



# Application for Admission

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

Sex: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Toilet Trained: ☐ YES ☐ NO Scheduled Start Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Form of Deposit: ☐ Cash ☐ Credit Card ☐ Check #: \_\_\_\_\_

	Parent	Parent
Name:		
Home Address:		
City, State, Zip Code:		
Phone #:		
Cell #:		
*** <u>Email:</u>		
*Emergency Pick Up Name/Information: Phone #:		

*\* In case of emergency, the above individual is authorized by the parent(s) to pick up a child.  
The authorized individual MUST show I.D. prior to child being released.*

## Medical / Allergy Information

List All Allergies Below:	List Any Pertinent Medical Conditions:

**Does your child have any specific needs that we need to know about?**

**How did you learn about Steps to Success VII?**

**As a cooperative day care center, Steps to Success VII relies and respects parent involvement. How do you see yourself involved at our school?**

**Please list the 3 most important qualities you look for in a day care center:**

- 1.
- 2.
- 3.

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Parent Signature

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Date



# Program Agreement Form

I, \_\_\_\_\_, parent/guardian of \_\_\_\_\_,  
agree to pay \$\_\_\_\_\_ for my child's attendance at Steps To Success Daycare facility.

**\*\*\* I also understand that any deposits given to secure my child(ren)'s seat is non-refundable unless a 3 month notice prior to the start date is provided to Steps To Success. Furthermore, should I decide to postpone my child's start date, I understand and acknowledge that a onetime allowance is permitted for a postponement and should we decide not to attend after the postponement is granted, our deposit is relinquished immediately as the 3 month notice policy will NOT apply (the 3 month refund policy ONLY applies to the initial start date selected).**

Payment is due by the 5<sup>th</sup> of each month or I am liable for \$30.00 late fee. I understand that my child is permitted ONE (1) Vacation Week Credit (vacation time is considered 5 consecutive days and **MAY** include when Steps to Success is closed and non-operational for holidays or emergency closures) per year at no charge to me. In furtherance, I understand that my child is entitled to TWO (2) Sick Week Credits (5 consecutive school/OPERATIONAL days) per year for which I will be responsible for 50% of the tuition for that week ONLY. My year commences from the date that my child begins attending Steps to Success and will be construed as my official enrollment. I am aware that I may NOT rollover any unused sick / vacation days/credits into the following attending year. I am also aware that any credit for vacation or sick time is limited to ONLY ONE (1) week maximum per month. Sick / Vacation time is considered 5 consecutive days when Steps To Success is open and operational; hence, this excludes emergency closures. I am also aware that any credit for vacation or sick time is limited to ONLY ONE (1) week maximum per month. Please note, if you are vacationing in a "high risk COVID country," you MUST quarantine for 2 weeks upon your return. However, you will only receive a ONE (1) week credit as per this agreement providing that you still have a credit owed to you. No additional vacation credits will be applied.



Furthermore, if we are closed due to weather related conditions or events that are out of our control (i.e.: no electricity/heat, storm related disasters, floods) we are not liable and full tuition will be applied for that particular month ONLY. If we are closed due to any of the following unforeseen events below, in the first 5 days of closure, there will be no credit applied towards that month's tuition payment. In addition, we will ONLY provide credit for 50% of the remaining tuition paid for said month beyond the first 5 days. If we are closed beyond that month, you will not be required to pay tuition until our centers re-open:

1. Government forced shutdown
2. Department of Health Mandated Quarantine due to COVID cases
3. Pandemics
4. Force Majeure

In addition, it is our policy that if you remove your child for a given month(s) you are responsible for half of the month's tuition in order to hold your child's seat. The maximum amount of days your child is permitted to attend within the month that you have notified management of non-attendance is five (5). If you go beyond the five permissible days, you will be responsible for the entire month's tuition less any applicable vacation/sick credits that you may have available and have not exhausted in the last 12 months. If your child is out for 2 consecutive weeks and we are unable to reach you and/or you have not contacted us, your child's seat is subject to being forfeited.

Finally, Steps To Success LLC, and its agents reserve the right to terminate admission into said Day Care Facility if instances arise that can potentially be harmful or threatening to children attending the facility and/or staff/management performing their duties. Moreover, should a parent/guardian of an attending child constitute a threat, either mental or physical to any of the employees, management, or a child attending said Day Care Facility, management reserves the right to preclude admission. Additionally, in the event that your child requires special needs care that we will unfortunately be unable and/or qualified to provide and once we have exhausted all options at our Center, for the betterment of your child's care and development, we will terminate services and assist in any way possible in finding alternate care.

**\*PRICES ARE SUBJECT TO CHANGE**

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Guardian Signature

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Staff Signature

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Date





# Application for After School Program

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

Sex: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

School Name: \_\_\_\_\_ Scheduled Start Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Class Name: \_\_\_\_\_

Form of Deposit: ☐ Cash ☐ Credit Card ☐ Check #: \_\_\_\_\_

	Parent	Parent
Name:		
Home Address:		
City, State, Zip Code:		
Phone #:		
Cell #:		
*** <u>Email:</u>		
*Emergency Pick Up Name/Information: Phone #:		

*\* In case of emergency, the above individual is authorized by the parent(s) to pick up a child.  
The authorized individual MUST show I.D. prior to child being released.*

## Medical / Allergy Information

List All Allergies Below:	List Any Pertinent Medical Conditions:

**Does your child have any specific needs that we need to know about?**

**How did you learn about Steps to Success ?**

**As a cooperative day care center, Steps to Success relies and respects parent involvement. How do you see yourself involved at our school?**

**Please list the 3 most important qualities you look for in a day care center:**

1.	
2.	
3.	

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

\_\_\_\_\_  
Date





# After School Program Agreement Form

I, \_\_\_\_\_, parent/guardian of \_\_\_\_\_, agree to pay \$\_\_\_\_\_ for my child's attendance at Steps To Success day care facility. \*\*\*I also understand that any deposits given to secure my child(ren)'s seat is non-refundable.

Please note there are no credits given for sick and/or vacation weeks in our After School Program. Please refer to price list for fees. In addition, Summer Program prices are different than our After School prices and vary depending on the amount of weeks a child will attend the Summer Program.

Steps To Success, LLC, and its agents reserve the right to terminate admission into said After School Facility if instances arise that can potentially be harmful or threatening to children attending the facility or staff/management performing their duties. Additionally, should a parent/guardian of an attending child constitute a threat, either mental or physical to any of the employees, management, or a child attending said After School Facility, management reserves the right to preclude admission.

Furthermore, if we are closed due to weather related conditions or events that are out of our control (i.e.: no electricity/heat, storm related disasters, floods) we are not liable and full tuition will be applied for that particular month ONLY. If we are closed due to any of the following unforeseen events below, in the first 5 days of closure, there will be no credit applied towards that month's tuition payment. In addition, we will ONLY provide credit for 50% of the remaining tuition paid for said month beyond the first 5 days. If we are closed beyond that month, you will not be required to pay tuition until our centers re-open:

1. Government forced shutdown
2. Department of Health Mandated Quarantine due to COVID cases
3. Pandemics
4. Force Majeure

**\*PRICES ARE SUBJECT TO CHANGE**

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Parent Signature

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Staff Signature



To: School # \_\_\_\_\_

Class # \_\_\_\_\_

To Whom It May Concern:

I, \_\_\_\_\_, parent of

\_\_\_\_\_, am giving permission to Steps To

Success to pick up my child from school and return to their Afterschool Program.

If you have any questions, please contact me at: \_\_\_\_\_.

Thank you,

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

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



# UNIVERSAL CHILD HEALTH RECORD

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

SECTION I - TO BE COMPLETED BY PARENT(S)					
Child's Name (Last)		(First)		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth / /
Does Child Have Health Insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, Name of Child's Health Insurance Carrier			
Parent/Guardian Name		Home Telephone Number		Work Telephone/Cell Phone Number	
Parent/Guardian Name		Home Telephone Number		Work Telephone/Cell Phone Number	
<i>I give my consent for my child's Health Care Provider and Child Care Provider/School Nurse to discuss the information on this form.</i>					
Signature/Date				This form may be released to WIC. <input type="checkbox"/> Yes <input type="checkbox"/> No	
SECTION II - TO BE COMPLETED BY HEALTH CARE PROVIDER					
Date of Physical Examination:		Results of physical examination normal? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Abnormalities Noted:				Weight (must be taken within 30 days for WIC)	
				Height (must be taken within 30 days for WIC)	
				Head Circumference (if <2 Years)	
				Blood Pressure (if ≥3 Years)	
<b>IMMUNIZATIONS</b>		<input type="checkbox"/> Immunization Record Attached <input type="checkbox"/> Date Next Immunization Due:			
MEDICAL CONDITIONS					
Chronic Medical Conditions/Related Surgeries • List medical conditions/ongoing surgical concerns:		<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached		Comments	
Medications/Treatments • List medications/treatments:		<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached		Comments	
Limitations to Physical Activity • List limitations/special considerations:		<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached		Comments	
Special Equipment Needs • List items necessary for daily activities		<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached		Comments	
Allergies/Sensitivities • List allergies:		<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached		Comments	
Special Diet/Vitamin & Mineral Supplements • List dietary specifications:		<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached		Comments	
Behavioral Issues/Mental Health Diagnosis • List behavioral/mental health issues/concerns:		<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached		Comments	
Emergency Plans • List emergency plan that might be needed and the sign/symptoms to watch for:		<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached		Comments	
PREVENTIVE HEALTH SCREENINGS					
Type Screening	Date Performed	Record Value	Type Screening	Date Performed	Note if Abnormal
Hgb/Hct			Hearing		
Lead: <input type="checkbox"/> Capillary <input type="checkbox"/> Venous			Vision		
TB (mm of Induration)			Dental		
Other:			Developmental		
Other:			Scoliosis		
<input type="checkbox"/> I have examined the above student and reviewed his/her health history. It is my opinion that he/she is medically cleared to participate fully in all child care/school activities, including physical education and competitive contact sports, unless noted above.					
Name of Health Care Provider (Print)			Health Care Provider Stamp:		
Signature/Date					

NEW YORK STATE  
OFFICE OF CHILDREN AND FAMILY SERVICES  
**DAY CARE REGISTRATION**

Child's Full Name:

Does your child have any allergies?    Yes    No

If Yes, what is your child allergic to?

Children who have special health care needs are those who have chronic physical, developmental, behavioral or emotional conditions expected to last 12 months or more and who also require health and related services of a type beyond that required by children generally. If your child does have special health care needs please discuss these with your child-care provider.

Child's Source of Medical Care/Primary Care Physician's Name:

Telephone Number:

Child's Source of Dental Care/Dentist's Name:

Telephone Number:

Name Of Medical Care Facility/Hospital:

Telephone Number:

Would you like information on Child Health Plus?    Yes    No

EM ER GE NC Y DAT A	RELATIONSHIP	CONTACT NAME	TELEPHONE NUMBER DURING CHILD CARE	OTHER TELEPHONE NUMBER (Check type)
				Pager Cell Other
				Pager Cell Other
				Pager Cell Other
				Pager Cell Other



Provider/Day Care Facility Name and Address:	CHILD'S FULL NAME:		SEX :      Male Female
	CHILD'S HOME ADDRESS:		DATE OF BIRTH:
			HOME TELEPHONE NUMBER:
	DATE OF ACCEPTANCE:		DATE OF DISCHARGE:
	NAME OF PERSON APPLYING FOR CHILD:	Parent    Guardian Caretaker Relative Other	HOME TELEPHONE NUMBER:
			DAYTIME TELEPHONE NUMBER:
	ADDRESS OF PERSON LISTED ABOVE: (IF DIFFERENT FROM CHILD'S):		
<b>AGREEMENTS</b> I consent to the enrollment of the child listed above in this facility and have been advised of the policies regarding administration of medications, fees, transportation and the services provided by the facility, and the Office of Children and Family Services regulations under which it operates. I give consent for my child to take part in neighborhood trips (i.e. library, park and playground) away from the facility under proper supervision.    Yes      No In case of accident or injury, I authorize any and all emergency medical, dental, and /or surgical care and hospitalization advised by the physicians, surgeon or hospital (listed on the other side of this card) necessary for the proper health and well-being of my child.    Yes      No I have provided information on my child's special needs (Allergies, Diet, Disabilities, and /or Medical Information) to the provider, as may be necessary to assist the facility in properly caring for my child in case of an emergency.      Yes      No I agree to review and update this information whenever a change occurs and at least once every six months.      Yes      No			
SIGNATURE – PARENT OR PERSON(S) LEGALLY RESPONSIBLE		DATE:	



# COVID-19 Waiver & Release of Liability

I, \_\_\_\_\_ (referred to as "Customer") am the parent or legal guardian of \_\_\_\_\_ (the "Child"), who desires to receive certain child care services for my Child (the "Services") to be provided by Steps to Success \_\_\_\_\_, a New York limited liability company with a location of \_\_\_\_\_ (the "Company"). In consideration for and as a condition precedent for receiving the Services and for the Child and Customer Parties (as defined herein) being permitted on Company's property, Customer agrees to all the terms and conditions set forth in this Waiver and Release of Liability (this "Waiver and Release").

Customer is aware and understands that the novel coronavirus known as COVID19, has been declared a worldwide pandemic by the World Health Organization. While the Company has established certain preventative measures to attempt to assist in the prevention or reduction in the spread of COVID-19, including but not limited to those set forth on Exhibit A attached hereto (the "Protocols and Guidelines"), Customer acknowledges that no precautions including the Protocols and Guidelines can eliminate the risks of exposure to COVID-19 and that the Company cannot assure that Customer or Customer's Child, agents, guests, invitees, and other representatives (collectively, "Customer Parties") will not become infected with COVID-19 through contact with individuals providing or receiving the Services or other invitees onto Company's property where the Services are rendered. An inherent risk of exposure to COVID-19 exists whenever people interact with one another face-to-face; therefore, receiving the Services could increase the Customer Parties' risk of contracting COVID-19.

Customer acknowledges the highly contagious nature of COVID-19 and acknowledges and agrees that Customer is knowingly and voluntarily receiving the Services with an express awareness of the danger involved to the Customer Parties. Additionally, Customer agrees to follow and comply with the Company Protocols and Guidelines as a condition to receiving the Services. By signing this Waiver and Release, Customer on behalf of Customer and the Child, voluntarily accepts and assumes any and all risks, whether caused by the negligence of the Company or any of its personnel, invitees or otherwise, of Customer Parties' exposure to or infection by COVID-19 and any and all risks that such exposure or infection may result in personal injury, illness, temporary or permanent disability, and/or death (collectively, "Injuries") of Customer Parties, their family members, and persons with whom any of the foregoing come in contact during or after Customer's receipt of the Services (collectively, "Customer Contacts").

Customer hereby expressly waives and releases any and all claims, now known or hereafter known, against the Company and its members, managers, officers, directors, employees, agents, advisors, affiliates, successors, and assigns (collectively, "Releasees"), on account of Injuries arising out of or



or attributable or related to any actual or potential exposure to COVID19 as a result of the Company's provision of the Services ("COVID-Related Claims"), whether such exposure arises out of the negligence of the Company or any Releasee or otherwise. Customer covenants not to make or bring any COVID-Related Claim against the Company or any other Releasee, and forever releases and discharges the Company and all other Releasees from liability under any such COVID-Related Claims.

Customer shall defend, indemnify, and hold harmless the Releasees from and against any and all liabilities, losses, damages, costs and expenses, including reasonable attorneys' fees, fees and the costs of enforcing any right to indemnification under this Waiver and Release, and the cost of pursuing any insurance providers, incurred by any Releasee, arising out of or resulting from any COVID-Related Claim brought against such Releasee by or on behalf of a Customer Party.

If any term or provision of this Waiver and Release is invalid, illegal, or unenforceable in any jurisdiction, such invalidity, illegality, or unenforceability shall not affect any other term or provision of this Waiver and Release or invalidate or render unenforceable such term or provision in any other jurisdiction and the affected provision shall be reformed so that the parties intent is enforced to the greatest extent permitted by law. This Waiver and Release is binding on and shall inure to the benefit of Customer and the Company and their respective successors and assigns. This Waiver and Release shall not be so construed as to limit or otherwise derogate from any rights and/or obligations pursuant to any other agreements by and between Customer and Company; provided, this Waiver and Release shall control and supersede all other agreements by and between Customer and Company with respect to any and all conflicting terms related to COVID-19. All matters arising out of or relating to this Waiver and Release shall be governed by and construed in accordance with, and enforced under, the internal laws of the State of New York. Any claim or cause of action arising under this Waiver and Release may be brought only in the state and federal courts located in Richmond County and/or the Eastern District of New York, and Customer hereby consents to the exclusive jurisdiction of such courts.

**BY SIGNING BELOW, CUSTOMER ACKNOWLEDGES THAT IT HAS READ AND FULLY UNDERSTOOD ALL OF THE TERMS OF THIS AGREEMENT AND THAT IT IS VOLUNTARILY GIVING UP SUBSTANTIAL LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE THE COMPANY.**

\_\_\_\_\_  
Child / Participant Name

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

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent / Guardian Printed Name



## ILLNESS PROTOCOL

During the school year, your child may become ill. This memo is to help you along should such a circumstance occur. The information provided applies to all children admitted into our program and it is to ensure the protection of **your** child.

If your child is having a fever, diarrhea, vomiting or any other symptoms listed below, you must keep your child at home according to the policy below. This is not to punish any child, but on the contrary it is for the safety and full recovery of that child and the health and well-being of other children.

## RETURNING TO SCHOOL

- Fever above 100 degrees : **24 hours fever free with no medication**
- Strep throat: 48 hours after antibiotics and fever for 24hrs/ **pediatrician clearance**
- Diarrhea (3 runny stools in a row) : **24 hours diarrhea free**
- Vomiting : **24 hours without vomiting**
- Consistent yellow/green mucus : **until no longer present**
- Any unusual skin rashes : **pediatrician clearance**
- Lice : **pediatrician clearance**
- Pink Eye: **24 hours on antibiotic drops**
- Severe coughing, breathing, sore throat : **pediatrician clearance**

have read the illness protocol and returning to school protocol and will abide by it

X

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Signature



# PARENT

## 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

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

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

Parent/Guardian's Name: \_\_\_\_\_

\_\_\_\_\_  
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. 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](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/](http://www.state.nj.us/dcf/).

Signature



## EXPULSION POLICY

### NAME OF CENTER: Steps To Success VII

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 PARENT/GUARDIAN:**

- 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, appropriateness of activities, supervision. | • Give the parent/guardian written copies of the disruptive behavior 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 of 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.                                      |  |





# Parent Notification Policy

Should your child become ill or injured at the center, Steps to Success VII will contact a parent or guardian directly via phone call. All parents/guardians must have an active number on file where he/she can be reached during the center's operational hours: 6:30am to 7:00pm. Steps to Success may also call a parent/guardian to provide information pertaining to the center or the child.

Steps to Success VII sends daily, weekly and monthly communications via email. This includes but not limited to important center information/policies, changes in schedules and updates on a child.

Valid mailing address are required should we need to send documents or letters than cannot be sent via email.

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Signature

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Date

## **Steps To Success VII**

### **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 jaundiced 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](http://www.nj.gov/health/cd/documents/reportable_disease_magnet.pdf).



# Social Media Policy

Steps to Success VII photographs children regularly for multiple purposes such as:

- To utilize for arts and crafts projects within the center
- To send parents photos via email of daily activities performed by the children (may be individual or group)
- To create montages on DVDs which will be distributed to all parents within the classroom
- To post on social media forums such as on our Facebook and Instagram accounts for advertising purposes

Parents must grant Steps to Success VII permission allowing photographs to be taken of a child for the above-mentioned uses. Please select one of the following photo - permitting options below:

☐ Option 1: I grant Steps to Success VII permission to photograph my child and to use those photos on social media, to send via email, to use for montages and to utilize for any arts and crafts projects throughout the center.

☐ Option 2: I grant Steps to Success permission to photograph my child and ONLY use those photos to send via email, to utilize in a montage or for center based projects.

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Signature

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Date



## Steps To Success VII

### GUIDELINES FOR POSITIVE DISCIPLINE

Positive discipline is a process of teaching children how to behave appropriately. Positive discipline respects the rights of the individual child, the group, and the adult. Methods of positive discipline shall be consistent with the age and developmental needs of the children, and lead to the ability to develop and maintain self-control.

Positive discipline is different from punishment. Punishment tells children what they should not do; positive discipline tells children what they should do. Punishment teaches fear; positive discipline teaches self-esteem.

You can use positive discipline by planning ahead:

- Anticipate and eliminate potential problems.
- Have a few consistent, clear rules that are explained to children and understood by adults.
- Have a well-planned daily schedule.
- Plan for ample elements of fun and humor.
- Include some group decision-making.
- Provide time and space for each child to be alone.
- Make it possible for each child to feel he/she has had some positive impact on the group.
- Provide the structure and support children need to resolve their differences.
- Share ownership and responsibility with the children. Talk about our room, our toys.

You can use positive discipline by intervening when necessary:

- Re-direct to a new activity to change the focus of a child's behavior.
- Provide individualized attention to help the child deal with a particular situation.
- Use time-out -- by removing a child for a few minutes from the area or activity so that he/she may gain self-control. (One minute for each year of the child's age is a good rule of thumb).
- Divert the child and remove from the area of conflict.
- Provide alternative activities and acceptable ways to release feelings.
- Point out natural or logical consequences of children's behavior.
- Offer a choice only if there are two acceptable options.
- Criticize the behavior, not the child. Don't say "bad boy" or "bad girl." Instead you might say "That is not allowed here."

You can use positive discipline by showing love and encouragement:

- Catch the child being good. Respond to and reinforce positive behavior; acknowledge or praise to let the child know you approve of what he/she is doing.
- Provide positive reinforcement through rewards for good behavior.
- Use encouragement rather than competition, comparison or criticism.
- Overlook small annoyances, and deliberately ignore provocations.
- Give hugs and caring to every child every day.
- Appreciate the child's point of view.
- Be loving, but don't confuse loving with license.

Positive discipline is NOT:

- Disciplining a child for failing to eat or sleep or for soiling themselves
- Hitting, shaking, or any other form of corporal punishment
- Using abusive language, ridicule, harsh, humiliating or frightening treatment or any other form of emotional punishment of children
- Engaging in or inflicting any form of child abuse and/or neglect
- Withholding food, emotional responses, stimulation, or opportunities for rest or sleep
- Requiring a child to remain silent or inactive for an inappropriately long period of time

Positive discipline takes time, patience, repetition and the willingness to change the way you deal with children. But it's worth it, because positive discipline works.

## 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).

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Signature

001/ POLICY ON THE RELEASE OF CHILDREN/APRIL 2017

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Date





Please check all programs you'd like your child enrolled in.



DANCE  
COST: \$100  
2 classes weekly



GYMNASTICS  
cost : \$100  
1 CLASS WEEKLY



KARATE  
cost: \$120  
1 CLASS WEEKLY  
(Uniform included)



SOCCER  
COST: \$100  
1 CLASS WEEKLY



\*\*\* Every child is welcome to try each class once free of charge \*\*\*

- Please note that music is included twice a week for all children in our program
- Russian language is included once a week for ages 3.5 years to 5 years old