

Welcome to Princeton Community Family Learning Center!

You may fax this form to (866) 921-8960

Or mail form to Princeton Community Family Learning Center, 341 Witherspoon St., Princeton, NJ 08543

Start Date:

Tuition Rate:

Parent/Guardian Information

Registration Date: _____

Mother/Guardian First Name: _____ M.I. _____ Last Name: _____

Address: _____

Occupation: _____ Home Phone: () _____

Employed By: _____ Office Phone: () _____

Work Address: _____ Work Hours: _____ Cell Phone: () _____

☐ Custodial Parent (If married, mark both parents)

Email: _____

Father/Guardian First Name: _____ M.I. _____ Last Name: _____

Address: _____

Occupation: _____ Home Phone: () _____

Employed By: _____ Office Phone: () _____

Work Address: _____ Work Hours: _____ Cell Phone: () _____

☐ Custodial Parent (If married, mark both parents)

Email: _____

Child Information

1st Child First Name: _____ M.I. _____ Last Name: _____

Name child prefers to be called: _____ Age: _____

Child's Address: _____

Gender: ☐ Male ☐ Female Date of Birth: _____

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

Allergies: _____

Pediatrician's Name: _____ Phone: () _____

Address: _____

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

Child Information - Continued**2nd Child** First Name: _____ M.I. _____ Last Name: _____

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

Child's Address: _____

Gender: ☐ Male ☐ Female Date of Birth: _____List any existing medical conditions, medication and/or special attention your child may require?

Allergies: _____

Pediatrician's Name: _____ Phone: () _____

Address: _____

Photographs: May we take and maintain a photo of your child for security purposes? ☐ Yes ☐ No**Emergency Contacts & Authorized Pickup Persons:****1st Contact/Pick Up** Name: _____ Phone: _____

Relationship to the Child: _____

☐ Able to pick up all children in the family☐ Not able to pick up the following children: _____**2nd Contact/Pick Up** Name: _____ Phone: _____

Relationship to the Child: _____

☐ Able to pick up all children in the family☐ Not able to pick up the following children: _____**3rd Contact/Pick Up** Name: _____ Phone: _____

Relationship to the Child: _____

☐ Able to pick up all children in the family☐ Not able to pick up the following children: _____**4th Contact/Pick Up** Name: _____ Phone: _____

Relationship to the Child: _____

☐ Able to pick up all children in the family☐ Not able to pick up the following children: _____**Tuition / Payment Information:**Current Tuition Amount: _____ ☐ Weekly ☐ Bi-Weekly ☐ Monthly ☐ Other _____

* Tuition is due weekly. Days in which PRS are closed, we are available on an as-needed basis. If you opt out of child care during days in which PRS is closed, weekly tuition is payable on a prorated basis. For example, if a child attends 2 days out of 5, two-fifths tuition is due. Should you anticipate a family vacation in which your child will not be in attendance, please notify us two weeks in advance and tuition payment will not be expected for the duration you are away.

We offer the option of generating an automatic “invoice” via PayPal to your email address each week. PayPal allows you to use your credit or debit card fully secured with guaranteed privacy (we never see your credit/debit card information). If you would like us to pay via this method, please check here: []

Please outline below whom is responsible for payment of tuition and fees (i.e.: yourself, an employer or other third party). Please fill out if parents are divorced and split tuition payment or if tuition payment is the responsibility of an adult other than the parents listed above.

Additional Comments & Information:

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

Signature:

Parent's Signature: _____ Date: _____

Thank You!

**Your submission of this information, along with our verification of receipt,
holds your child's “spot” for the start date indicated above.**

Princeton Community Family Learning Center Blanket Walking Field Trip Consent

Dear Parents,

Occasionally we enjoy walking around outdoors. We are asking your permission for your child to participate in these "walking field trips." Age and ability will be taken into consideration, and we will only walk as far as is appropriate for little legs. If you would kindly fill out this form to give us consent, we'd really appreciate it!

Yours truly,

PCFLC Faculty

Date:

I, _____, parent/legal guardian of
_____, hereby give my consent for my
child, _____, to participate in walking field
trips supervised by PCFLC faculty. I understand that this is a blanket field for
walking field trips only. A field trip requiring transportation away from the school
campus would require a separate, one-time-use authorization specific to the
event.

Signature of Parent/Legal Guardian

_____ DATE:

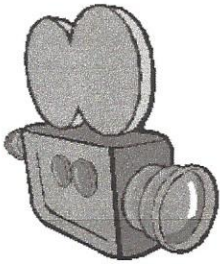
Pictures and Video



Princeton Community Family Learning Center would like to take pictures of our students throughout the year, both for learning purposes and for sharing with you. On occasion, we may like to use a picture or two on our website. We propose taking candid pictures throughout the day of students playing, eating, singing, making art projects, plus during parties, field trips, or for pictures to be put into an online photo album for parents' viewing only or simply to hang on the doors and walls for the children to be able to see. Please fill out this form stating whether your child is or is not allowed to be photographed.

(Circle one) I hereby give I do not give

_____ permission to take pictures of my child _____, while at Princeton Community Family Learning Center. I understand that these pictures are for fun or educational purposes and will be done in a reasonable manner.



In addition, we may tape throughout the year; during parties, field trips, and other fun moments and place these onto the tape to so they can share their special moments with their family (not to be distributed to anyone else). It should be noted that your child may appear on footage supplied to another family of their child.

(Circle one) I hereby give I do not give

_____ permission to take digital videos of my child _____, while at Princeton Community Family Learning Center. I understand that these videos are for fun and will be done in a reasonable manner.

Parents Signature

Date



Princeton Community Family Learning Center
P.O. Box 370
Princeton, NJ 08542-0370

Health Care Provider's Name and Contact Information

Today's Date:

Name of Child's Physician:

Address of Child's Physician:

Phone Number of Child's Physician:

I, _____, give Princeton Community Family Learning Center (PCFLC) permission to contact my child's health care provider (physician) in the event of an emergency. I understand that PCFLC is not responsible for any costs incurred as a result of responding to the needs of my child. I also give permission to PCFLC to share the above information with other medical respondents and personnel who may be tending to my child in the event of an emergency.

Signature of Parent(s)

Princeton Community Family Learning Center

MEDICAL EMERGENCY STATEMENT



I hereby give my permission for _____ or any of their employee's
(Provider's name)

at Princeton Community Family Learning Center to call a physician, hospital, ambulance, dentist or any other medical personnel to secure necessary medical care (including the administration of anesthesia if surgery is advised by a physician), and to otherwise act in my behalf in order to protect my child

_____ when I cannot be reached and/or when
(Child's Name)

delay would be dangerous in case of illness or accident.

I understand and agree that I am responsible for any and all doctor, hospital, ambulance and dentist bills or any other medical expenses that may occur. Princeton Community Family Learning Center will contact me as soon as possible in the event that medical treatment is required. I know that some medical emergencies may not allow much time to contact me and in this type of situation Princeton Community Family Learning Center will immediately contact a physician, hospital, ambulance or other medical personnel and then will contact me as quickly as possible.

Signature of parent or guardian

Date

UNIVERSAL CHILD HEALTH RECORD

American Academy of Pediatrics
New Jersey Chapter

Endorsed by:
New Jersey Department of
Health and Senior Services

New Jersey Academy of
Family Physicians

SECTION I - TO BE COMPLETED BY PARENT(S)

Child's Name (Last)		(First)		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth / /
Parent/Guardian Name		Home Telephone Number		Work Telephone/Cell Phone Number	
Parent/Guardian Name		Home Telephone Number		Work Telephone/Cell Phone Number	
I give my consent for my child's Health Care Provider and Child Care Provider/School Nurse to discuss the information on this form.					
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 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		

Name of Health Care Provider (Print)

Health Care Provider Stamp:

Signature/Date



PRINCETON COMMUNITY FAMILY LEARNING CENTER

16 All Saints' Rd., Princeton, NJ 08540

Today's Date: _____

I, _____, have received and reviewed a copy of PCFLC's
Expulsion Policy, DOC 1001A REV 11 04 2012.

X



PRINCETON COMMUNITY FAMILY LEARNING CENTER

16 All Saints' Rd., Princeton, NJ 08540

EXPULSION POLICY

Unfortunately, sometimes there are 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 terminate or suspend a child from this center:

Immediate Causes For Expulsion

- The child is at risk of causing serious injury to another child(ren) or himself/herself.
- Parent threatens physical or intimidating actions toward staff members.
- Parent exhibits verbal abuse to staff in front of enrolled children.
- Parent habitually fails to keep child at home when he/she exhibits signs of communicable disease or viral infection.

Parental Actions For Child's Expulsion

- Failure of parent to pay/habitual lateness in payments.
- Failure to complete required forms or providing copy of child's immunization records.
- Habitual tardiness when picking up your child.
- Verbal abuse toward staff.

Child's Actions For Expulsion

- Unusual separation anxiety in which child cannot be consoled after a reasonable amount of time.
- Uncontrollable tantrums angry outbursts.
- Spitting, biting, hitting, scratching or any other ongoing physical or verbal abuse to staff or other children.

Proactive Actions That Will Be Taken In Order Not To Expel A Child

- Staff will try to redirect child from negative behavior.
- Staff will reassess classroom environment, appropriateness of activities, supervision.
- Staff will always use positive methods and language while disciplining children.
- Staff will praise appropriate behaviors.
- Staff will apply consequences for rules consistently.
- Child will be given verbal warnings.
- Child will be given time to regain control.
- Child may lose certain privileges; for example, being juice pourer.
- Child's disruptive behavior will be documented and maintained in confidentiality.
- The director, classroom staff and parent/guardian will have conference(s) to discuss how to promote positive behaviors.
- Recommendation of evaluation by professional consultation on premises, when deemed appropriate.
- Recommendation of evaluation by local school district study team, when deemed appropriate.

Princeton Community Family Learning Center

P.O. Box 370, Princeton, NJ 08542
(609)454-3637

Dear Parent,

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.

This 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 Child Abuse Hotline 1 (877) NJ ABUSE.

Please read this statement carefully and, if you have any questions, feel free to contact me at (609) 454-3637.

Sincerely,

Lori Musa, Director

Please complete and return this portion to Princeton Community Family Learning Center. (Please print)

Name of Child(ren):

Name of Parent(s):

I have received a copy of, and read, 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:

**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. 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 and select Publications.

Princeton Community Family Learning Center

Potty Training Policy

At PCFLC, we are more than happy to assist with potty training! We will require a few things from you:

- At least 3 changes of clothes, including socks, to keep in your child's cubby.
- If your child has a special potty chair he/she feels comfortable using, we ask that you bring the chair to school (sanitized). If your child has no preference and responds the same to any potty chair, we do have potty chairs available. We use Baby Bjorn chairs.
- Pull-Ups for nap time. Most children will continue to require diapers/Pull-Ups at night and while asleep. So as to not "regress" to diapers and confuse the child, we ask that you provide us with Pull-Ups so that we can remain consistent with using the potty in the same manner even during the hour(s) surrounding nap. Otherwise, once a child shows the ability to read his/her body signals, children wear underwear. The underwear with an absorbent panel are best. Again, PLEASE provide at least 3 extra pair, along with a full 3 extra outfits, including socks.
- A donation of bleach wipes or sanitizing solution (the kind that kills at least 99.9% of germs) is extra appreciated to keep our classroom sanitary during potty training!

At PCFLC, our strategy is to remain consistent with the potty routine, and offering the potty frequently with cheerful optimism and encouragement. We supply sticker rewards for success, and applaud a child "for trying" even if the attempt brings no results. We aspire to make potty time fun and stress-free. Many times, the teacher will read to children as they relax on the potty. This is especially true when children are still mastering reading their body signals. This stage requires extra time on the potty and lots of patience. ☺

If you've experienced success at home and wish to share your techniques with us, please feel free! We invite the opportunity to work together with parents during this exciting transition in your child's life!

Princeton Community Family

Learning Center



Tuition Rate Agreement (4 Pages)

On this day, _____, I shall enroll my
child(ren) _____ in the

preschool / extended day services of PCFLC. My child(ren)'s start date shall be
_____, at which time the following schedule will be
effective:

Monday

Tuesday

Wednesday

Thursday

Friday

Parents' Initials:

Director's Initials:



The above rates are effective so long as the current schedule is maintained. Should regular attendance decline over the long term, rates may have to be adjusted. Parents' Initials: _____

Tuition is billed via an online resource called Intuit Payment Solutions. There is no fee to use this service. You may choose to be billed weekly or monthly. If weekly, you will receive an invoice every Tuesday with net 7 day terms for the week. If monthly, you will receive a monthly statement in Week 3 of each month preceding the month for which you are being billed. Monthly payments are expected by the 1st of the new month. You may pay by debit card, credit card or by entering your banking routing number / account number. Email you'd like us to use: _____ Parents' Initials: _____

If you wish to pay with a paper check, we ask that it be on a monthly basis. Payment must be received by the 1st of the month for which the payment is due. Parents' Initials: _____

One Floating Month of Permissible Tuition Non-Payment Per Year for Full-time, 12-Month Enrollment: For every six months of regular full-time attendance, PCFLC allows two weeks of permissible non-payment of tuition at the parents' choosing. These days are perfect for your family vacation, extended holidays, doctor/dentist visits, or unfortunate prolonged illness. They can be taken singly, or in a two-week increment. We do ask, however, that you extend to us the courtesy of letting us know with as much advance notice as possible of your child's anticipated absence. This gives us a chance to offer your child's "spot" temporarily to another child. A whole month of permitted non-payment may accrue following twelve months of attendance. Parents' Initials: _____

In the event that your child misses a day of his/her part-time schedule, the hours may be shifted to another day where space is available. Parents' Initials: _____

In the event that a permanent change to your child(ren)'s schedule is needed, please give us at least 2 weeks advance notice to accommodate you. A new "Tuition Rate Signature Page" will be drafted to accommodate the change. Parents' Initials: _____

Full-time tuition rate includes all snacks, meals and diapering supplies unless otherwise indicated. Parents are asked to supply the following, which PCFLC does NOT provide:

1. Slippers or "indoor shoes" with a rubber or leather sole
2. Blankie and travel-size pillow for napping/resting
3. Two changes of clothes, or more if child is potty-training
4. Items that are season- or event-specific include:

Sun block (optional)

Chap Stick (optional)

Swimsuit/Towel

Flip-Flops

Rain Boots

Rain Poncho

Snow Pants/Suit

Snow Boots

Hat/Scarf/Gloves/Mittens, etc.

Additional modifications/accommodations to these terms:

I, Lori Musa, Director of PCFLC, hereby offer the aforementioned terms, drafted in this four page document, to the _____ Family for the duration of their child(ren)'s attendance at PCFLC for the years 2012/2013 with continued attendance. In the event that a child "quits" and is then re-admitted, a new contract will be drafted.

Director's Signature: _____

Date: _____

I, _____, accept the terms of this contract and elect to enroll my child(ren) in the early childhood program at PCFLC.

Parent'(s) Signature: _____

Date: _____