**KIDS “R” FIRST PRESCHOOL REG DATE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**506 East State Street**

**Trenton, NJ 08609**

**(609) 396 1111 (ph)**

**(609) 396-8333 (fax)**

**2019-2020 REGISTRATION FORM**

**\*\*\*\*\*ALL PHONE NUMBERS MUST BE ACTIVE \*\*\*\*\***

**Please Print**

Name of Child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent’s Social Security #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Parent/Guardian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child’s Birth date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Telephone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Telephone#:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell Telephone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Persons to be contacted/permitted to pick- up child:**

1) Full Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Cell Telephone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Telephone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work Telephone#:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Telephone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2) Full Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Cell Telephone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Telephone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work Telephone#:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Telephone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3) Full Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Cell Telephone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Telephone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work Telephone#:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Telephone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4) Full Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Cell Telephone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Telephone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work Telephone#:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Telephone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\***

**ARE BOTH PARENTS ALLOWED TO PICK UP? YES \_\_\_\_\_\_\_\_ NO \_\_\_\_\_\_\_\_**

**\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\***

**IF BOTH PARENTS ARE NOT PERMITTED TO PICK UP, YOU MUST PROVIDE OFFICIAL COURT DOCUMENTS PROVING CUSTODY OF CHILD**

**cHILD’S nAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ dob: \_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_**

**PROOF OF RESIDENCY/ABBOTT REQUIREMENTS**

**If you are NOT A RESIDENT OF tRENTON AND YOU ARE ATTEMPTING TO ENROLL YOUR CHILD AT kIDS “r” FIRST, OR HE/SHE IS PRESENTLY ENROLLED AT kIDS “r” FIRST, YOU ARE IN VIOLATION OF THE BOARD OF eDUCATION REQUIREMENTS, AND THEREFORE YOU ARE COMMITING FRAUD. DURING THE YEAR WE RESERVE THE RIGHT TO CHECK YOUR RESIDENCY AND IF YOU ARE found IN VIOLATION OF THIS policy, YOU WILL BE REPORTED TO THE TRENTON BOARD OF EDUCATION WHO WILL CONDUCT A FULL INVESTIGATION. IF YOU ARE FOUND TO BE COMMITTING FRAUD, YOU WILL OWE THE TRENTON BOARD OF EDUCATION THE COST TO EDUCATE YOUR CHILD for that school year (Approximately $13,000.00.) PLEASE BE AWARE THAT OUR FAMILY WORKERS WILL BE VISITING YOUR HOME AT LEAST THREE (3) TIMES A YEAR TO VERIFY YOUR PROOF OF RESIDENCY.**

**KIDS “R” FIRST PRESCHOOL**

**PERMISSION for WALKS, PHOTOGRAPHY/VIDEO OR WEBSITE**

There will be times throughout the year that our staff will take pictures or videos of the children for school purposes, for newspaper publications or for our website. Please check the boxes and sign to give permission for your child to participate. **Please note: We may ask you for your permission on specific days that allows us to take your child for a walk.** Kids “R” First always chaperoned by our staff.

Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_

**ABBOTT PROGRAM**

**IMPORTANT KIDS “R” FIRST INFORMATION**

**PLEASE READ EACH SECTION AND INITIAL THAT YOU HAVE READ AND UNDERSTOOD OUR POLICIES.**

\_\_\_\_\_\_\_\_ 1: **ADMISSION REQUIREMENTS:** Kids “R” First Preschool offers services for children ages 3 to 5 years old. The Abbott policy is that your child must be 3 **BEFORE** September 30th to be eligible for enrollment. The parent or legal guardian must submit all required documentation and complete all enrollment forms before the child can begin the program. **PLEASE NOTE THAT THE TRENTON BOARD OF EDUCATION MAY REQUIRE UPDATED INFORMATION THROUGHOUT THE YEAR SUCH AS: PROOF OF RESIDENCY, UPDATED EMERGENCY CONTACTS, HEALTH RECORDS, ETC.**

\_\_\_\_\_\_\_\_ 2: **ATTENDANCE:** **Kids “R” First is NOT a daycare. We are a preschooL.** Therefore, attendance is **MANDATORY**. In order for your child to obtain quality education your child must be here every day. Instructional time begins at 8:45 a.m.; your children should be here by then. If your child is going to be out of school due to illness, **you must notify the school regarding these absences (609) 396-1111. IT IS ALSO OUR POLICY THAT A DOCTOR’S NOTE MUST BE SUBMITTED TO THE OFFICE STAFF DOCUMENTING THE ABSENCE(S).** **ANY LONG TERM ABSENCES WITHOUT A DOCTOR’S NOTE MAYRESULT IN FORFEITURE OF ENROLLMENT AT KIDS “R” FIRST, AND POSSIBLY A FEE MAY BE ASSESSED PAYABLE TO THE TRENTON BOARD OF EDUCATION. ADDITIONALLY, VACATIONS ARE NOT ACCEPTABLE EXCUSES. HOWEVER, IF YOU ARE UNABLE TO BRING YOUR CHILD TO SCHOOL DUE TO YOUR (OR A SIBLING’S) ILLNESS, THAT EXCUSE IS VALID. PLEASE BRING THESE NOTES TO THE OFFICE.**

\_\_\_\_\_\_ 3: **LEAVING THE CENTER/LATE POLICY:**  All children must be picked up **NO LATER** than 1:00 on a reduced day, 3:15 on a regular day. If you will be late, any time after 1:00, 3:15 **MUST** call our school @ 396-1111. **A PHONE CALL ALERTING US THAT YOU WILL BE LATE DOES NOT EXCUSE YOU FROM GETTING A LATE CHARGE.** A late charge of $25.00 will be assessed **AFTER** **1:00 or 3:15**, which must be paid at the time you pick up your child. If you are habitually late, you will need to meet with your child’s family worker and the director.

* To comply with our rules and regulations, we require the person who picks up your child to provide a picture ID. **Please be sure to have your ID ready no matter how many times you have picked up your child**. This must be presented to the staff member in the front hallway. **IF YOU, OR YOUR DESIGNATED PICK UP PERSON DOES NOT HAVE ID, IS NOT ON THE PICK UP LIST OR IS NOT 18 OR OLDER, YOUR CHILD WILL NOT BE RELEASED TO THAT PERSON. PLEASE MAKE CERTAIN YOU CALL THE SCHOOL AND INFORM US IF SOMEONE DIFFERENT WILL BE PICKING UP YOUR CHILD. THEY MUST PRESENT IDENTIFICATION.**

\_\_\_\_\_\_\_ 4: **MEDICATIONS:** As of September 2003, **Kids “R” First Preschool will NOT administer any medications.** The only exception to this rule is a chronic or life-threatening illness. Please see the Director, Administrative Assistant, or a Family Worker to obtain the proper documentation which allows experienced staff members to administer medical treatments to your child.

\_\_\_\_ 5: **BEHAVIOR AND DISCIPLINE:** We use positive discipline: A process of teaching a child how to behave in an appropriate manner. If a child has a behavioral problem involving hitting, kicking, throwing temper tantrums, disrespect of staff, etc., staff will try a corrective action plan with the child. If the behavior persists, you will be required to meet with the Family Worker, Teacher and Director and possibly support staff from the Board of Education. Any follow through will be the responsibility of the parent.

\_\_\_\_\_6: **LOST ITEMS:** Kids “R” First is not responsible for any missing articles included but not limited to children’s extra clothes, blankets, crib sheet, jewelry, coats, hats, toys, money, etc. Please label all items that are sent to school with your child. **We ask that you do not allow your children to bring toys or other valuables to school as they may become lost or damaged.**

\_\_\_\_7: **SIGNING IN AND OUT:** We ask you to sign-out your child on our sign-out sheet and pick up your child from their class, gather his/her belongings and check his/her mailbox/cubby, daily. please sign your name, not mother, father, grandmother, grandfather, aunt, uncle, etc.

\_\_\_\_8: **TUITION:** If you are enrolled in the Wrap Around Program and have a co-pay or pay for before/aftercare, payments are due THE FIRST OF THE MONTH. If you do not pay by then, you will be billed. If you do not pay by the end of the current month, a $15.00 late payment charge will be assessed to your co-pay. If you are1 month in arrears, Wrap Around services will be terminated until payment is received, and we will send your outstanding charges to an outside collection agency.

**LATE POLICY POLICY/PICK UP POLICY REQUIREMENTS**

To comply with our rules and regulations, we require the person who picks up your child to **PROVIDE A PICTURE ID**. Please be sure to have your ID ready no matter how many times you have picked up your child. This must be presented to the staff member in the front hallway. **IF YOU, OR YOUR DESIGNATED PICK UP PERSON DOES NOT HAVE ID, IS NOT ON THE PICK UP LIST OR IS NOT 18 OR OLDER, YOUR CHILD WILL NOT BE RELEASED TO THAT PERSON.**

* **This person must have picture ID** and abide by the pick-up time and late policies. Additionally, if a staff member feels that the person picking up your child may be emotionally or physically impaired the following will be done at the discretion of Kids “R” First staff:

**IF YOU OR YOUR DESIGNATED PERSON PICK-UP:**

* Has NO ID,
* Is not on the pick-up list
* Not over 18 years of age
* Is emotionally or physically impaired
* Is verbally or physically abusive to Kids “R” First staff

**YOUR CHILD WILL NOT BE RELEASED TO THAT PERSON.**

If your child cannot be released to the person picking up, and is here after the designated pick up time, we will be forced to call Department Child Protection &Permanency (DCP&P).

* 1.The child may not be released to an impaired individual or someone verbally or physically abusive to Kids “R” First Staff
* 2. Parent/guardian will be notified
* 3. If Kids “R” First is unable to make alternative arrangements, as noted above, a staff member will call DCP&P on their 24 hour child abuse hot line to seek assistance.

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, understand the policies listed above and will follow the rules and regulations that have been established by Kids "R" First Preschool.

Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**EMERGENCY INFORMATION/**

**PERMISSION TO PARTICIPATE IN FIELD TRIPS**

**To be completed by the parent or guardian\*:**

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

In the event of a medical emergency, I: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_give permission to Kids “R” First staff to arrange for emergency treatment necessary to preserve the health of my child until such time when I can be present. I understand that no guarantees have been made to me as to the effect of such treatment on my child’s condition. I acknowledge responsibilities for all charges in connection with care and treatment given during this period. I realize that I must leave additional working phone numbers where I can be reached in case the home, work or cell phone numbers are unavailable. Therefore, I **MUST** leave numbers where I can be reached in case the above phone numbers are not applicable for that day.

**Since informed consent must be given at the time of the incident, I understand that no emergency treatment will be given without parental consent except in a life-threatening situation.**

Parent/Guardian name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\*\*\*ALL PHONE NUMBERS MUST BE ACTIVE\*\*\***

**\*\*\*\*\*YOU MUST COMPLETE THIS PORTION OF THIS PACKET. IT IS CRITICAL TO OUR CENTER THAT WE HAVE ALL MEDICAL INFORMATION REGARDLESS OF IF YOU HAVE INSURANCE OR NOT. AS EMERGENCY PHONE NUMBERS MUST BE ENTERED BELOW\*\*\*\*\*.**

Parent/Guardian telephone:

Cell: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Name of Health Insurance Carrier: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Group #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ID#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child’s Allergies: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child’s Medical Conditions: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medication(s) child is taking: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If the parent or guardian is not available, the center will contact the following persons:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Ph# c: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ w: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ h: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Ph# c: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ w: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ h: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Ph# c: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ w: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ h: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DEPARTMENT OF CHILD PROTECTION AND PERMANENCY (DCP&P)**

**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 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 Protection and Permanency, (DCP&P) 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 with us about these policies so we can work together to keep our children healthy.

Our center must have a policy concerning the expulsion of children from enrollment at the center. Please review this policy so we can work together to keep your child in our center.

Parents are entitled to review the center’s copy of the Office of Licensing’s Inspection/Violation Reports on the center, which are issued after every State licensing inspection of our center. If there is a licensing complaint investigation, you are also entitled to review the Office’s Complaint Investigation Summary Report, as well as any letters of enforcement or other actions taken against the center during the current licensing period. Let us know if you wish to review them 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 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 (45 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 to periodically review the Consumer Product Safety Commission (CPSC), unsafe children’s products list, 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 <http://www.cpsc.gov/cpscpug/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 Child Abuse Hotline, toll-free at **1(877) NJ ABUSE.** Such reports may be made anonymously. Parents may secure information about child abuse and neglect by contacting: DCF, Office of Communications and Legislation at (609)292-0422 or go to [www.nj.gov/dcf](http://www.nj.gov/dcf) and select publications.

Please go to the next page

Dear Parent:

In keeping with New Jersey’s child care center licensing requirements, we are obliged to provide you, as the parent of a child enrolled at our center, with this informational statement.

The statement highlights, among other things: our 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 to e 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 (877) NJ ABUSE/ (877) 652-2873.

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

609-396-1111

Sincerely,

Carla Claudili

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 statement prepared by:

**Department of Children Protection & Permanency**

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

**FAMILY OUTREACH PROGRAM**

Kids “R” First has on site Family Workers to assist families in many aspects of daily living. Family Workers are certified in the Family Development Credential and are knowledgeable about many community services available to help your family to set and reach your goals. Family workers are provider employees that have experience working with families, as well as knowledge of local community resources and social service agencies. Family workers work closely with in-district social workers, teachers, private provider center directors and other school district professionals, as needed and assist in the recruitment and outreach process. **Family Workers are required to conduct random home visits throughout the school year to verify proof of residency, as well as to meet the family visit requirement.**

Additionally, the Family Worker has ongoing communication with families to ensure that their social and health service needs are being met. **Parents are required to meet with their Family Worker at least once a month.** The appointment books are located in the front lobby, so please make sure you sign up for family visits. If you have not been able to arrange these meetings, the Family Worker will contact you to schedule visits or make other arrangements that will suit your family.

Family Workers provide families with monthly workshops. **Parents are required to attend at least three of these workshops a year.** If you are unable to attend a workshop, please let your Family Worker know so they can make other arrangements for you/your family. Workshops are for the entire family, all are welcome to participate.

**GOALS OF THE FAMILY OUTREACH PROGRAM**

To increase each family’s involvement in their child’s early education to develop activities to increase parent participation in the early childhood program, to help families access and use local resources that result in healthy outcomes for children and to increase parent’s knowledge in child development.

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Parent’s Name Family Worker’s Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent’s Signature Date

**MEDICAL RECORDS AND IMMUNIZATIONS**

**At the time of this registration, your child is required by the New Jersey State Department of Health to have current immunizations on file. Each child is also required to have a current physical on file that is filled out by your child’s doctor on the Universal Child Health Record form which you obtain through our office. YOU ARE REQUIRED TO SUBMIT THIS DOCUMENTATION BEFORE YOUR CHILD ATTENDS SCHOOL. Furthermore, your child MUST RECEIVE THE FLU VACCINATION BY DECEMBER 31, 2019 OR HE OR SHE WILL NOT BE PERMITTED TO ENTER THE CENTER.**

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

609-396-1111

Sincerely,

Carla Claudili

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 Medical Records and Immunization Requirements statement prepared by:

**Department of Health, State of New Jersey**

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

PARENT HANDBOOK

I have received my Parent Handbook. I will read the Handbook and follow all policies that have been set forth by Kids “R” First Preschool. If I have any questions about the policies, I know that I can ask any of the Center Staff to clarify the information for me; otherwise I am in full understanding of the policies and will abide by them.

Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Parent’s Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_