



Enrollment Agreement

Date of Application _____ Date of Birth _____

Child's Full Name _____

Address _____ City _____ State _____ Zip _____

Parent Information

Mother/Guardian's Name _____

Home Address _____

Home Phone _____ Cell Phone _____

Mother's E-mail _____

Mother's Employment _____ Work Phone _____

Father/Guardian's Name _____

Home Address _____

Home Phone _____ Cell Phone _____

Father's E-mail _____

Father's Employment _____ Work Phone _____

The following people are authorized to pick up my child and/or contact them in case of an emergency.

Name _____ Relationship _____

Address _____ Phone _____

Name _____ Relationship _____

Address _____ Phone _____

Name _____ Relationship _____

Address _____ Phone _____

My child will attend Bridges to Learning (circle) AM PM All day Before/After

Days attending: M T W TH F _____

Credit is not given for illness, vacation or holiday. Days contracted for may not be changed without prior agreements with the office.

Tuition Due Date: Weekly- Friday for the following week; Monthly- Last business day of the month for the following month; Bi- Weekly- Friday for the following weeks. Tuition is due in advance of services rendered.

Hours of Operation 6:30am- 6:30pm

Late Pick-Up Fee: \$5 per minute for each minute after 6:30pm. Fees applied per child. Fee is due by the end of business the day following the late pickup.

Registration Fee: A non refundable registration fee of \$ _____ is required.

Security Deposit: A two week security deposit is required. Two weeks written notice is required to terminate this agreement. If notice is given, your security is applied to the last two week's tuition. If no notice is given, your security deposit is forfeited. If security is waived at time of registration a two week notice is required prior to termination. Tuition will then apply or if tuition was paid in advance, it will not be returned.

Return Check Charge: A return check charge of \$ _____ will be required if a check is returned from the bank. Continued occurrences of returned checks will result in a request of cash only payments.

The parties involved in this agreement have read, understand and agree to abide by this agreement. Please read all enrollment information prior to signing this agreement.

Owner/Director Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

Parent/Guardian's Driver's License Number _____



Authorization for Emergency Medical Care

If I cannot be reached to make arrangements for emergency medical care for my child at time of an illness, accident, or injury, I give permission for the management team of Bridges to Learning LLC to obtain whatever treatment may be deemed necessary for:

Name of child #1

DOB

Name of child #2

DOB

Emergency Parental Consent

When there is a medical emergency, or when a child needs immediate medical treatment Amanda DiScala or Jeannette Krause of Bridges to Learning LLC will take all reasonable steps to see that child(ren) in their care receive adequate medical care. When appropriate, Bridges to Learning LLC will call 911 and the parent(s). If the parent(s) can't be reached Bridges to Learning will call the person(s) listed below.

Name: _____ Phone: _____

Name: _____ Phone: _____

If the parent(s) and the authorized person(s) cannot be reached, Bridges to Learning will call the child's doctor, identified below. If the child must be taken to a hospital identified below. If under the circumstances, it is more reasonable to bring the child to another hospital, Bridges to Learning will do so. In the situation where the parent(s) and the person(s) authorized to give permission for medical treatment can't be reached, the parent authorizes the child's doctor to provide appropriate medical treatment for the child(ren)

Doctor _____ Phone _____ Address _____

Dentist _____ Phone _____ Address _____

Hospital/Clinic _____ Phone _____ Address _____

I agree to promptly notify Bridges to Learning of any changes to the above information

I understand that every effort will be made to contact me in the event of an emergency requiring attention for my child. However, in the event such an emergency occurs and I cannot be reached, I hereby authorize Bridges to Learning Child Development Center to transport my child to _____ (name of hospital or nearest one) and to secure for my child all necessary medical treatment. I understand that the teachers in the childcare are trained in basics of first aid and I authorize them to provide my child with first aid when appropriate.

Mother's Signature _____ Date _____

Fathers's Signature _____ Date _____

Bridges to Learning _____ Date _____



Parental Consent Form

Child's Name _____ Date of Birth _____

Parent/Guardian Name: _____ Enrollment Date _____

	Authorized	Not Authorized
1. My child may use a blanket and Pillow during rest time.	_____	_____
2. BTL staff may use the following products, which I have provided and which are clearly labeled, an my child. Diaper Ointment	_____	_____
Diaper Wipes	_____	_____
Baby Lotion	_____	_____
Sun Block	_____	_____
3. My child may be photographed during center activities and field trips and his/her likeness may be used on the Bridges to Learning website.	_____	_____
4. My child may be photographed during center activities and field trips and his/her likeness may be used in center marketing materials.	_____	_____
5. My child may participate in daily nature walks in the neighborhood of the center.	_____	_____

Parent/Guardian Signature

Date _____



Information to Parents

Dear Parents,

In keeping with New Jersey's child care center-licensing requirements; we are obliged to provide you, as the parents of a child enrolled at our center, with the following information statement.

The statement highlights, among other things, your right to visit and observe our center at any time without having to secure prior permission; the center's obligation to be licensed and to comply with the licensing standards; and the obligation of all citizens to report suspected child abuse/neglect/exploitation to the State's Division of Youth and Family Services (DYFS)

Please read this statement carefully and if you have any questions please feel free to contact me at (973) 230-0448

Sincerely,

Amanda L. DiScala

Please complete and return this form to the center. (Please Print)

Name of Child(ren): _____

Name of Parents: _____

I have read and received a copy of the Information to Parents Statement prepared by the Bureau of Licensing in the Division of Youth and Family Services.

Signature: _____ Date: _____

Signature: _____ Date: _____

Information to Parents

Under provisions of the Manual Requirements for Child Care Centers (N.J.A.C. 10:122), every licensed child care center in New Jersey must provide to parents of enrolled children written information on parent visitation rights, State licensing requirements, child abuse/neglect reporting requirements and other child care matters. The center must comply with this requirement by reproducing and distributing to parents this written statement, prepared by the Bureau of Licensing in the Division of Youth and Family Services (DYFS). In keeping with this requirement, the center must secure every parent's signature attesting to his/her receipt of the information.

Our center is required by the State Child Care Center Licensing law to be licensed by the Bureau of Licensing in the New Jersey Division of Youth and Family Services. A copy of our current license must be posted in a prominent location at our center. Look for it when you're in the center.

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

Our center must have on the premises a copy of the Manual of Requirements for Child Care Centers and make it available to interested parents for review. If you would like to review our copy, just ask any staff member. Parents may secure a copy of the Manual of Requirements by sending a check or money order for \$5 made payable to the "Treasurer, State of New Jersey", and mailing it to: State of New Jersey, Department of Human Services, Licensing Publication Fees, PO Box 34399, Newark, New Jersey 07189-4399.

We encourage parents to discuss with us any questions or concerns about the policies and 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 standards, you are entitled to report them to the Bureau of Licensing toll free at -877-677-9845. 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 Bureau of Licensing's Inspection/Violation Reports on the center, which are issued after every State licensing inspection of our center. If there is a licensing complaint investigation, you are also entitled to review the Bureau's Complaint Investigation Summary Report, as well as any letters of enforcement or other actions taken against the center during the current licensing period. Let us know if you wish to review them and we will make them available for your review.

Our center must cooperate with all DYFS inspection/investigations. DYFS 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 have about it.

Our center must offer parents of enrolled children ample opportunity 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 advise 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 trip.

Our center is required to comply with the New Jersey Law Against Discrimination (LAD), P.L. 1945, C. 169 (N.J.S.A. 10:5-1 et seq.), and the Americans with Disabilities Act (ADA), P.L. 101-336 (42 U.S.C. 12101 et seq.). Anyone who believes the center is not in compliance with these laws may contact the Division on Civil Rights in the New Jersey Department of Law and Public Safety for information about filing an LAD claim at (609) 292-4605 (TTY users may dial 711 to reach the New Jersey Relay Operator and ask for (609) 292-7701), or may contact the United States Department of Justice for information about the filing an ADA claim at (800) 514- 0301 (voice) or (800) 514-0383 (TTY).

Anyone who has reasonable cause to believe that an enrolled child has been or is 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 such reports may be made anonymously.



Expulsion Policy

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 Bridges to Learning.

IMMEDIATE CAUSES FOR SUSPENSION OR 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 SUSPENSION OR 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 SUSPENSION OR 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.
The parent/guardian will be informed about the expected behavioral changes required in order for the child or parent/guardian to return.

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 noticed depending on risk to the other children's welfare or safety) Failure of the child/parent to satisfy the terms of the plan may result in permanent expulsion from

A Child Will Not Be Expelled

If a child's parent(s):

- Made a complaint to the Office of Licensing regarding 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 MAY BE TAKEN IN ORDER TO PREVENT SUSPENSION OR EXPULSION

- Staff will try to redirect child from negative behavior.
- Staff will reassess classroom environment.
- Staff will always use positive methods and language while disciplining children.
- Staff will praise appropriate behaviors.
- Staff will consistently apply consequences for rule violations.
- Child will be given verbal warnings (except in cases of violence.)
- Child will be given time to regain control.
- Child's disruptive behavior will be documented and maintained in confidentiality.
- Parent/guardian will be notified verbally.
- Parent/guardian will be given written copies of the disruptive behaviors that might lead to expulsion.
- The director, classroom staff and parent/guardian will be available for a conference to discuss how to promote positive behaviors in sync with one another.
- The parent will be given literature or other resources regarding methods of improving behavior.
- Recommendation of evaluation by professional consultation on premises.
- Recommendation of evaluation by local school district child study team.

Signature: _____ Date: _____

Signature: _____ Date: _____



Medication Policy

Dear Parents

This year the state mandated Health, Sickness and Medication Policy has been revised. Attached is a copy of our **Health Sickness Medication Policy**. Also attached to this letter is a copy of our Medication Administration in Child Care Policy and Procedures. Please read, complete and sign this policy and return with enrollment agreement.

UNIVERSAL CHILD HEALTH RECORD – All children attending schools in New Jersey must have their physician complete a Universal Child Health Care Record **PRIOR** to enrollment.

IMMUNIZATION POLICY – Immunization records must be kept up to date. When you take your child to the doctor, we must be provided with an updated copy of their immunizations. All children under the age of 60 months must have a flu vaccine in order to attend any facility in New Jersey. The vaccine must be received no later than December 31, 2013. The town audits our files every fall. If you have not provided us with updated records please do so no later than October 24, 2013. Should you want your physician to fax forms to us, our fax number is, 973-230-0447. Failure to provide this information could result in your child not being able to attend our center or any center in the state.

ALLERGIES, ASTHMA, SEIZURES – At the time of registration, we must be notified if your child has any of these conditions listed above. An **ACTION PLAN MUST BE SUPPLIED FOR ANY CHILDREN WITH THESE CONDITIONS**. We are prohibited from administering any medication (EPIPEN, nebulizer medication or Seizure medication) unless we have a complete Action Plan on file. These plans must be updated yearly.

PRESCRIPTION MEDICATION – If you have prescribed medication that must be administered while your child is at school, you **MUST** complete a "PERMISSION TO GIVE MEDICATION IN CHILD CARE FORM". Without this form we can not administer medication. Please remember to sign the form once you have completed it. All medication **MUST** be in its original container, the following information must be on the container: child's first and last name, date of order, name of medication, dosage, time route & frequency. Medication **CAN NOT** be left in the classroom. It **MUST** be left in the office. When it is time to administer the medicine, the

medication will be administered by a staff member that has been trained on the new state medication guidelines.

OTC (OVER THE COUNTER) OR NON PRESCRIPTION MEDICATION – Examples of OTC medication include but are not limited to:

- Fever reducer or pain reliever
- Antihistamines
- Cortisone cream
- Nose drops or nose sprays
- Medicine used for common gastrointestinal problems

Non prescription sunscreen and insect repellent always require parental consent but do not require instructions from each child's prescribing health professional.

We must have a note written by your physician in order to administer OTC medication. The note must be specific to what the medicine should be used for. For example, if you have a note for Tylenol, the note can not say "to be given as needed", it must say "to be give as needed for fever" or "to be given as needed for runny nose". If your note is for fever, we can not give your child the medicine for something else. All over the counter medication must be given to the office with the note. The note and the medication will be kept in the office. Please check expiration dates on medications. We will check expiration dates periodically and return expired medication to you for disposal.

We will not administer folk or homemade remedy medications or treatments. We will not administer a medication that is prescribed for one child in the family to another child in the family.

POLICY ON THE MANAGEMENT OF COMMUNICABLE DISEASES

If a child exhibits any of the following symptoms, your 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
- Episode of acute vomiting
- Elevated oral temperature of 101.5 degrees Fahrenheit
- Lethargy
- Severe coughing
- Yellow eyes or jaundice 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 your 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. If a child is diagnosed with the “flu” the period to remain at home is longer than 24 hours and the child can not return to school without a written doctor’s note.

TABLE OF EXCLUDABLE COMMUNICABLE DISEASES

A child who contracts any of the following diseases 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:

<u>Respiratory Illnesses</u>	<u>Gastrointestinal Illnesses</u>	<u>Contact Illnesses</u>
Chicken Pox	Campylobacter	Impetigo
German Measles	Escherichia coli	Lice
Hemophilus Influenza	Giardia Lambilia	Scabies
Measles	Hepatitis A	Shingles
Meningococcus	Salmonella	
Mumps		
Strep Throat		
Tuberculosis		
Whooping Cough		

Our goal is to ensure that all children entrusted to our care remain healthy. We understand that job commitments, can make it difficult to keep a child home, however, please do not self medicate your child to mask symptoms, so that you can bring them to school. We believe that for the health of everyone involved, including your family, a sick child should remain at home.

Should you have any questions or concerns please feel free to stop by the office to discuss. Thanks in advance for your adherence to the above letter.

Medication Administration in Child Care

Policy and Procedures

PURPOSE: *This policy was written to encourage communication between the parent, the child's health care provider and the child care provider to assure maximum safety in the giving of medication to the child who requires medication to be provided during the time the child is in child care.*

INTENT: *Assuring the health and safety of all children in our Center is a team effort by the child care provider, family, and health care provider. This is particularly true when medication is necessary to the child's participation in child care. Therefore, an understanding of each of our responsibilities, policies and procedures concerning medication administration is critical to meeting that goal.*

GUIDING PRINCIPLES and PROCEDURES:

- 1.** When ever possible, it is best that medication be given at home. Dosing of medication can frequently be done so that the child receives medication prior to going to child care, and again when returning home and/or at bedtime. The parent/guardian is encouraged to discuss this possibility with the child's health care provider.
- 2.** The first dose of any medication should always be given at home and with sufficient time before the child returns to child care to observe the child's response to the medication given. When a child is ill due to a communicable disease that requires medication as treatment, the health care provider may require that the child be on a particular medication for 24 hours before returning to child care. This is for the protection of the child who is ill as well as the other children in child care.
- 3.** Medication will only be given when ordered by the child's health care provider and with written consent of the child's parent/legal guardian. A "Permission to Give Medication in Child Care" form is attached to this policy and will hereafter be referred to as Permission Form. All information on the Permission Form must be completed before the medication can be given. Copies of this form can be duplicated or requested from the child care provider.
- 4.** "As needed" medications may be given only when the child's health care provider completes a Permission Form that lists specific reasons and times when such medication can be given.
- 5.** Medications given in the Center will be administered by a staff member designated by the Center Director and will have been informed of the child's health needs related to the medication and will have had training in the safe administration of medication.

6. Any prescription or over-the-counter medication brought to the child care center must be specific to the child who is to receive the medication, in its original container, have a child-resistant safety cap, and be labeled with the appropriate information as follows:

*Prescription medication must have the original pharmacist label that includes the pharmacist's phone number, the child's full name, name of the health care provider prescribing the medication, name and expiration date of the medication, the date it was prescribed or updated, and dosage, route, frequency, and any special instructions for its administration and/or storage. It is suggested that the parent/guardian ask the pharmacist to provide the medication in two containers, one for home and one for use in child care.

*Over-the-counter (OTC) medication must have the child's full name on the container, and the manufacturer's original label with dosage, route, frequency, and any special instructions for administration and storage, and expiration date must be clearly visible.

*Any OTC without instructions for administration specific to the age of the child receiving the medication must have a completed Permission Form from the health care provider prior to being given in the child care center.

7. Examples of over-the-counter medications that may be given include:

*Antihistamines

*Decongestants

*Non-aspirin fever reducers/pain relievers

*Cough suppressants

*Topical ointments, such as diaper cream or sunscreen

8. All medications will be stored:

*Inaccessible to children

*Separate from staff or household medications

*Under proper temperature control

*A small lock box will be used in the refrigerator to hold medications requiring refrigeration.

9. For the child who receives a particular medication on a long-term daily basis, the staff will advise the parent/guardian one week prior to the medication needing to be refilled so that needed doses of medication are not missed.

10. Unused or expired medication will be returned to the parent/guardian when it is no longer needed or be able to be used by the child.

11. Records of all medication given to a child are completed in ink and are signed by the staff designated to give the medication. These records are maintained in the Center. Samples of the forms used are attached to this policy and include:

- *Permission to Give Medication in Child Care Universal Child Health Record
- *Emergency Contact Sheet Medication Administration Log
- *Medication Incident/Error Report

12. Information exchange between the parent/guardian and child care provider about medication that a child is receiving should be shared when the child is brought to and pick-up from the Center. Parents/guardians should share with the staff any problems, observations, or suggestions that they may have in giving medication to their child at home, and likewise with the staff from the center to the parent/guardian.

13. Confidentiality related to medications and their administration will be safeguarded by the Center Director and staff. Parents/guardians may request to see/review their child’s medication records maintained at the Center at any time.

14. Parent/guardian will sign all necessary medication related forms that require their signature, and particularly in the case of the emergency contact form, will update the information as necessary to safeguard the health and safety of their child.

15. Parent/guardian will authorize the Director or Director Designee to contact the pharmacist or health care provider for more information about the medication the child is receiving, and will also authorize the health care provider to speak with the Director or Director’s designee in the event that a situation arises that requires immediate attention to the child’s health and safety particularly if the parent/guardian cannot be reached.

16. Parent/guardian will read and have an opportunity to discuss the content of this policy with the Director or Director’s designee. The parent signature on this policy is an indication that the parent accepts the guidelines and procedures listed in this policy, and will follow them to safeguard the health and safety of their child. Parent/guardian will receive a copy of the signed policy including single copies of the records referenced in this policy.

17. The Medication Administration in Child Care Policy will be reviewed annually by the following:

- Child Care Director _____
- Licensing Consultant _____
- Child Care Health
Consultant _____
- Parent/guardian _____
- Other(specify) _____
- Other(specify) _____

Effective date of this policy

Parent/legal guardian Signature(s)

_____ Date _____

_____ Date _____

Center Director/Designee

Signature _____ Date _____

REFERENCES: Information for the Medication Administration in Child Care Policy was derived from the current **Manual of Requirements for Child Care Centers** in New Jersey and **Caring For Our Children—The National Health and Safety Performance Standards for Out-of- Home Child Care Programs**, second edition.

Bridges to Learning
Allergy Parental Consent Form

Child's Name _____

My child:

_____ has no food or other allergies that Bridges to Learning needs to be aware of

_____ has the following food allergies and restrictions

(Please list) _____

If you have designated that your child **HAS** food or other allergies, please continue to fill out the bottom portion of this document.

Daily Food Options

_____ My child, who has the allergies specified above, has my permission to eat school food provided by Bridges to Learning and the contracted Food Service Companies.

*Please review the following list of food items that we serve at the center. Please place **YES** next to the items that your child may eat at school and a **NO** next to the items that they may not eat.*

___ Cheerios

___ Breakfast bars (Nutrigrain Bars, or Shop Rite brand bars)

___ Oats and Honey Nature Valley granola bars

___ Yogurt

___ Fresh fruit (bananas, strawberries, oranges, apples, grapes)

___ Canned fruit (peaches, pears, fruit salad, tropical fruit salad, applesauce)

___ Fresh vegetables (cucumbers, carrots, celery)

___ Bagels with cream cheese or butter

___ English muffins with jelly or butter

___ Blueberry or corn muffins- various brands

___ Waffles- Eggo and Kirkland

___ French Toast Sticks

___ Pretzels

___ Goldfish

___ Cheese-its

___ Crackers and cheese

___ Animal Crackers

___ Graham Crackers

___ Vegetable Dip

___ Cookies

___ Pudding

- Ice Pops
- Raisins
- Quaker Rice Cakes, various flavors

My child, who has the allergies specified above, is **not** allowed to eat school food provided by Bridges to Learning and the contracted Food Service Companies. ****This includes Morning and Afternoon Snack. I understand that if I choose this option, it will be my responsibility to pack 2 snacks and a lunch for my child each day.**

Parties and Food From Home

My child has my permission to eat food provided by other parents during school parties. *I understand that food from the homes of others may have been prepared in a kitchen that is **NOT** free of the item that my child allergic to.*

My child may **not** eat food provided by other parents during school parties. Instead, I will provide a bag of party food that will be kept at Bridges to Learning for my child to eat when there is a school party.

****This section applies to Birthday Parties, Holiday Parties, and other luncheons. You may bring a full meal if it appropriate for specific parties. For example, you may bring an allergy free Thanksgiving meal for your child at this party.**

Allergy Action Plans

I have provided Bridges to Learning with an Allergy Action Plan from my Doctor that states: specific allergies, possible reactions, and procedures to follow during a possible reaction.

I have provided the following medical items and medications to Bridges to Learning along with a prescription and directions for when and how to use the items.
List Medications Here _____

I have marked down the expiration dates of the medications that I have provided to Bridges to Learning and will pick them up from the office and supply new ones at the appropriate times so that the items will not be expired in the chance they are needed.

I understand that Bridges to Learning will not be permitted to administer expired medication to my child.

Parent Signature _____ Date_____

Parent Signature _____ Date_____

I understand that my above signature implies that I have read the above policy and have made the choice that is appropriate for my family. If any of my choices on this form change I will notify Bridges to Learning in writing so that they may affix those changes to this form.

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			<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>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.</i>					
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.



A Window to your Children's World!

196 Charmant Dr., Suite 1, Ridgeland, MS 39157 Phone 601-354-9408 Fax 866-268-2125 Toll Free 1-888-Kids-Vsn (1-888-543-7876) www.kidsvision.com info@kidsvision.com

Although we've implemented maximum level security measures to protect against unauthorized access to the KidsVision system, you as parents and guardians have the responsibility of protecting your Usernames and Passwords. Remember, your KidsVision Usernames and Passwords provide unique identifiers that enable our system to identify authorized users. Therefore, your login information is the first line of defense against unauthorized access. As concerned parents and users of the KidsVision system, it is your responsibility to maintain exclusive control and use of your Username and Password and protect it from inadvertent disclosure to others. **YOU SHOULD NEVER GIVE YOUR PASSWORD TO ANYONE.**

Usernames should be between 4 and 8 characters, all letters should be lowercase, and logins must be unique; although your username can use any combination of letters, numbers, and special characters, do not include spaces in your username. For example, the following are examples of adequate usernames: 'jpayne', 'ywqo875', 'e_rbert'.

Strong passwords can prevent someone from assuming your identity and accessing information. **Passwords should be between 6 and 8 eight characters** with a combination of uppercase, lowercase, numeric and special characters. Below are some guidelines for creating a secure password:

- Don't choose a password associated with you in any way (middle initial, maiden name, pet's name, child's name, etc.)
- Don't choose words that can be found in any dictionary, whether English or any language.
- Don't reverse the spelling of a dictionary word
- Use an acronym from an easy to remember phrase ('!A stitch in time saves nine!' can translate to !ASITS9!)
- Make your Passwords 8 characters long.
- Use a mixture of letters, numbers and special characters. Example: *JaFe90+

Once you have read and understand the guidelines/responsibilities, please sign and return the completed form to Bridges To Learning.

I am a legal guardian of a child enrolled at Bridges To Learning. I have read the above information, and understand that cameras have been installed at Bridges To Learning for the purpose of streaming enrolled children over the Internet for parents and other authorized users to access. I will not share or disclose my password with anyone. I understand that I can submit up to three Usernames and Passwords in order to allow spouses and grandparents an opportunity to view the system.

I am requesting the following Usernames and Passwords be granted access to the KidsVision system:

Login1 (required)
Username _____ Password _____

Login 2 (optional)
Username _____ Password _____

Login 3 (optional)
Username _____ Password _____

Enrolled Child(ren) Printed Name(s) _____

Your Printed Name _____

Your Signature _____

Date _____

<input type="checkbox"/> Chipmunks <input type="checkbox"/> Tadpoles <input type="checkbox"/> Bunnies <input type="checkbox"/> Otters <input type="checkbox"/> Koalas <input type="checkbox"/> Turtles <input type="checkbox"/> Giraffes	 Director's signature required for approval: Date of approval:
--	--