

LITTLE



V.I.P.'s

2022-2023 Registration Packet

Pricing & Contract

Effective 01/02/2023



Full Time Per Week (1 Child): **\$230.00**
(2 Children): **\$430.00**
(3 Children): **\$645.00**



Part Time Per Day (1 Child): **\$52.00**
(2 Children): **\$98.00**



Floating/Drop In Per Day: **\$65.00**



Please complete the following forms and return to Little VIP's for your child's file

I am enrolling my child(ren), _____, at Little VIP's beginning on _____. I understand that the cost will be \$_____ per week, payable in advance, the first day of each week my child attends. If not paid on time, Little VIP's has the right to terminate my childcare.

I realize that I am financially responsible for all days for which my child is registered, whether he/she attends (this includes school closure dates). **There are no excused absences.** I realize that I am entitled to one week at half price per calendar year. I also understand that any additional days that my child is in attendance beyond my contracted days will be billed as a "floating/drop in" rate of \$65.00 per day.

Finally, should I decide to withdraw my child before the end of the school year, I agree to give two weeks prior notice in writing. I understand that if my child is pulled without notice that I will be charged my contracted rate for two full weeks after their last day in attendance.

Parent/Guardian Signature: _____ Date: _____

I wish to enroll my child:

_____ Full time totaling \$_____ per week.

_____ Part time - _____ days per week, totaling \$_____ per week.*

***Part Time Schedule:** Mon_____ Tues_____ Wed_____ Thurs_____ Fri_____

_____ Floating/Drop in schedule at \$_____ per day for each day in attendance*

***If floater, please provide a weekly or monthly schedule**

Little VIP's infant care and pre-school provides quality care and education to all children between the ages of six weeks and five years old during the school year. These policies exist to ensure the safety and wellbeing of the children, parents, and staff.

Enrollment

- Children must be at least six weeks of age to enroll in our program. At the time of enrollment, a \$75 registration fee must be received. If you register your child after April 1st, the registration fee will be \$35 until September when you must pay the \$75 re-registration fee. A registration fee will be due each September, no matter what month you enrolled, to hold your child's spot for the school year. Prior to the child's start date, all registration information must be completed and returned along with our policy agreement, enrollment forms, Universal Health Form and current immunization record.
- When your child enrolls with us, they will be subject to a two-week trial period. During this period, our staff will take the time to evaluate your child and their needs. Please know that not every child adapts to our center, and we will do our best to provide all the valuable resources we can to help each individual child's needs.
- If for some reason your child does not adapt to our center, you will be notified immediately and will receive your \$75 registration fee back.

Confidentiality

All information pertaining to a child and/or family will always be kept confidential. Student files are accessed and maintained by the administrative staff only and are kept in a secure and locked office. When pertinent to a child's wellbeing, records may be occasionally reviewed by regulatory agencies.

Non-Discrimination

Little VIP's welcomes and enrolls all children that fall within the accepted age range. We enroll students on a first come, first serve basis. Little VIP's does not discriminate on the basis of gender, race, religion, ethnicity, sexual orientation, mental or physical handicaps, etc.

Special Needs

- Little VIP's will accept children with special needs whenever possible. Children with special needs require an enriching environment for themselves and for the children around them. Little VIP's staff will work closely with the child, the child's doctors, therapist and/or professionals to provide the child with the best possible care.
- The more information given to us about the child and the resources he/she requires, the better equipped we will be to meet those needs. For this reason, and in accordance with the requirements of Title III American Disabilities Act, we will require parents to complete an individualized assessment tool prior to enrollment.

Health Precautions

At enrollment time, immunization records are required of all students. These must be given by the child's first day of enrollment. If your child develops symptoms of illness throughout the day, we will contact you directly. For the health and wellbeing of your child and others, please do not bring your child to school if your child displays any of the following symptoms:

- Fever over 100.5 F (must be fever free, without medication, for 24 hours to return to school)
- Sore throat, swollen glands, vomiting, earache, rash, irritability, or confusion
- Has 3 or more vomiting or diarrhea occurrences within a 24-hour period
- Has heavy nasal discharge that is not clear.
- Has a severe cough or breathing that is rapid or difficult.
- Has any symptoms associated with a communicable disease (red eyes, fever, sore throat, pink, eyes, etc.)

(Children MUST BE symptom free for at least 24 hours to return to school unless a doctor's note is provided stating the child may return the next day)

- If your child has a communicable disease, it is very important that you notify the director so that we can take any necessary precautions.
- An attempt to reach you will be made in case of illness, accident or injury. If you are unreachable, emergency contacts will be called. In the case of an emergency, we will also call an ambulance if necessary. An administrative staff member will remain with your child until medical assistance arrives. By reading and signing off on this form, you are authorizing Little VIPs to call an ambulance in the case of a perceived emergency.

Attendance & Signing In/Out

- Children must be dropped off to school by 9:30am. A child may come in after 9:30am, only if they have a doctor's note explaining their lateness. If a parent/guardian attempts to drop off after 9:30am without a doctor's note, VIP's management has the right to refuse the child for that day or parents must pay a \$25 late fee for every 15 minutes that you are late. After 3 late drop offs, Little VIPs has the right to terminate your child's contract with us. If you should have any questions about this, please feel free to ask.
- Please make sure that you sign your child in and out every day. It is necessary in the case of an emergency that the administration has a log of all students in the center for the day. This will be the list we refer to when notifying parents of an emergency.
- Only a designated person (those authorized by the parents in enrollment forms) will be able to pick up your child from school. Photo identification will be checked for any designated person picking up a child.
- Please advise us of any changes to your authorized pick-up list, since no exceptions will be made to this policy. Also, remember to have a car seat available for your child when others are transporting them.

Tuition/Fees

- Tuition may be paid weekly, semi-monthly, or monthly. Weekly tuition is due on Monday of each week or your child's first day of attendance. Monthly tuition is due on the first day of each month.
- If your child remains at home for any personal reasons or due to sickness, you are still required to pay the tuition in full for their period of absence. Payment must be made in full for your child to return to school. A re-registration fee may also be required at that time based on circumstances. No refunds or tuition credit will be given to families who do not give appropriate notice.
- Any checks given to us for payment, which are returned to us from your bank unpaid, will be charged a \$25 NSF fee. If this occurs more than two times, tuition must be paid in cash. Payment must be made promptly at that time.
- If there are any circumstances that will not allow you to pay your tuition on time it should be discussed with Little VIPs administration prior to any delinquent fees. Please note that failure to pay tuition on time may result in termination of enrollment.

****ALL TUITION AND FEES ARE NON-REFUNDABLE****

After Hours

- If a child has not been picked up at closing time, the Administrator on duty will attempt to contact the parents and every authorized pick-up person listed on the authorization form. If no contact can be made to arrange to pick up the child, legal authorities will be notified. If these authorities are also unable to make contact, the child will be cared for as directed by the authorities.
- It is very important that you pick your child up on time. After 6:00pm, a \$25 late fee will be given for every 15 minutes that your child is picked up. Little VIP's has the right to terminate your child's contract with us after 3 late pick-ups.

Vacation

Your child will receive a one-week vacation per year. Parents are responsible for 50% of the tuition during the vacation week. This discount must be taken every year and cannot roll over into following years. You get one discount per family, per year, not per child. If your child is a part-time student, they do not receive a half price vacation week. They will simply accrue bank days for the days they miss. To receive your half price week, you must email the school saying the week the child will be absent and you are requesting to use your half price week.

Leave of Absence

Any student/family is permitted to take a leave of absence. A leave of absence is defined as an extended period of absence that lasts a minimum of two weeks. During a leave of absence, we will stop billing your normal tuition rate. A leave of absence should be communicated to management in writing. The written communication should include a start and stop date for the leave of absence. Your child is permitted to attend during your

leave of absence if needed, but you will be charged the daily “floater” rate of \$65 per day for any days in attendance during the leave of absence.

Voucher Payment Responsibility

If you receive state assistance (voucher program) that helps cover your tuition, this paragraph pertains directly to your tuition responsibility. The state has a per day rate listed on your contract under the column “daily payment”. We take this daily rate and multiply it by 5 (number of school days in a week). The total is how much they pay per week for your child. You then subtract that number from our weekly tuition rate and the balance left is your weekly co-pay. You are solely responsible for this weekly co-pay. This co-pay is your tuition rate and as such it follows all the rules/guidelines laid out in the tuition section of these policies. You **MUST** swipe your child in and out every day on the voucher swipe machine in the front office. If you miss any swipes, we will not get paid for that day and you will be responsible for the missing tuition. Likewise, if your child is marked absent, we will not get paid for that day and you will be responsible for that unpaid tuition as well. You will be notified of any tuition due after our bi-weekly payment is reviewed. If you have any questions about this, please ask.

Please also be aware that voucher program policy has changed in regard to attendance and reporting. This could potentially affect your child’s voucher status. It now states:

Please keep in mind that a child who does not attend for a period of 10 days or more must be reported.

Medications

All medications brought to school by parents must be in its original container with the pharmacy label clearly affixed to the container. All medicine provided by a parent/guardian will be kept safely in a lock box in the front office. The child's name, doctor's name, medication name, expiration date, required dosage and directions for administration must be clearly visible on the pharmacy label. The parent must also fill out and sign the medicine sheet for the medication to be administered. **Any medication that is not properly labeled in the designated container or without the required form, will not be administered.**

Clothing

- We ask that you have a complete set of extra clothes for your child to wear in the case of an accident or spill. Clothes must be labeled with your child's name or initials on the tags.
- We will gladly wash your child's soiled clothing here. If you would rather have your child's clothing sent home, please make your child's teacher aware and also be sure to send in a replacement outfit the next day that your child is in school.

Little VIPs will not be responsible for any lost clothing or possessions.

Personal Items

Any personal items from home such as jewelry, candy, money, toys or play guns are prohibited in school and should be left at home. Little VIPs will not be responsible for any damage or replacement of these items. It is the parent's responsibility to see that their child is not bringing anything to school that may endanger other children or staff members. Little VIPs will confiscate any items that are perceived to be potentially harmful to anyone in the school.

Lunch Policy

Parents/Guardians are to provide lunch/snack for the child daily. Lunches are to be brought in an insulated lunch bag with an ice pack (if necessary). Little VIP's will not store any food in the refrigerator to keep cold nor will we heat up any food. The lunch bag is to be labeled with the child's name somewhere visible. Students under 2 years old will receive both a morning and afternoon snack. Students 2 years of age and older will only receive an afternoon snack. Please make sure all containers within the lunchbox are labeled as well as any cups.

Birthdays

Birthdays are a special time for every child. We at Little VIP's love to participate in a child's birthday celebration. Arrangements for any type of birthday celebrations must be made with the child's teacher in advance so notes can be sent home with classmates.

Nap Time

There is a required rest period during the day for all children. Each child will be given an assigned cot to sleep on. Sheets and blankets are provided but if you prefer to bring a blanket from home, make sure it is labeled. Not all children will sleep but will be required to rest.

Outside Time

Each classroom is scheduled for two half-hour outside times daily. The children go out once in the morning and once in the afternoon. If your child is well enough to be in school, he/she is well enough to participate in all activities including outside time. If your child has asthma, make sure an inhaler/nebulizer is sent in and medicine charts are filled out in case a treatment is necessary. Additionally, if your child has any allergies that may affect their ability to go outside, please provide a doctor's note documenting the allergies.

Bruises & Bumps

An "incident report" will be given to any parent/guardian whose child had a minor injury that could potentially leave a mark. The report will describe in detail how and where the injury occurred. Parents will be notified by text for all injuries above the neck and for all bites. If the injury requires more than just first aid care, we will contact you via phone call. At that time, we will ask you to authorize Little VIP's to take any emergency measures necessary for the medical care and protection of your child. Any costs

associated with medical treatment because of an accident occurring at the center will be covered by Little VIP's insurance.

Field Trips

Occasionally, the staff will take your child on an age-appropriate field trip. Prior notice will be given for each trip along with a permission slip for your child which is to be signed by the parent/guardian. Parents are invited to accompany us on a majority of the field trips. In the event that your child will not be going on a field trip with us, other arrangements for childcare must be made for that day. They will not be permitted to stay at the center. Walking trips are occasionally taken to the local park or around the block (weather permitting).

Classroom Management and Guidance

- Appropriate guidance is our first approach to discipline at Little VIPs. Appropriate guidance includes redirection, diversion, and substitution. Redirection occurs when a child needs a break from the current activity and can be focused on another positive activity. Diversion occurs when we intercede in a situation by providing alternate ways to continue. Substitution encourages a child to participate in another activity that will provide the same response to their needs. These methods are used by our teachers according to each child's age and stage level.
- Our teachers act as guides to your child, providing correct behavior in the classroom. Children build a memory on how and why things work through trying things in a variety of ways. Any concerns observed in the classroom by a teacher will be discussed with the Director and brought to the parent/guardian's attention and discussed with you individually.
- We at Little VIPs know that every child is an individual. Our teachers believe in praising appropriate and positive behaviors. Responses to negative behaviors might include ignoring the behavior, redirecting the child to another activity, or discussing the problem with the child.

Expulsion of Enrollment by Little VIP's

In certain circumstances, it may be necessary to terminate a child's contract through expulsion. Such a decision will be based on the best interests of your child and others here at the center. Every effort will be made to correct a problematic situation before a final expulsion decision is made. When possible, we will try to give sufficient notice so that alternative daycare can be arranged. However, there may be certain circumstances such as dangerous behavior, which requires immediate expulsion of a child from the center. Please see our Expulsion/Discipline Policy for a full list of items that could potentially lead to your child being expelled from Little VIPs.

Little VIP's reserves the right to end the enrollment of a child at any time. The center may not expel a child based solely on a child's parent/guardian making a complaint to the bureau of licensing regarding the center's alleged violations of licensing regulations or questioning the center regarding policies and procedures.

Reporting Suspected Child Abuse and/or Neglect

As caring and concerned childcare providers, the staff here at little VIPs, take great responsibility and ensuring the safety and well-being of every child. Abuse and neglect can be physical or emotional and both require a great deal of attention, support, and help. Any type of abuse can drastically impact a child's life. For this reason, we are responsible for reporting any suspicions of child abuse or neglect.

Steps of action against child abuse and/or neglect:

1. The Staff member and director will discuss the situation.
2. The director will observe the child and/or talk with him/her to make a determination.
3. Any observations made will be documented and filed.
4. The director may discuss her concerns with the child's parents/guardians.
5. The administration will make a decision about whether there is a need to notify the Child Protective Agency.
6. A social worker or agency representative may visit the child at our center or at the child's home.

To ensure the safety of the children at Little VIPs, the following procedures are put in place before we hire our staff:

- Staff members are carefully screened through fingerprinting and criminal background checks.
- Staff members are closely observed and evaluated.
- Classrooms are monitored regularly both in the classroom, our classroom cameras and through the observation windows.

Social Media Outlet

Little VIP's discourages staff and parents from socializing on social media outlets. Any questions specifically about your child should be asked during school hours. Parents are not permitted to post photos of any child other than their own on social media outlets but may share photos that have been posted on our Little VIP Facebook page.

Infant and Toddler Special Information

Infants

- Please make sure that your child has diapers, wipes, two changes of clothes, bottles (pre-made) and any necessary ointments at all times. Please make sure that you replace any of the items above before your child runs out.
- All items must be properly labeled, including bottles. We will not be responsible for any unlabeled items.
- ***All food items must be supplied daily and labeled by the parents/guardians.**
- Infants are fed and napped according to the schedule that the parents provide on their first day. They will go no longer than two hours without a diaper change unless they are sleeping. Infants are only put in their crib to sleep. During the hours they are awake, they are given lots of love, affection, and care. Parents are welcome to call, text or email the center and check on their child at any time throughout the day.

Safe Sleeping Position

As recommended by the American Academy of Pediatrics, infants will be placed on their backs to sleep. Blankets are not permitted in cribs at all due to NJOOL policies.

Diapers and Formula

Parents must supply an un-opened pack of diapers and a 100 count of wipes. The items must be replenished as needed, with the exception of wipes, which should be sent in at the beginning of every month. Parents are required to provide a nutritional diet for their infant. Food must be labeled with the child's name and will be refrigerated if needed. All bottles must be prepared and brought to school daily. Staff members are not permitted to make the child's bottle; we are only allowed to heat/reheat. Any unused portions of bottles will be discarded within an hour of heating up if it is formula and two hours if it contains breastmilk.

Toddlers

- In addition to the standard Little VIP policies as mentioned above; parents of toddlers are responsible for bringing in diapers, 100 count of wipes and two changes of clothes. All items should be labeled.
- Toilet training is recommended for children between the ages of two and three years old. Little VIP staff will follow your lead in regards to methods used for toilet training. We may also ask parents to fill out a Potty-training Questionnaire to better assist our teachers.
- While using the bathroom, all children will be supervised and assisted as needed. The children will learn to flush the toilet on their own. Every child is supervised in washing their hands with soap and water. The assisting caregiver must also thoroughly wash their hands. Toilet training is a natural growth period, which allows children to progressively gain independence.
- If a child has an accident, the caregiver will assist in changing the child's clothing. Soiled clothing will be washed at Little VIP's unless told otherwise by the parent/guardian.

2022-2023 School Closings/Early Closures

*You are responsible for finding alternative care for the provided days:

Labor Day – Monday, September 5th

Thanksgiving- Thursday, November 24th
Friday, November 25th

Christmas- Friday, December 23th
Monday, December 26th

New Year's Day- Friday, December 30th

Good Friday- Friday, April 7th

Memorial Day- Monday, May 27th

Independence Day- Tuesday, July 4th

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

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 OOL/Information to Parents/May 2019 Page 2 of 2 investigation, you are

also entitled to review the OOL's Complaint Investigation Summary Report, as well as any letters of enforcement or other actions taken against the center during the current licensing period. Let us know if you wish to review them and we will make them available for your review or you can view them online at <https://childcareexplorer.njccis.com/portal/>.

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

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

Our center must post a listing or diagram of those rooms and areas approved by the OOL for the children's use. Please talk to us if you have any questions about the center's space. Our center must offer parents of enrolled children ample opportunity to assist the center in complying with licensing requirements; and to participate in and observe the activities of the center. Parents wishing to participate in the activities or operations of the center should discuss their interest with the center director, who can advise them of what opportunities are available.

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

Our center must inform parents in advance of every field trip, outing, or special event away from the center, and must obtain prior written consent from parents before taking a child on each such trip. Our center is required to provide reasonable accommodations for children and/or parents with disabilities and to comply with the New Jersey Law Against Discrimination (LAD), P.L. 1945, c. 169 (N.J.S.A. 10:5-1 et seq.), and the Americans with Disabilities Act (ADA), P.L. 101-336 (42 U.S.C. 12101 et seq.). Anyone who believes the center is not in compliance with these laws may contact the Division on Civil Rights in the New Jersey Department of Law and Public Safety for information about filing an LAD claim at (609) 292-4605 (TTY users may dial 711 to reach the New Jersey Relay Operator and ask for (609) 292-7701), or may contact the United States Department of Justice for information about filing an ADA claim at (800) 514-0301 (voice) or (800) 514-0383 (TTY).

Our center is required, at least annually, to review the Consumer Product Safety Commission (CPSC), unsafe children's products list, ensure that items on the list are not at the center, and make the list accessible to staff and parents and/or provide parents with the CPSC website at <https://www.cpsc.gov/Recalls>. Internet access may be available at your local library. For more information call the CPSC at (800) 638-2772.

Anyone who has reasonable cause to believe that an enrolled child has been or is being subjected to any form of hitting, corporal punishment, abusive language, ridicule, harsh, humiliating or frightening treatment, or any other kind of child abuse, neglect, or exploitation by any adult, whether working at the center or not, is required by State law to report the concern immediately to the State Central Registry Hotline, toll free at (877) NJ ABUSE/(877) 652-2873. Such reports may be made anonymously. Parents may secure information about child abuse and neglect by contacting: DCF, Office of Communications and Legislation at (609) 292

(OOL/Information to Parents/May 2019)

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);
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).

Immediate Causes for Expulsion

- The child is at risk of causing serious injury to other children or to himself/herself.
- Parent threatens physical or intimidating actions toward staff members.
- Parents exhibit 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 dropping off or picking up your child.
- Verbal abuse to staff.
- Other (Director will inform you)

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 (Director will inform you)

Schedule of Expulsion

- If remedial actions have not worked, the child's parent/guardian will be advised verbally and in writing about the behavior warranting an expulsion. An expulsion action will be for a set duration so that the parent/guardian may work on the child's behavior or to come to an agreement with Little VIPs.
- The parent guardian will be informed regarding the length of the expulsion period.
- The parent/guardian will be informed about 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 the risk of the other children's welfare and safety). Failure of child/parent to satisfy the terms of the plan may result in permanent expulsion from Little VIPs.

Discipline

- The purpose of discipline for young children is to teach coping skills and discourage inappropriate behavior. At Little VIPs, the staff encourages positive behavior and uses positive reinforcement in disciplining your child/children. By doing this, children learn cooperation, self-control, self-direction, and self-esteem. By setting consistent, reasonable limits, children understand what is expected of them and why harmful and aggressive acts are unacceptable. As children begin to understand the difference between right and wrong behaviors, we teach them to use problem resolution techniques.
- Under NO circumstance is any abuse, physical punishment, deprivation, or ridicule used as a form of discipline. Screaming, hitting, or ridiculing a child for inappropriate behavior is not an effective way to discipline.
- Redirection is used in the discipline of children and should occur immediately after inappropriate behavior. After the child is calm, he/she will be clearly explained to why the behavior was inappropriate. It will be made sure that the child understands that the behavior is unacceptable. As a last resort, with a child who is harming or in danger of harming themselves or another child, quiet time will be given. Quiet time is not a punishment, rather it gives the child an opportunity to clear his/her mind and prepare to rejoin the group in a more productive state. Quiet time is used infrequently for a brief period of time (no longer than 2-3 minutes in correlation with the child's age).
- No single technique will work every time for every child. Children develop abilities to control their behavior at different rates. At Little VIPs we take the needs of every child into consideration.

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 temperature of 100.5 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 for 24-hours, 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 doctor 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.

COVID-19

Little VIP's COVID-19 policy is that all students that test positive must quarantine for 5 days from the date of their positive test before they may return regardless of vaccination status.

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.

CHILD INFO

Date of Enrollment _____ Day Of Exit _____
Name of Child _____ Date of Birth _____
Home Address _____

PARENT/GUARDIAN INFO

Name _____	Name _____
Phone _____	Phone _____
Email _____	Email _____
Address _____	Address _____
_____	_____
Place of Work _____	Place of Work _____
Work Address _____	Work Address _____
_____	_____
Work Phone _____	Work Phone _____

*How would you prefer to be contacted? Text Call Email

EMERGENCY CONTACTS

Name _____	Name _____
Phone _____	Phone _____
Relationship _____	Relationship _____
Name _____	Name _____
Phone _____	Phone _____
Relationship _____	Relationship _____

CUSTODY

Name of person or persons, PROHIBITED from picking up your child:

*If a non-custodial is NOT authorized by the other custodial parent to pick up the child, please explain and attach a copy of appropriate court order.

DOCTOR

Doctor _____ Phone _____

Address _____

EMERGENCY FORM

*I have completed the medical emergency permission for which authorizes the center to seek emergency medical care for my child as deemed necessary by the Director or the director's designee.

Signature _____ Date _____

PERMISSION

*I give my child permission to participate in walking trips within the neighborhood.

Signature _____ Date _____

*I give my child's teacher permission to use their photos on our website or social media pages.

Signature _____ Date _____

POLICIES

I (we) attest that all of the information on this application is accurate and that I (we) have received the following information for my (our) records:

- | | |
|--|-----------------|
| 1. Little VIPs Personal Policy | yes_____no_____ |
| 2. Information of Parents Document | yes_____no_____ |
| 3. Policy of Release of Children | yes_____no_____ |
| 4. Policy of Expulsion | yes_____no_____ |
| 5. Policy of Discipline | yes_____no_____ |
| 6. Policy of Illnesses/Communicable Diseases | yes_____no_____ |

Signature _____ 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) _____

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		

☐ *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 _____	

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

Section 1 - Parent

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

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

Section 2 - Health Care Provider

1. Please enter the date of the physical exam that is being used to complete the form. Note significant abnormalities especially if the child needs treatment for that abnormality (e.g. creams for eczema; asthma medications for wheezing etc.)

- **Weight** - Please note pounds vs. kilograms. If the form is being used for WIC, the weight must have been taken within the last 30 days.
- **Height** - Please note inches vs. centimeters. If the form is being used for WIC, the height must have been taken within the last 30 days.
- **Head Circumference** - Only enter if the child is less than 2 years.
- **Blood Pressure** - Only enter if the child is 3 years or older.

2. **Immunization** - A copy of an immunization record may be copied and attached. If you need a blank form on which to enter the immunization dates, you can request a supply of Personal Immunization Record (IMM-9) cards from the New Jersey Department of Health, Vaccine Preventable Diseases Program at 609-826-4860. 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 or school setting.

- a. Note any significant medical conditions or major surgical history. **If the child has a complex medical condition, a special care plan should be completed and attached for any of the medical issue blocks that follow.** A generic care plan (CH-15) can be downloaded at www.nj.gov/health/forms/ch-15.dot or pdf. Hard copies of the CH-15 can be requested from the Division of Family Health Services at 609-292-5666.

- 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 require separate permissions slips for prescription and OTC medications.

- c. **Limitations to physical activity** - Please be as specific as possible and include dates of limitation as appropriate. Any limitation to field trips should be noted. Note any special considerations such as avoiding sun exposure or exposure to allergens. Potential severe reaction to insect stings should be noted. Special considerations such as back-only sleeping for infants should be noted.
- d. **Special Equipment** - Enter if the child wears glasses, orthodontic devices, orthotics, or other special equipment. Children with complex equipment needs should have a care plan.
- e. **Allergies/Sensitivities** - Children with life-threatening allergies should have a special care plan. Severe allergic reactions to animals or foods (wheezing etc.) should be noted. Pediatric asthma action plans can be obtained from The Pediatric Asthma Coalition of New Jersey at www.pacnj.org or by phone at 908-687-9340.
- f. **Special Diets** - Any special diet and/or supplements that are medically indicated should be included. Exclusive breastfeeding should be noted.
- g. **Behavioral/Mental Health issues** - Please note any significant behavioral problems or mental health diagnoses such as autism, breath holding, or ADHD.
- h. **Emergency Plans** - May require a special care plan if interventions are complex. Be specific about signs and symptoms to watch for. Use simple language and avoid the use of complex medical terms.

4. **Screening** - This section is required for school, WIC, Head Start, child care settings, and some other programs. This section can provide valuable data for public health personnel to track children's health. Please enter the date that the test was performed. Note if the test was abnormal or place an "N" if it was normal.

- For lead screening state if the blood sample was capillary or venous and the value of the test performed.
- For PPD enter millimeters of induration, and the date listed should be the date read. If a chest x-ray was done, record results.
- Scoliosis screenings are done biennially in the public schools beginning at age 10.

This form may be used for clearance for sports or physical education. As such, please check the box above the signature line and make any appropriate notations in the Limitation to Physical Activities block.

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.

LITTLE V.I.P.'s Recurring ACH Payment Authorization

You authorize regularly scheduled charges to your checking/savings account. You will be charged the amount indicated below each billing period. A receipt for each payment will be provided to you and the charge will appear on your bank statement as an "ACH Debit". You agree that no prior-notification will be provided unless the date or amount changes, in which case you will receive notice from us at least 10 days prior to the payment being collected.

I _____ authorize **Little VIPs Child Care** to charge my
(Full Name)

bank account indicated below for \$ _____ on the **Monday** of each week.
(Amount \$)

This payment is for _____ **Little VIPs Tuition**
(child/children name(s))

Billing Information

Billing Address _____ Phone # _____

City, State, Zip _____ Email _____

Bank Details

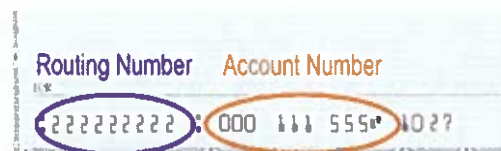
☐ Checking ☐ Savings

Account Name _____

Bank Name _____

Account Number _____

Routing Number _____



I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify **Little VIPs Child Care** in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. For ACH debits to my checking/savings account, I understand that because these are electronic transactions, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates. In the case of an ACH Transaction being rejected for Non-Sufficient Funds (NSF) I understand that **Little VIPs Child Care** may at its discretion attempt to process the charge again within 30 days, and agree to an additional **\$20** charge for each attempt returned NSF which will be initiated as a separate transaction from the authorized recurring payment. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I certify that I am an authorized user of this bank account and will not dispute these scheduled transactions with my bank; so long as the transactions correspond to the terms indicated in this authorization form.

SIGNATURE _____

DATE _____