

Application for Child's Enrollment

C H I L D	Name of Child	
	Date of Birth	
	Home Address	

P A R E N T	Mother		Father	
	Name		Name	
	Home & Cell Phone	(   ) (   )	Home & Cell Phone	(   ) (   )
	Home Address		Home Address	
	Email Address		Email Address	

\*By providing your email address, you will receive home-school communication.\*

W O R K	Mother Work		Father Work	
	Name of Business		Name of Business	
	Work Phone	(   )	Work Phone	(   )
	Work Address		Work Address	

E M E R G E N C Y	Person(s) authorized to pick up your child and/or contact in case of an emergency if neither parent is available to resume responsibility for the child.			
	Name of Contact #1		Name of Contact #2	
	Phone #	(   )	Phone #	(   )
	Relationship to child		Relationship to Child	
	Address		Address	

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

C U S T O D Y	<p>Name of person PROHIBITED from picking up the child: _____</p> <p>If a non-custodial parent is not included among those persons authorized by the custodial parent to pick up the child, please explain below and attach a copy of appropriate court order.</p>
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E M E R G E N C Y	<p>I have completed the medical emergency permission form, which authorizes the center to seek emergency medical care for my child as deemed necessary by the Director of the director's designee.</p> <p>Parent's Signature _____ Date: _____</p>
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P O L I C I E S	<p>I attest that all of the information on this application is accurate, and that I have received the following information for my home records:</p> <ol style="list-style-type: none"> <li>1. Policy on the release of children</li> <li>2. Noah's Ark Discipline Philosophy</li> <li>3. Policy on the Management of Illness/Communicable Diseases</li> <li>4. Information to Parents Document</li> </ol> <p>Parent's Signature _____ Date _____</p>
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**Noah's Ark Academy**  
**Parental Authorization For Emergency Treatment**

<u>Child's Name</u>			
Age		Date of Birth	
Address			
Parent(s) Name(s)			
Parent(s) Address			

**Child's Medical Information**

Medical Conditions	
Allergies	
Medicine(s) child is taking	
Medicine(s) child is allergic to	
Name of Child's Doctor	
Doctor's Telephone	

**Child's Insurance**

Company/HMO	
Group Number	
Identification Number	

I state that I am the parent/guardian having legal custody of the above child and attest that the information above is correct. I authorize a staff member of Noah's Ark Academy to provide or obtain emergency treatment for my child. I consent to an x-ray examination, anesthetic, medical or surgical diagnosis or treatment, and hospital care to be rendered to the minor at a recognized medical facility, under the general or special supervision of a licensed physician or surgeon.

The following steps will be followed in case of an emergency:

1. The parent/guardian will be contacted.
2. The child's physician will be contacted.
3. We will attempt to contact you through all of the emergency persons listed on the child's application form.
4. If and when we cannot contact/reach you or your child's physician, we will do any or all of the following:
  - a. Call for emergency first aid assistance/transportation
  - b. Call another physician
  - c. Have the child transported to an emergency hospital in the company of a staff member.

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

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

Date Permission Terminated: \_\_\_\_\_

Noah's Ark  
900 Raritan Ave  
Highland Park, NJ 08904

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The following people are authorized to pick up my child, or children on any given day.

Name _____	
Address _____ _____	
Phone # _____	Cell # _____
Relationship to Child: _____	

Name _____	
Address _____ _____	
Phone # _____	Cell # _____
Relationship to Child: _____	

I understand that if someone other than myself (or another legal guardian), is to pick up my child from school, I will immediately notify the school with authorization. No child will be released from the school, unless the staff is given authorization and provided proper photo identification at time of pick up. Children will only be released to those whom are at least 18 years of age and listed on this form or personalized authorization letter/form from guardian.

I understand that if my family is enrolled in the e-Child Care program, all authorized pick ups must know how to use the POS machine/e-Child Care card/telephone system.

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

Noah's Ark Preschool  
Blanket Permission Slips

Child's Name		Date of Birth	
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Walk Permission Slip

I give my child permission to participate in walking trips within the center's neighborhood. Our infant/toddlers will utilize the school "buggy" stroller for neighborhood walks. I understand that all necessary precautions will be taken to ensure the safety of my child and release Noah's Ark of any liability.

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

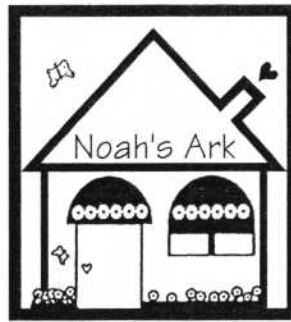
Photograph/Video Permission Slip

I give my child permission to be photographed/ videoed:

\_\_\_\_ For Noah's Ark's Face book page, website and newsletters. Posting on social media is a great visual tool to be kept informed on classroom activities/events.

\_\_\_\_ For school use only (display in the classroom and use in child's portfolios).

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



Noah's Ark Preschool, 900 Raritan Avenue, Highland Park, NJ 08904

Karen Marino, Executive Director

As noted in the Parent Handbook, in the event that it is determined that staff and children need to evacuate to an alternate location, staff will walk with the children to:

Studio 808  
808 Raritan Ave  
Highland Park, NJ 08904

Safety is our first priority. To best prepare staff and children, we will have unannounced emergency evacuations held at random times throughout the school year. Please complete below to acknowledge that you are aware of this policy and understand that your child will take part in the emergency evacuation drills.

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

Parent's Signature \_\_\_\_\_

Date \_\_\_\_\_

## Noah's Ark Tuition and Attendance Policies

In order to ensure that all families at Noah's Ark understand and agree to abide by school policy, we ask that you initial each box and sign at the end of the following policy statement.

### Tuition Payments

- Regular tuition fees are due 15 days in advance of service.
- Full payment for the month is due every 15<sup>th</sup> of the month prior, whether or not the child attends. This is not the deposit. You are paying in advance of service.
- The expectation that every family will take a two-week vacation has already been incorporated to the yearly tuition, as well as the number of yearly school holidays.
- All school holidays, snow days, sick days, and family vacations must be paid for with no exceptions. If a child is absent for any length of time, the child's space must be paid for or it will be given to another child on our waiting list.
- When the 15<sup>th</sup> of the month falls on a weekend the tuition is due on the Friday prior to the 15<sup>th</sup>.
- Tuition is considered overdue after the 18<sup>th</sup> of the month, and a late fee will be charged.
- Catholic Charities co-pays need to be paid on the 15<sup>th</sup> of each month prior to the service.
- If you are on the automatic credit card payment plan your card will be charged on the 15<sup>th</sup> of each month for the upcoming month. To enroll in this program, you will need to complete the credit card authorization form (Only completed forms with signature will be accepted for credit card payments)

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Please initial this box stating that you have read and agree to our Tuition Payment Policy.

### Late Fees

- When tuition is overdue, a late fee of \$20 per week will be charged.
- A \$25 late fee will be charged for any check returned by the bank for insufficient funds.
- A late fee of \$1/minute is payable in cash immediately for late pick-ups, to the staff that remained with your child (not Noah's Ark). School hours are as follows: Full day- 7:00am-5:00pm 8:00am-6:00pm, and Half Day- 8:00am-12:00pm/1:00pm-5:00pm.
- Late fees for late pick-ups will double when outstanding fees are not paid 2 weeks from the late pick up.
- Please keep in mind, as per DYFS requirements; your child is only permitted to be in school up to a maximum of 10 hours per day.

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Please initial this box stating that you have read and agree to our Late Fee Policy.

### Attendance/Medication Policy

- Children are asked to be present at school each day by 9:00 am.
- If you are running late or your child will be absent you are required to call the school and inform a staff member of your lateness/absence by 9:00 am.
- After 3 consecutive days of absence from school your child will need a note to accompany their return. If they were sick, you must provide the school with a Doctor's note explaining the child's illness and date they are permitted to return to the school.
- Medication will not be administered in school without an original doctor's note/prescription. Faxed doctor's notes will not be accepted.
- No over the counter/prescription medication will be administered without a doctor's note.
- Children with long-term conditions such as asthma or allergies, that require nebulizers or epi-pens must have a doctor's note and special action plan in their file explaining their long-term condition. Please notify Director for proper forms to be completed by the child's physician.
- Your child's physician must update physicals yearly, and keep immunizations up to date. Without a yearly updated physical/immunizations your child will not be permitted to attend school.
- If your child has a special diet requirement due to religious restrictions, a note must be kept on file explaining their diet needs.



- If you are making any changes to your child's enrollment (switching from a full time to part time program, or changing your child's 3 day program to a 5 day program), you must put your request for change in writing a minimum of 4 weeks prior to the date of change.

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Please initial this box stating that you have read and agree to our Attendance/Medication Policy.

### Withdrawal Procedures

- All parents must give a minimum of 6 weeks notice in writing when withdrawing from the center. This notice will allow us to offer another family your child's space in the class.
- When notice is given: Monies DO NOT become refundable. Your two-week deposit will be applied to tuition only.
- Your two-week deposit will be applied to days ahead to determine your child's last day of school.
- Tuition payments will be applied to tuition only.
- Your two-week deposit can only be applied to the end of the school year that your child attended prior to withdrawal.
- If you do not give a minimum of 6 weeks written notice, you may not apply your two-week deposit to the last month's tuition. (As no monies are refunded for any reason)

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Please initial this box stating that you have read and agree to our Withdrawal Policy.

### Refund Policy

- There are no refunds given for any reason. This includes the following:
  - No credit is given for common childhood illness, holidays, snow days, emergency closings, or vacation time.
  - Your two week deposit is non refundable and will be applied to the end of your child's last two weeks of enrollment, as long as you give 6 six weeks written notice of withdrawal from our program.
  - Tuition payments are non refundable.
  - Field trip payments are non refundable because they are paid in advance.

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Please initial this box stating that you have read and agree to our Refund Policy.

### When any of these areas is neglected, the student's enrollment may be subject to dismissal.

We have received and read the Tuition and Attendance Policies. Our signature below confirms our understanding and acceptance of these rules. It is understood that this statement calls for compliance, not necessarily agreement.

By signing below, I promise to pay for services in accordance with the terms of Noah's Ark as stated above. If at any time, for any reason, the undersigned does not pay Noah's Ark for these services as due, I agree to pay and authorize Noah's Ark to bill our account a service charge of 1 ½ % per month or the maximum amount allowed by law, whichever is higher, in addition to any late charges mentioned above.

In the event that it becomes necessary for Noah's Ark to incur collection agency costs or legal fees associated with the enforcement of unpaid debt, or any portion thereof, the undersigned agrees and promises to pay any and all such additional collection costs, charges and expenses including reasonable attorney's fees if the account is placed with an attorney for collection.

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

Parent's Name (please print) \_\_\_\_\_

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_



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

Under provisions of the Manual of Requirements for Child Care Centers (N.J.A.C. 10:122), every licensed child care center in New Jersey must provide to parents of enrolled children written information on parent visitation rights, State licensing requirements, child abuse/neglect reporting requirements and other child care matters. The center must comply with this requirement by reproducing and distributing to parents this written statement, prepared by the Office of Licensing, Child Care & Youth Residential Licensing, in the Department of Children and Families (DCF). In keeping with this requirement, the center must secure every parent's signature attesting to his/her receipt of the information.

\* \* \* \* \*

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

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

Our center must have on the premises a copy of the Manual of Requirements for Child Care Centers and make it available to interested parents for review. If you would like to review our copy, just ask any staff member. Parents may secure a copy of the Manual of Requirements by sending a check or money order for \$5 made payable to the "Treasurer, State of New Jersey", and mailing it to: NJ Department of Children and Families, 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 Office of Licensing's Inspection/Violation Reports on the center, which are issued after every State licensing inspection of our center. If there is a licensing complaint investigation, you are also entitled to review the Office's Complaint Investigation Summary Report, as well as any letters of enforcement or other actions taken against the center during the current licensing period. Let us know if you wish to review them and we will make them available for your review.

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

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

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

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

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

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

Our center is required to comply with the New Jersey Law Against Discrimination (LAD), P.L. 1945, c. 169 (N.J.S.A. 10:5-1 et seq.), and the Americans with Disabilities Act (ADA), P.L. 101-336 (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 to periodically review the Department of Law and Public Safety (DLPS), Division of Consumer Affairs (DCA), unsafe children's products list, make the list accessible to staff and parents, and ensure that items on the list are not at the center. The list is available at [www.state.nj.us/lps/ca/recall/recalls.htm](http://www.state.nj.us/lps/ca/recall/recalls.htm). Internet access may be available at your local library. For more information call the DLPS, DCA, toll-free at 1(800) 242-5846.

Anyone who has reasonable cause to believe that an enrolled child has been or is being subjected to any form of hitting, corporal punishment, abusive language, ridicule, harsh, humiliating or frightening treatment, or any other kind of child abuse, neglect, or exploitation by any adult, whether working at the center or not, is required by State law to report the concern immediately to the State Child Abuse Hotline, toll free at 1 (877) NJ ABUSE. Such reports may be made anonymously. Parents may secure information about child abuse and neglect by contacting: DCF, Office of Communications and Legislation at (609) 292-0422 or go to [www.nj.gov/dcf](http://www.nj.gov/dcf) and select Publications.



Noah's Ark Preschool, 900 Raritan Avenue, Highland Park, N.J. 08904

Karen Marino, Executive Director

Dear Noah's Ark Families,

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

The statement highlights, among other things: your right to visit and observe our center at any time without having secure prior permission; the center's obligation to be licensed and to comply with licensing standards; and the obligation of all citizens to report suspected child abuse/ neglect/exploitation to the State Child Abuse Hotline 1(877) NJ ABUSE.

Please read the Department of Children and Families Office of Licensing Information to Parents statement carefully, and if you have any questions, feel free to contact me at (732) 985-0001. To show our compliance with the state's requirements, please complete the bottom of this letter and return with your child's registration paperwork.

Kind Regards,

Karen Marino

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

Name of Parent(s): \_\_\_\_\_

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

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

# Noah's Ark Academy



## KEY CARDS

To ensure the safety of our children, all families registered at Noah's Ark are required to have a minimum of one key per family. We encourage two keys per family however, you may order more or less according to your families needs.

Keys may only be given to immediate family members that are on your child's pick-up authorization form. Noah's Ark must be notified immediately in the event of a lost or stolen key.

Keys must be returned to Noah's Ark at time of withdrawal.

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

Quantity: \_\_\_\_\_

Amount Included: \_\_\_\_\_

(Price is \$10 each. Please make check payable to Noah's Ark.)

**Noah's Ark  
Family & Child Information Questionnaire**

**Please tell us about your Family:**

What language(s) are spoken at home?

What are some activities your family enjoys doing together?

Is this your child's first early childhood program experience? If not, please tell us about your child's prior experience(s).

What is the best way for our program to exchange information with you about your child? (EX: phone, in person, email)

What is your occupation/role at your place of employment?

**Please tell us about your favorite activities and special interests:**

What are some of your child's favorite activities?

With whom does your child play? How do they play together? What do they play together?

What is your child most interested in right now? How can you tell?

Does your child have favorite toys? How does your child play with them?

What books does your child like to read? Does your child read alone or with you?

What songs does your child know and like to sing?

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**Arrival/Departure**

What time will you usually arrive at the center?

What will help you and your child say good-bye to each other each morning?

What time will you usually pick up your child?

What will help you and your child say hello to each other at the end of the day?

**Mealtimes:**

Please describe your child's mealtimes and how your child eats or is fed:

What are some of your child's favorite foods? What does your child dislike?

Is your child sensitive or allergic to any foods? If so, please list them and provide appropriate documentation from your child's pediatrician.

Are there any foods you try avoid having your child eat?

**Naptime/Resting:**

Does your child nap during the day? If so, what helps your child fall asleep?

When and how long does your child usually sleep--both during nap(s) and at night?

If your child does not nap during the day, does your child have a rest time? What activities does your child usually do during this rest time?

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**Other Routines:**

Does your child use the toilet? If so, are there any special instructions for toileting? How does your child let you know that s/he needs to use the toilet?

If not, how often do you change your child's diaper? When does your child usually need a diaper change?

Is there anything special that we should know about dressing/undressing your child?

When did you begin toilet training your child? At what age was your child completely potty trained?

**Additional Information:**

What else would you like us to know about your child/family?

Child:		Date of Birth:	
Family Member(s):		Date:	



# UNIVERSAL CHILD HEALTH RECORD

American Academy of Pediatrics  
New Jersey Chapter

Endorsed by:  
New Jersey Department of  
Health and Senior Services

Your doctor must fill out this form with  
your child's most recent well visit. Also,  
Attach immunization records to this form.

**Note: Physicals expire one year from  
date.**

## SECTION I - TO BE COMPLETED BY PARENT(S)

Child's Name (Last) (First)		Date of Birth / /
Parent/Guardian Name (Mother)	Home Telephone Number	Work Telephone/Cell Phone Number
Parent/Guardian Name (Father)	Home Telephone Number	Work Telephone/Cell Phone Number
<b>I give my consent for my child's Health Care Provider and Child Care Provider/School Nurse to discuss my child's health concerns.</b>		
Signature/Date		This form may be released to WIC. <input type="checkbox"/> Yes <input type="checkbox"/> No

## SECTION II - TO BE COMPLETED BY HEALTH CARE PROVIDER

Date of Physical Examination:	Results of physical examination normal? <input type="checkbox"/> Yes <input type="checkbox"/> No
Abnormalities Noted:	Weight (must be taken within 30 days for WIC)
	Height (must be taken within 30 days for WIC)
	Head Circumference (if <2 Years)
	Blood Pressure (if ≥3 Years)

### IMMUNIZATIONS

- ☐ Immunization Record Attached  
☐ 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	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		

Name of Health Care Provider (Print)
Signature/Date

## 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 to discuss any health concerns 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](http://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 and some other programs. This section may be optional for routine child care settings but 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.
  - 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.

# Parent Handbook

## Table of Contents & Orientation

	Table of Contents	Initial once read/reviewed
1	Parent Responsibilities/Code of Conduct	
2	Admission	
3	Enrollment/Tuition	
4	Attendance	
5	Medication	
6	Health/Illness	
7	Safety & Emergencies	
8	Policy on the Release of Children	
9	Curriculum	
10	Parent Teacher Conferences	
11	Staff	
12	Open Door Policy	
13	Family Participation & Diversity	
14	Playground	
15	Meals	
16	Toilet Training	
17	Clothing	
18	Nap/Rest Time	
19	Discipline Policy	
20	Challenging Behavior	
21	Parking	
22	Security System	
23	Field Trips	
24	Items from home	
25	Dismissal/Expulsion Policy	
26	Confidentiality Policy	
27	Arrival/Departure Procedures	
28	Grievance Procedures	
29	Mandatory e-Child Care/ Wrap Around Training	
<b>New Brunswick Preschool Families Only:</b>		
30	Drop Off Policies	

I/we have read in its entirety the Noah's Ark Parent Handbook and understand all that is stated within. By signing below, I will cooperate with the facility and abide by the policies and procedures as noted within the handbook. Enrollment will only begin once signed below.

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

Director's Signature \_\_\_\_\_ Date \_\_\_\_\_