



LEAGUE OF
EXTRAORDINARY
children

GROW LEARN BELONG



WELCOME TO THE LEAGUE!

Whether you are a new or returning family, we are thrilled to welcome you and excited to have this opportunity to provide your child/children with the highest education and care. As a part of the enrollment process, we are required to obtain additional information about you and your family.

The center directors - Lauren and Marlene can answer any questions you may have as well as provide any additional forms that may need to be completed.

Required Enrollment Forms:

- Child Enrollment Form
- Financial Agreement
- Up-to-date Immunization Record
- Parent Statement of Health
- Birth Certificate
- Medication Authorization

LEAGUE OF EXTRAORDINARY



CHILD ENROLLMENT FORM

CHILD'S INFORMATION

Child's Name: _____ Date of Birth: _____

Place of Birth: _____ Primary Language: _____

PARENT/GUARDIAN INFORMATION

Name: _____ Name: _____

Relationship: _____ Relationship: _____

Address: _____ Address: _____

E-mail: _____ E-mail: _____

Cell Phone: _____ Cell Phone: _____

Home Phone: _____ Home Phone: _____

Work Phone: _____ Work Phone: _____

MEDICAL INFORMATION

Eye Color: _____ Hair Color: _____ Sex: _____

Height: _____ Weight: _____ Race: _____

Identifying Marks: _____

Identified Allergies: _____

PHYSICIAN INFORMATION

Name of Physician/Clinic: _____ Phone: _____

(Parent/Guardian Signature)

(Date)

(Parent/Guardian Signature)

(Date)

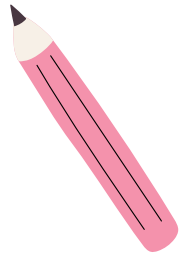
FOR DAYCARE USE

Classroom: _____ Date of Admission: _____ Age of Admission: _____

Date of Registration Fee Received: _____ Birth Certificate Viewed: Y N



LEAGUE OF EXTRAORDINARY CHILDREN



I grant my informed consent for my child: _____ (Child's Name) to participate in the child care program operated by League of Extraordinary Children. By signing / initialing below, I acknowledge and accept the following:

Child Release

For children's safety, LOEXC will release a child only to the parent(s)/legal guardian(s) who have signed this form and to those listed below by the parent/guardian. **We also ask that you maintain the most up to date list on Brightwheel.**

League of Extraordinary Children will not release my child to any other person unless I notify the center, following the guidelines listed below:

- If the person (spouse, relative, friend) picking up my child is listed on this form but does not regularly pick up my child or has never before picked up my child, I will notify the center verbally, in advance.
- If the person picking up my child is NOT listed on this form, I must notify the center in writing, in advance.
- Photo identification will be required of any person picking up my child.

Name: _____

Name: _____

Relationship to Child: _____

Relationship to Child: _____

Address: _____

Address: _____

E-mail: _____

E-mail: _____

Cell Phone: _____

Cell Phone: _____

DATE: _____ INITIAL: _____

Walk/Local Parks Permission

As part of the program, children will go on walks in the surrounding area and outdoor playground supervised by the teachers weather permitting. I give permission to my child _____ to attend field trips to the park and to participate in fire drills that will take him/her out of the building. The children will be supervised the entire time.

DATE: _____ INITIAL: _____

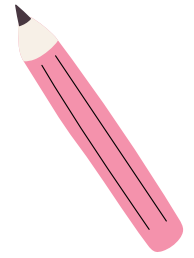
Children's Injuries

If my child sustains a minor injury (e.g., scraped knee) during care, I understand that I will receive an Incident Report outlining the incident and course of action taken by the staff member when I arrive to pick up. I will be contacted immediately if the injury produces any type of swelling, is on the face or head, or needs medical attention.

DATE: _____ INITIAL: _____



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Child Illness

In case of illness, I will be called and possibly required to pick up my child(ren) as soon as possible. We ask that for your child's comfort and to reduce the risk of contagion, children be picked up within 1 hour of notification. Until then, your child will be kept comfortable and will continue to be observed for symptoms.

Children need to remain home for 24 hours without symptoms and without the use of fever reducing medications before returning to the program. This means that the child needs to remain out of the center for the remainder of the day he/she is sent home and the following day (if a child is sent home on Friday, he/she may return on Monday), unless the center receives a note from the child's medical provider stating that the child is not contagious and may return to the center. In the case of a (suspected) contagious disease, rash, or continuing symptoms, a note from the child's medical provider may be required before returning.

DATE: _____ INITIAL: _____

Medication Policy

At League of Extraordinary Children, children requiring medication must have a Medication Permission Form/Log form signed by the parent that is on file at the League of Extraordinary Children office. All medication will be kept in an office or inside a locked medication box. Licensing requires that medication be properly stored/inaccessible to children, in a spill-proof container. Parents must provide a one week's supply of medications if these medications are taken on an ongoing basis - this includes prescription or over the counter medications (such as Tylenol or cold medicine). Short-term medications, such as antibiotics, may be brought in daily. At the end of the week, the empty bottle(s) will be returned to the parent for refills. All medication bottles, including over the counter medications, must have the child's name, the name of the medication and specific dosage with the time of day to be given. Only medications belonging to the children may be given. ABSOLUTELY NO SHARING OF MEDICATIONS.

The Director will dispense medication or will designate a child's teacher to dispense medication. Nonprescription medicines and products must be administered according to the manufacturer's instructions unless there are written instructions for their use provided by a licensed physician or dentist. Staff administering the medication must indicate the date, time given, dosage, and sign the Medication Permission Form/Log. Each time the medication is given the staff must sign the log. The medication log will be filed in the children's file and accessible to parents to view. Please note that when applying sunscreen and insect repellent, the center may use the lotion or spray on more than one child. It is extremely important that effective communication exist between parents and staff in order to ensure proper medication dispensing.

Parents need to be contacted if there exists any question in regards to a child's medication needs PRIOR to dispensing the medication.

DATE: _____ INITIAL: _____

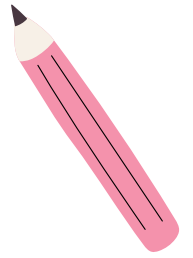
Allergies Disclosure

If my child has any known allergy to any food or medicine, I give permission to LOEXC to disclose it and place a warning paper in the kitchen/classroom to prevent any one from feeding the child that particular food.

DATE: _____ INITIAL: _____



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Photography and Video Permission

League of Extraordinary Children takes photographs and videos of children enrolled at its center on a regular basis for business purposes. League of Extraordinary Children retains all rights, title, and interest in these materials and may use and disseminate them in a variety of ways, in its sole judgment. League of Extraordinary Children takes care that any use, display, or dissemination of photographs or videos of children is accomplished in a thoughtful, safe, and secure manner appropriate under the particular circumstances. For example, at our center, these materials may be used to better communicate with families and to illustrate the daily curriculum, to chronicle a child's development, or to document center activities. These photos may be shared with you and other families posted in the center, or on either our Facebook group and Instagram page.

Pursuant to law, we will not release any photos / videos without prior consent from you as a parent or guardian.

CHECK ONE OF THE FOLLOWING CHOICES:

- I/We grant permission to have my child's name and image, original works, and achievements published on our school's website or social media handles.
- I/We do not grant permission to have my child's name or image, original works and/or achievements published on our school's website or social media handles.

By signing below, I give permission to League of Extraordinary Children to take photographs and videos of my child during his/her enrollment and to use these materials for its business or activity purposes.

DATE: _____ SIGNATURE: _____





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Dear Parent(s):

- Payment and Payment Options
 - New Tuition Fees will start immediately. Payments are due by 6:00 pm Friday of the week prior. Parents can choose to pay cash, credit card, or check - weekly, bi-weekly, or monthly. This can be discussed with either director.
 - All registration fees are non-refundable. *The one-week tuition deposit can and will be refunded to the family if ONE month notice is given of their removal from our center.*
 - **NOTE: Overdue payments will be charged \$10 flat fee and \$5 every day after until payment is made. Bounced checks will be charged \$35.00.**
 - I understand and agree that if my tuition falls delinquent for more than one month, I may be asked to disenroll from the center until the balance has been paid in full.
- Early Drop Off / Late Pick Up
 - Any drop offs before 6:30 am or pick ups after 6:00 pm will be charged \$1.00 per minute.
- Holiday Closings/Illness
 - LOEXC will be closed on the following holidays: Labor Day, Columbus Day, Thanksgiving, Day after Thanksgiving, Christmas Eve, Christmas Day, New Year's Eve, New Year's Day, Martin Luther King Day, President's Day, Good Friday, Memorial Day, and Independence Day. **The regular weekly fee will still be due. Other absences for student illness, parent illness, maternity leave, storm days or funeral, etc. will be charged as regular fee.**
- Vacation Credit
 - Families can take up to 5 consecutive days and can apply a vacation credit that will allow that week to be without charge after 6 months of active enrollment. This can be used (1) time during the calendar year (September to August). Vacation notification must be communicated to the Director 14 days in advance. **All other weeks MUST be paid in full.**
 - If you plan on taking your child out of the center for the summer, please note that you will need to re-enroll them in September and pay the \$100 registration fee and one-week tuition deposit.
- Meals and Snacks
 - Breakfast, Lunch and (1) P.M. Snack will be given to each student. A full monthly schedule will be posted on our website so that all parents will know what foods are being offered. We try our best to accommodate all children's needs but if parents feel like their kids will not eat the meal provided, they can feel free to supplement the meals at the center.
- Authorization to Pick Up Child
 - We will **ONLY** allow people that are on Brightwheel - **please update!** If they are on the list, no call is placed to the parents. If they are not on the list, we will **NOT** let the child go until we have confirmation from the parent.
- Family Handbook
 - The most up to date Family Handbook is posted on our website by September 30th.. Please make sure to read, understand and agree to the terms and conditions outlined in said handbook.

AFTER SCHOOL KIDS

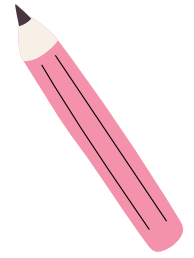
- Drop off and Pick Up will begin the first full week of school.
- **NOTE:** If there is a delayed opening, we cannot transport the kids to school.

 Parent Signature

 Student Name(s)

 Parent's Last Four Digits of Social Security # (Food Program Requirement)

Thank you,
 Administrative Team at LOEXC



PARENT'S 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
- Community Resources

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

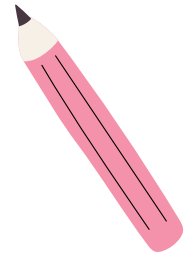
Child(ren)'s name: _____

Parent's signature: _____



LEAGUE OF EXTRAORDINARY

CHILDREN



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.

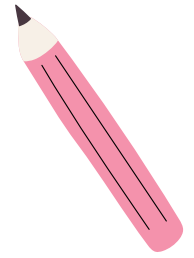
Our center must have a policy about administering medicine and health care procedures and the management of communicable diseases. Please talk to us about these policies so we can work together to keep our children healthy.

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



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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/.



GUIDELINES FOR POSITIVE DISCIPLINE

Positive discipline is a process of teaching children how to behave appropriately. Positive discipline respects the rights of the individual child, the group, and the adult. Methods of positive discipline shall be consistent with the age and developmental needs of the children, and lead to the ability to develop and maintain self-control.

Positive discipline is different from punishment. Punishment tells children what they should not do; positive discipline tells children what they should do. Punishment teaches fear; positive discipline teaches self-esteem.

You can use positive discipline by planning ahead:

- Anticipate and eliminate potential problems.
- Have a few consistent, clear rules that are explained to children and understood by adults.
- Have a well-planned daily schedule, plan for ample elements of fun. Provide time and space for each child to be alone.
- Include some group decision-making.
- Make it possible for each child to feel he/she has had some positive impact on the group.
- Provide the structure and support children need to resolve their differences.
- Share ownership and responsibility with the children. Talk about our room, our toys.

You can use positive discipline by intervening when necessary:

- Re-direct to a new activity to change the focus of a child's behavior.
- Provide individualized attention to help the child deal with a particular situation.
- Use a "break" -- by removing a child for a few minutes from the area or activity so that he/she may gain self-control. (One minute for each year of the child's age is a good rule of thumb).
- Divert the child and remove from the area of conflict.
- Provide alternative activities and acceptable ways to release feelings.
- Point out natural or logical consequences of children's behavior.
- Offer a choice only if there are two acceptable options.
- Criticize the behavior, not the child. Don't say "bad boy" or "bad girl." Instead you might say "That is not allowed here."

You can use positive discipline by showing love and encouragement:

- Respond to & reinforce positive behavior; acknowledge or praise to let the child know you approve of what he/she is doing.
- Provide positive reinforcement through rewards for good behavior.
- Use encouragement rather than competition, comparison or criticism.
- Overlook small annoyances, and deliberately ignore provocations.
- Give hugs and caring to every child every day.
- Appreciate the child's point of view.
- Be loving, but don't confuse loving with license.

Positive discipline is NOT:

- Disciplining a child for failing to eat or sleep or for soiling themselves
- Hitting, shaking, or any other form of corporal punishment
- Using abusive language, ridicule, harsh, humiliating or frightening treatment or any other form of emotional punishment
- Engaging in or inflicting any form of child abuse and/or neglect
- Withholding food, emotional responses, stimulation, or opportunities for rest or sleep
- Requiring a child to remain silent or inactive for an inappropriately long period of time

Positive discipline takes time, patience, repetition and the willingness to change the way you deal with children. But it's worth it, because positive discipline works.



POLICY ON: EXPULSION

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 (i.e. any action that makes the staff or children uncomfortable)

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



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).



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 101.0 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 threat 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 are 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:



POLICY ON: TECHNOLOGY AND SOCIAL MEDIA POLICY

Every Employee has the responsibility to maintain and enhance the Center's public image to use the Internet in a responsible manner. Employees must maintain professionalism at all times in all communications (in-person, written, or online) with the Center community. Additionally, all staff must be aware of the possibility of online content being shared with extended family, co-workers, and parents and staff from other classrooms within the Center, as well as others outside the Center community. Therefore, all information disseminated will be consistent with the professional standards of the Center as expressed within this Social Media Policy and the Center's handbook. Employees may be held responsible for any online behavior or content that connects them to the Center or implicates the Center in that behavior. Employees may also be held responsibility for any statements, posts, communications or other online behavior or content that is not consistent with the Center's mission and philosophy. The publication of photos, images, or artwork of students at the Center, whether online or otherwise, is generally prohibited without prior approval from the Director. Some families at the Center may have chosen to restrict photograph permissions of the child(ren), and it is expected that all employees will be aware of, and abide, by those restrictions. Employees must consider and respect the privacy of the students, faculty, and administrators of the Center in all online activity. The posting of confidential and/or identifying information about the children, parents or staff at the Center on social media (including but not limited to Facebook, Twitter, Instagram, and so forth) is strictly prohibited. In no way does the Center wish to abridge the rights of its employees to engage in critical commentary and observations occur within a public forum and contain confidential information, it may result in disciplinary action for the employee. The posting of non-confidential information (promotional materials and the like) shall be restricted to official channels of communication (the Center's website/Facebook page, etc.) unless prior written approval from the Director has been obtained.

PARENT SIGNATURE

(Date)

DIRECTOR'S 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)

IMMUNIZATIONS	<input type="checkbox"/> Immunization Record Attached <input type="checkbox"/> Date Next Immunization Due: (if >3 Years)	Blood Pressure
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MEDICAL CONDITIONS

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

PREVENTIVE HEALTH SCREENINGS

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

I have examined the above student and reviewed his/her health history. It is my opinion that he/she is medically cleared to participate fully in all child care/school activities, including physical education and competitive contact sports, unless noted above.

Name of Health Care Provider (Print)	Health Care Provider Stamp:
Signature/Date	

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

Section 1 - Parent

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

The WIC box needs to be checked only if this form is being

~~used to complete~~ **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

~~Assemble and follow.~~

~~CH-15) can be downloaded~~ www.nj.gov/health/forms/ch-15.dot or pdf. 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. Special Diets - Any

f. 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.



LEAGUE OF
EXTRAORDINARY
children

GROW LEARN BELONG



6908 Park Ave
Guttenberg, NJ 07093
201-869-3535

Dear Families,

As many of you know, the League of Extraordinary Children is working with Grow NJ Kids, which is a quality rating and improvement system designed to assess child care and early learning programs, provide training and incentives to improve them, and communicate their level of quality to the public.

One aspect of this process concerns family engagement. As such, LOEXC is conducting a survey to make sure that our school is meeting the needs of families in our program. It is a way for us to see what we are doing well and if there are areas in which we can improve. We want to provide the best possible services to families, and this is one way to keep us on track.

We will be sending home a survey to families and are hopeful for full participation. It is completely anonymous and confidential. Please do not put your name or child's name on the survey. Your honest answers will help us improve services for all our families, including yours.

Thank you so very much for your participation. This will not only help us in our rating process with Grow NJ Kids but will also help us to better serve the families in our program.

If you have any questions or concerns about this evaluation, please reach out to Lauren Garcia at info@leagueofextraordinarychildren.com!

Queridas familias,

Como muchos de ustedes saben, LOEXC está trabajando con Grow NJ Kids, que es un sistema de mejora y calificación de calidad diseñado para evaluar programas de cuidado infantil y aprendizaje temprano, brindar capacitación e incentivos para mejorarlos y comunicar su nivel de calidad. para el publico.

Un aspecto de este proceso tiene que ver con la participación familiar. Como tal, LOEXC está realizando una encuesta para asegurarse de que nuestra escuela satisfaga las necesidades de las familias en nuestro programa. Es una forma de ver qué estamos haciendo bien y si hay áreas en las que podemos mejorar. Queremos brindar los mejores servicios posibles a las familias y esta es una forma de mantenernos encaminados.

Enviaremos a casa una encuesta a las familias y esperamos una participación total. Es completamente anónimo y confidencial. No incluya su nombre ni el de su hijo en la encuesta. Sus respuestas honestas nos ayudarán a mejorar los servicios para todas nuestras familias, incluida la suya.

Muchas gracias por su participación. Esto no solo nos ayudará en nuestro proceso de calificación con Grow NJ Kids, sino que también nos ayudará a servir mejor a las familias de nuestro programa.

Si tiene alguna pregunta o inquietud sobre esta evaluación, comuníquese con Lauren García e info@leagueofextraordinarychildren.com

Sincerely,
Lauren & Marlene Garcia
Directors of the League of Extraordinary Children

n



PROTECTIVE FACTORS SURVEY

Part I. Please **circle** the number that describes how often the statements are true for you or your family. The numbers represent a scale from 1 to 7 where each of the numbers represents a different amount of time. The number 4 means that the statement is true about half the time.

	Never	Very Rarely	Rarely	About Half the Time	Frequently	Very Frequently	Always
1. In my family, we talk about problems.	1	2	3	4	5	6	7
2. When we argue, my family listens to "both sides of the story."	1	2	3	4	5	6	7
3. In my family, we take time to listen to each other.	1	2	3	4	5	6	7
4. My family pulls together when things are stressful.	1	2	3	4	5	6	7
5. My family is able to solve our problems.	1	2	3	4	5	6	7

Part II. Please **circle** the number that best describes how much you agree or disagree with the statement.

	Strongly Disagree	Mostly Disagree	Slightly Disagree	Neutral	Slightly Agree	Mostly Agree	Strongly Agree
6. I have others who will listen when I need to talk about my problems.	1	2	3	4	5	6	7
7. When I am lonely, there are several people I can talk to.	1	2	3	4	5	6	7
8. I would have no idea where to turn if my family needed food or housing.	1	2	3	4	5	6	7
9. I wouldn't know where to go for help if I had trouble making ends meet.	1	2	3	4	5	6	7
10. If there is a crisis, I have others I can talk to.	1	2	3	4	5	6	7
11. If I needed help finding a job, I wouldn't know where to go for help.	1	2	3	4	5	6	7



Part III. This part of the survey asks about parenting and your relationship with your child. For this section, please focus on the child that you hope will benefit most from your participation in our services. Please write the child's age or date of birth and then answer questions with this child in mind.

Child's Age _____ **or** **DOB** ___/___/___

	Strongly Disagree	Mostly Disagree	Slightly Disagree	Neutral	Slightly Agree	Mostly Agree	Strongly Agree
12. There are many times when I don't know what to do as a parent.	1	2	3	4	5	6	7
13. I know how to help my child learn.	1	2	3	4	5	6	7
14. My child misbehaves just to upset me.	1	2	3	4	5	6	7

Part IV. Please tell us how often each of the following happens in your family.

	Never	Very Rarely	Rarely	About Half the Time	Frequently	Very Frequently	Always
15. I praise my child when he/she behaves well.	1	2	3	4	5	6	7
16. When I discipline my child, I lose control.	1	2	3	4	5	6	7
17. I am happy being with my child.	1	2	3	4	5	6	7
18. My child and I are very close to each other.	1	2	3	4	5	6	7
19. I am able to soothe my child when he/she is upset.	1	2	3	4	5	6	7
20. I spend time with my child doing what he/she likes to do.	1	2	3	4	5	6	7

This survey was developed by the FRIENDS National Center for Community-Based Child Abuse Prevention in partnership with the University of Kansas Institute for Educational Research & Public Service through funding provided by the US Department of Health and Human Services.



LEAGUE OF
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children

GROW LEARN BELONG



6908 Park Ave
Guttenberg, NJ 07093
201-869-3535

Dear Parents and Guardians,

As part of our ongoing efforts to provide the highest quality of care and education for your children, we are excited to announce that we are taking the next steps toward becoming rated by Grow NJ. In alignment with this, we are implementing a new developmental policy aimed at supporting the growth and unique needs of each child in our care.

To aid in this process, we will be distributing Ages and Stages Questionnaires (ASQs) to all parents. The ASQ is a valuable tool that helps us better understand the developmental milestones your child is reaching and identify any areas where additional support may be beneficial. As a pediatric nurse practitioner, I am thrilled that this important step is part of our journey with Grow NJ.

We kindly ask that you complete the ASQ and return it to us by Wednesday, October 16th. Your timely response will allow us to continue tailoring our program to best meet the needs of your child and help them reach their full potential.

Thank you for your cooperation and partnership in this process. Should you have any questions or need assistance, please don't hesitate to reach out.

Estimados Padres

Como parte de nuestros esfuerzos continuos por brindar la mejor calidad de cuidado y educación a sus hijos, nos complace anunciar que estamos tomando los próximos pasos hacia nuestra certificación con Grow NJ. En alineación con este proceso, estamos implementando una nueva política de desarrollo destinada a apoyar el crecimiento y las necesidades únicas de cada niño bajo nuestro cuidado.

Para ayudar en este proceso, estaremos distribuyendo los Cuestionarios de Edades y Etapas (ASQ) a todos los padres. El ASQ es una herramienta valiosa que nos ayuda a comprender mejor los hitos de desarrollo que su hijo está alcanzando e identificar cualquier área donde pueda necesitar apoyo adicional. Como enfermera practicante pediátrica, me emociona que este importante paso sea parte de nuestro camino con Grow NJ.

Le pedimos amablemente que complete el ASQ y nos lo devuelva a más tardar el miércoles, 16 de octubre. Su respuesta a tiempo nos permitirá seguir adaptando nuestro programa para satisfacer mejor las necesidades de su hijo y ayudarlo a alcanzar su máximo potencial.

Gracias por su cooperación y colaboración en este proceso. Si tiene alguna pregunta o necesita asistencia, no dude en comunicarse con nosotros.

Atentamente,
Lauren Garcia
Directora, League of Extraordinary Children