
If not, when does child usually wake up at night?
3. What upsets or frightens your child?
4. What does your child find soothing or comfortable?
5. How is your child now reacting to strangers?
6. Is your child using a cup, a bottle or both? _____
Are you breast-feeding your child? _____ If yes, at what times?
7. What are the times your child is now receiving the bottle each day?
8. Give the number of ounces your child is now taking at each bottle feeding.
9. Is your child taking formula, whole milk, skim milk, breast milk or other?
10. Give any special instructions for preparing formula, if any.
11. Are there any other special instructions concerning bottle feeding your child?
12. Is your child now on baby food or table food?

13. List foods your child is now eating.

Vegetables

Fruits

Meats

Juices

Breads

14. Is your child now eating finger foods?
If yes, please list.

15. List any other foods your child is now eating.

16. Where does your child spend his/her waking hours?
(Crib, playpen, crawling on floor, etc.)

17. What toys and activities make him/her happy?

18. When does your child usually have bowel movements?

19. Has your child begun potty training? _____ If yes, describe his/her routine.

20. What does your child call his/her
Bowel movement _____ Urination _____

21. This space for any other information you wish to share about your child.

Parent's signature _____ Date _____

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.
- 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.