

# KINDERENRICHMENT

We Play as We Learn We Learn as We Play

If you would like to apply/register for the 2014-15 school year, please print and complete the first three pages and return them to:

KINDERENRICHMENT  
550 RIDGEWOOD ROAD  
MAPLEWOOD, NJ 07040

Enclose a check in the amount of \$500.00 made out to **Kinderenrichment LLC**. This will be held as a non-refundable deposit to hold your child's place in the class.

I will be in touch with you soon to confirm your child's enrollment status. There are fourteen spots for the class. Once those spots have been filled any further applicants will be placed on a waiting list and their checks returned.

If your child is accepted, the health forms on pages 4 and 5 must be completed by his/her doctor and returned by September 1, 2014.

Please call or email me if you have questions or concerns.

Thanks for your interest in my program!

Laurie Tyree  
201-306-2558

**Child**

Name of Child	
Date of Birth	
Home Address	

**Parent(s)/Guardian(s)**

	Parent/Guardian 1		Parent/ Guardian 2
Name		Name	
Home Tel. #		Home Tel. #	
Cell Tel.#		Cell Tel.#	
Address		Address	
Email		Email	
Employer		Employer	
Work Tel.#		Work Tel.#	
Address		Address	

**Authorized Adults/Emergency Contacts**

Persons authorized to pick up your child and/or to contact in case of emergency if neither parent/guardian is available to assume responsibility for the child or if the parent(s)/guardians are not available.

Name #1		Name #2	
Cell Tel. #		Cell Tel. #	
Home Tel. #		Home Tel. #	
Relationship		Relationship	
Address		Address	

### Child's Physician

Name	
Tel. #	
Address	

### Walks

I give my permission for my child \_\_\_\_\_ to participate in walking trips within the school's neighborhood.

Parent's signature: \_\_\_\_\_ Date: \_\_\_\_\_

The following steps will be followed in an emergency:

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

### Authorization for Emergency Treatment

Parent(s) name(s) \_\_\_\_\_

Address(s) \_\_\_\_\_

Phone(s) \_\_\_\_\_

Child's name \_\_\_\_\_

Address \_\_\_\_\_

Age \_\_\_\_\_ Date of birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Child's Doctor \_\_\_\_\_ phone \_\_\_\_\_

Existing medical conditions \_\_\_\_\_

Allergies \_\_\_\_\_

Medicines \_\_\_\_\_

**Insurance**

Company/HMO \_\_\_\_\_

Group number \_\_\_\_\_

Identification # \_\_\_\_\_

Last Tetanus shot \_\_\_\_\_

**I/we, state that I/we are the parent/guardians having legal custody of**

\_\_\_\_\_ and attest that the above information is correct. I/we authorize the Kinderenrichment Director or Director's designee to obtain emergency treatment for my child. I consent to an x-ray examination, anesthetic, medical or surgical diagnosis or treatment, and hospital care to be rendered to the minor at a recognized medical facility, under the general or special supervision of a licensed physician or surgeon.

Kinderenrichment will not be responsible for complications that may occur as a result of false information given at the time of enrollment.

Parent Signature \_\_\_\_\_

Date of Signature \_\_\_\_\_

# UNIVERSAL CHILD HEALTH RECORD

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

SECTION I - TO BE COMPLETED BY PARENT(S)					
Child's Name (Last)		(First)		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	
Date of Birth		/    /			
Does Child Have Health Insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, Name of Child's Health Insurance Carrier			
Parent/Guardian Name		Home Telephone Number		Work Telephone/Cell Phone Number	
Parent/Guardian Name		Home Telephone Number		Work Telephone/Cell Phone Number	
<b>I give my consent for my child's Health Care Provider and Child Care Provider/School Nurse to discuss the information on this form.</b>					
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)		
<b>IMMUNIZATIONS</b>		<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"/> <b>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.</b>					
Name of Health Care Provider (Print)			Health Care Provider Stamp:		
Signature/Date					

New Jersey Department of Health and Senior Services  
**STANDARD SCHOOL / CHILD CARE CENTER IMMUNIZATION RECORD**

NAME OF CHILD (LAST, FIRST, MI)	DATE OF BIRTH	SEX M _____ F _____					
NAME	TELEPHONE NUMBER						
STREET ADDRESS	NAME OF DOCTOR						
CITY, STATE, ZIP	DOCTOR'S TELEPHONE #						
VACCINE TYPE	DISEASE MO/DAY/YR	1 <sup>ST</sup> DOSE MO/DAY/YR	2 <sup>ND</sup> DOSE MO/DAY/YR	3 <sup>RD</sup> DOSE MO/DAY/YR	4 <sup>TH</sup> DOSE MO/DAY/YR	5 <sup>TH</sup> DOSE MO/DAY/YR	MO/DAY/YR
DIPHTHERIA, TETANUS, PERTUSSIS (DTP) (If Td, Dtap or DT+, indicate in corner box)	////////////////////	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
POLIO – ORAL POLIO VACCINE (OPV) (If Saik vaccine indicate IPV in corner box)	////////////////////	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MEASELS, MUMPS, RUBELLA (MMR)	////////////////////	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	////////////////////	////////////////////	////////////////////
MEASELS	////////////////////	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	////////////////////	////////////////////	////////////////////
RUBELLA	////////////////////	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	RUBELLA SEROLOGY	DATE:	TITER:
MUMPS	////////////////////	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	MUMPS SEROLOGY	DATE:	TITER:
HAEMOPHILUS B (HIB)**		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
HEPATITIS B***		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
CHICKEN POX		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
OTHER, SPECIFY:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/> Check if Provisional Admission Attached – Date Granted _____				<input type="checkbox"/> Medical Exemption Attached		<input type="checkbox"/> Religious Exemption Attached	

\*REQUIRES MEDICAL EXEMPTION  
 \*\*REQUIRED FOR DAY/CHILD CARE ENROLLEES (2 MONTHS – 5<sup>TH</sup> BIRTHDAY ONLY)  
 \*\*\*REQUIRED FOR K-GRADE 1 (WHICHEVER IS FIRST) AND GRADE 6 BEGINNING SEPTEMBER 1, 2001

**State of New Jersey**  
Department of Human Services  
DIVISION OF YOUTH AND FAMILY SERVICES

**INFORMATION TO PARENTS**

Under provisions of the Manual of Requirements for Child Care Centers (N.J.A.C.10:122), every licensed child care center 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 may comply with this requirement: 1) by reproducing and distributing to parents this written statement, prepared by the Bureau of Licensing in the Division of Youth and Family Services (DYFS); or 2) by incorporating the required information in its own handbooks, brochures or other informational materials. 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 of 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 ratio; 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 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 for Child Care Centers, for a nominal fee, by writing to the Bureau of Licensing, Division of Youth and Family Services, CN 717, Trenton, New Jersey 08625.

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. 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. Of course, we would appreciate your bringing these concerns to our attention, too.

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

Our Center must cooperate with all DYFS inspections/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 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 Bureau for the children's use. Please talk to us if you have any question about the center's space.

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 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.

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 Division of Youth and Family Services Office of Child Abuse Control, Toll Free at (800) 792-8610, or any District office. Such reports may be made anonymously.

Parents may secure information about child abuse and neglect by contacting:

Community Education Office, Division of Youth and Family Services, CN717, Trenton, New Jersey 08625.