



EliteDaycare

Jane Suyunov
(973) 748-2478

elitedaycarecenter@gmail.com

Children's Enrollment Application

Child's Name: _____ D/O/B: _____ D/O/A: _____
Mother/Guardian: _____ Phone #: _____
Father/guardian: _____ Phone #: _____
Parent's Employer Name and Address: _____
Child's Address: _____
Order of Protection ☐ Yes ☐ No

Emergency/Escort Contacts

Optional: please submit a photo ID of all designated individual.

Children will be released only by designated person, 18 years of age or older. Your child will not be released to anyone not mentioned below.

1. Name: _____	Relationship to Child: _____
Address: _____	Phone #: _____
2. Name: _____	Relationship to Child: _____
Address: _____	Phone #: _____
3. Name: _____	Relationship to Child: _____
Address: _____	Phone #: _____
4. Name: _____	Relationship to Child: _____
Address: _____	Phone #: _____

Emergency Medical Authorization

Doctor/ Medical Home: _____ Phone: _____
Dentist/Dental Home: _____ Phone: _____
Health Insurance Provider: _____ ID: _____
Policy Number: _____ Group Number: _____
Known Medical Concern (allergies, asthma or other medical problems): _____
Religious Restriction: _____

In case of accident or injury, I authorize Elite with any and all emergency medical and Dental treatment advised by the physicians, or hospital necessary for the proper health and well-being of my child with the understanding that the family will be notified as soon as possible. I also agree to pay all costs and fees contingent of any emergency medical care and / or treatment for said child as secured and authorized under this consent.

I also agree to review and update the above information whenever a change occurs.

Parent/Guardian's Signature: _____ Date: _____



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Child Interest Survey/1st Center Visit

Child's Name: _____ D/O/B: _____ D/O/A: _____

1. Is your child a dual language child? ☐ NO ☐ Yes, specify which language _____
2. What are some things in which your child is interested or does especially well?

3. What are your child's:
Favorite foods? _____
Disliked foods? _____
4. Does your child take a nap? ☐ No ☐ Yes, specify how often and how long _____
5. Does your child have trouble sleeping?

6. Is your child toilet trained?

7. Does your child interact with other children of his/her own age? If yes, how does your child behave with them?

8. How does your child socialize with adults that he/she doesn't know?

9. Does your child worry a lot or have any fears? ☐ No ☐ Yes, please specify _____
10. Does your child have difficulty saying what he/she wants or do you have difficulty understanding your child?

11. Does your child often get cranky or cry? ☐ No ☐ Yes. If yes, please describe, and what do you do to calm your child? _____
12. How does your child react to changes in his/her routine?

13. Have there been any major changes in your child's life recently?

14. Is there anything that concerns you about your child's developmental and/or behavioral progress?

15. Is there anything else you would like us to know about your child? _____



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Student First Name and Last Name: _____ DOB: _____

PAYMENT PLAN:

1. Tuition is due monthly, and must be paid **by check, cash or Venmo**
2. Bounced Check will result in \$50 dollars paid in cash for bank fee and Elite's fee
3. **Late Tuition Fee: \$10 per day / Payable Next Day / Cash**
4. Parent and Guardians agree and understand: Early Withdrawal of the student from Elite Daycare requires written notification with 30 day advance written notice.
5. Parents of children who are picked up late after 6pm will incur **\$1 a minute**.
6. **Elite Daycare does not give refunds for days student is absent due to illness, vacations or other personal reasons. If the child is absent for a week you still owe that weeks, tuition.**
7. Upon enrollment you must pay **\$200 dollars for registration**, this will secure your placement it will be **non refundable** if you choose not to attend after.
8. **Your child's fee is only applied for one year, these fees are expected to change yearly.**

5 Days (M-F 8am-6:00) Ages 3 months-18 months	\$325 Weekly
5 Days (M-F 8am-6:00) Ages 18months - 2.5 years	\$300 Weekly
5 Days (M-F 8am-6:00) 2.5 Years – 4 Years	\$285 Weekly
5 Days (M-F 8am-6:00) 4 - 5 Years	\$260 Weekly
Early Care (7am) - \$25 a week extra	Any time before 8am

I HAVE READ AND AGREE TO THE TERMS OF THE ABOVE ENROLLMENT CONTRACT.

Parent Signature

Parent Signature

Email Address

Email address

Director Signature

Date



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Daycare Agreement/Consent Form

- I understand and agree that fees are due between the 1st-3rd of every month and that I must pay in full even **if my child is absent, on vacation, or for any school closures.**
- I understand and agree that my child must be picked up **no later than 6 p.m.**
- I understand and agree that Elite Daycare is not responsible for my child at drop-off until he/she is escorted to the classroom, inspected by the teacher and signed in. In the event that my child cannot be accepted by the center for any reason (suspected illness, over-due fees, etc.), my child will be released to the designated escort, who then becomes responsible for my child.
- I understand and agree that Elite Daycare is not responsible for my child once he/she is picked up and/or signed out by the designated escort. In the event that the designated escort cannot pick up my child, I must call the center to inform the name of the individual who will replace the escort with the understanding that the individual has to be 18 or over and must have a valid photo ID.
- I understand and agree that I will be notified by Elite Daycare personnel if my child becomes ill during the day and I agree to have my child picked up in a timely manner by an appointed person. I also agree that if my child is diagnosed with contagious disease, I will notify the school and will only return with written permission from my child's physician.
- I understand that for the safety of all children and the security of Elite Daycare, security cameras are placed through-out the entire building including classrooms and all entrances and hallways.
- **Cameras are not accessible to parents (____ Initials)**
- I give permission to photograph, videotape, and/or audio record my child for educational purposes including class pictures.
- I understand and agree that I must provide all necessary documents (i.e. Birth Certificate, Medical Examination Form, immunization record, and all other necessary enrollment documents in a timely manner).
- I have provided information on my child's special needs (allergies, asthma, diet, disabilities and/or other medical conditions) to the center, as may be necessary to assist the facility in properly caring for my child in case of an emergency.
- I consent to the enrollment of my child at Elite Daycare and have been advised of the policies regarding health and safety.

Parent/Guardian's Signature: _____

Date: _____

Behavior Guidance Policy

Policy

We believe children thrive when they are aware of expected behaviors and informed about structures and routines in the classroom. Children need freedom to play and explore in a physically and emotionally safe environment. That freedom must emerge in an atmosphere of mutual respect and encouragement, which fosters autonomy and self-regulation through positive interactions. This will help children develop self-esteem and self-discipline.

Our emphasis is on Responsiveness, Review, Reflection, Remove or Redirect, and Reinforce/Reward. These are aimed at Positive Discipline.

Procedure

- **Responding** to children, parents and one another with **Respect**: with friendliness, care and courtesy provides a positive behavior model. We recognize that interacting with other people varies between cultures and therefore, staff needs to be aware of, and respect, the codes used by all members of the pre-school.

- **Review** expected behaviors and appropriate behaviors with students. Children are to be introduced to the expectations for each classroom center, for handling materials, and appropriate interactions amongst themselves.

- **Reflecting** on the causes and consequences of their behaviors- when it is a calm time, not forcing apologies but focusing on foundations of empathy, and empowerment AS IS DEVELOPMENTALLY APPROPRIATE with finding solutions and alternatives, teachers and staff use positive strategies for handling any conflict by helping children find solutions in ways which are appropriate for the children's ages and stages of development.

- **Remove** child from scene of situation if needed, to compose self and deflate negative situation.

- **Redirect** behaviors as needed. ex: redirect to different activity to distract and positively engage

- **Reward and Reinforce** by verbally acknowledging positive behaviors- "catching children" doing well, focus on developing sense of dignity and self-respect.

- We familiarize new staff and volunteers with the pre-school's behavior policy and its rules for behavior, as well as, inform parents of our policy by giving them the **Policy Contract** to sign.

- Parents must be made aware of the misbehaviors that their children are exhibiting in the classroom and how it is being responded to. Parents are to be assured that everything that is being done is with child's best interests. Ensure reviewing and signing of the Policy Contract Form.

In the event of a serious misbehavior, after three times, or even once at the discretion of the teacher depending on the child's misbehaviors, there must be an appointment set up with the teacher and the parent. The child is only permitted to return to school once an appointment or meeting is set.

THE DOS: OUR CLASSROOM BEHAVIOR GUIDANCE POLICY

ADULTS DO:

1. Praise, reward, and encourage the children
2. Reason with and set limits for the children
3. Model appropriate behavior for the children.
4. Modify the classroom environment to attempt to prevent problems before they occur.
5. Listen to the children
6. Provide alternatives for inappropriate behavior and encourage children to define the "problem" and select a relevant and appropriate solution
7. Provide children with natural and logical consequences for their behavior, and teach the meaning of apologies.
8. Treat children as individuals and respect their needs, desires and feelings.
9. Use short supervised periods of "self time" or "thinking time" reflecting in cozy area where one can relax- as is age appropriate. This should not exceed a minute per year of age, unless child expressly desires quiet time.
10. Focus on redirecting child's attention to positive engagements and positive expectations.
11. Explain things to children on their level and incorporate appropriate social emotional behavior goals in the curriculum
12. Stay consistent when implementing a behavior management program.
13. Focus on building foundation of Respect for differences and diversity and develop an empathetic classroom community.



Discipline and Behavior Guidance Policy Contract

Our efforts to manage children's behaviors are guided by developmentally appropriate practice and effective positive reinforcements. Positive reinforcements are effective as it encourages positive interactions between adults and children and helps reinforce desired behaviors, thereby developing values. **Please note: recurring situations might require us to arrange a meeting with parents, site director and teachers to plan further.**

I, the undersigned parent or guardian of _____ (child's full name)
do hereby state that I have reviewed the Elite's Discipline and Behavior Management Policy (below)

Child's Enrollment Date: ____/____/____ Signed: _____
Print: _____

ADULTS DO:

1. Praise, reward, and encourage the children
2. Reason with and set limits for the children
3. Model appropriate behavior for the children.
4. Modify the classroom environment to attempt to prevent problems before they occur.
5. Listen to the children
6. Provide alternatives for inappropriate behavior and encourage children to define the "problem" and select a relevant and appropriate solution
7. Provide children with natural and logical consequences for their behavior, and teach the meaning of apologies.
8. Treat children as individuals and respect their needs, desires and feelings in a developmentally appropriate manner- infants and toddlers need even more hugs and kisses.
9. Use short supervised periods of "self time" or "thinking time" reflecting in quiet area where one can relax- as is age appropriate. This should not exceed a minute per year of age, unless child expressly desires quiet time.
10. Focus on redirecting child's attention to positive engagements and positive expectations.
11. Explain things to children on their level and incorporate appropriate social emotional behavior goals in the curriculum
12. Stay consistent when implementing a behavior management program.
13. Focus on building foundation of Respect for differences and diversity and develop an empathetic classroom community.

As educators we utilize positive discipline approaches to misbehavior, rather than punitive measures. Young children are in the process of learning how to curb impulses and to get along in the world. The more consistent we can be as adults, the easier it is for children to learn self-control and behave safely and positively.



EXPULSION POLICY

NAME OF CENTER: _____

Unfortunately, there are sometimes reasons we have to expel a child from our program either on a short term or permanent basis. We want you to know we will do everything possible to work with the family of the child(ren) in order to prevent this policy from being enforced.

The following are reasons we may have to expel or suspend a child from this center:

IMMEDIATE CAUSES FOR EXPULSION:

- The child is at risk of causing serious injury to other children or himself/herself.
- Parent threatens physical or intimidating actions toward staff members.
- Parent exhibits verbal abuse to staff in front of enrolled children

PARENTAL ACTIONS FOR CHILD'S EXPULSION:

- Failure to pay/habitual lateness in payments.
- Failure to complete required forms including the child's immunization records.
- Habitual tardiness when picking up your child.
- Verbal abuse to staff.
- Other (explain)

CHILD'S ACTIONS FOR EXPULSION:

- Failure of child to adjust after a reasonable amount of time.
- Uncontrollable tantrums/ angry outbursts.
- Ongoing physical or verbal abuse to staff or other children.
- Excessive biting.
- Other (explain)

SCHEDULE OF EXPULSION:

If after the remedial actions above have not worked, the child's parent/guardian will be advised verbally and in writing about the child's or parent's behavior warranting an expulsion. An expulsion action is meant to be a period of time so that the parent/ guardian may work on the child's behavior or to come to an agreement with the center. The parent/guardian will be informed regarding the length of the expulsion period and the expected behavioral changes required in order for the child or parent to return to the center. The parent/guardian will be given a specific expulsion date that allows the parent sufficient time to seek alternate child care (approximately one to two weeks' notice depending on risk to other children's welfare or safety). Failure of the child/parent to satisfy the terms of the plan may result in permanent expulsion from the center.

A CHILD WILL NOT BE EXPELLED IF A PARENT/GUARDIAN:

- Made a complaint to the Office of Licensing regarding a center's alleged violations of the licensing requirements.
- Reported abuse or neglect occurring at the center.
- Questioned the center regarding policies and procedures.
- Without giving the parent sufficient time to make other child care arrangements.

PROACTIVE ACTIONS THAT CAN BE TAKEN IN ORDER TO PREVENT EXPULSION:

- | | |
|---|--|
| • Try to redirect child from negative behavior. | • Document the child's disruptive behavior and maintain confidentiality. |
| • Reassess classroom environment, appropriateness of activities, supervision. | • Give the parent/guardian written copies of the disruptive behavior that might lead to expulsion. |
| • Always use positive methods and language while disciplining children. | • Schedule a conference including the director, classroom staff, and parent/guardian to discuss how to promote positive behaviors. |
| • Praise appropriate behaviors. | • Give the parent literature of other resources regarding methods of improving behavior. |
| • Consistently apply consequences for rules. | • Recommend an evaluation by professional consultation on premises. |
| • Give the child verbal warnings. | • Recommend an evaluation by local school district study team. |
| • Give the child time to regain control. | |

Department of Children and Families
Office of Licensing

INFORMATION TO PARENTS

Under provisions of the *Manual of Requirements for Child Care Centers (N.J.A.C. 3A:52)*, every licensed child care center in New Jersey must provide to parents of enrolled children written information on parent visitation rights, State licensing requirements, child abuse/neglect reporting requirements and other child care matters. The center must comply with this requirement by reproducing and distributing to parents and staff this written statement, prepared by the Office of Licensing, Child Care & Youth Residential Licensing, in the Department of Children and Families. In keeping with this requirement, the center must secure every parent and staff member's signature attesting to his/her receipt of the information.

Our center is required by the State Child Care Center Licensing law to be licensed by the Office of Licensing (OOL), Child Care & Youth Residential Licensing, in the Department of Children and Families (DCF). A copy of our current license must be posted in a prominent location at our center. Look for it when you're in the center.

To be licensed, our center must comply with the Manual of Requirements for Child Care Centers (the official licensing regulations). The regulations cover such areas as: physical environment/life-safety; staff qualifications, supervision, and staff/child ratios; program activities and equipment; health, food and nutrition; rest and sleep requirements; parent/community participation; administrative and record keeping requirements; and others.

Our center must have on the premises a copy of the Manual of Requirements for Child Care Centers and make it available to interested parents for review. If you would like to review our copy, just ask any staff member. Parents may view a copy of the Manual of Requirements on the DCF website at <http://www.nj.gov/dcf/providers/licensing/laws/CCCmanual.pdf> or obtain a copy by sending a check or money order for \$5 made payable to the "Treasurer, State of New Jersey", and mailing it to: NJDCF, Office of Licensing, Publication Fees, PO Box 657, Trenton, NJ 08646-0657.

We encourage parents to discuss with us any questions or concerns about the policies and program of the center or the meaning, application or alleged violations of the Manual of Requirements for Child Care Centers. We will be happy to arrange a convenient opportunity for you to review and discuss these matters with us. If you suspect our center may be in violation of licensing requirements, you are entitled to report them to the Office of Licensing toll free at 1 (877) 667-9845. Of course, we would appreciate your bringing these concerns to our attention, too.

Our center must have a policy concerning the release of children to parents or people authorized by parents to be responsible for the child. Please discuss with us your plans for your child's departure from the center.

Our center must have a policy about administering medicine and health care procedures and the management of communicable diseases. Please talk to us about these policies so we can work together to keep our children healthy.

Our center must have a policy concerning the expulsion of children from enrollment at the center. Please review this policy so we can work together to keep your child in our center.

Parents are entitled to review the center's copy of the OOL's Inspection/Violation Reports on the center, which are available soon after every State licensing inspection of our center. If there is a licensing complaint

investigation, you are also entitled to review the OOL's Complaint Investigation Summary Report, as well as any letters of enforcement or other actions taken against the center during the current licensing period. Let us know if you wish to review them and we will make them available for your review or you can view them online at <https://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) 292-0422 or go to www.state.nj.us/dcf/.

Policy on the Management of Communicable Diseases

If a child exhibits any of the following symptoms, the child should not attend the center. If such symptoms occur at the center, the child will be removed from the group, and parents will be called to take the child home.

- Severe pain or discomfort
- Acute diarrhea
- Episodes of acute vomiting
- Elevated oral temperature of 101.5 degrees Fahrenheit
- Lethargy
- Severe coughing
- Yellow eyes or jaundiced skin
- Red eyes with discharge
- Infected, untreated skin patches
- Difficult or rapid breathing
- Skin rashes in conjunction with fever or behavior changes
- Skin lesions that are weeping or bleeding
- Mouth sores with drooling
- Stiff neck

Once the child is symptom-free, or has a health care provider's note stating that the child no longer poses a serious health risk to himself/herself or others, the child may return to the center unless contraindicated by local health department or Department of Health.

EXCLUDABLE COMMUNICABLE DISEASES

A child or staff member who contracts an excludable communicable disease may not return to the center without a health care provider's note stating that the child presents no risk to himself/herself or others.

Note: If a child has chicken pox, a note from the parent stating that all sores have dried and crusted is required.

If a child is exposed to any excludable disease at the center, parents will be notified in writing.

COMMUNICABLE DISEASE REPORTING GUIDELINES

Some excludable communicable diseases must be reported to the health department by the center. The Department of Health's Reporting Requirements for Communicable Diseases and Work-Related Conditions Quick Reference Guide, a complete list of reportable excludable communicable diseases, can be found at:
http://www.nj.gov/health/cd/documents/reportable_disease_magnet.pdf.

POLICY ON THE RELEASE OF CHILDREN

Each child may be released only to the child's parent(s) or person(s) authorized by the parent(s) to take the child from the center and to assume responsibility for the child in an emergency if the parent(s) cannot be reached.

If a non-custodial parent has been denied access, or granted limited access, to a child by a court order, the center shall secure documentation to that effect, maintain a copy on file, and comply with the terms of the court order.

If the parent(s) or person(s) authorized by the parent(s) fails to pick up a child at the time of the center's daily closing, the center shall ensure that:

1. The child is supervised at all times;
2. Staff members attempt to contact the parent(s) or person(s) authorized by the parent(s); and
3. An hour or more after closing time, and provided that other arrangements for releasing the child to his/her parent(s) or person(s) authorized by the parent(s), have failed and the staff member(s) cannot continue to supervise the child at the center, the staff member shall call the *24-hour State Central Registry Hotline 1-877-NJ-ABUSE (1-877-652-2873)* to seek assistance in caring for the child until the parent(s) or person(s) authorized by the child's parent(s) is able to pick-up the child.

If the parent(s) or person(s) authorized by the parent(s) appears to be physically and/or emotionally impaired to the extent that, in the judgment of the director and/or staff member, the child would be placed at risk of harm if released to such an individual, the center shall ensure that:

1. The child may not be released to such an impaired individual;
2. Staff members attempt to contact the child's other parent or an alternative person(s) authorized by the parent(s); and
3. If the center is unable to make alternative arrangements, a staff member shall call the *24-hour State Central Registry Hotline 1-877-NJ-ABUSE (1-877-652-2873)* to seek assistance in caring for the child.

For school-age child care programs, no child shall be released from the program unsupervised except upon written instruction from the child's parent(s).

10:122-6.8 Parent and community participation
May be completed by parents to authorize emergency treatment

PARENTAL AUTHORIZATION FOR EMERGENCY TREATMENT

CHILD'S NAME

Age _____ Date of Birth _____

Address _____

PARENT(S) NAME _____

Parent(s) Address _____

CHILD'S MEDICAL INFORMATION

Medical Problems _____

Allergies _____

Medicine(s) Child is Taking _____

Medicine(s) Child is Allergic to _____

Name of Child's Health care provider _____ Telephone _____

CHILD'S INSURANCE

Company/HMO _____

Group Number _____ Identification # _____

I (we) state that we are the parent(s)/guardian(s) having legal custody of the above child and attest that the information above is correct. I (we) authorize the above child care center director or director's designee to obtain emergency treatment for my child. I consent to an x-ray examination, anesthetic, medical or surgical diagnosis or treatment, and hospital care to be rendered to the minor at a recognized medical facility, under the general or special supervision of a licensed physician or surgeon.

The following steps will be followed in an emergency:

1. The parent/guardian will be contacted immediately.
2. The child's health care provider will be contacted.
3. We will attempt to contact you through all of the emergency persons listed on the child's application form.
4. If we cannot contact you or your child's health care provider, we will do any or all of the following:
 - (a) Call for emergency first aid assistance/transportation.
 - (b) Call another health care provider.
 - (c) Have the child transported to an emergency hospital in the company of a staff member.

Parent Signature: _____

Date of Signature: _____

Witness: _____ Date _____



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Technology and Social Media Policy

Social Networking and Social Media

Elite Daycare uses What's App as a means of social networking. The rules and policy is as follows:

- Parent's are notified at the time of enrollment that pictures will be taken of their children and it will be posted on What's App group for that classroom only weekly.
- Photographs are taken by both the teacher and the assistant of the classroom only. The pictures are then posted on the What's App class group. They are then deleted from the teacher's and the assistant's devices
- Elite solely uses What's app for posting activities the children are involved in, and does not use What's app as a communication between any staff member and a parent.
- The Director has access to every What's App class group and oversees what is posted.
- The Director is the only person who can communicate with parents via text message or What's App.



314 Broad Street, Bloomfield, NJ 07003





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What To Bring:

Copy of Birth Certificate

Pack of pampers (infant / toddler)

Pack of wipes (infant / toddler)

Two changes of clothing

Daily Bottles and / or sippy cup (infant /toddler)

Formula / Breast Milk (infant / toddler)

Box of wipes

Diaper cream

Crib sheet

Crib blanket (over 12 months)

Wearable blanket (under 12 months)

Child picture

Burp Cloth

Lunch for your child daily

We are a **Peanut free school**, do not send anything peanut related.

Please send enough bottles for all feedings. We will be sending the bottles home daily for cleaning and sanitizing.

All belongings should be labeled with child's name (including bottles).

Do not send in any type of medication, we do not administer any medication

PARENT

RECEIPT OF INFORMATION:

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

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

Child(ren)'s Name

Parent/Guardian's Name

Signature

Date

UNIVERSAL CHILD HEALTH RECORD

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

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.
☐ Yes ☐ 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:									
<table border="1"> <tr> <td>Weight (must be taken within 30 days for WIC)</td> <td></td> </tr> <tr> <td>Height (must be taken within 30 days for WIC)</td> <td></td> </tr> <tr> <td>Head Circumference (if <2 Years)</td> <td></td> </tr> <tr> <td>Blood Pressure (if ≥3 Years)</td> <td></td> </tr> </table>		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)	
Weight (must be taken within 30 days for WIC)									
Height (must be taken within 30 days for WIC)									
Head Circumference (if <2 Years)									
Blood Pressure (if ≥3 Years)									

IMMUNIZATIONS

☐ Immunization Record Attached
☐ Date Next Immunization Due:

MEDICAL CONDITIONS

Chronic Medical Conditions/Related Surgeries • List medical conditions/ongoing surgical concerns:	<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached	Comments
Medications/Treatments • List medications/treatments:	<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached	Comments
Limitations to Physical Activity • List limitations/special considerations:	<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached	Comments
Special Equipment Needs • List items necessary for daily activities	<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached	Comments
Allergies/Sensitivities • List allergies:	<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached	Comments
Special Diet/Vitamin & Mineral Supplements • List dietary specifications:	<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached	Comments
Behavioral Issues/Mental Health Diagnosis • List behavioral/mental health issues/concerns:	<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached	Comments
Emergency Plans • List emergency plan that might be needed and the sign/symptoms to watch for:	<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached	Comments

PREVENTIVE HEALTH SCREENINGS

Type Screening	Date Performed	Record Value	Type Screening	Date Performed	Note if Abnormal
Hgb/Hct			Hearing		
Lead: <input type="checkbox"/> Capillary <input type="checkbox"/> Venous			Vision		
TB (mm of Induration)			Dental		
Other:			Developmental		
Other:			Scoliosis		

Name of Health Care Provider (Print)

Health Care Provider Stamp:

Signature/Date