

VIP

Child Development Center



REGISTRATION PACKET

Stacey Cantagallo

Acknowledgement & Receipt of Parent Handbook

I acknowledge that I have received a copy of the VIP Child Development Center's Parent Handbook. I understand that it contains essential information regarding policies and procedures. I also understand that this Parent Handbook is not intended to cover every situation which may arise but is simply a general guide to VIP Child Development Center's policies and procedures. I acknowledge the Information to Parents is part of the handbook.

Child Name:

(Please Print)

Parent or Guardian's Name:

(Please Print)

Parent or Guardian's Signature:

(Please Print)

Date

Please sign and return to VIP Child Development Center, this will be kept in your child's file as record of receipt and understanding of our policies and procedures.

Registration Contract between Parent/Guardian and VIP Child Development

Center, LLC

Parent(s) Name: _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Enrolled Child's Name: _____ **Child's D.O.B.:** _____

Child's Date of Enrollment: _____ **Child's Start Date:** _____

Is there a court order affecting this child? ____ Yes ____ No

If yes, the parent/guardian must provide a certified copy of the court order before the child may attend the program. Please be aware that as per the law, both parents will be afforded immediate access to the child.

Child's Enroll Days:

MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY

Child's Enroll Hours: _____ A.M. to _____ P.M.

Parent's Payment Schedule:

WEEKLY BI-WEEKLY MONTHLY

Family's Tuition Rate: \$_____ as per payment schedule. If your family exceeds 45 hours an additional rate of \$_____ will be applied.

I _____ understand VIP has additional fees for VIP Summer Camp program and as of June that amount is \$170 per child and is due June 1st. This amount is subject to change.

This agreement for child care service/fee agreement is made this _____ day of _____, 20____, by and between **VIP Child Development Center LLC** and _____ the parents/guardians of _____.

VIP Child Development Center LLC agrees to provide childcare services for named child in accordance with the philosophy and policies outlined in the attached Parent Handbook.

Any requests for changes in the contracted Enrollment Schedule listed herein must be submitted to the Director, so the contract can be amended accordingly. VIP Child Development Center LLC reserves the right to deny any request for schedule change for any reason within its sole discretion.

Tuition is to be paid prior to the performance of childcare services. Tuition is due by 6:00 P.M. Friday, of the prior childcare week. Tuition is due whether the child attends the program. The tuition represents the child's place in the program. There is no credit given for vacation days, sick days, or emergency due to school closure days. A late tuition fee of \$5.00 per day will be assessed if tuition is not received in or before the tuition due date. If childcare is not paid prior to the next week of care, VIP Child Development Center LLC reserves the right to suspend the care until the tuition and late fees are paid in full. If there is an outstanding balance VIP Child Development Center LLC reserves the right to charge the amount it costs to recover the unpaid funds.

A security deposit of \$_____ which represents the PARENTAL NOTICE PERIOD for cancellation of this contract, must be paid, and will be held by VIP Child Development Center LLC. The security deposit may be used in accordance with the Parent Handbook Policies as the last two week tuition payment. The Security Deposit will be forfeited if the parents/guardians fail to give two week notice of cancellation of this contract or if child care services are suspended or terminated by VIP Child Development Center LLC failure to comply with the tuition policy and/or violation of Parent Handbook Policies.

This contract for childcare services/fee agreement may be cancelled by the parents/guardians with two weeks written notice. Written notice of cancellation must be submitted to VIP Child Development Center LLC by parents/guardians. Any unused tuition paid by the parents/guardians will be refunded within 30 days of cancellation. Any security deposit held will first be applied to any unpaid account balance. If there is any remaining security monies, that remaining amount will be refunded to the parent/guardians within 30 days of cancellation. The security deposit will be forfeited if the parents/guardians fail to give two weeks written notice.

By signing below, I/we the parents/guardians of the above listed child hereby acknowledge that I/we have read this contract for child care services/fee agreement completely, that I/we have had the opportunity to discuss the information contained herein with a representative of VIP Child Development Center LLC., that our questions have been answered fully and to our satisfaction and that we agree to abide by the conditions set forth herein as well as the policies contained herein by reference from VIP Child Development Center LLC Parent Handbook.

Parent/Guardian's Printed Name

Parent/Guardian's Signature

Date

Parent/Guardian's Printed Name

Parent/Guardian's Signature

Date

Parent/Guardian Information

(Please Print)

Registration Date: _____School Directory: Would you like your family to be included in our school directory? ☐ Yes ☐ No**Parent /Guardian 1**

First Name: _____ M.I. _____ Last Name: _____

Address: _____

Home Phone: () _____ Cell Phone: () _____

Cell phone provider: _____

Occupation/Employer: _____

Work Address: _____ Work Phone: () _____

☐ Custodial Parent (If married, mark both parents) Social Security #: _____

Date of Birth: _____ Driver's License # & State: _____

Email Address: _____

Marital Status: ☐ Married ☐ Single ☐ Divorced ☐ Separated ☐ Widowed ☐ Other _____Relationship to Child: ☐ Mother ☐ Father ☐ Grandparent ☐ Foster Parent ☐ Other _____Mark All that Apply: ☐ Child Lives With ☐ Emergency Contact ☐ Authorized Pickup

Is there is other information you would like us to know? _____

Parent /Guardian 2

First Name: _____ M.I. _____ Last Name: _____

Address: _____

Home Phone: () _____ Cell Phone: () _____

Cell phone provider: _____

Occupation/Employer: _____

Work Address: _____ Work Phone: () _____

☐ Custodial Parent (If married, mark both parents) Social Security #: _____

Date of Birth: _____ Driver's License # & State: _____

Email Address: _____

Marital Status: ☐ Married ☐ Single ☐ Divorced ☐ Separated ☐ Widowed ☐ Other _____

Relationship to Child: ☐ Mother ☐ Father ☐ Grandparent ☐ Foster Parent ☐ Other _____

Mark All that Apply: ☐ Child Lives With ☐ Emergency Contact ☐ Authorized Pickup

Is there is other information you would like us to know? _____

Child Information

1st Child

First Name: _____ M.I. _____ Last Name: _____

Name child prefers to be called: _____ Grade/Class: _____

Child's Address: _____

Gender: ☐ Male ☐ Female Date of Birth: _____ Child's S.S. #: _____

List any existing medical conditions, medication and/or special attention your child may require?

Allergies: _____

Pediatrician's Name: _____ Phone: () _____

Address: _____

Photographs: May we maintain a photo of your child for security purposes? ☐ Yes ☐ No

2nd Child

First Name: _____ M.I. _____ Last Name: _____

Name child prefers to be called: _____ Grade/Class: _____

Child's Address: _____

Gender: ☐ Male ☐ Female Date of Birth: _____ Child's S.S. #: _____

List any existing medical conditions, medication and/or special attention your child may require?

Allergies: _____

Pediatrician's Name: _____ Phone: () _____

Address: _____

Photographs: May we maintain a photo of your child for security purposes? ☐ Yes ☐ No

3rd Child

First Name: _____ M.I. _____ Last Name: _____

Name child prefers to be called: _____ Grade/Class: _____

Child's Address: _____

Gender: ☐ Male ☐ Female Date of Birth: _____ Child's S.S. #: _____

List any existing medical conditions, medication and/or special attention your child may require?

Allergies: _____

Pediatrician's Name: _____ Phone: () _____

Address: _____

Photographs: May we maintain a photo of your child for security purposes? ☐ Yes ☐ No

Emergency Contacts & Authorized Pick-Up Persons:

1st Contact/Pick-Up

First Name: _____ M.I. _____ Last Name: _____

Address: _____

Relationship to Child: _____ Home Phone: () _____

Occupation/Employer: _____ Cell Phone: () _____

Email: _____ Work Phone: () _____

☐ Emergency Contact

☐ Authorized to pick up the following Children: _____

2nd Contact/Pick-Up

First Name: _____ M.I. _____ Last Name: _____

Address: _____

Relationship to Child: _____ Home Phone: () _____

Occupation/Employer: _____ Cell Phone: () _____

Email: _____ Work Phone: () _____

☐ Emergency Contact

☐ Authorized to pick up the following Children: _____

3rd Contact/Pick-Up

First Name: _____ M.I. _____ Last Name: _____

Address: _____

Relationship to Child: _____ Home Phone: () _____

Occupation/Employer: _____ Cell Phone: () _____

Email: _____ Work Phone: () _____

☐ Emergency Contact

☐ Authorized to pick up the following Children: _____

Safe Word: (To be used in times when a parent/guardian and a registered authorized person is unavailable to pick up your child)

Tuition / Payment Information:

Current Tuition Amount: _____

☐ Weekly ☐ Bi-Weekly ☐ Monthly ☐ Other _____

Who is responsible for payment of tuition and fees? Please indicate if parents are divorced and split tuition payment or if payment is the responsibility of an adult other than the parents/guardians listed above.

Additional Comments & Information:

Is there is any other information that would be helpful to our management and teaching staff?

Signature:

Signature of Parent/Guardian: _____ Date: _____

Understanding CHS

Our center is paid through EPIC based upon you swiping your family card on a daily basis. **If you fail to swipe your child in and out each day, our center does not receive payment. You, as the parent, will then be responsible for a full day's tuition per child.** If your child is ill and is swiped sick for more the four consecutive days, please provide a doctor's note. If you exceed the four days without a doctor's note VIP does not receive payment from CHS. You as the parent will be responsible for payment each sick day at a full day's tuition rate. CHS allows a child to be swiped absent, but at a limitation of two days (in a two-week period). If you the parent exceed this, you will be responsible for payment at a full day's tuition rate.

I, _____, understand that failure to swipe my family card will result in CHS not paying VIP Child Development Center LLC., for the child care I used and I, _____, will be responsible to pay VIP Child Development Center LLC that day(s) tuition if I failed to swipe each day.

I, _____, understand that I have the option to swipe my child(ren) in as sick or absent when they are absent. If I exceed the limited days, I will be charged and responsible for full day's tuition.

Subsidy Pay

Our center charges \$108.00 per month per child. I, _____, agree to pay \$108.00 a month to VIP Child Development Center LLC as a subsidy fee per child along with my daily co-pay. Payment is due whether or not the child(ren) attends the program.

Hours of Care

We, VIP Child Development Center LLC., agree to service your child(ren) _____ for nine hours a day. If you exceed your nine hours a day, we have a charge of \$5.00 per day. For families of 2 or more children, the fee will be \$10.00 per day.

I _____ agree as a parent of school age child(ren) that I'll be charged for my child(ren) if they exceed 5 hours a day, the charge will be \$27.00 per child.

I agree and understand that I will be charged for my child(ren) if they exceed a nine-hour day at VIP Child Development Center LLC.

Swiping Policy

You are required to swipe your child in and out upon drop off and pick up each day. Parents are not to swipe their child on a weekly basis. Back swiping is for emergency usage or for special situations and not to be used as a method. If you continuously need staff to check your account and void out errors due to lack of swiping VIP Child Development Center LLC will charge a \$25.00 fee for our office time to make your account current.

I, _____, understand if I continuously fail to swipe my child(ren) in and out I will be charged a \$25.00 fee for VIP Child Development Center LLC office assistance.

I have read and understand VIP's Policy on using CHS funding.

Parent's Signature

Date

EMERGENCY FORM

I give permission to administer first aid to my child. In case of an emergency, the school staff promptly contacts the parents. In case of an emergency, contacts cannot be reached, and in case of medical emergency, I hereby give permission to the physician selected by **VIP Child Development LLC** directors to hospitalize and secure proper treatment for my child. _____ is authorized to obtain emergency transportation for my child.

Child's Name _____ D.O.B _____

Signature (Parent/Guardian) _____ Date _____

Emergency Information

Mother's Name: _____ Father's Name: _____

Home Address: _____

| | |
|------------------------------|------------------------------|
| Mother's Home Number: _____ | Father's Home Number: _____ |
| Mother's Cell Number: _____ | Father's Cell Number: _____ |
| Mother's Work Number: _____ | Father's Work Number: _____ |
| Mother's Cell Carrier: _____ | Father's Cell Carrier: _____ |

Child's Physician: _____ Phone Number: _____

Any known allergies: _____

Any medications taken daily: _____

Any special needs (social, emotional, behavioral, or physical): _____

In case of an emergency and parents cannot be reached, please contact:

Name: _____ Phone: _____ Relationship: _____

Address: _____

Email Address: _____

Name: _____ Phone: _____ Relationship: _____

Address: _____

Email Address: _____

Name: _____ Phone: _____ Relationship: _____

Address: _____

Email Address: _____

Name: _____ Phone: _____ Relationship: _____

Address: _____

Email Address: _____

VIP DAYCARE
Medical Declaration Statement for School-Age Children
(AND/OR FOR CHILDREN ENROLLED IN PUBLIC OR PRIVATE SCHOOL)

| CHILD'S NAME | DATE OF BIRTH | GRADE IN SEPTEMBER |
|--|---------------|--------------------|
| | | |
| HEALTH STATEMENT (CHECK ONE) | | |
| <div style="margin-bottom: 10px;"><input type="checkbox"/> 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.</div> <div><input type="checkbox"/> My child can participate in the normal activities of the program but has conditions or special needs that require special accommodations as indicated below.</div> | | |
| SCHOOL AGE CHILD'S SPECIAL CONDITIONS OR NEEDS REQUIRING SPECIAL ACCODATIONS | | |
| Please list any allergies, medical conditions, including chronic health problems (such as asthma, seizures), behavioral disorders, special needs, ect. | | |

I have read and fully understand the material within this parent packet. The signature below indicates that I have thoroughly read the information listed below and will adhere to the policies of **VIP Child Development LLC.**

- ☐ Parent Handbook
- ☒ Infant and toddler Handbook
- ☒ Parent Resource Binder (located downstairs)
- ☒ Policy on the Release of Children
- ☒ Policy on the management of Communicable Diseases
- ☒ Nutrition policy
- ☒ Expulsion Policy
- ☒ Discipline Policy
- ☒ Hiring Staff Policy
- ☒ Information to Parents Document
- ☒ Policy on Methods of Parental Notification
- ☒ Policy on the Use of Technology and Social Media
- ☒ Policy on Breast Feeding
- ☒ Medication Policy/Procedure

I _____ have read and received a copy of the Information to parents Statement prepared by the Office of Licensing, Childcare & Youth Residential Licensing, in the Department of Children and Families.

1st Child's Name _____

2nd Child's Name _____

3rd Child's Name: _____

Parent/Guardian Signature: _____

Date: _____

Summer Registration & Activities



A Summer activity fee is required for all children enrolled at VIP in the amount of \$170.⁰⁰ per child. The fee must be paid in full by March 30th. This is to make our summer fun and exciting. VIP has lots of special events planned throughout the summer.

VIP SPECIAL EVENTS

- Paint Party
- Mickey Mouse Party
- Baby Shark Party
- Circus Clown
- Bouncy House
- Color Me Mine
- Pony Rides
- Binx the Magician
- Foam Party
- Jakes Branch
- Petting Zoo

Subject to change

Special Activities

- Making hats
- Water balloons
- DIY Key chains
- Sun catchers
- Patriotic craft
- Hawaiian Leis
- DIY tote bags
- Paddle balls
- Field day
- Variety of Necklace making
- Beach balls
- Cotton candy
- Spin art
- Slim making



Bonus Days

- McDonald's lunch \$5
- Chinese lunch \$5
- Color Me Mine \$15
- Fill a Friend \$17
- Yellow Brick Road Ice Cream \$7
 - Pretzel \$1

*Optional extra payment

DISCIPLINE POLICY

Positive Guidance Policy

VIP practices the Positive Guidance Policy in accordance with state licensing requirements. The true goal of positive guidance is to help children acquire the skill of self-discipline. Children are more likely to develop self-discipline and control when they are treated with dignity, given clear, consistent and fair limits for classroom behavior. Our staff works with children to help them set their own limits, understand the consequences of their actions, and understand the rationale behind rules and behavior expectations. Our discipline policy is proactive rather than reactive.

Specifically, VIP staff will:

- Be positive, use encouragement of good behavior rather than focus only upon unacceptable behavior
- Remind a child of behavior expectations by using clear, positive statements leading to the child's ability to develop and maintain self-control
- Redirect unwanted behavior by using positive statements
- Use a brief supervised separation from the group, when it is appropriate for the child's age and development, and which is limited to no more than one minute per year of the child's age.

The following types of discipline and guidance are prohibited by VIP and the State of NJ:

- Corporal punishment or threats or corporal punishment or hitting a child with a hand or instrument
- Punishment associated with food, naps, or toilet training
- Not to withhold active playtime as a discipline, unless the child's actions or behavior presents a danger to themselves or others
- Pinching, shaking, or biting a child
- Putting anything in or on a child's mouth
- Humiliating, ridiculing, rejecting, or yelling at a child or subjecting a child to harsh, abusive, or profane language
- Placing a child in a locked or dark room, bathroom, or closet with the door closed
- Requiring a child to remain silent or inactive for inappropriate periods of time for the child's age or development

Progressive Guidance Policy

The Progressive Guidance Policy is designed to provide a systematic approach for teachers, administrators, and families to assist children who exhibit inappropriate behavior over an extended period and with whom positive guidance techniques appear to be ineffective. The basic progressive guidance techniques are:

- **Overlooking:** At times a child may exhibit negative behavior to gain attention. A proactive stance is to generously give positive attention while overlooking the inappropriate behavior.
- **Redirection/Distraction:** Teachers may offer alternatives to children engaged in undesirable behavior.
- **Verbal Invention:** When it is developmentally appropriate (i.e., when a child is over three years old), staff may explain to a child why behavior is inappropriate, and suggest to him or her the appropriate way to handle a situation.
- **Logical Consequences:** Logical consequences are related, respectful, and reasonable consequences of specific misbehavior. For example, if a child uses a block to hit other children, then a logical consequence would be that that child loses blocks until he or she can demonstrate how to use them properly. The teacher will monitor the child's subsequent behavior and follow through if required.

If your child continues to exhibit inappropriate behavior over a period, you may be asked to participate in a family-teacher discussion, this meeting will include the director and teacher and possibly a social worker; the child may be invited to attend as well. A Behavioral Intervention Plan will be developed at this conference to address how to correct your child's behavior. The action plan will outline:

- Inappropriate behavior
- Type of redirection that will be used
- Consequences

Depending on the severity of the inappropriate behavior, you be asked to pick up your child early and/or keep your child at home for a day or two. If your child's inappropriate behavior persists, the Director may request that your child be dis-enrolled.

Signature of Parent/Guardian: _____

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 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 (1-877-652-2873) to seek assistance in caring for the child until the parent(s) or person(s) authorized by the child's parent(s) is able to pick-up the child.

If the parent(s) or person(s) authorized by the parent(s) appears to be physically and/or emotionally impaired to the extent that, in the judgment of the director and/or staff member, the child would be placed at risk of harm if released to such an individual, the center shall ensure that:

1. The child may not be released to such an impaired individual;
2. Staff members attempt to contact the child's other parent or an alternative person(s) authorized by the parent(s); and
3. If the center is unable to make alternative arrangements, a staff member shall call the 24-hour State Central Registry Hotline 1-877-NJ-ABUSE (1-877-652-2873) to seek assistance in caring for the child.

For school-age child care programs, no child shall be released from the program unsupervised except upon written instruction from the child's parent(s).

Signature:_____

Date:_____

EXPULSION POLICY

NAME OF CENTER: VIP Child Development Center

NAME OF CHILD: _____

SIGNATURE OF PARENT: _____

DATE: _____

Unfortunately, there are sometimes reasons we must expel a child from our program, either on the short time term or a permanent basis. We want you to know we will do everything possible to work with the family of the child(ren) to prevent this policy from being enforced. The following are reasons we may have to expel or suspend a child from the center.

Immediate Causes for Expulsion

- The child is at risk of causing serious injury to other children, staff, or himself/herself.
- Parents threaten physical or intimidating actions toward staff members.
- Parents exhibit physical or verbal abuse to staff, children, or anyone else at the center.

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(ren)
- Verbal abuse to staff
- Failure to abide by VIP policies or requirements imposed by the appropriate licensing agency.
- A parent/guardian demands special services that are not provided to other children and cannot reasonably be delivered by VIP.

Child's Actions for Expulsion:

- Failure of child to adjust after a reasonable amount of time.
- Uncontrollable tantrums/angry outbursts
- Ongoing physical or verbal abuse to staff or other children
- Excessive biting.
- Any other actions we may find to be grounds for termination of care.

Proactive Actions That Will Be Taken in Order to Prevent Expulsion:

- Staff will try to redirect the child from negative behavior.
- Staff will reassess the classroom environment, appropriate of activities, supervision.
- Staff will always use positive methods and language while disciplining children.
- Staff will praise appropriate behaviors.
- Staff will consistently apply consequences for rules.
- Child will be given verbal warnings.
- Child will be given time to regain control.
- Child's disruptive behavior will be documented and maintained in confidentiality.

- Parent/guardian will be notified verbally.
- Parent/guardian will be given written copies of the disruptive behaviors that might lead to expulsion.
- The director, classroom staff, and parent/guardian will have a conference(s) to discuss how to promote positive behaviors.
- The parent will be given literature or other resources regarding methods of improving behavior.
- Recommendations of evaluation by professional consultation of premises.
- Recommendations of evaluation by local school district child study team.

Prior to expulsion, a parent will be called, and correspondence will be sent home indicating what the problem is, and every effort will be made by both the center and the parent/guardian to correct the problem. If, after one or two weeks, depending on the risk to other children's and staff welfare or safety, behavior does not improve, and the center finds that they are no longer able to accommodate the child, the parent will be asked to remove him/her. The parent will be given a minimum of one week's notice to find another center to provide care for this child. An expulsion action is meant to be a period so that the parent / guardian may work on the child's behavior or come to an agreement with the center. We do, however, have the right to expel immediately if the behavior is harmful to those around him/her or him/her themselves.

Correspondence to the parent/guardian will be provided which will include, if applicable:

- the reasons for the disenrollment or suspension
- the date of the disenrollment or length of the suspension, which affords the parent sufficient time to seek alternative care, (up to two weeks, depending on safety risks presented)
- the expected behavioral changes required for the child or parent to return or to resume or continue enrollment at the Center.

Failure of the child/parent to satisfy the terms of the plan may result in permanent expulsion from the center.

VIP will not expel a child based solely on any of the following:

- making a complaint to the Office of Licensing regarding a center's alleged violations of the licensing requirements
- reporting abuse or neglect occurring at the center.
- questioning the center regarding policies and procedures
- Without giving the parent sufficient time to make other childcare arrangements.

If the center elects to disenroll a child, VIP will maintain a record of the circumstances, parental notification, and corrective action taken.

POLICY ON THE MANAGEMENT OF ILLNESS & COMMUNICABLE DISEASES
SICK POLICY

Infectious diseases, illness and injuries are common occurrences among children. VIP Child Development Center clearly states the procedures we follow to make decisions about children; when to exclude, when attendance is permitted, and when those who have been excluded may return. During the winter, many children have a common respiratory illness (a common cold) at any one time and do not need to be excluded from the program unless their condition meets the exclusion criteria specified in our policy. You **MUST** have a backup plan for taking care of your child when they are unable to be in the facility due to illness or injury.

You are expected to openly share information about your child's behavior, symptoms, or exposure to illness. A note from your child's primary health care professional is necessary only when our staff needs advice about any special care that is required for your child or if your child's condition poses a health risk to others. We rely on your description of your child's behavior or symptoms to determine when your child is well enough to return to the classroom after an illness or injury.

The director or head teacher decides about inclusion/exclusion if you have an ill child, considering what is known about the illness. The decision is made by what you and the child's teachers/caregivers share about the child's condition and findings of the daily health check procedure.

For the health and well-being of your child and others, your child must be kept home if he or she develops any of the following symptoms and must be kept home until the child is symptom free for forty-eight hours or the child's physician indicates, in writing that your child no longer possess a serious health risk to himself/ herself or others, that a child can return to the school (unless otherwise directed by the local health department):

- Your child's condition must not prevent them from participating comfortably in activities that the facility routinely offers.
- Your child's condition requires more care than teachers/caregivers can provide without compromising the needs of the other children.
- Keeping your child in care poses an increased risk to the ill child or other children or adults with whom the child encounters.

If your child has any of the following conditions, they may not be brought to school:

- | | |
|---|--|
| <ul style="list-style-type: none">• Appears to be severely ill - lethargy, lack of responsiveness, irritability, persistent crying, difficult breathing, or have a quickly spreading rash.• A fever:<ul style="list-style-type: none">○ 100.3 degrees F or higher if taken orally.○ 100.3 degrees F or higher taken axillary (under arm).• Acute Diarrhea• Blood or mucus in the stools are not explained by dietary changes.• Vomiting; two or more episodes within a period of 24 hours• Persistent abdominal pain or intermittent abdominal pain associated with fever, dehydration, or other symptoms of illness.• Mouth sores with drooling• Rash• Head lice or nits, until after treatment has begun.• Streptococcal pharyngitis (i.e. strep throat or other streptococcal infection) | <ul style="list-style-type: none">• Scabies, until after treatment has begun.• Chickenpox (varicella)• Impetigo• Pertussis (i.e., whooping cough) (we will follow the direction of the local health department)• Measles, Mumps, and Rubella (we will follow the direction of the local health department)• Tuberculosis (we will follow the direction of the local health department)• Hepatitis A virus infection (we will follow the direction of the local health department)• Any child determined by the local health department to be contributing to the transmission of illness during an outbreak.• Severe pain or discomfort• Severe coughing or difficult or rapid breathing• Yellow eyes or jaundice skin• Red eyes with discharge• Infected, untreated skin patches• Skin rashes in conjunction with fever or behavioral changes• Skin lesions that are weeping or bleeding• Stiff neck |
|---|--|

If your child appears mildly ill, but it has been determined by the director or head teacher that your child is able to stay for the day, you along with the child's teacher/caregivers will discuss treatment for the child and develop a Special Care Plan and your child's wellbeing and will be monitored during the day. If your child's condition worsens throughout the day or your

child becomes ill the teacher/caregiver will complete a Symptom Record to document date, time, and symptoms of illness. Then it will be determined if the child can stay or must leave the facility, the director or head teacher will call you to discuss the symptoms and how to manage the situation. If your child is too ill to stay, we will have you or a previously authorized emergency contact come to pick up your child. The teachers/caregivers will manage the child's symptoms; your child will be taken to a place where they can rest until they are transferred to your care or a previously authorized emergency contact person.

If your child has a Communicable Disease, you must inform the school immediately so we can take the necessary precautions. We will take necessary measures to protect your child's identity, and only share the information relating to the communicable disease with those that need to know. We also will notify you if we become aware that an employee or child in our care has contracted a communicable disease that the local health department requires us to report.

A child who contracts any of the following diseases may not return to the center without a health care provider's note stating that the child presents no risk to himself/herself or others:

TABLE OF EXCLUDABLE COMMUNICABLE DISEASES

| <u>Respiratory Illnesses</u> | <u>Gastrointestinal Illnesses</u> | <u>Contact Illnesses</u> |
|-------------------------------------|--|---------------------------------|
| Chicken Pox** | Campylobacter* | Impetigo |
| German measles* | Escherichia coli* | Lice |
| Haemophilus influenzae* | Giardia Lamblia* | Scabies |
| Measles* | Hepatitis A* | Shingles |
| Meningococcus* | Salmonella* | |
| Mumps* | Shigella* | |
| Strep Throat | | |
| Tuberculosis* | | |
| Whooping Cough* | | |
| COVID-19* | | |

COVID-19 POLICY

To ensure the health and safety of your child, VIP Daycare will be following state-mandated requirements. There will be no exceptions to the rules if you are uncomfortable with any of VIP Daycare policies or state policies and regulations you have the option of opting out of care. Failure to comply with VIP Daycare policy to ensure the health and safety of all will result in immediate expulsion of childcare services.

VIP will be following the NJDOH School Exclusion List, CDC Guidelines and DCF COVID-19 health and safety requirements. Any signs of illness your child will be removed from their classroom, and you will be notified for pick up.

When VIP receives a call that a child has tested positive for Covid-19 VIP is required by law to notify the DOL. Upon their instructions will determine VIP's quarantining stasis. This may result in closing the whole classroom of exposure.

If anyone in your household tests positive for Covid-19, your child/children must quarantine for 7 days before returning to school.

If your child/children test positive for Covid-19 they must quarantine for 7 days before returning to school and must be symptom-free when returning.

*Reportable diseases that must be reported to the Ocean County Health Department by VIP Child Development Center.

****Note:** If your child has chicken pox, a health care provider's note is not required for re-admitting the child to VIP. A note from the parent is required, stating either that at least six days has elapsed since the onset of the rash, or that all sores have dried and crusted.

If a child is exposed to any excludable disease at the center, parents will be notified in writing, by a letter sent home and/or by email.

Signature of Parent/Guardian: _____

Date: _____

VIP Child Development Center Breastfeeding Policy

Early care and education programs play an important role in providing all infants access to the varied and nutritious foods they need for healthy growth and development during their first year. Human milk is the ideal food for babies. Research overwhelmingly shows that exclusive breastfeeding for six months, and continued breastfeeding for at least a year or longer, dramatically improves health outcomes for children and their mothers. The early care and education program can help working mothers and their infants increase their breastfeeding duration by providing an environment that supports breastfeeding.

VIP Child Development Center subscribes to the following recommendations for promotion and encouragement of breastfeeding and infant feeding practices:

Staff Behaviors

1. **Breastfeeding mothers shall be provided a place to breastfeed or express their milk.** Breastfeeding mothers, including employees, shall be provided a private and sanitary place to breastfeed their babies or express milk. This area will have an electrical outlet, comfortable chair, and nearby access to running water. The location of this area is the downstairs back room.
2. **A refrigerator will be made available for storage of expressed breastmilk** - Breastfeeding mothers and employees may store their expressed breast milk in the refrigerator located in the infant room. Mothers are to provide their own BPA-free containers or if to be fed within 72 hours of collection, in a breast milk/bag system to which a nipple is or can be attached. All breast milk must be labeled with child's full name, date and time milk was expressed and use by date. Breastmilk will be stored immediately on arrival at the facility. Families are encouraged to bring breastmilk in volumes appropriate for the length of time their child will be in our care, and, in addition, in some extra quantities that can be used if the baby seems to want more after finishing the usual amount.

Storage Guidelines for Human Milk:

http://www.cdc.gov/breastfeeding/recommendations/handling_breastmilk.htm

<https://www.healthychildren.org/English/ages-stages/baby/breastfeeding/pages/Storing-and-Preparing-Expressed-Breast-Milk.aspx>

3. **Staff shall be trained in handling human milk** - All VIP Child Development Center staff will be trained in the proper storage and handling of human milk, as well as ways to support breastfeeding mothers. We will follow guidelines from the American Academy of Pediatrics and Centers for Disease Control in ensuring that breastmilk is properly treated to avoid waste. Special precautions are *not* required in handling human milk.
4. **Staff members will receive professional development training on promoting and supporting breastfeeding two or more times per year.** – The director or head teaching will review the policy and procedures that VIP Child Development Center adhere to, and will update the staff on any changes to policy or new information.
5. **Caregivers/teachers should feed infants on cue unless parent/guardian and the child's primary care provider give written instructions otherwise** - Infants are fed on cue of hunger such as opening the mouth or making suckling sounds unless the parent and child's primary care practitioner give written instructions otherwise. These feedings are by the same teacher/caregiver whenever possible. Feedings stop when the infant seems to be satisfied or starts to fall asleep.
6. **Preparing, Warming and Feeding human milk** - Human milk is heated separately from other bottles in warm water or a bottle warmer, not in a slow cooker or microwave oven. Water used to heat human milk is discarded after each use. Gloves are not required for handling or feeding expressed human milk, but

human milk should otherwise be treated as a human fluid. Teachers/caregivers who have openings in their skin, such as cracked skin or hangnails, should prevent contact of human milk with their hands.

7. **Accidental feeding of Human Milk to the wrong infant** - No infant if fed expressed human milk of another infant's mother. In the event that human milk is accidentally fed to the wrong infant, other than to a same-aged sibling, the procedure outlined in our breast-feeding policy and procedures will be implemented to address the potential exposure of the infant to a virus-containing fluid.
8. **Infants should always be held for bottle feeding.** - Infants who are not ready to use a bottle independently while seated in a feeding chair are always held for bottle-feeding so that the infant and teacher/caregiver make eye contact during the feeding while the infant is held in the teacher's/caregiver's arms or seated on the teacher's/ caregiver's lap. Bottle propping or taking bottles into sleep/rest equipment is not permitted. A child who can independently use a bottle or eat solid foods is allowed to do so only when seated or held.
9. **Sensitivity will be shown to breastfeeding mothers and their babies** - VIP Child Development Center is committed to providing ongoing support to breastfeeding mothers, including providing an opportunity to breastfeed their baby in the morning and evenings, and holding off giving a bottle, if possible, when mom is due to arrive shortly. Artificial baby milks (formula) and solid foods will not be provided unless the mother has requested. Babies will be held closely when feeding and bottles will never be propped.
10. **Feeding of Solid Foods** - When an infant's health care professional indicates that the baby is ready for foods in addition to human milk or infant formula, foods high in iron and zinc are gradually introduced. This introduction generally occurs between 4 and 6 months of age.
11. **Breastfeeding employees shall be provided flexible breaks to accommodate breastfeeding or milk expression** - Breastfeeding employees shall be provided a flexible schedule for breastfeeding or pumping to provide breastmilk for their children. The time allowed would not exceed the normal time allowed to other employees for lunch and breaks. For time above and beyond normal lunch and breaks, sick/annual leave may be used, or the employee can come in a little earlier or leave a little late to make up the time.
12. **Cow's milk is not fed to children under 1 year of age** – With accordance with government standards, cow's milk is not fed to children under the age of one. Early exposure to cow's milk proteins increases the risk of developing allergy to milk proteins. Because of the possible association between early exposure to cow's milk proteins and risk for type 1 diabetes mellitus, breast-feeding and avoidance of commercially available cow's milk and products containing intact cow's milk protein during the first year of life are strongly encouraged.

I, _____, acknowledge that I have received and read VIP Child Development Center's Breastfeeding policy.

Name: _____ 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. 3A:52), every licensed child care center in New Jersey must provide to parents of enrolled children written information on parent visitation rights, State licensing requirements, child abuse/neglect reporting requirements and other child care matters. The center must comply with this requirement by reproducing and distributing to parents and staff this written statement, prepared by the Office of Licensing, Child Care & Youth Residential Licensing, in the Department of Children and Families. In keeping with this requirement, the center must secure every parent and staff member's signature attesting to his/her receipt of the information.

Our center is required by the State Child Care Center Licensing law to be licensed by the Office of Licensing (OOL), Child Care & Youth Residential Licensing, in the Department of Children and Families (DCF). A copy of our current license must be posted in a prominent location at our center. Look for it when you're in the center.

To be licensed, our center must comply with the Manual of Requirements for Child Care Centers (the official licensing regulations). The regulations cover such areas as: physical environment/life-safety; staff qualifications, supervision, and staff/child ratios; program activities and equipment; health, food and nutrition; rest and sleep requirements; parent/community participation; administrative and record keeping requirements; and others.

Our center must have on the premises a copy of the Manual of Requirements for Child Care Centers and make it available to interested parents for review. If you would like to review our copy, just ask any staff member. Parents may view a copy of the Manual of Requirements on the DCF website at

<http://www.nj.gov/dcf/providers/licensing/laws/CCCmanual.pdf> or obtain a copy by sending a check or money order for \$5 made payable to the "Treasurer, State of New Jersey", and mailing it to: NJDCF, Office of Licensing, Publication Fees, PO Box 657, Trenton, NJ 08646-0657.

We encourage parents to discuss with us any questions or concerns about the policies and program of the center or the meaning, application or alleged violations of the Manual of Requirements for Child Care Centers. We will be happy to arrange a convenient opportunity for you to review and discuss these matters with us. If you suspect our center may be in violation of licensing requirements, you are entitled to report them to the Office of Licensing toll free at 1 (877) 667-9845. Of course, we would appreciate your bringing these concerns to our attention, too.

Our center must have a policy concerning the release of children to parents or people authorized by parents to be responsible for the child. Please discuss with us your plans for your child's departure from the center.

Our center must have a policy about administering medicine and health care procedures and the management of communicable diseases. Please talk to us about these policies so we can work together to keep our children healthy.

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

Parents are entitled to review the center's copy of the OOL's Inspection/Violation Reports on the center, which are available soon after every State licensing inspection of our center. If there is a licensing complaint investigation, you are also entitled to review the OOL's Complaint Investigation Summary Report, as well as any letters of enforcement or other actions taken against the center during the current licensing period. Let us know if you wish to review them and we will make them available for your review or you can view them online at <https://childcareexplorer.njccis.com/portal/>.

Our center must cooperate with all DCF inspections/investigations. DCF staff may interview both staff members and children.

Our center must post its written statement of philosophy on child discipline in a prominent location and make a copy of it available to parents upon request. We encourage you to review it and to discuss with us any questions you may have about it.

Our center must post a listing or diagram of those rooms and areas approved by the OOL for the children's use. Please talk to us if you have any questions about the center's space.

Our center must offer parents of enrolled children ample opportunity to assist the center in complying with licensing requirements; and to participate in and observe the activities of the center. Parents wishing to participate in the activities or operations of the center should discuss their interest with the center director, who can advise them of what opportunities are available.

Parents of enrolled children may visit our center at any time without having to secure prior approval from the director or any staff member. Please feel free to do so when you can. We welcome visits from our parents.

Our center must inform parents in advance of every field trip, outing, or special event away from the center, and must obtain prior written consent from parents before taking a child on each such trip.

Our center is required to provide reasonable accommodations for children and/or parents with disabilities and to comply with the New Jersey Law Against Discrimination (LAD), P.L. 1945, c. 169 (N.J.S.A. 10:5-1 et seq.), and the Americans with Disabilities Act (ADA), P.L. 101-336 (42 U.S.C. 12101 et seq.). Anyone who believes the center is not in compliance with these laws may contact the Division on Civil Rights in the New Jersey Department of Law and Public Safety for information about filing an LAD claim at (609) 292-4605 (TTY users may dial 711 to reach the New Jersey Relay Operator and ask for (609) 292-7701), or may contact the United States Department of Justice for information about filing an ADA claim at (800) 514-0301 (voice) or (800) 514-0383 (TTY).

Our center is required, at least annually, to review the Consumer Product Safety Commission (CPSC), unsafe children's products list, ensure that items on the list are not at the center, and make the list accessible to staff and parents and/or provide parents with the CPSC website at <https://www.cpsc.gov/Recalls>. Internet access may be available at your local library. For more information call the CPSC at (800) 638-2772.

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

Signature of Parent/Guardian: _____

Date: _____

Dear Families,

It is our hope to help strengthen and support the culture of our families, our school and our community. We want children to share and learn from the wealth of knowledge that our family and community members must offer.

Could you come in to share a holiday tradition? Would you be willing to come in and talk about your job or hobbies? Do you have a special story to read or a recipe to share? Do you have a pet to introduce? Do you play an instrument?

It's wonderful for the children when we all work together to promote an environment of learning and sharing. **The attached questionnaire will help us to incorporate the richness of your family heritage and culture into our program. Please take some time to answer the following.**

We thank you for your willingness to share, and to be a part of the education of our entire school family.

Sincerely,

Stacey



Get to Know Me!

Name: _____ Nickname: _____

My Place of Birth: _____

My Mother's Name: _____

My Father's Name: _____

My Mother's Place of Birth: _____ My Father's Place of Birth: _____

____ Brothers & ____ Sisters, their names & ages are: _____

My primary language is: _____ Other Languages spoken in my home are: _____

I live with (name and relationship): _____

Other family members that are important to me (relationship and what the child calls them): _____

My family's most important holiday is: _____

We celebrate it by: _____

Other important holidays to my family are: _____

We also participate in these other customs or cultural traditions: _____

My Family represents our cultural background with these items of traditional clothing or other items: _____

My family would love to donate this item(s) to the classroom for our dramatic play or would love to show the class: ☐ YES ☐ NO Items to Donate:

My family is involved in theses community organizations (please specify: church, scouts, clubs, volunteering, community events, etc.) _____

My favorite activity is: _____

My family enjoys doing these activities together: _____

As a family, we enjoy listening to this type of music: _____

I play or members of my family play these instruments: _____

This family member or friend named _____ would love to share with my class their talent or interest of _____

My favorite books to read at home are: _____

My favorite person is: _____ My favorite toy is: _____

I am afraid of: _____ I can do all these things by myself: _____

The family members in my household jobs and occupations are: _____

The hobbies my family participates in are: _____

We have these pets in our house and their names are: _____

My favorite food is: _____ My least favorite food is: _____

My family enjoys these foods: _____

I am able to eat independently. ☐Yes ☐No

I enjoy eating? ☐Yes ☐No

I require: ☒ Bottle ☐ Sippy Cup ☐ Highchair ☐ Booster Seat

(For infants, What brand of formula do you use? _____)

I have a special diet? ☐Yes☐No If yes, explain: _____

Due to my tastes, allergies, reactions, and/or religious beliefs, are there any foods, which should not be served to your child? (Please list these foods)

I am able go to sleep easily? ☐Yes ☐No

I usually nap for (time and length of naps taken each day)? _____

I usually sleep at night for this length of time? _____

I have a special doll/item that I need in order to go to sleep? _____

Please list any personal habits, thumb sucking, nail biting, etc. _____

My disposition upon waking up is usually. ☐ Happy ☐ Grouchy ☐ Clingy ☐ Slow ☐ Other (specify)

I was Born Pre-maturely? ☐Yes ☐No If Yes, by how many weeks? _____

I have these health concerns? ☐Yes ☐No If Yes, describe: _____

I take these medications on a regular basis? ☐Yes ☐No If Yes, list the medication(s), dosage and how often taken: _____

I have these allergies? ☐Yes ☐No If Yes, please list the allergy and how it is dealt with: _____

I have had these communicable diseases: _____

I suffer from this/these on a regular basis? (Check all that apply)

☐Nosebleeds ☐Headaches ☐Sore Throats ☐Stomachaches ☐Runny Nose ☐Seasonal Allergies

☐Other: _____

I have been in daycare before? ☐Yes ☐No Please list prior caregivers and/or day care centers:

Other things about me you should know? _____

Please write more about any of the questions above or anything else you feel may be interesting or important for us to know about your family heritage. _____

What are your expectations of this program? _____



VIP Child Development Center practices in the Strengthening Families program and is conducting an evaluation to make sure that our program is meeting the needs of families in our community. It is a way for us to see what we are doing well and if there are areas in which we can improve. We want to provide the best possible services to families and this is one way to keep us on track.

Please Help Us by Participating!

Part of the evaluation involves asking parents of our children to complete an online survey about how our services are affecting them and their families. If you decide to participate, you will be asked to spend approximately 10-15 minutes answering questions about you and your family.

Your participation is voluntary. Your program services will not be affected by your decision about participating or your responses to the survey.

Your Answers will be Confidential!

If you choose to participate in this evaluation, your identity will be kept confidential. No identifying information will be shared with anyone outside of this program. Your name will not appear on the survey. Once you have completed the survey, the information will be transferred to a database and the survey will be destroyed.

You may find some of the questions uncomfortable or embarrassing to answer. Your privacy will be protected. Your information will be combined with all other participants and will never be shared or identified individually. Your honest answers help us improve services for all families, including yours.

Any Questions?

If you have any questions or concerns about this evaluation, please contact Stacey @ 732-255-2500 or by email at vipkids1851@gmail.com

We hope you will help us by participating in this evaluation. Your participation will allow us to offer and improve services for all families.

☐ **I agree to participate in the evaluation by responding to the survey.**

(You will receive an email with a link to the survey once this form is returned to VIP Child Development Center.)

☐ **I choose not to participate at this time.**

Participant's Signature: _____ Date: _____

Stacey Cantagallo

Program Staff



Dear Families,

VIP is sending out this ASQ-3 Questionnaire it is used as a screening that provides a quick look at how your child is doing in important areas, such as communication, physical ability, social skills, and problem-solving skills. ASQ-3 can help identify your child's strengths as well as any areas where your child may need support.

As a parent or caregiver, you are the best source of information about your child. That's why ASQ-3 questionnaires are designed to be filled out by you. You will only need 10—15 minutes. When you have completed the questionnaire, you can return it to VIP. You are an active partner in your child's learning and development. By completing ASQ-3 questionnaires, you are making sure your child is off to the best possible start!

If you have any questions or concerns when completing ASQ-3 we are here to help you. Your feedback with this questionnaire is important to us. Please feel free to come to Stacey or Michelle with any questions or concerns.

If you have any questions or concerns about this evaluation, please contact Stacey @ 732-255-2500 or by email at vipkids1851@gmail.com.

For further information you can watch the informational video "Developmental Screening," <https://www.youtube.com/watch?v=yHVC7aAoZzg>

We hope you will help us by participating in this evaluation. Your participation will allow us to offer and improve services for all families.

☐ **I agree to participate in ASQ-3 by completing the ASQ-3 survey and give permission for staff from VIP and/or Family Engagement Specialist from CHS will score the ASQ-3.**

(You will receive the questionnaire once this form is returned to VIP Child Development Center.)

☐ **I choose not to participate at this time.**

Participant's Signature: _____

Date: _____

Use of Technology and Social Media Policy

- General information/ updates on social media may be posed with prior approval from VIP's Director
- Posting any photographs and videos containing the VIP setting or children other than your own on your personal social media page is prohibited (without approval). If you wish to post any related information, pictures, or videos on your personal page approval is needed from VIP's Director prior to posting.
- Posting the private information related to staff/ prior staff, enrolled or previously enrolled children and family's information is prohibited.
- All Staff and families must maintain professional boundaries when using electronic media.
- All communication between staff and families is limited to the centers approved devices only. Never a personal electronic device. Communication is limited to phone calls to VIP land line, tadpoles, procare, Email- vipkids1851@gmail.com
- The use of social media and other websites is prohibited when supervising children.
- All staff and families of VIP Child Development Center must uphold the VIP's value of respect for all individuals and avoid making vulgar or abusive language, disparaging remarks and/or references of a disparaging manner, personal attacks of any kind, or offensive terms targeting individuals or groups is prohibited
- Staff and parent's posts that may reveal the center's current, off-site location is prohibited.
- Any breaches in the Technology and Social Media Policy will result in child and or parent expulsion, termination.

Staff guidelines for use of electronic devices:

- The use of devices is prohibited for personal use when supervising children.
- The use of devices is permitted, for school/ work purposes only, but shall not prevent staff from adequately supervising children.
- The use of a personal device to take pictures/ videos of children and communication with parents is prohibited.

Methods of Communication

Proper communication can prevent misperceptions and mismatched expectations, encourage improved cooperation and foster a team approach to caring for the children. VIP uses a combination of written, verbal and electronic means to communicate with our parents.

All communication about accident, incident, illness, items needed, unusual incident, and inclement weather, emergency closing... etc will be sent through Tadpoles

The following are ways VIP communicate with family's

- Phone calls to VIP land line (732-255-2500)
- Email- vipkids1851@gmail.com
- Procare

Devices used by the center for communication with parents:

- Centers iPad/ tablet
- Centers computer
- Director's cell phone
- Center's phone/ land line

Permission for photographs and videos

I give VIP Child Development Center staff permission to take and post videos and photograph of my child for the following. I understand they will also be used for class projects, observation, and advertisement. These videos and photographs will be taken **only** on VIP Child Development approved devices.

- VIP Facebook Page
- For local newspapers
- Apps used by the center (Procare)
- Center approved devices (iPad, computers, security cameras,)
- Scheduled School Picture Day

If security cameras are available, I realize that my child will be videotaped throughout the day and is only viewed by the centers director and or center's supervisor.

Permission for Electronic Device

My child has permission to possess their personal electronic device while on the property on VIP Child Development Center.

Children under the age of six cannot bring in any electronic device to VIP Child Development Center. If you choose to send your child into daycare with a device, VIP is not responsible for what they may view or the device itself. As we cannot be accessible to view all content they may be viewing at all times.

Photographing, auto recording, or videotaping on VIP Child Development Center property by any child is not allowed at any time.

VIP Child Development Center is not responsibility or liability for the theft, loss or damage of any device or it parts and accessories associated with the device

My child and I understand these policy and associated regulations. Violations of this policy will result in disciplinary actions, included but not limited to, confiscation of the device until the responsible party picks up the device and child, no longer allowing your child to have a electronic device

Child's Name: _____

Parent/Guardian Signature: _____ **Date:** _____

Permission Form for Communication Through VIA Text/Email

I _____ understand and give permission to VIP Daycare to notify me through via email or text about my child(ren). Through this process, VIP may inform me of an incident or accident report that is waiting for me to be signed. I except this process as notification from VIP Daycare of any event or situation involving my child(ren).

Parent Name _____

Email _____

Phone# _____ Cell Phone Carrier _____

Parent/Guardian Signature _____ **Date** _____

Parent Name _____

Email _____

Phone# _____ Cell Phone Carrier _____

Parent/Guardian Signature _____ **Date** _____

HEARING WAIVER

Dear Families,

In the first few years of life, hearing plays a critical part in a child's social, emotional, and cognitive development. Hearing problems can be overcome if they're caught early. It is essential to get your child's hearing screened early and checked regularly.

While we are not able to provide hearing tests here at our school, we strongly recommend that all parents discuss any hearing concerns with their pediatrician and have their child's hearing tested regularly. We have provided some options for hearing testing in Ocean County below.



Ocean County resources for hearing tests:

Hear Direct - Offers free hearing tests for infants through adults; may ask for insurance if available, may need a referral; two offices, contact them directly to schedule an appointment

805 Hooper Ave, Toms River, NJ **(732) 374-3891**

108 Lacey Road Building A - Unit 32B, Whiting, NJ **(848) 227-2602**

Total Hearing Care Offers free hearing tests for infants through adults; may ask for insurance if available, may need a referral; 21 offices throughout NJ; call for a nearby location 1-800-myhearing

NJ Hearing Health Center Specialize in hearing tests for infants and young children, and those with special needs; accept most insurances, referral may be necessary;

1673 Rt 88 West, Brick NJ **(732) 746-4604**

Ocean County Audiology Center Provide variety of methods of hearing screening and testing from newborn through adult; accept most insurances, referral may be necessary;

921 E County Line Road | Lakewood, NJ. 08701 (732) 987-6590

Holiday Plaza Hearing Center Provides variety of methods of hearing screening and testing from newborn through adult; accept most insurances, referral may be necessary;

3 Plaza Drive, Suite 8 Toms River, NJ **(732) 831-7300**

(Detach and return to VIP Child Development Center)

- ☐ I will contact one of the above providers to have my child screened.
- ☐ My child does not need to be screened. We have our own private provider.
- ☐ I do not wish to have my child screened.

X

Parent Signature

DENTAL WAIVER

The sooner children begin getting regular dental checkups, the healthier their mouths will stay throughout their lives. Early checkups help prevent cavities and tooth decay, which can lead to pain, trouble concentrating and other medical issues. Youngsters with healthy teeth chew food easily, learn to speak clearly and smile with confidence.

The American Dental Association and the American Academy of Pediatrics say that every child should visit a dentist by age 1 – or as soon as the first tooth appears. This “well baby visit” teaches parents and caregivers how to care for their children’s teeth and help them remain cavity-free.

Many of the clinics have financial and/or residency requirements. Patients should be advised to call for an appointment and ask about required documentation regarding income or residency. The New Jersey Dental Clinic suggestions is to assist people who have difficulty accessing dental care due to insurance or financial constraints.

Here is a suggested list of New Jersey Dental Clinics in Ocean County

| OCEAN | Days\Hours | Age | Payment Method(s) | Services |
|--|---|----------------------|--|--|
| Center for Health Education, Medicine, & Dentistry (CHEMED)* 1771 Madison Avenue Lakewood, New Jersey 08701 732-534-8061 | Monday - Thursday 8:00 am - 9:00 pm Friday 8:00 am - 2:00 pm Sunday 9:00 am - 6:00 pm | All Special Needs | Medicaid NJ Family Care Private Insurance Self-Pay Sliding Scale | Preventive Restorative Prosthodontics Pedodontics-limited |
| Ocean Health Initiatives* 101 2 nd Street Lakewood, New Jersey 08701 732-363-6655 | Monday - Saturday 8:00 am - 4:30 pm | All | Medicaid NJ Family Care Private Insurance Self-Pay Sliding Scale | Preventive Restorative Oral Surgery-simple |
| Ocean Health Initiatives* 301 Lakehurst Road Toms River, New Jersey 08753 732-363-6655 | Monday, Friday, Saturday 8:00 am - 4:30 pm Tuesday, Wednesday, Thursday 8:00 am - 8:00 pm | All Special Needs | Charity Care Medicaid NJ Family Care Private Insurance Self-Pay Sliding Scale | Preventive Restorative Pedodontics Oral Surgery-simple |
| NOTE: Limited to Ocean County | | | | |

(Detach and return to VIP Child Development Center)

- ☐ I will contact one of the above providers to have my child screened.
- ☐ My child does not need to be screened. We have our own private provider.
- ☐ I do not wish to have my child screened.

X

Parent Signature

Sunscreen Permission Form

Please provide the following materials and give our staff permission to use the indicated measures to help your child stay safe in the sun while in our care:

I, _____ agree to supply the
Name of parent(s)/legal guardian(s)
following for my child _____ on _____
Legal name of enrolled child Date

Broad-spectrum (UVA and UVB), PABA (preferably alcohol) free sunscreen, SPF 15 or greater, that is not an aerosol or spray.

Additional suggested items to be supplied by parents/guardians to VIP:

1. Wide-brimmed ($\pm 3''$ brim) hat that shades the face, ears, and neck
2. Child-sized sunglasses, polycarbonate or impact-resistant, labeled with 99% to 100% UV lens protection, or prescription glasses with UV protective coating
3. Lip balm with SPF 15 or greater
4. Light-colored, lightweight, tightly woven, long-sleeved shirts and long pants

☐ I give permission for my child to receive applications of sunscreen following the manufacturer's instructions.

☐ I understand that sunscreen will be applied 15 to 30 minutes before going outside and every two (2) hours as recommended by the manufacturer.

☐ If conditions warrant I give permission for VIP to apply insect repellent, it will be applied as recommended by the manufacturer.

Parent/legal guardian (print)

Parent/legal guardian (signature)

VIP Child Development Center
Facility (early learning or school-aged program)

Sun Safety Permission Form shall remain in effect unless VIP Child Development Center receives written changes.



Permission to Wear Sandals/Flip-Flops



Child's Name: _____

Although it is VIP Child Development's Policy that all enrolled students wear closed toed shoes; By signing this form I give my child permission to wear sandals or flip-flops while in attendance. I acknowledge that injury may occur and will not hold VIP or its staff responsible.

Parent/Guardian Signature: _____

Date: _____



Insect Repellent Permission Form



I give VIP Child Development Center personnel permission to
apply insect repellent,

_____ to _____
(Name of sunscreen/insect repellent) (Name of child)

From: _ To: _ (not to exceed one year)

All insect repellent will be provided by the parent/guardian in the original container, with a valid expiration date, where applicable, labeled clearly with the child's name, and given directly to the child's teacher. Insect repellent be applied to a child on an as needed basis based on guidelines from the American Academy of Pediatrics.

Special Instructions:

Parent/legal guardian (print)

Parent/legal guardian Signature

Date



VIP Child Development Center
1851 Hooper Avenue Suite 4
Toms River, New Jersey 08753
732-255-2500, (fax) 732-255-1395
VIPkids1851@gmail.com



Permission Slip for Stroller Walks

I, _____, give permission for my child _____
to go on occasional stroller walks around the property of VIP Child Development Center under
close supervision of the VIP staff.

Parent Signature: _____

Date: _____



VIP Child Development Center
1851 Hooper Avenue Suite 4
Toms River, New Jersey 08753
732-255-2500, (fax) 732-255-1395
vip_childdevelopment@yahoo.com



Diaper Ointment/Cream Permission Form

Authorization must be provided for staff to apply over-the-counter topical ointments, topical teething ointment or gel, lotions, and/or creams. Due to licensing we are not permitted to use baby powder without written permission from your child's doctor.

Item must be provided in its original container and labeled clearly with the child's name. Staff will keep items out of reach of children when not in use.

Child's Name: _____

Name of Ointment/Powder: _____

Amount: _____

Use From: ____/____/____ to: ____/____/____

Permission may be given for up to 12 months

Apply to:

- ☐ all exposed skin
- ☐ face only

- ☐ diaper area
- ☐ other (specify) _____

When:

- ☐ before going outside in the afternoon
- ☐ after each diaper change

- ☐ after a bowel movement
- ☐ other (specify) _____

We cannot accept "as needed"

I give permission to my child care provider to apply the medication listed above as instructed.

Parent/Guardian Name (please print)

Parent/Guardian Signature

Date



VIP Child Development Center
1851 Hooper Avenue Suite 4
Toms River, New Jersey 08753
732-255-2500, (fax) 732-255-1395
Vipkids1851@gmail.com



WATER PLAY PERMISSION FORM

I hereby give permission for my child(ren), _____, to participate in water play in the playground or other designated area at the school during the years he/she attends the school. I agree that VIP Child Development Center, its teachers and any parents who may accompany the class, will not be held liable for any damage or injury that my child may sustain during play.

Parent/Guardian Signature

Date

VIP Child Development Center
1851 Hooper Avenue Suite 4
Toms River, New Jersey 08753
732-255-2500, (fax) 732-255-1395
vipkids1851@gmail.com

Walking permission slip

I hereby give permission for my child to participate in walking trips within a 1-mile radius within the neighborhood around the center. I understand that the walking route is within the center's neighborhood, includes no known safety hazards, and that the walks will not involve entrance into any facility other than the following: Bubba Koo's, Philly Pretzel Factory, and other stores located at Rand's Plaza.

Child's Name: _____

Parent / Guardian's Signature: _____

Date: _____

VIP Child Development Center
1851 Hooper Avenue Suite 4
Toms River, New Jersey 08753
732-255-2500, (fax) 732-255-1395
vip_childdevelopment@yahoo.com



Bouncy House Permission Slip

I hereby give permission for my child to participate in playing on our bouncy house, under close supervision from VIP staff

Child's Name: _____

Parent / Garden's Name: _____

Date: _____