

Little Red Apple Learning Center
"Where Fun-Learning is the Rule"

RELEASE FORM

I, _____, hereby authorize release of my son/daughter, to the custody of the assigned individuals named below, in the event that I am unable to personally pick up my child.

I understand that the school **WILL NOT**:

1. Release my child to anyone who is not listed on this form.
2. Release any child to anyone, including those listed on this form, who can not provide proof of identification if requested by a staff member.
3. Release any child to anyone, including those listed on this form, who in the judgment of the staff member(s), appear(s) to be physically, mentally or emotionally impaired, and/or displays evidence of character which may place a child at suspected risk or peril in their immediate company.

Children will be released to both parents only if both parent's signatures appear on this form.

Substitutions, additions and changes should be made in person and in advance.

Substitutions, additions and changes can be made by phone only if the staff member can ascertain the verbal identity of the parent/guardian.

A parent can not delete their spouse from this form without official documentation from a judge, state agency, police department, etc., and LITTLE RED APPLE PRESCHOOL will not be held responsible in custody, separation, and divorce proceedings, without such.

Mother/Guardian/Spouse

Date

Father/Guardian/Spouse

Date

Assignee

Relationship

Address

Telephone

Assignee

Relationship

Address

Telephone

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EMERGENCY INFORMATION RECORD

Child's Name _____ Date of Birth _____

Address _____

Mother/Guardian/Spouse _____ Home Phone _____

Business Address _____ Bus. Phone _____

Father/Spouse _____ Home Phone _____

Business Address _____ Bus. Phone _____

Person(s) to contact if parents are unavailable:

Name _____ Relationship _____

Address _____ Phone _____

Name _____ Relationship _____

Address _____ Phone _____

Child's Pediatrician _____ Phone _____

Address _____

Hospital Preference _____

In the event that I cannot be contacted, I hereby grant permission for my child to receive any necessary emergency medical care or treatment. I understand that every effort will be made to contact me or my spouse before such action is taken. I will be responsible for the payment for such care or treatment.

Parent _____ Date _____

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MEDICAL EMERGENCIES

In the event of a medical emergency, if you hereby grant permission, we will take whatever steps necessary, to obtain immediate emergency medical care for your child.

These steps include:

1. Attempt to contact the parent(s)/guardians or other immediate family relative
2. Attempt to contact the child's physician, if we cannot contact a Parent/guardian or immediate family relative
3. Contact the School's physician, if we cannot contact you or your child's doctor, or is "time is of the essence" in the estimation of the staff
4. Call an ambulance
5. Have the child transported to Hackensack Meridian Health Palisades Medical Center, 7600 River Rd, North Bergen, NJ 07047

Little Red Apple Learning Center will not assume responsibility for situations that may occur as a result of falsified or fraudulent health information submitted at the time of enrollment; nor will we accept responsibility for your child when in the care of a medical professional.

Signature of Parent/Guardian

Date

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ENROLLMENT APPLICATION

Child's Name _____
(First) (Middle) (Last)

Sex: (Circle One) Male/Female/Undisclosed

Date of Birth _____

PARENTS:
Mother/Guardian/Spouse _____

Address _____

Employment _____

Business Phone # _____ Work Hours _____

Father/Spouse _____

Address _____

Employment _____

Business Phone # _____ Work Hours _____

ENROLLMENT

Number of days per week for enrollment _____ M T W T F (Circle Days)

A.M. Session _____ P.M. Session _____ F/T _____ P/T _____ Other _____

Parent Date

Parent Date

Weekly Tuition Rate - \$ _____ Special rate approved by: _____
Date child will enter program _____

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ENROLLMENT CONTRACT

Child's Name _____

will attend: **LITTLE RED APPLE LEARNING CENTER,
8539 85TH STREET, NORTH BERGEN, NJ 07047**

Beginning, _____

Check One: Full Time _____ Part Time AM _____ PM _____ Other _____

PLEASE CIRCLE DAYS: M T W T F

The weekly tuition rate for the child will be \$ _____

All tuition charges are payable in advance and due on Friday of each week. I have received a copy of the center's policies and procedures and agree to follow them in their entirety. I agree to pay the amount due in advance for the time that my child is enrolled. I understand that a late fee of \$20 will be assessed for payments received on the third business day after the payments are due, (Fridays). I may withdraw my child at any time by giving one week's written notice to the center's director. In addition to the first week's tuition charge, (upon enrollment), a non-refundable registration fee of \$75 will be additionally assessed at the time of enrollment

Parent's/Guardian's Signature

S.S.# _____

Date _____

(For School Use Only)

Receipt # _____ Received By: _____

Date of Entrance _____ Date of Withdrawal: _____

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BLANKET FIELD TRIP/LOCAL OUTINGS PERMISSION SLIP

I, _____, hereby grant permission for my son/daughter, (circle one), to participate in local neighborhood outings, as frequently as they occur.

Child's Name

Print Name

Signature of Parent/Guardian

Date

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Dear Parent/Guardian(s):

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

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

Please read this statement carefully and, if you have any questions, feel free to contact me at: 201-868-9696.

Sincerely,

John F. Portscher
Director

Little Red Apple Learning Center

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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://data.nj.gov/childcare_explorer.

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/.

PARENT/GUARDIAN RECEIPT OF INFORMATION:

- Information to Parents Document
- Policy on the Release of Children
- Positive Guidance and Discipline Policy
- Policy on Methods of Parental Notification
- Policy on Communicable Disease Management
- Expulsion Policy
- Policy on the Use of Technology and Social Media
- Center Policies Handbook

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

Child(ren)'s Name: _____

Parent/Guardian's Name: _____

Signature _____ Date _____