

LITTLE





V.I.P.'s

2024-2025 Registration Packet

Pricing & Contract

Effective 01/06/2025

 Full Time Per Week (1 Child): **\$250.00**
(2 Children): **\$450.00**
(3 Children): **\$705.00**

 Part Time Per Day (1 Child): **\$56.00**
(2 Children): **\$106.00**

 Floating/Drop-In Per Day: **\$75.00**



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 if my child is a full-time student. If my child is a part-time student, I understand that I will earn make up days for days they are scheduled but not in attendance. I further understand these make up days expire at the end of August of each 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 \$75.00 per day.

If my child is a part time student, I understand I must use up all my banks before changing my child's contract. Also, in order to use a bank/drop-in day, I agree to email Little VIP's at least 24 hours in advance to see if there is space for my child to attend on my requested day.

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 non-refundable 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 for each new school year, no matter what month you enrolled, to hold your child's spot for the next school year. All registration fees are non-refundable. 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 management team 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.
- Upon enrollment, parents/guardians will receive an invite to sign up for Brightwheels. This must be completed by at least one parent before child can start. Brightwheels is the childcare management system that we use to check students in and out each day as well as for tuition and billing purposes.

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 based on 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 100.4 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.
- Each child is required to have a current Universal Health Form on file. The Universal Health form is good for one year from the date of examination completed by the doctor's office.
- 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 event 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 case of a perceived emergency.

Immunizations

- For the safety of other students, Little VIPs will not enroll unvaccinated children. All immunizations must be provided the week prior to the students' start date for managerial review. If students are behind on immunizations, it could delay their start date.
- All children are required to provide proof of flu vaccine prior to December 31st. If you exempt or choose not to give your student the vaccine, they will be unenrolled from January 1st through April 1st. Parents may provide proof of doctor's appointment for the child to receive the vaccine. However, if proof is not provided after that date, their child will not be able to return. Children may return during those months once parents provide proof of receiving the vaccine. You will need to provide, in writing, the dates your child will be away from school to hold your spot.
- Parents are required to provide updated immunization records every time their child gets a new vaccine.

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, note from a therapist or caseworker explaining their lateness. Please inform management if your child will be coming in late with a note. Failure to do so may result you in being turned away that day. If your child is going to be absent, please make every effort to call, email or message the school. If a parent/guardian attempts to drop off after 9:30am without a 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 or pick-ups, Little VIPs has the right to terminate your child's contract with us. Students may not be dropped off late if there is an outstanding tuition balance. If you should have any questions about this, please feel free to ask.
- Any student who is picked up from school early for an appointment, we must be notified in advance if they will be returning to school that same day.
- Students who are getting dropped off to school late, with a note, who will not be arriving before 11am need to be provided lunch before they arrive. If a student is not going to arrive before 11:30, they will not be permitted to be dropped off until after 2:00pm so they do not interfere with naptime.
- Circle time for all classes begins at 9:00am. If you arrive between 9:00 and 9:30, please enter the classroom quietly and try not to disturb the class. We strongly encourage all students to be here before 9:00am.
- Please make sure that you sign your child in and out every day via the Check-In Kiosk at the front table. 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, as no exceptions will be made to this policy. You may add an approved pick-up person to your Brightwheels account as well. Also, remember to have a car seat available for your child when others are transporting them.

Absenteeism

If a student is going to be absent, please inform the school either through email or Brightwheel to let us know the student will be absent and when they will be returning. Absents are tracked through Brightwheel on a daily basis. After three (3) consecutive days absent with no communication, a member or management will reach out to ensure everything is okay.

Tuition/Fees

- Tuition must be paid weekly. Weekly tuition is due on Monday of each week or your child's first day of attendance. Tuition payments must be made ahead of time, not late.
- 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.

- Part-time students are still required to pay for their number of contracted days even if they do not attend. If they do not attend on their scheduled day, students will earn a make-up day to be used at a later date during the school year. Make up days expire at the of August every year and cannot roll over to the new school year. All make up days must be used before changing your contract, failure to do so will result in you losing your existing make up days.
- 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

Full-time students will receive a one-week vacation per calendar 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 year. You get one discount per family, per calendar 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 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 \$75 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 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 be sure to send in a replacement outfit the next day that your child is in school.
- If your child does not have a change of clothes when one is needed, parents will be called to either drop off clothes for their child or to pick up them for the day.

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.

Mealtime Policy

Parents/Guardians are to provide a breakfast, lunch and snack for the child daily. Breakfast for students 12 months and older is offered from 8:15am until 9:00am. Teachers will not be able to serve food before or after this allotted time. Please make sure your child's breakfast is labeled and in a separate container in their lunch box. For students who are dropped off early in the morning, we suggest providing their breakfast at home and sending in a morning snack.

Lunchtime is from 11:00am until 11:40am. 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.

All students will receive an afternoon snack. Students who are here after 5pm will be offered an additional snack that is up to parents' discretion. Please make sure all containers within the lunchbox are labeled as well as any cups. Teachers are not permitted to share food or give students any food that is not packed by their parents. All meals should be things that are easy to serve with no preparation needed.

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 management via email 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 are provided and parents may send in a blanket from home for their child to use. If not, a blanket will be provided to them. If parents send in 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. **Please make sure children are dressed appropriately for the weather.** 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 of 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 most of the field trips. If 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 Assignments

Upon enrolling, each child will be assigned to a classroom. All classrooms are identified by numbers 1-10 which can be located on the outside of the classroom door. Under NJ State Guidelines, to keep within state ratios and room capacity, children may be moved to another classroom for the day. The room the student may get moved to still contains children of the same age group and schedules. In addition, another reason we may move a student to a different room is to trial them in that classroom as that could potentially be the next room they move to. We take both age and milestones into consideration when determining which student may get moved and classroom assignments.

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, 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.
- Bottles must be labeled with the student's name and the date they were made.
***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 check in throughout the day.
- All children 12 months of age and under will follow the daily schedule provided by the parents. Once a child reaches 12 months of age, we will begin to transition them to the school schedule

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 regarding 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. If your child does not have a clean set of clothes in their classroom, parents will be called to either bring them a new set or be picked up.

Breastfeeding Policy

Little VIPs is committed to providing a breastfeeding friendly environment for our enrolled children.

- Breastfeeding mothers will be provided a private space to breastfeed or express their milk. We have two locations within the building that a mother may chose to use. Mothers may also choose to breastfeed in the infant classrooms as well.
- Our center is committed to providing ongoing support to breastfeeding mothers and their baby. This includes providing an opportunity to breastfeed their baby in the morning and evening and holding off giving a bottle when mom is due to arrive. Infant formula and solid foods will not be provided unless requested by the parents.
- All staff is properly trained in the proper handling of breastmilk and undergo yearly refreshers as part of their state mandated training hours.

2024-2025 School Closings/Early Closures

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

Thanksgiving- Thursday, November 28th
Friday, November 29th

Christmas- Tuesday, December 24th
Wednesday, December 25th

New Year's Day- Wednesday, January 1st

Martin Luther King Day- Closed Monday January 20th
*Teacher in-service day

President's Day- Closed Monday February 17th
*Teacher in-service Day

Good Friday- Friday, April 18th

Memorial Day- Monday, May 26th

Independence Day- Friday, July 4th

Labor Day – Monday, September 1st

Child Info

Name of Child _____ Date of Birth _____

Home Address _____

Guardian Information

Name _____

Name _____

Phone _____

Phone _____

Email _____

Email _____

Address _____

Address _____

Name of Business _____

Name of Business _____

Work Address _____

Work Address _____

Work Phone _____

Work Phone _____

PICK UP LIST/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 included among those person authorized by the 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. Information of Parents Document | yes_____no_____ |
| 2. Policy of Release of Children | yes_____no_____ |
| 3. Policy of Discipline | yes_____no_____ |
| 4. Policy of Expulsion | yes_____no_____ |
| 5. Policy of Illnesses/Communicable Diseases | yes_____no_____ |
| 6. Little VIPs Personal Policy | 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 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			<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					

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.