



Miracle Kids Learning Academy  
 586 Heilprin Street  
 Millville NJ 08332

**REGISTRATION FEE: \$60.00**

**ENROLLMENT APPLICATION**

<b>ENROLLMENT APPLICATION</b>	<b>DATE OF ENROLLMENT:</b>
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**CHILD**

Name:	Date of Birth:	Age:	Sex:
Home Address:	City:	State:	Zip Code:

**MOTHER**

**FATHER**

Name:	Name:
Home Phone:	Home Phone:
Home Address if Different:	Home Address if Different:
Email Address:	Email Address:
How would you like to be contacted? EMAIL/ PHONE	How would you like to be contacted? EMAIL /PHONE

**MOTHER**

**FATHER**

Name of Business:	Name of Business:
Business Address & Phone:	Business Address & Phone:
Cell Phone Number:	Cell Phone Number:

**PERSONS AUTHORIZED TO PICK UP YOUR CHILD AND/OR CONTACT IN CASE OF EMERGENCY AND NEITHER PARENTS IS AVAILABLE TO ASSUME RESPONSIBILITY AOR THE CHILD.**

CONTACT NAME	PHONE NUMBER	RELATIONSHIP	ADDRESS

**PERSONS AUTHORIZED TO PICK-UP YOUR CHILD(REN) IN THE EVENT OF AN EMERGENCY**

NAME \_\_\_\_\_ NAME \_\_\_\_\_

RELATIONSHIP \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

ADDRESS \_\_\_\_\_ ADDRESS \_\_\_\_\_

HOME NUMBER \_\_\_\_\_ HOME NUMBER \_\_\_\_\_

NOTE: AUTHORIZED EMERGENCY PERSONS WILL BE CONTACTED WHEN NEITHER PARENT IS

**AVAILABLE. PICK-UP AUTHORIZATION**

PLEASE LIST THE FOLLOWING INFORMATION OF THOSE ADULTS WHO HAVE YOUR PERMISSION TO PICK-UP YOUR CHILD WITH YOUR PERMISSION.

NOTE: PRIOR NOTICE MUST BE GIVEN TO THE CENTER TO RELEASE OUR CHILD TO AUTHORIZED ADULTS. AUTHORIZED PERSON(S) MUST SHOW IDENTIFICATION VERIFYING INFORMATION YOU LIST BELOW.

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_



**THIS IS A CONTRACTUAL AGREEMENT, PLEASE READ THE FOLLOWING INFORMATION VERY CAREFULLY BEFORE SIGNING.**

**PARENT/GUARDIAN AGREES:**

- Pay the tuition the first day of the service week. (Should payments become past due beyond ONE WEEK, a \$5.00 late charge will be added to the weekly tuition. Enrollment will be suspended if unpaid tuition exceeds two weeks.)
- Pay for days absent from school
- Drop off is no later than **9:30 a.m.** with the exception of a doctor's or WIC appointment. Admission will not be permitted without documentation.
- Submit in writing two weeks advance notice for request of program changes and/or termination of contract.
- Pay a \$30.00 fine for checks returned insufficient funds.
- Pay a non-refundable registration fee \$50.00.
- Pay **\$5.00 per 5 minutes** that the child remains at Miracle Kids L. A. after 5:00pm for Daycare scheduled 8 hours.
- Make arrangements for childcare when the school district and/or the centers declares an emergency closing.
- Miracle Kids L. A. is not responsible for lost items. It is advised that all valuables (jewelry, toys, games and electronics etc.) are left home.
- If your child(ren) becomes sick you or an authorized person must pick up the child within the hour.

I, the parent of \_\_\_\_\_ have read the above tuition responsibility agreement which shall become my obligation to the center. I fully understand this obligation and the reasons for its implementation.

Parent Signature: \_\_\_\_\_

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

## **LATE PICK-UP POLICY**

Miracle Kids Learning Academy closes at 6:00pm. If you are in the building at 6:01pm you are considered late. In case of a regular scheduling conflict, please make arrangements for another authorized adult to pick up your child.

Please do not include your late fee payment with your tuition payment. Late fee payments are to be made in the form of cash or money order to the staff member that stayed with your child.

### **MIRACLE KIDS LEARNING ACADEMY LATE FEE IS:**

6:01pm - 6:15pm \$10.00 per child

6:16pm - 6:30pm \$15.00 per child

6:31pm - 6:45pm \$20.00 per child

6:46pm - 7:00pm \$25.00 per child

#### **Note:**

- Late fees are to be given to the staff member that cared for your child upon pick-up.
- Late fees are to be paid no later than the next business day upon arrival of your child. **NO EXCEPTIONS!**

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



## HEALTH RECORD FOR PRESCHOOL CHILD, INFANT OR TODDLER

Child's Name \_\_\_\_\_ Date of Examination \_\_\_\_\_

Part I: HISTORY (to be completed by parent or medical staff)

Has the child had any of the following conditions? What year?

Measles _____	Mumps _____
Chicken Pox _____	Scarlet Fever _____
Whooping Cough _____	Poliomyelitis _____
Diphtheria _____	Diabetes _____
Rheumatic Fever _____	Otitis media _____

Heart Disease _____	Convulsions _____
Pneumonia _____	Medical Retardation _____
Abnormal Development _____	Birth Complications _____

Handicaps \_\_\_\_\_

Allergies \_\_\_\_\_

Birth Weight \_\_\_\_\_ Was pregnancy full term? \_\_\_\_\_

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

### PARENTAL AUTHORIZATION FOR EMERGENCY TREATMENT

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

# 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 Doctor \_\_\_\_\_ Telephone # \_\_\_\_\_

Child's Insurance

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

Group # \_\_\_\_\_ 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'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 physician will be contacted.
3. We will attempt to contact you through all of the emergency room persons listed on the child's application form.
4. If we cannot contact you or your child's physician, we will do any or all of the following.
  - a.) Call for emergency first aid assistance/transportation.
  - b.) Call another physician.
  - c.) Have the child transported to an emergency hospital in the company of a staff member.

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

Witness: \_\_\_\_\_ Date: \_\_\_\_\_

## POLICY ON THE MANAGEMENT OF COMMUNICABLE DISEASE

If a child exhibits any of the following symptoms he/she should not attend the center. If such symptoms occur at the center the child will be removed from the group and you will be called to take him/her home. All children must be picked up from the school within one hour from the time you received the phone call.

Severe pain or discomfort

Acute diarrhea (more than one loose bowel movement)

Elevated oral temperature of 100.5 degrees Fahrenheit

Sore throat or severe coughing

Yellow eyes or jaundice skin

Red eyes with discharge

Infected untreated skin patches

Difficult or rapid breathing

Skin lesions that are weeping or bleeding

Skin rashes lasting longer than 24 hours

Swollen joints

Visibly enlarged lymph nodes

Stiff neck

Blood in urine

Constipation

Vomiting

If a child is sent home for any of these symptoms, they are not permitted to return to the center for 2 full days. If a child is consistently sent home for the same symptoms, a doctor's note will be required upon return.

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

## MEDICATION ADMINISTRATION POLICY AND PROCEDURES

This policy has been written to encourage communication between you, your child's health care provider and your child's daycare to assure the maximum safety in administering medication to your child during the time they are in our care.

Medications given in the Center are administered by a staff member designated by the Center Director and will have been informed of your child's health needs related to the medication and will have had training in the safe administration of medication.

### NOTE:

- The Center will not administer any over the counter medication without instruction of administration specific to the age of your child; in addition the dosage must be in conjunction with the dosage requirements according to the age, indicated on the instructions.
- Under no circumstances, will the Center be held liable or responsible for medication not administered due to an incomplete form.
- The Center will only administer medication on time per day; normally after lunch.
- Unused or expired medication will be returned to the parent/guardian when it is no longer needed or be able to be used by the child.
- If your child is ill due to communicable disease that requires medication as treatment. We require that your child is on the medication for 24 hours before returning to the Center.
- The Center is not responsible for the cleaning of medical supplies (including nebulizer tubes, masks, breathing chambers, bandages or measuring instruments). Your child's medicine and medical supplies are to be taken home every day for proper cleaning and returned each day as needed.

Parent/Guardian signature on this policy indicates that you accept the guidelines and procedures listed in this policy, and will follow them to safeguard the health and safety of your child.

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

Dear Parents:

In Keeping with New Jersey's childcare 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: 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 (877) NJ ABUSE/ (877)652-2873.

Please read this statement carefully and sign, if you have any questions, feel free to contact the center.

Sincerely,

Golden Gate

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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 the Office of Licensing, Child Care & Youth Residential Licensing, in the Department of Children and Families.

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

## **GUIDELINES FOR POSITIVE DISCIPLINE**

POSITIVE DISCIPLINE IS A PROCESS OF TEACHING CHILDREN HOW TO BEHAVE APPROPRIATELY. POSITIVE DISCIPLINE RESPECTS THE RIGHTS OF THE INDIVIDUAL CHILD, THE GROUP AND THE ADULT. METHODS OF POSITIVE DISCIPLINE SHALL BE CONSISTENT WITH THE AGE AND DEVELOPMENTAL NEEDS OF THE CHILDREN, AND LEAD TO THE ABILITY TO DEVELOP AND MAINTAIN SELF-CONTROL.

POSITIVE DISCIPLINE IS DIFFERENT FROM PUNISHMENT. PUNISHMENT TELLS CHILDREN WHAT THEY SHOULD NOT DO; POSITIVE DISCIPLINE TELLS CHILDREN WHAT THEY SHOULD DO. PUNISHMENT TEACHES FEAR; POSITIVE DISCIPLINE TEACHES SELF ESTEEM.

### **YOU CAN USE POSITIVE DISCIPLINE BY PLANNING AHEAD:**

ANTICIPATE AND ELIMINATE POTENTIAL PROBLEMS.

HAVE A FEW CONSISTENT, CLEAR RULES THAT ARE EXPLAINED TO CHILDREN AND UNDERSTOOD BY

ADULTS. HAVE A WELL-PLANNED DAILY SCHEDULE

PLAN FOR AMPLE ELEMENTS OF FUN AND HUMOR

INCLUDE SOME GROUP DECISION-MAKING

PROVIDE TIME AND SPACE FOR EACH CHILD TO BE ALONE

MAKE IT POSSIBLE FOR EACH CHILD TO FEEL HE/SHE HAS HAD SOME POSITIVE IMPACT ON THE

GROUP PROVIDE THE STRUCTURE AND SUPPORT CHILDREN NEED TO RESOLVE DIFFERENCES.

SHARE OWNERSHIP AND RESPONSIBILITY WITH THE CHILDREN. TALK ABOUT OUR ROOM, OUR

### **TOYS YOU CAN USE POSITIVE DISCIPLINE BY INTERVENING WHEN NECESSARY:**

RE-DIRECT TO A NEW ACTIVITY TO CHANGE THE FOCUS OF A CHILD'S BEHAVIOR

PROVIDE INDIVIDUALIZED ATTENTION TO HELP THE CHILD DEAL WITH A PARTICULAR SITUATION.

USE TIME-OUT BY REMOVING A CHILD FOR A FEW MINUTES FROM THE AREA OR ACTIVITY SO THAT HE/SHE MAY GAIN SELF CONTROL. (ONE MINUTE FOR EACH YEAR OF THE CHILD'S AGE 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"

**YOU CAN USE POSITIVE DISCIPLINE BY SHOWING LOVE AND ENCOURAGEMENT:**

CATCH THE CHILD BEING GOOD. RESPOND TO AND REINFORCE POSITIVE BEHAVIOR; ACKNOWLEDGE OR PRAISE TO LET THE CHILD KNOW YOU APPROVE OF WHAT HE/SHE IS DOING.

PROVIDE POSITIVE REINFORCEMENT THROUGH REWARDS FOR GOOD BEHAVIOR

USE ENCOURAGEMENT RATHER THAN COMPETITION, COMPARISON OR CRITICISM

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 IS NOT:**

DISCIPLINING A CHILD FOR FAILING TO EAT OR SLEEP OR FOR SOILING THEMSELVES

HITTING, SHAKING, OR ANY OTHER FORM OF CORPORAL PUNISHMENT

USING ABUSIVE LANGUAGE, RIDICULE, HARSH, HUMILIATING OR FRIGHTENING TREATMENT OR ANY OTHER FORM OF EMOTIONAL PUNISHMENT OF CHILDREN

ENGAGING IN OR INFLECTING ANY FORM OF CHILD ABUSE AND/OR NEGLECT

WITHHOLDING FOOD, EMOTIONAL RESPONSES, STIMULATION, OR OPPORTUNITIES FOR REST OR

SLEEP REQUIRING A CHILD TO REMAIN SILENT OR INACTIVE FOR AN INAPPROPRIATELY LONG PERIOD

OF TIME

POSITIVE DISCIPLINE TAKES TIME, PATIENCE, REPETITION AND THE WILLINGNESS TO CHANGE THE WAY YOU DEAL WITH CHILDREN. BUT ITS WORTH IT, BECAUSE POSITIVE DISCIPLINE WORKS.

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

## **BITING POLICY**

Our Program recognizes that biting is, unfortunately not unexpected when toddlers are in group care. We are always concerned when biting occurs, and we recognize how upsetting it is for parents. Our teachers express strong disapproval of biting. They work to provide a safe environment for the children and to help the child who bit learn appropriate behavior. While we feel that biting is never the right thing for toddlers to do, we know that they bite for a variety of reasons.

### **PROCEDURE:**

- (1) At the first biting incident a written plan with specific strategies, techniques, and timelines to work on the problem are implemented. This written plan is shared with the parent/guardian, with expectancy that such strategies will be enforced at home. During this time of correction, an Aide is assigned to buddy or mirror the movements of the child as much as possible; however, the health and safety of all children remains the responsibility of all classroom Teachers and Aides.
  
- (2) When a child is bitten, parents/guardians are informed personally on the day of the incident. An incident report will be completed by the caregiver and signed by the Director. The original must be signed by the parent/guardian and kept in the child's folder. A copy of the report is given to the parent upon request.

The Center will notify parents immediately when the skin has been broken. We keep the name of the child who bit confidential.

### **POLICY:**

- (1) After the third biting incident the child will immediately be suspended from school for three days. This time is allotted providing parent/guardians opportunity to seek additional outside resources and one on one time with their child. Upon returning to the program, if the child continues to exhibit biting, the Center will terminate enrollment immediately. This policy is enforced to protect all children. It is the Center's mission to become an effective component in the training of children.

Parent 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 reason 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

### **CHILD'S ACTIONS FOR EXPULSION**

Failure of a 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.

### **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 centers

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 week 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):

1. Made a complaint to the Office of Licensing regarding a center's alleged violations of the licensing requirements
2. Reported abuse or neglect occurring at the center
3. Questioned the center regarding policies and procedures
4. Without giving the parents 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 the classroom environment, activities, and 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 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

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

## **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 the 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 1-877-NJ-ABUSE (1877-652-2873) 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 members, 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).

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

**Department of Children and Families**  
**Office of Licensing**  
**INFORMATION TO PARENTS**

Under provisions of the Manual of Requirements for Child Care Centers (N.J.A.C. 10:122), every licensed child care center in New Jersey must provide to parents of enrolled children written information on parent visitation rights, State licensing requirements, child abuse/neglect reporting requirements and other child care matters. The center must comply with this requirement by reproducing and distributing to parents this written statement, prepared by the Office of Licensing, Child Care & Youth Residential Licensing, in the Department of Children and Families. 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 (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/lifesafety; 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 [www.state.nj.us/dcf/providers/licensing/laws/index.html](http://www.state.nj.us/dcf/providers/licensing/laws/index.html) 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 issued 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 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 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 [www.cpsc.gov/cpsc.gov/cpscpub/prerel/prerel.html](http://www.cpsc.gov/cpsc.gov/cpscpub/prerel/prerel.html). Internet access may be available at your local library. For more information call the CPSC at (800) 638-2772.

Anyone who has reasonable cause to believe that an enrolled child has been or is being subjected to any form of hitting, corporal punishment, abusive language, ridicule, harsh, humiliating or frightening treatment, or any other kind of child abuse, neglect, or exploitation by any adult, whether working at the center or not, is required by State law to report the concern immediately to the State Central Registry Hotline, toll free at (877) NJ ABUSE/ (877) 652-2873. Such reports may be made anonymously. Parents may secure information about child abuse and neglect by contacting: DCF, Office of Communications and Legislation at (609) 292-0422 or go to [www.state.nj.us/dcf/](http://www.state.nj.us/dcf/) and select Publications.

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

## Social Media Policy

### Introduction

Social media are powerful communication tools that can impact Miracle Kids Learning Academy professional reputation. Social media can blur the line between personal and institutional opinions. The following policy is designed to clarify how best to protect personal and professional reputations when participating in social media. The goal is to establish practical and enforceable guidelines by which we can conduct ourselves in a constructive, positive and official capacity.

Social media are defined as media designed to be circulated through social interaction, using accessible online forums. Examples include but are not limited to Facebook, Instagram, LinkedIn, YouTube, and SnapChat. Both in professional and institutional roles, employees need to follow the same behavioral standards online as they would in real life. The same laws, professional expectations, and guidelines for interacting with families, coworkers and the community apply online as they do while on the job. Employees are liable for anything they post to social media sites.

#### **Section 1: Policies and Guiding Principles**

Only those officially designated can use social media to speak on behalf of Miracle Kids Learning Academy in an official capacity, though employees may use social media to speak for themselves individually or to exercise their legal rights under the National Labor Relations Act.

When engaging in social media activity:

**Protect confidential and proprietary information:** Do not post confidential or proprietary information about Miracle Kids Learning Academy, students, families or your coworkers. Examples include but are not limited to pictures of students, negative comments about coworkers, and personal information about families. You must adhere to all applicable privacy and confidentiality policies. Employees who share confidential information do so at the risk of disciplinary actions or termination.

**Exercise personal responsibility:** Miracle Kids Learning Academy trusts and expects employees to exercise personal responsibility when using social media, which includes not violating the trust of those with whom they are engaging. Employees should never use social media for covert advocacy and marketing when acting in a professional capacity. If and when employees use social media to communicate on behalf of Miracle Kids Learning Academy, they should clearly identify themselves as employees.

**Respect Miracle Kids Learning Academy time and property:** Miracle Kids Learning Academy computers and time on the job are reserved for center related business as approved by supervisors and in accordance with teacher/staff job descriptions. Abuse and misconduct associated with use of center computers and time will be done at the risk of disciplinary action.

**Don't use Miracle Kids Learning Academy logos for endorsements:** Do not use the Miracle Kids Learning Academy logo or any other center images or iconography on personal social media sites. Do not use Miracle Kids Learning Academy's name to promote a product, cause, or political party or candidate.

**Respect copyright and fair use:** When posting, be mindful of the copyright and intellectual property rights of others and of Miracle Kids Learning Academy

#### **Section 2: Best Practices**

This section applies to those posting on behalf of Miracle Kids Learning Academy, though the guidelines may be helpful for anyone posting on social media in any capacity.

**Think twice before posting:** Privacy does not exist in the world of social media. Consider what could happen if a post becomes widely known and how that may reflect both on the poster and the center. Search engines can turn up posts years after they are created, and comments can be forwarded or copied. If you wouldn't say it at a staff meeting or to a member of the media, consider whether you should post it online. This includes pictures of yourself in compromising situations or displaying

Respect copyright and fair use: When posting, be mindful of the copyright and intellectual property rights of others and of Miracle Kids Learning Academy

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- **Strive for accuracy:** You must review your content for grammatical and spelling errors.
- **Be respectful:** Posts on social media encourage comments and/or discussion. Responses should be considered carefully. Consider how they reflect Miracle Kids Learning Academy and its institutional voice.
- **Remember your audience:** Be aware that a presence in the social media world is public. This includes prospective families, current families, co-workers and colleagues in the child care community. Consider this before posting to ensure the post will not alienate, harm or provoke any of these groups.
- **On personal sites:** Content in reference to Miracle Kids Learning Academy or affiliates are to be posted on personal sites.
- **Photography:** Photographs posted on social media sites can be copied. Be thoughtful when choosing imagery to post. If pictures of children are being used, a release form clearly describing what image is being posted, must be signed by the family and placed in the child's file.

### **Parental Notification**

Miracle Kids Learning Academy uses many forms for communication to parents of news, reminders, updates, emergencies, changes to programs/calendars, etc. Miracle Kids Learning Academy may send home flyers, email notifications, individuality call parents or post reminders on the program bulletin board. If parents need to contact Miracle Kids Learning Academy director/staff member they may use all methods of communication (phone, written notification and/or email).

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

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

## PERMISSION TO PHOTOGRAPH

- I give permission to Miracle Kids Learning Academy to photograph my child.
- I do not give permission to Miracle kids earning Academy to photograph my child.

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

PARENTS NAME: \_\_\_\_\_

Miracle Kid Learning Academy  
586 Heilprin Street  
Millville NJ 08332

## **Policy on Methods of Parental Notification**

It is very important at Miracle Kids Learning Academy to have open communication with all of our parents and staff members. We use many forms for communication to notify parents and staff members of news, reminders, updates, emergencies, changes to programs/calendars, etc.

Lines of communication include:

- Telephone
- Letters given out by teachers/front desk
- Parent News Board
- Sign In Clipboard
- Facebook
- ClassDojo
- Website

If parents need to contact the director and/ or staff member, please contact the center directly.

\_\_\_\_\_  
Parent or Legal Guardian Signature

\_\_\_\_\_  
Date

# MIRACLE KIDS LEARNING ACADEMY

## Termination Policy

Reasons for termination could be one of the following (but not limited to):

- Payments
  - Miracle Kids Learning Academy requires that all tuition and copay payments are due the Friday prior to services being rendered.
  - Any payment made after the due date will result in a \$25.00 late fee. Your child will be terminated if your account is 2 weeks delinquent.
  - Payments can be made in advance for future weeks.
- Rutgers (all subsidy programs)
  - In order for your child to attend daily, you **MUST** successfully swipe your child in and take your approved receipt to your child's classroom teacher.
  - Teachers will deny access if you do not have a receipt or if your receipt was denied. (You may go to the front desk for assistance.)
- Late Fees
  - The center closes promptly at 5:00 PM. You will be charged \$5.00 for every 5 minutes late for **EACH** child(ren). The fee will be collected at the time of pickup or by the latest, the next morning. Your child will not be permitted to stay until the late fee is paid.

The undersigned agrees to abide by this policy.

---

Signature of Parent/Guardian

---

Date

---

Signature of Witness

---

Date

# MIRACLE KIDS LEARNING ACADEMY

586 Heilprin Street  
Millville NJ 08332  
Phone: (856) 378-4437  
miraclekidsbrown@gmail.com

Attention Parents/Guardian:

If for any reason you terminate your child's enrollment at Miracle Kids Learning Academy, please make sure you collect all their belongings within 5 days of their termination. Once the 5 days is up, your child's belongings will be donated to Miracle Kids Learning Academy.

Print Name \_\_\_\_\_

Signature \_\_\_\_\_

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

Date \_\_\_\_\_

# MIRACLE KIDS LEARNING ACADEMY

586 Heilprin Street  
Millville, NJ 08332  
Phone: (856) 378-4437  
miraclekidsbrown@gmail.com

## Forbidden Items

Do not allow your child to bring in candy, chewing gum, cough drops, lollipops, chap stick, any outside food, or toys to the center. Children are not permitted to wear any jewelry including earrings, rings, pins, bracelets, necklaces, small barrettes, watches and/or beads braided into their hair. We are trying to keep the center as safe as possible and all of these items present a hazard. Once your child is in the building, these items are allowed (except outside food), only if your child is no longer in an oral fixation stage of development. Please ask staff if they feel your child is ready. Miracle Kids Learning Academy will NOT be held responsible for any lost items, this includes jewelry.

Please sign below agreeing that you understand this policy.

Parent/Guardian Signature: \_\_\_\_\_

Witness: \_\_\_\_\_

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

## MIRACLE KIDS LEARNING ACADEMY

Miracle Kids Learning Academy as an integral part of our regular curriculum takes enrolled children to:

- Nature Walks (around the daycare ONLY)
- Stroller Rides (Infants)

Please sign below:

I HEREBY STATE THAT I WISH MY CHILD TO BE INCLUDED IN THESE ACTIVITIES.

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

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date



Miracle Kids Learning Academy  
586 Heilprin Street  
Bridgeton NJ 08332

### **Property Damage Policy**

When one cares for young children, it only stands to reason that **NORMAL WEAR AND TEAR** will occur to toys and property.

If deliberate or destructive damaging behavior occurs after warning from staff(s), the parent(s) will be notified and asked to take appropriate action at home. All instances where a parent is notified of such behavior will be documented.

If a child has demonstrated the above behavior repeatedly and this results in the damaging of toys, equipment, furniture or any other property at the daycare location, the parent(s) of said child will be financially responsible for the replacement or repairing of said items.

Parents will have **ONE WEEK** to make financial restitution to Miracle Kids Learning Academy for the replacement or repair of the damaged item.

---

Parent/ Guardian Signature

---

Date

## Miracle Kids Learning Academy COVID-19 Health & Safety Policy

Dear Parents/Guardians,

The health and safety of our children, families, and staff are our top priority. In accordance with the New Jersey Department of Health guidelines, we require all parents/guardians to follow the policies below to help prevent the spread of COVID-19 and other illnesses in our school community.

### Children must stay home if:

- They test **positive** for COVID-19.
- They are **awaiting results** of a COVID-19 test.
- They have had **close contact** with someone who has tested positive for COVID-19.
- They are showing symptoms of illness (COVID-related or otherwise).

### Important Reminder:

Parents should **not send their child(ren) to school when they are sick.**

### NJ Department of Health School Guidance

Children/students with symptoms should be promptly **isolated from others and excluded from school.**

A child must stay home if they have **at least two (2) of the following symptoms:**

- Fever (100.4°F or higher)
- Chills
- Muscle aches
- Headache
- Sore throat
- Fatigue

Or, **at least one (1) of the following symptoms:**

- Cough
- Shortness of breath
- Difficulty breathing
- New loss of taste or smell
- Nasal congestion or runny nose
- Nausea, vomiting, or diarrhea

---

### Parent/Guardian Acknowledgement

I, the undersigned parent/guardian, acknowledge that I have read, understand, and agree to follow the above COVID-19 Health & Safety Policy for Miracle Kids Learning Academy. I will not send my child(ren) to school if they are sick, experiencing symptoms, awaiting COVID-19 test results, have tested positive, or have been exposed to someone with COVID-19.

**Parent/Guardian Name:** \_\_\_\_\_

**Child(ren) Name(s):** \_\_\_\_\_

**Date:** \_\_\_\_\_

Miracle Kids Learning Academy  
586 Heilprin Street  
Millville NJ 08332

## **PARENT ENROLLMENT CHECKLIST**

- Child(ren) drop off time pick up time \_\_\_\_\_ / \_\_\_\_\_.
- I understand if I need to change my child(ren)'s drop off and/or pick up time, I must notify the Center 2 days prior to the needed change.
- I understand my child must have two changes of clothes available every day in order to attend the Miracle Kids Learning Academy. **(AGES 2.5 TO 6)**
- I Understand that Miracle Kids closes at 5:00 PM and that I will be charged a Late fee starting at 5:05 PM for EACH child(ren) according to the update late fee policy.
- I understand that if my child is sent home sick, he/she will not be permitted to return for 3 full days according to policy.
- I understand I must bring my child(ren) cleaned sheets/blankets to the center every day. **(AGES 2.5 TO 6)**
- I understand I must call the Center 5 minutes before picking up my child(ren) to ensure health and safe dismissal
- I am aware the latest I can drop off my child is 9:30am. I understand that APPROVED late drop off is 10:30am NO EXCEPTIONS.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

Miracle Kids Learning Academy  
586 Heilprin Street  
Millville, NJ 08832  
Phone: 856-378-4437

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

Parent or Legal guardian: \_\_\_\_\_

Has your child shown any allergic symptoms to PEANUT PRODUCTS?

YES \_\_\_\_\_ NO \_\_\_\_\_

Has anyone in your family had a PEANUT allergy?

YES \_\_\_\_\_ NO \_\_\_\_\_

Has your child shown any allergic symptoms to DAIRY PRODUCTS?

YES \_\_\_\_\_ NO \_\_\_\_\_

Has your child show any allergic symptoms to ANY OTHER PRODUCTS?

YES \_\_\_\_\_ NO \_\_\_\_\_

Is yes what is the allergy \_\_\_\_\_

\_\_\_\_\_  
Parent or Legal Guardian Signature.

\_\_\_\_\_  
Date

**Help us get to know you and your child better**

What are your expectations in choosing Miracle Kids Learning Center?

---

---

Is your child usually happy?

---

---

What does your child particularly enjoy?

---

---

What form of discipline is followed at home?

---

---

Do you have pets at home? If so, what kind?

---

---

What is your child's favorite food?

---

---

What is your child afraid of anything we should know about?

---

---

Any further information that might be helpful in understanding your child and providing for his/her welfare.

---

---

\*Please send in family photos or books that may help your child feel more comfortable.

# PARENT

## RECEIPT OF INFORMATION:

- Information to Parents Document
- Policy on the Release of Children
- Policy on Methods of Parental Notification  
(Applicable only if a method other than a phone call is used to notify parents of an injury to a child's head, a bite that breaks the skin, a fall from a height, or an injury requiring professional medical attention.)
- Policy on Communicable Disease Management
- Expulsion Policy
- Policy on the Use of Technology and Social Media

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

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.

Child(ren)'s Name:

---

Parent/Guardian's Name:

---

---

Signature

---

Date

# Home Language Survey/Family Information Form

Child's Name \_\_\_\_\_ Age \_\_\_\_\_

Country of Birth \_\_\_\_\_

What language does the child speak at home? \_\_\_\_\_

What other languages are spoken at home? \_\_\_\_\_

Please check one      English      Spanish      Other

Mother (Guardian) \_\_\_\_\_

Father (Guardian) \_\_\_\_\_

Grandparent's \_\_\_\_\_

Brothers/Sisters \_\_\_\_\_

Friends \_\_\_\_\_

How shall we communicate with you? English      Spanish      (Circle One)

Do you need an interpreter? Yes or No (Circle One)

Does your child usually nap? \_\_\_\_\_ Time \_\_\_\_\_ How Long? \_\_\_\_\_

Does your child have any difficulty communicating with you or other family members? \_\_\_\_\_

Does your child enjoy looking at books? \_\_\_\_\_

Do you have books available in his/her home language? \_\_\_\_\_

**REQUIRED IMMUNIZATIONS  
NEEDED FOR  
PRE-SCHOOL 3 & 4 YEARS OLD:**

DTaP – 4 DATES

POLIO – 3 DATES

MMR – 1 DATE AFTER 1<sup>st</sup> BIRTHDAY

HIB – 1 DATE AFTER 1<sup>st</sup> BIRTHDAY

PCV 1 DATE AFTER 1<sup>st</sup> BIRTHDAY

VARIVAX – 1 DATE AFTER 1<sup>st</sup> BIRTHDAY  
OR WRITTEM PROFF OF CHICKEN POX DISEASE

FLU BETWEEN 9/1 & 12/31 EACH YEAR

COMPLETE HEALTH HISTORY FORM

\*PHYSICAL EXAM BY DOCTOR  
OR NURSE PRACTITIONER

\*A CURRENT PHYSICAL EXAM MUST BE SUBMITTED  
WITHIN 30 DAYS OF START DATE TO BE ACCEPTED AS  
CURRENT

ALL RECORDS MUST BE SIGNED AND STAMPED BY  
PHYSICIAN

**APPENDIX H**

**UNIVERSAL  
CHILD HEALTH RECORD**

Endorsed by: American Academy of Pediatrics, New Jersey Chapter  
New Jersey Academy of Family Physicians  
New Jersey Department of Health

SECTION I - TO BE COMPLETED BY PARENT(S)					
Child's Name (Last)	(First)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth		
Does Child Have Health Insurance? <input type="checkbox"/> Yes <input type="checkbox"/> 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 ( ) -		
<b>I give my consent for my child's Health Care Provider and Child Care Provider/School Nurse to discuss the information on this form.</b>					
Signature/Date			This form may be released to WIC <input type="checkbox"/> Yes <input type="checkbox"/> No		
SECTION II - TO BE COMPLETED BY HEALTH CARE PROVIDER					
Date of Physical Examination		Results of physical examination normal? <input type="checkbox"/> Yes <input type="checkbox"/> 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)			
<b>IMMUNIZATIONS</b>		<input type="checkbox"/> Immunization Record Attached <input type="checkbox"/> Date Next Immunization Due: _____			
MEDICAL CONDITIONS					
Chronic Medical Conditions/Related Surgeries • List medical conditions/ongoing surgical concerns:		<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached	Comments		
Medications/Treatments • List medications/treatments:		<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached	Comments		
Limitations to Physical Activity • List limitations/special considerations:		<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached	Comments		
Special Equipment Needs • List items necessary for daily activities		<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached	Comments		
Allergies/Sensitivities • List allergies:		<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached	Comments		
Special Diet/Vitamin & Mineral Supplements • List dietary specifications:		<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached	Comments		
Behavioral Issues/Mental Health Diagnosis • List behavioral/mental health issues/concerns:		<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached	Comments		
Emergency Plans • List emergency plan that might be needed and the sign/symptoms to watch for:		<input type="checkbox"/> None <input type="checkbox"/> 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: <input type="checkbox"/> Capillary <input type="checkbox"/> Venous			Vision		
TB (mm of Induration)			Dental		
Other:			Developmental		
Other:			Scoliosis		
<input type="checkbox"/> I have examined the above student and reviewed his/her health history. It is my opinion that he/she is medically cleared to participate fully in all child care/school activities, including physical education and competitive contact sports, unless noted above.					
Name of Health Care Provider (Print)			Health Care Provider Stamp		
Signature/Date					

# 2025 NEW JERSEY CHILD AND ADULT CARE FOOD PROGRAM ELIGIBILITY APPLICATION

<b>NAME(S) &amp; AGE(S) OF ENROLLED PARTICIPANT(S)</b>																																																																										
	(Name)	(Age)	(Name) (Age)																																																																							
<p><b>OPTION 1: RACIAL/ETHNIC IDENTITY OF PARTICIPANT</b></p> <p>Check one ETHNIC identity:</p> <p><input type="checkbox"/> Hispanic or Latino      <input type="checkbox"/> Not Hispanic or Latino</p> <p>Mark one or more RACIAL identity (ies):</p> <p><input type="checkbox"/> American Indian or Alaska Native      <input type="checkbox"/> Asian      <input type="checkbox"/> Black or African American</p> <p><input type="checkbox"/> Native Hawaiian or Other Pacific Islander      <input type="checkbox"/> White</p>																																																																										
<b>Enrollment Information</b>																																																																										
<p>Check ( ) each day the above name/program is enrolled for care: the hours of care each day and the meal types served.</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">DAYS OF CARE</td> <td style="width: 10%;">MON</td> <td style="width: 10%;">TUES</td> <td style="width: 10%;">WED</td> <td style="width: 10%;">THURS</td> <td style="width: 10%;">FRI</td> <td style="width: 10%;">SAT</td> <td style="width: 10%;">SUN</td> </tr> <tr> <td>HOURS OF CARE:</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Swing/Rotating Shifts: (If Applicable)</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table> <p>MEAL TYPES SERVED:      <input type="checkbox"/> BREAKFAST      <input type="checkbox"/> A.M. SUPPLEMENT      <input type="checkbox"/> LUNCH      <input type="checkbox"/> P.M. SUPPLEMENT      <input type="checkbox"/> SUPPER</p>				DAYS OF CARE	MON	TUES	WED	THURS	FRI	SAT	SUN	HOURS OF CARE:								Swing/Rotating Shifts: (If Applicable)																																																						
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<b>CHILD DAY CARE FOOD PROGRAM PARTICIPANTS ONLY</b>																																																																										
<p><b>OPTION 1A:</b> BENEFICIARIES of Supplemental Nutrition Assistance Program (SNAP), (formerly Food Stamps), Temporary Assistance for Needy Families (TANF), or Food Distribution Program on Indian Reservations (FDPIR)</p> <p>If you are now receiving SNAP, TANF or FDPIR for this child, complete <u>one</u> of the following numbers:</p> <p>SNAP CASE # _____ OR TANF CASE # _____ OR FDPIR CASE # _____</p>																																																																										
<p><b>OPTION 1B: FOSTER CHILD</b></p> <p>If you are applying for a foster child, check the box and list any personal income which has been identified by specific category such as tutoring, school fees, allowances, etc.</p> <p>FOSTER CHILD <input type="checkbox"/> INCOME \$ _____</p>																																																																										
<b>ADULT DAY CARE FOOD PROGRAM PARTICIPANTS ONLY</b>																																																																										
<p><b>OPTION 2:</b> BENEFICIARIES of SNAP, FDPIR, SSI or Medicaid</p> <p>If you are now receiving SNAP, SSI, FDPIR or Medicaid complete one of the following numbers:</p> <p>SNAP CASE # _____ OR FDPIR CASE # _____ OR SSI CASE # _____ OR MEDICAID CASE # _____</p>																																																																										
<p><b>OPTION 3: HOUSEHOLD ELIGIBILITY - COMPLETE IF YOU DID NOT COMPLETE OPTION 1A, OPTION 1B, OR OPTION 2.</b></p> <p><i>Applies to all living arrangements: Household Members, Social Security recipients and Non-res.</i></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2">NAMES OF ALL OTHER HOUSEHOLD MEMBERS: (Related and Unrelated)</th> <th colspan="5" style="text-align: center;">MONTHLY INCOME (Complete One Or More - Before Deductions)</th> </tr> <tr> <th>Monthly (Gross Earnings) Wages/Salary</th> <th>MONTHLY SOCIAL SECURITY PENSIONS/RETIREMENT</th> <th>MONTHLY UNEMPLOYMENT WORKER'S COMPENSATION</th> <th>MONTHLY WELFARE, CHILD SUPPORT, ALIMONY</th> <th>Monthly Any Other Income</th> </tr> </thead> <tbody> <tr><td>1</td><td>\$</td><td>\$</td><td>\$</td><td>\$</td><td>\$</td></tr> <tr><td>2</td><td>\$</td><td>\$</td><td>\$</td><td>\$</td><td>\$</td></tr> <tr><td>3</td><td>\$</td><td>\$</td><td>\$</td><td>\$</td><td>\$</td></tr> <tr><td>4</td><td>\$</td><td>\$</td><td>\$</td><td>\$</td><td>\$</td></tr> <tr><td>5</td><td>\$</td><td>\$</td><td>\$</td><td>\$</td><td>\$</td></tr> <tr><td>6</td><td>\$</td><td>\$</td><td>\$</td><td>\$</td><td>\$</td></tr> <tr><td>7</td><td>\$</td><td>\$</td><td>\$</td><td>\$</td><td>\$</td></tr> <tr><td>8</td><td>\$</td><td>\$</td><td>\$</td><td>\$</td><td>\$</td></tr> <tr><td>9</td><td>\$</td><td>\$</td><td>\$</td><td>\$</td><td>\$</td></tr> <tr><td>10</td><td>\$</td><td>\$</td><td>\$</td><td>\$</td><td>\$</td></tr> </tbody> </table> <p>TOTAL NUMBER IN HOUSEHOLD (INCLUDE ENROLLED PARTICIPANT): _____</p> <p>TOTAL GROSS HOUSEHOLD INCOME: \$ _____</p>				NAMES OF ALL OTHER HOUSEHOLD MEMBERS: (Related and Unrelated)	MONTHLY INCOME (Complete One Or More - Before Deductions)					Monthly (Gross Earnings) Wages/Salary	MONTHLY SOCIAL SECURITY PENSIONS/RETIREMENT	MONTHLY UNEMPLOYMENT WORKER'S COMPENSATION	MONTHLY WELFARE, CHILD SUPPORT, ALIMONY	Monthly Any Other Income	1	\$	\$	\$	\$	\$	2	\$	\$	\$	\$	\$	3	\$	\$	\$	\$	\$	4	\$	\$	\$	\$	\$	5	\$	\$	\$	\$	\$	6	\$	\$	\$	\$	\$	7	\$	\$	\$	\$	\$	8	\$	\$	\$	\$	\$	9	\$	\$	\$	\$	\$	10	\$	\$	\$	\$	\$
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<p><b>ADULT HOUSEHOLD MEMBER SIGNATURE and LAST FOUR DIGITS of SOCIAL SECURITY NUMBER:</b> (See Privacy) (If Statement below)</p> <p>An Adult Household Member must sign and date this form and list the last four (4) digits of his or her Social Security Number. If you do not have a social security number, mark the box: <input type="checkbox"/> I do not have a Social Security Number.</p>																																																																										
<p><b>PENALTIES FOR MISREPRESENTATION:</b> I certify that all of the above information is true and correct and that the Food Stamp, TANF, SSI, or Medicaid Number of the enrolled participant is correct. If that all income is reported, I understand that the information is being given for the receipt of Federal funds issued to the day care center based on the information I provide. I understand that CACFP officials may verify this information and that deliberate misrepresentation may result in the participant losing meal benefits and I may be prosecuted under the applicable State and Federal laws. <i>In Adult Household Member must complete the following:</i></p> <p>Signature _____ Address _____</p> <p>Print Name _____ City _____ State _____ Zip Code _____</p> <p>Date _____ Phone Number _____</p> <p>Last four (4) digits of Social Security Number: _____ <input type="checkbox"/> I do not have a Social Security Number</p>																																																																										
<p><b>PRIVACY ACT STATEMENT:</b> The National School Lunch Act requires that, unless the participant's State has opted to be included, the Social Security Number of the adult household member signing the application indicate that the household member does not have a Social Security Number. Provision of a Social Security Number is not mandatory, but if a Social Security Number is not given or an indication is not made that the signer does not have such a number, the participant's child or children may be eligible for free or reduced priced meals. The Social Security Number may be used to identify you for verifying the correctness of information listed on the application. State officials may conduct audits and investigations and may include contacting a reviewer to determine names containing a Food Stamp or TANF office to determine correct allocations for receipt of Food Stamps or TANF benefits, contacting the State Employment Security office to determine the amount of benefits received and checking the documentation provided by household members to verify the amount of income received. These audits may result in a loss or reduction of benefits, administrative claims or legal actions if incorrect information is reported. These audits must be held to all household members whose Social Security Numbers are reported on this form.</p>																																																																										
<p>Determination      Free <input type="checkbox"/>      Reduced <input type="checkbox"/>      Paid <input type="checkbox"/></p> <p>Signature of Determining Official _____</p> <p>Date _____</p>		<p><b>TOTAL MONTHLY INCOME \$</b> _____</p> <p style="font-size: small;">*This space is only to figure monthly income. Month 1 of 1 Month 2 of 2 Month 3 of 3</p>																																																																								

**2024-2025 CHILD AND ADULT CARE FOOD PROGRAM LETTER  
TO PARENT/PARTICIPANT**

*Day Care Participation*

Our agency depends on Child and Adult Care Food Program funds to provide meals at no separate charge to all participants. Complete information is necessary in order to receive the maximum funds available through the United States Department of Agriculture. The information will serve as documentation that our enrolled participants are eligible for the Child and Adult Care Food Program. You must complete and submit one (1) FDPIR eligibility application for all participants from the same household that are enrolled for care with our agency.

Household members include everyone in your household (such as grandparents, other relatives, or friends who live with you) who share income and expenses. You must include yourself and all children who live with you. You also must include foster children who live with you (once properly categorized for free or reduced-price benefits, whether through income or by providing a current SNAP, FDPIR, or FAFSA case number, SSN, or Medicaid case number for Adult Day Care Participants); you will remain eligible for those benefits for 12 months. You should notify us, however, if you or someone in your household becomes unemployed and the loss of income causes your household income to be within those eligibility standards.

The income that you report must be the total gross income received by all members of your household.

The Eligibility Income Scale for reduced-price meals is included in this letter for your information. If your income is less than or equal to these reduced-price standards, the participant is eligible for free or reduced-price meals from the Child and Adult Care Food Program, which means increased reimbursement for our center and increased nutritional benefits for the participant.

Please complete, sign and return the form so that our center may receive maximum reimbursement. We cannot approve a form that is not complete so be sure to read the instructions carefully and fill in all required information. This form will be placed in our files and treated as confidential information. Your cooperation is vital and appreciated.

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language) should contact the responsible State or local agency that administers the program or USDA's FAFSA Contact Center (202) 720-2600 (voice) and TDD or contact USDA through the Federal Relay Service at (800) 877-8339.

If you believe a program is discriminating against you, you should complete a Form 11302, "USDA Program Discrimination Complaint Form" which can be obtained online at <https://www.fda.gov/oc/2017/04/27-2017-complaints> or by calling (800) 877-8339. You may also contact the USDA office by calling (866) 632-6222, or by sending a letter addressed to: USDA, The Inspector General, Complaints, address telephone number, and a written description of the alleged discriminatory action or omission dated to within the Assistant Secretary for Civil Rights, AS-70, about the nature and date of an alleged civil rights violation. The completed 11302 form or letter may be submitted to USDA by U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, DC 20250, or 2 Fax (833) 256-1665 or (202) 690-7442, or 3 Email [usprograminfo@usda.gov](mailto:usprograminfo@usda.gov).

\_\_\_\_\_  
(Name of Day Care Center)

\_\_\_\_\_  
(Day Care Center Phone Number)

New Jersey Department of Agriculture Child and Adult Care Food Program

Phone Number 609-984-1250

**TO APPLY, YOU MUST COMPLETE ONE OF THREE OPTIONS**

- 1 List the Name of the participant (First and Last Name)
- 2 Complete the Days, Hours of Care, and the meal types served to the enrolled participant. (One time requirement for Adult Day Care participants)

**Option 1A or 1B - CHILD CARE PARTICIPANTS ONLY**

If you receive SNAP, TANF, or FDPIR benefits for the participant, list the SNAP, TANF or FDPIR Case Number and Sign and Date the form.

If you are applying for a Foster Child who is under the legal responsibility of the welfare agency or court, Check the Box and Sign and Date the form.

A FOSTER CHILD'S PERSONAL USE INCOME is defined as follows:

- a) Funds received from a welfare agency, which can be identified for personal use of the child. Where funds provided by the welfare agency are specified by agency, i.e., funds for shelter and care, special needs funds, and funds for personal needs such as clothing, school fees, allowances, etc., only those funds that can be identified as personal use funds shall be considered as income.
- b) Money received in hand from any source. This includes, but is not limited to, funds received from trust accounts, monies provided by the child's family for personal use and earnings from employment other than occasional or part-time (e.g., paper routes, baby-sitting).

**Option 2 - ADULT CARE PARTICIPANTS ONLY**

If you receive SNAP, FDPIR, SSI or Medicaid benefits for the participant, indicate the SNAP, FDPIR, SSI or Medicaid Case Number and Sign and Date the form.

**Option 3 - CHILD CARE AND ADULT PARTICIPANTS**

If you do not receive SNAP, TANF, FDPIR, SSI or Medicaid benefits for the participant, you must complete:

- 1 Names of all (Related or Unrelated) household members
- 2 List the household income (Monthly Gross Earnings) for each household member
- 3 Total number in household (1 + 3 above).
- 4 Total the gross income of all household members.
- 5 Sign, Print and complete the full address of the Adult Household Member signing the application.
- 6 Date the form and complete the telephone number of Adult Household Member signing the application
- 7 List the last four (4) digits of the social security number for the Adult Household Member signing the application or indicate that the Adult Household Member signing the application does not possess a social security number.

**ELIGIBILITY INCOME SCALE**  
Effective From July 1, 2024 to June 30, 2025

HOUSEHOLD SIZE	REDUCED		
	ANNUAL	MONTHLY	WEEKLY
1	\$19,579 - \$27,861	\$1,633 - \$2,322	\$ 378 - \$ 536
2	\$26,573 - \$37,814	\$2,216 - \$3,152	\$ 512 - \$ 728
3	\$33,567 - \$47,767	\$2,799 - \$3,981	\$ 647 - \$ 919
4	\$40,561 - \$57,720	\$3,381 - \$4,810	\$ 781 - \$1,110
5	\$47,555 - \$67,673	\$3,964 - \$5,640	\$ 916 - \$1,302
6	\$54,549 - \$77,626	\$4,547 - \$6,469	\$1,050 - \$1,493
7	\$61,543 - \$87,579	\$5,130 - \$7,299	\$1,185 - \$1,685
8	\$68,537 - \$97,532	\$5,713 - \$8,128	\$1,319 - \$1,876
Each Additional Family Member	+9,953	+830	+192

**Miracle Kids Learning Academy**  
**MEDICAL DECLARATION STATEMENT FOR SCHOOL-AGE CHILD CARE**

(AND/OR FOR CHILDREN ENROLLED IN PUBLIC OR PRIVATE SCHOOL)

<b>CHILD'S NAME:</b>	<b>DATE OF BIRTH:</b>	<b>GRADE IN SEPTEMBER:</b>

**HEALTH STATEMENT (CHECK ONE)**

- My child is in good health and can participate in the normal activities of the program and has no conditions or special needs that require special accommodations.
  
- My child can participate in the normal activities of the program but has conditions or special needs that require special accommodations as indicated below.

**SCHOOL-AGE CHILD'S SPECIAL CONDITIONS OR NEEDS REQUIRING SPECIAL ACCOMMODATIONS**

Please list any allergies, medical conditions, including chronic health problems (such as asthma, seizures), behavioral disorders, special needs, etc.

<b>PARENT/GUARDIAN SIGNATURE:</b>	<b>DATE:</b>