

ENROLLMENT APPLICATION



Ring around the Rosie...

NURSERY SCHOOL AND DAY CARE CENTER

218 Garfield Avenue • PO Box 347
Island Heights, NJ 08732

www.ratrpreschool.com

(732) 929-9008

FAX (732) 929-4647



Like us on [Facebook.com/RingAroundTheRosiePreSchool](https://www.facebook.com/RingAroundTheRosiePreSchool)

ENROLLMENT APPLICATION

Child's Name _____

Address _____

Home Telephone Number _____

Date of Birth _____

Sex _____

Social Security Number _____

Pediatrician's Name _____

Address _____

Telephone Number _____

Our center hours are Monday through Friday, 7am to 6pm
Below, please put an X in the days your child will be attending our center.

Monday	Tuesday	Wednesday	Thursday	Friday

Date your child will be starting _____

Our center hours are Monday through Friday, 7 AM until 6 PM
Students can be dropped off anytime after 7 AM and need to be
picked up by 6 PM. The only time your child cannot be picked up
is between 1:00 PM and 2:30 PM due to down time.

Unless prior arrangements have been made.

*Please remember Blue Room children need to be in by 10:00 AM.

Ring Around the Rosie offers a \$40.00 tuition credit for any student
that registers as a result of a referral.

If you were referred by someone, please write their name here:

Mother or Guardian's Name _____

Home Address _____

Mother or Guardian's Social Security Number _____

Telephone Number () _____

Mother or Guardian's Occupation _____

Place of Business _____

Business Address _____

Business Telephone Number () _____

Cell Phone () _____

Father or Guardian's Name _____

Home Address _____

Father or Guardian's Social Security Number _____

Telephone Number () _____

Father or Guardian's Occupation _____

Place of Business _____

Business Address _____

Business Telephone Number () _____

Cell Phone () _____

In case of emergency, please list two people other than above who we can contact.

Please list numbers in order of preference.

Name _____

Relation to Child _____

Phone () _____

Name _____

Relation to Child _____

Phone () _____

Please list people who will be picking up your child, other than yourself. Please let them know they will need to show their Driver's License or photo ID before the child will be released. A photocopy will be made for your child's safety. No child will be released to anyone under 16 years of age.

Name _____

Address _____

Name _____

Address _____

Name _____

Address _____

Name _____

Address _____

Name _____

Address _____

Name _____

Address _____

GETTING TO KNOW YOUR CHILD

Child's Name _____

Age _____

Allergies _____

Food(s) your child dislikes _____

Does your child have any fears that you are aware of?

What does your child find soothing or comfortable?

Can the staff at Ring Around the Rosie take pictures of your child for Special Events? _____

Use the space below for any additional information you wish to share about your child.

PHYSICALS & IMMUNIZATIONS

Pre School Age

Before any pre school age child can attend our school we will need a copy of their most recent immunization records with the Universal Child Health Record. The needed forms are attached.

MEDICATIONS

Ring Around the Rosie will administer medication only as per the policy stated in the handbook. This is a very strict policy and will be upheld to the highest degree.

New Jersey Department of Health and Senior Services STANDARD SCHOOL / CHILD CARE CENTER IMMUNIZATION RECORD								
NAME OF CHILD (Last, First, MI)					DATE OF BIRTH (Mo./Day/Yr.)		SEX <input type="checkbox"/> M <input type="checkbox"/> F	
NAME OF PARENT/GUARDIAN					TELEPHONE NUMBER(S)			
ADDRESS								
ADDRESS					IMMUNIZATION REGISTRY NUMBER			
VACCINE TYPE	1ST DOSE MO/DAY/YR	2ND DOSE MO/DAY/YR	3RD DOSE MO/DAY/YR	4TH DOSE MO/DAY/YR	5TH DOSE MO/DAY/YR	LEAD SCREENING (Not Required)		
DIPHTHERIA, TETANUS, PERTUSSIS (DTaP) or any combination (If Td or DT ⁽¹⁾ , indicate in corner box)						TEST DATE RESULT		
POLIO-INACTIVATED POLIO VACCINE (IPV) (If oral vaccine, indicate OPV in corner box)								
MEASLES, MUMPS, RUBELLA (MMR)						⁽⁵⁾ Document below single antigen vaccine receipt, serology titers, or varicella disease history		
HAEMOPHILUS B (HIB) ⁽²⁾								
HEPATITIS B ⁽³⁾						Hepatitis B	DATE:	TITER:
VARICELLA ⁽⁴⁾						Varicella	DATE:	TITER:
PNEUMOCOCCAL CONJUGATE ⁽²⁾						Measles	DATE:	TITER:
INFLUENZA ⁽⁶⁾						Mumps	DATE:	TITER:
OTHER, SPECIFY:						Rubella	DATE:	TITER:
<input type="checkbox"/> Provisional Admission Attached - Date Granted: _____ <input type="checkbox"/> Medical Exemption Attached <input type="checkbox"/> Religious Exemption Attached								

⁽¹⁾ REQUIRES MEDICAL EXEMPTION.
⁽²⁾ REQUIRED FOR CHILD CARE/PRESCHOOL ENROLLEES (2 Months - 5th Birthday Only)
⁽³⁾ REQUIRED FOR K-GRADE 1 (whichever is first), GRADE 6 BEGINNING 9-1-01, AND GRADES 9-12, EFFECTIVE 9-1-04.
⁽⁴⁾ REQUIRED FOR DAY/CHILD CARE ENROLLEES (19 Months and older) AND GRADE K-GRADE 1 (whichever is first) EFFECTIVE 9-1-04.
⁽⁵⁾ MMR single antigen receipt requires MO/DAY/YR, serologies require titers, and varicella disease history requires MO/YR.
⁽⁶⁾ REQUIRED FOR CHILD CARE/PRESCHOOL ENROLLEES (6 Months - 59 Months)

IMM-8
MAR 08

J0012

Please feel free to use your Doctor's Immunization Record if you prefer. A copy will be required with this application.

Every child must have the following Immunizations required by state law, before starting at Ring Around the Rosie Pre School:

- | | | | |
|-----------|-------------|-------|---------------------------|
| 4 - DTP | 1 - Measles | } MMR | 1 - Haemophilolol B (HIB) |
| 3 - Polio | 1 - Mump | | 1 - Varicella/Varivax |
| | 1 - Rubella | | 1 - Pneumococcal |
| | | | 1 - Influenza yearly |

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

Section 1 - Parent

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

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

Section 2 - Health Care Provider

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

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

UNIVERSAL CHILD HEALTH RECORD

American Academy of Pediatrics
New Jersey Chapter

Endorsed by:
New Jersey Department of
Health and Senior Services

New Jersey Academy of
Family Physicians

SECTION I - TO BE COMPLETED BY PARENT(S)

Child's Name (Last)		(First)	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 (Mother)		Home Telephone Number	Work Telephone/Cell Phone Number
Parent/Guardian Name (Father)		Home Telephone Number	Work Telephone/Cell Phone Number
I give my consent for my child's Health Care Provider and Child Care Provider/School Nurse to discuss my child's health concerns.			
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)																			
IMMUNIZATIONS		<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 modifications:		<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	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">Type Screening</td> <td style="width: 20%;">Date Performed</td> <td style="width: 60%;">Note if Abnormal</td> </tr> <tr> <td>Hgb/Hct</td> <td></td> <td>Hearing</td> </tr> <tr> <td>Lead: <input type="checkbox"/> Capillary <input type="checkbox"/> Venous</td> <td></td> <td>Vision</td> </tr> <tr> <td>TB (mm of Induration)</td> <td></td> <td>Dental</td> </tr> <tr> <td>Other:</td> <td></td> <td>Developmental</td> </tr> <tr> <td>Other:</td> <td></td> <td>Scoliosis</td> </tr> </table>	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
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TB (mm of Induration)		Dental																			
Other:		Developmental																			
Other:		Scoliosis																			
Name of Health Care Provider (Print)																					
Signature/Date																					

TUITION & FEES

A onetime family registration fee of \$40.00 must be paid prior to enrollment when completing the application.

Tuition: 1/2 Day Program: \$30.00 per day
Full Day Program: \$49.00 per day

Weekly or Monthly payments are available. If paying weekly, all money for the next week is payable by Friday of the prior week. If paying monthly, all money will be paid by the 10th of the month for that month. If paying by check, please make it payable to Ring Around the Rosie Preschool. All accounts 30 days over due will be subject to an 18% annual Interest charge and \$10.00 late fee.

School will be closed for the following Holidays;

Good Friday

Memorial Day

Fourth of July

Labor Day

Thanksgiving

Friday after Thanksgiving

Christmas Eve through New Years Day

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

By my signature, I attest:

- I have received the parent handbook, including the Information to Parents Statement and Expulsion Policy.
- the information I filled out is correct
- that in the event of a medical emergency, I authorize, Ring Around the Rosie to seek emergency medical care for my child as deemed necessary. I understand that I will be contacted should treatment be necessary and that my pediatrician will be called.
- that I understand the payment and pick up schedule of the center. I understand that if the required fee is not paid, my child will be excluded from child care service.
- In case of an emergency evacuation, I give Ring Around the Rosie permission to leave the center with my child.

Parent or Guardian

Ring Around the Rosie Staff

Date

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/.

POLICY ON THE MANAGEMENT OF COMMUNICABLE DISEASES

If a child exhibits any of the following symptoms, the child should not attend the center. If such symptoms occur at the center, the child will be removed from the group, and parents will be called to take the child home.

- Severe pain or discomfort
- Acute diarrhea
- Episodes of acute vomiting
- Elevated oral temperature of 101.5 degrees Fahrenheit
- Lethargy
- Severe coughing
- Yellow eyes or jaundice skin
- Red eyes with discharge
- Infected, untreated skin patches
- Difficult or rapid breathing
- Skin rashes in conjunction with fever or behavior changes
- Skin lesions that are weeping or bleeding
- Mouth sores with drooling
- Stiff neck

Once the child is symptom-free, or has a health care provider's note stating that the child no longer poses a serious health risk to himself/herself or others, the child may return to the center unless contraindicated by local health department or Department of Health.

EXCLUDABLE COMMUNICABLE DISEASES

A child or staff member who contracts an excludable communicable disease may not return to the center without a health care provider's note stating that the child presents no risk to himself/herself or others.

Note: If a child has chicken pox, a note from the parent stating that all sores have dried and crusted is required.

If a child is exposed to any excludable disease at the center, parents will be notified in writing.

COMMUNICABLE DISEASE REPORTING GUIDELINES

Some excludable communicable diseases must be reported to the health department by the center. The Department of Health's Reporting Requirements for Communicable Diseases and Work-Related Conditions Quick Reference Guide, a complete list of reportable excludable communicable diseases, can be found at http://www.nj.gov/health/cd/documents/reportable_disease_magnet.pdf.

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 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 leaving the center is placed in a carseat in the back seat of the vehicle;
2. The child may not be released to such an impaired individual;
3. Staff members attempt to contact the child's other parent or an alternative person(s) authorized by the parent(s); and
4. 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-aged child care programs, no child shall be released from the program unsupervised except upon written instruction from the child's parent(s).

EXPULSION POLICY

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

The following are reasons we may have to expel or suspend a child from this center:

IMMEDIATE CAUSES FOR EXPULSION:

- The child is at risk of causing serious injury to other children or himself/herself.
- Parent threatens physical or intimidating actions toward staff members.
- Parent exhibits verbal abuse to staff in front of enrolled children.

PARENTAL ACTIONS FOR CHILD'S EXPULSION:

- Failure to pay/habitual lateness in payments.
- Failure to complete required forms including the child's immunization records.
- Habitual tardiness when picking up your child.
- Verbal abuse to staff.
- Other (explain)

CHILD'S ACTIONS FOR EXPULSION:

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

SCHEDULE OF EXPULSION:

If after the remedial actions above have not worked, the child's parent/guardian will be advised verbally and in writing about the child's or parent's behavior warranting an expulsion. An expulsion action is meant to be a period of time so that the parent/ guardian may work on the child's behavior or to come to an agreement with the center. The parent/guardian will be informed regarding the length of the expulsion period and the expected behavioral changes required in order for the child or parent to return to the center. The parent/guardian will be given a specific expulsion date that allows the parent sufficient time to seek alternate child care (approximately one to two weeks' notice depending on risk to other children's welfare or safety). Failure of the child/parent to satisfy the terms of the plan may result in permanent expulsion from the center.

A CHILD WILL NOT BE EXPELLED

If a child's parent(s):

- Made a complaint to the Office of Licensing regarding a center's alleged violations of the licensing requirements.
- Reported abuse or neglect occurring at the center.
- Questioned the center regarding policies and procedures.
- Without giving the parent sufficient time to make other child care arrangements.

PROACTIVE ACTIONS THAT CAN BE TAKEN IN ORDER TO PREVENT EXPULSION:

- | | |
|---|---|
| • Try to redirect child from negative behavior. | • Document the child's disruptive behavior and maintain confidentiality. |
| • Reassess classroom environment, appropriate of activities, supervision. | • Give the parent/guardian written copies of the disruptive behaviors that might lead to expulsion. |
| • Always use positive methods and language while disciplining children. | • Schedule a conference including the director, classroom staff and parent/guardian to discuss how to promote positive behaviors. |
| • Praise appropriate behaviors. | • Give the parent literature or other resources regarding methods of improving behavior. |
| • Consistently apply consequences for rules. | • Recommend an evaluation by professional consultation on premises. |
| • Give the child verbal warnings. | • Recommend an evaluation by local school district study team. |
| • Give the child time to regain control. | |

FACEBOOK POLICY



www.facebook.com/ringaroundtherosiepreschool

Please feel free to like our page!  **Like**

We would like to put pictures and videos of the children on our Facebook Page. We will **NOT** be using names for identification purposes. All pictures that will be taken for our Facebook Page will be taken by a school camera or the Director's cell phone. After pictures are uploaded on the page the Director will delete all pictures. By State Law we need parent's permission.

****Don't forget to visit our website at www.ratrpreschool.com****

I, _____ give Ring Around The Rosie permission to use
(Parent or Guardian)

_____ 's picture and/or video on their Facebook page.
(Child's name)

WE ARE A
NUT-FREE
SCHOOL!

THIS INCLUDES
PEANUTS AND
ALL TREE NUTS.

THANK YOU!

In keeping with New Jersey's child care licensing requirements, we are obliged to provide you, as the parent or guardian of a child enrolled at our center, with the following information.

By my signature, I attest:

- I have received the parent handbook, including the information to Parents Statement, Parent and Staff Preferred Notification Policy, Management of Communicable Disease :Policy, Expulsion Policy, Policy on the Release of Children and the Social Media Policy.
- The information I filled out is correct.
- That in the event of a medical emergency, I authorize, Ring Around The Rosie to seek emergency medical care for my child as deemed necessary. I understand that I will be contacted should treatment be necessary and that my pediatrician will be called.
- That I understand the payment and pick up schedule of the center. I understand that if the required fee is not paid, my child will be excluded from child care services.
- In case of an emergency evacuation, I give the staff at Ring Around The Rosie permission to leave the center with my child. I understand that the Island Heights Emergency Management Team will make the decision if evacuation is necessary. I understand that my child will evacuate to the Island Heights Fire House located on Lake Ave in Island Heights or Ocean County College located on Hooper Ave in Toms River. The Emergency Management Team will transport staff and children by bus.

Parent or Guardian Signature_____

Date_____

Ring Around The Rosie Staff_____

Date_____