



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# Camp Hiawatha

## Ages 6 - 8

# Cumberland Cape Atlantic YMCA

## CAMP REGISTRATION

### General Information

# 2025

Camper's Last Name: \_\_\_\_\_ Camper's First Name: \_\_\_\_\_

Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Birth Date: \_\_\_/\_\_\_/\_\_\_  Male  Female

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Age as of June 16<sup>th</sup>, 2025 \_\_\_\_\_ E-mail Address \_\_\_\_\_

PLEASE  
ATTACH  
PHOTO

### Payments are due on Wednesdays the week prior

<b>Week 1</b> <input type="checkbox"/> <b>Pre-Camp June 16-June 20 – FIELD OF FRIENDS</b> This week campers will get to know each other through a variety of activities; such as creating sun catchers, blowing bubbles, learning about nature and a week full of welcome activities. <i>This camp week was created to accommodate varying school district calendars.</i>	<b>Camp Fee</b> <b>Half-day</b> <b>\$104.75</b> <b>Full-Day</b> <b>\$209.50</b>
<b>Week 2</b> <input type="checkbox"/> <b>June 23 – June 27 – Nature Explorers</b> This week campers will get outside and learn about the natural world exploring plants and animals and creating art through and with nature.	<b>Camp Fee</b> <b>\$209.50</b>
<b>Week 3</b> <input type="checkbox"/> <b>June 30 – July 3 – Artistic Inspiration</b> Campers will tap into their creativity and try their hand at various art forms. They will learn about famous artists and create their own art using some of the techniques used by famous artists.	<b>Camp Fee</b> <b>\$167.60</b>
<b>Week 4</b> <input type="checkbox"/> <b>July 7 – July 11 - Sports Mania</b> This week campers will participate in a variety of sports and physical activities. They might even learn a new set of sports skills. Campers will, participate in team-building activities and have FUN just being active.	<b>Camp Fee</b> <b>\$209.50</b>
<b>Week 5</b> <input type="checkbox"/> <b>July 14 – July 18 - Secret Agent</b> Put on your thinking cap! This week campers will use their detective skills to solve mysteries and "crimes" while they participate in mock spy missions and learn about the skills and gadgets used by secret agents.	<b>Camp Fee</b> <b>\$209.50</b>
<b>Week 6</b> <input type="checkbox"/> <b>July 21 – July 25 - Builders and Engineers</b> Does your child enjoy taking things apart and putting them back together? Do they want to know how things work? This camp will look at the basic principles of engineering. They will be encouraged to create and build their own projects while learning about some famous engineers and their inventions.	<b>Camp Fee</b> <b>\$209.50</b>
<b>Week 7</b> <input type="checkbox"/> <b>July 28 – August 1 –SUMMER LUAU</b> This week is all about showing summer spirit. Each day will be filled with different activities such as pass the coconut, pineapple bowling, Tiki limbo and more. Friday campers can dress in the favorite luau outfits.	<b>Camp Fee</b> <b>\$209.50</b>
<b>Week 8</b> <input type="checkbox"/> <b>August 4 – August 8 – CARNIVAL WEEK</b> This week campers will enjoy carnival activities that they will create. The week will end celebrating carnival week with campers participating in child created games as well as traditional carnival games.	<b>Camp Fee</b> <b>\$209.50</b>
<b>Week 9</b> <input type="checkbox"/> <b>August 11 - August 15 – Yoga and Mindfulness</b> Campers will learn about the benefits of yoga and mindfulness, with activities that will help them to relax and focus.	<b>Camp Fee</b> <b>\$209.50</b>
<b>Week 10</b> <input type="checkbox"/> <b>August 18 - August 22 – SPLASHTACULAR</b> Last week of camp? OH NO! Let's celebrate all of the fun things we have done this summer. Campers will have a week full of fun, with games!	<b>Camp Fee</b> <b>\$209.50</b>

### Before and After Care options. These fees must be paid at registration

#### Before and After with Early Bird:

6:30-9:00 am & 4:00 – 5:30 PM - \$60 per week

#### Before and After for Camp:

7:30-9:00 AM & 4:00-5:30 PM - \$50 per week

### Payments and Registration:

All payments are due by the Wednesday the week prior. Any payments made after that will be assessed a \$20 late fee.

Registration requires a \$20 deposit per week and payment is due in full prior to the beginning of the camp week.





# Cumberland Cape Atlantic YMCA 2025 CAMP REGISTRATION Emergency Contact & Health



\*Please ask for an additional sheet if you need to add more than 4 pick-up people or contacts. All authorized pick-ups must be 18 or older.

Camper's Name \_\_\_\_\_

## Parent/Guardian Information – Must be able to pick up camper

### Parent 1 or Legal Guardian Information

Last Name: \_\_\_\_\_  
First Name: \_\_\_\_\_  
Home Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_  
Work Phone: \_\_\_\_\_  
Employer: \_\_\_\_\_  
\*Email: \_\_\_\_\_

### Parent 2 or Legal Guardian Information

Last Name: \_\_\_\_\_  
First Name: \_\_\_\_\_  
Home Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_  
Work Phone: \_\_\_\_\_  
Employer: \_\_\_\_\_  
\*Email: \_\_\_\_\_

## Joint Custody Information

Has there been a divorce or separation?  Yes  No

If Yes, who has custody? \_\_\_\_\_

The joint/non-custodial parent can be contacted in the event of an emergency  Yes  No

## Emergency Contacts (Other than Parent/Guardian) – Must be able to pick up camper

### Emergency Contact #1

Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_  
Work Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

### Emergency Contact #2

Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_  
Work Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

## Medical and Behavior Questions to help us provide the best care possible

### Copies of immunization records must be turned in at sign up

Has your child been diagnosed or treated for the following:

- |   |   |  |   |                                   |
|---|---|--|---|-----------------------------------|
| <input type="checkbox"/> Asthma               | <input type="checkbox"/> Allergies                  | <input type="checkbox"/> Special Dietary Needs | <input type="checkbox"/> Allergies to Insect Stings | <input type="checkbox"/> Seizures |
| <input type="checkbox"/> Spectrum Disorder    | <input type="checkbox"/> ADHD                       | <input type="checkbox"/> Allergy to Poison Ivy | <input type="checkbox"/> Other                      |                                   |
| <input type="checkbox"/> Special Needs: _____ | <input type="checkbox"/> Learning Disability: _____ |  |   |                                   |

Please provide details for any of the above checked boxes:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signs or symptoms to watch for:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list current medications, prescribed or over the counter that your child is currently taking:

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

Would you like to discuss your child's personal medical or behavioral needs with the Camp Director prior to the start of camp? Must turn in paperwork by June 1<sup>st</sup> for a phone conference. Or attach a letter with additional concerns.  Yes  No

### Family Physician Information

Physician's Name: \_\_\_\_\_  
Number: \_\_\_\_\_  
Insurance Carrier: \_\_\_\_\_  
Policy Number: \_\_\_\_\_  
Group Number: \_\_\_\_\_

Contact Number: \_\_\_\_\_

Best Time to be reached: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# Cumberland Cape Atlantic YMCA 2025 CAMP REGISTRATION Camp Rules & Authorizations



## Camp Rules

In order for all campers to have the best possible experience, all campers need to be aware of the rules and agree to follow them. If a camper consistently or excessively breaks the rules and chooses not to take part in camp, they negatively impact other campers by jeopardizing their physical or emotional safety. When this happens, all other campers fail to receive the best possible camp experience.

### Camp Rules:

- 1) Treat myself, others, and camp with Caring, Honesty, Respect, and Responsibility
- 2) Follow directions and instructions from staff
- 3) Keep hands, feet and all other body parts to myself
- 4) Respect all camp facilities, equipment, and property
- 5) Have FUN!

### Camper Consequences:

- 1) Redirection of camper
- 2) Verbal warning or thinking time
- 3) Visit with camp director and/or call home. Child may speak to parents at that time
- 4) In the event that a second phone call is necessary, the child will be sent home
- 5) In the event of consistent/excessive failure to follow the rules, the camper will be sent home and a suspension may be issued
- 6) If a camper endangers the physical, mental or emotional health of themselves or others, the camper may be immediately suspended or expelled

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

Camper Signature: \_\_\_\_\_

## Camp Authorization

- My child is in good health and can participate in the normal activities of the program \_\_\_\_\_ Initial Here
- I agree to follow Camp Payment Policies; if not I will be subject to fees and refused admittance \_\_\_\_\_ Initial Here
- I have received and reviewed a copy of the YMCA Camp Parent Handbook \_\_\_\_\_ Initial Here
- I understand that my child must be physically signed in and out of the program by an authorized **adult** daily \_\_\_\_\_ Initial Here
- I understand that the YMCA is not responsible for lost, stolen or damaged personal articles \_\_\_\_\_ Initial Here
- My child and I have reviewed the Camper Behavior Policy \_\_\_\_\_ Initial Here
- I understand that breakfast and lunch will be provided for my camper starting June 16<sup>th</sup>. \_\_\_\_\_ Initial Here

### **\*Sequoia and Arrow Parents Only – Please initial the next two (2) statements**

- I have received and reviewed a copy of the YMCA Transportation Policy (in handbook) and agree to let my child participate \* \_\_\_\_\_ Initial Here
- I have received and reviewed a copy of the Merrywood Activities Form & agree to let my child participate \* \_\_\_\_\_ Initial Here

### **I give permission for the Cumberland Cape Atlantic YMCA to:**

- Seek medical treatment for my child, in my absence, in the event of an emergency \_\_\_\_\_ Initial Here
- Use any photo, voice recordings or videos taken of my child for any projects and all promotional purposes at the YMCA and Summer affiliates (including but not limited to, GirlScouts, National Inclusion Project, 4-H, and Citizens United to Protect the Maurice River and its Tributaries.) \_\_\_\_\_ Initial Here
- To transport my child as necessary for camp activities. This may include busing for swimming and field trips \_\_\_\_\_ Initial Here
- Allow my child to go on short walks under Y Staff supervision \_\_\_\_\_ Initial Here
- I hereby agree, and accept, responsibility in above initialed items.

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

Date \_\_\_\_\_

## Licensing Statement

In keeping with New Jersey's child care licensing requirements, we are obligated to provide you, as the parent/caregiver of a child enrolled in our program, with the informational statement contained in the Parent Handbook.

### **The statement highlights, among other things:**

- Your right to observe our center at any time without having to secure permission
- The center's obligation to be licensed and to comply with licensing standards and
- The obligation of all citizens to report suspected child abuse of all forms (physical, sexual, emotional, and neglect) to the State's Division of Child Protection and Permanency

Name of child: \_\_\_\_\_

Name of Parent (s)/Guardian (s): \_\_\_\_\_

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 found in the Parent's Handbook.



# Cumberland Cape Atlantic YMCA 2025 CAMP REGISTRATION YMCA Policies



## Parent Statement of Understanding

The following information is important for the safety and protection of your child. Please read the information, sign this form, and return the original to the Cumberland Cape Atlantic YMCA (CCA YMCA). A copy will be filed with your child's records.

- I understand that CCA YMCA staff and volunteers are not allowed to baby-sit or transport children at any time outside the CCA YMCA program. If a violation is discovered, the Y will take immediate disciplinary action toward staff and/or volunteers.
- I understand that staff and volunteers are not allowed to initiate contact with members and program participants outside the CCA YMCA, unless necessary in certain limited cases for the smooth operation of a CCA YMCA program. If deemed necessary, contact should be made with the program participant's parent or guardian. Contact includes, but is not limited to, sharing of phone numbers, email addresses, personal websites and/or web logs. If a violation is discovered, the Y will take immediate disciplinary action toward staff and/or volunteers.
- I understand that I am not to leave my child at the CCA YMCA or program site unless a CCA YMCA staff or volunteer is there to receive and supervise my child. I understand that my child must be escorted to and from the program area by me or another person on my authorized list. Children may not just be dropped off at the door. \*Note: The CCA YMCA's policy is that children under the age of 12 may not be alone in our facilities/program sites.
- I understand children should not receive excessive gifts (e.g. toys, video games, jewelry) from CCA YMCA staff or volunteers, and I should report this to a supervisor if they do.
- I understand that my child will not be allowed to leave the program with an unauthorized person. Any person authorized to pick up my child, including relatives, must be listed with CCA YMCA and **must be at least 18 years of age required by the CCA YMCA**. Any other alternate pick-up arrangements must be requested on approved form by a parent/guardian. Phone notification of an alternate pick-up arrangement is only accepted in an emergency.
- I understand that should a person arrive to pick up my child who appears to be under the influence of drugs or alcohol, for the child's safety, staff may have no recourse but to contact the police. Please do not put staff in a position where they have to make this judgment call.
- I understand that I can help ensure my child's safety by taking an active interest in his or her CCA YMCA experience. I too will monitor volunteer and staff interactions with my child and ask my child specific questions about program activities and volunteer or staff relationships with my child.
- I understand that the CCA YMCA is mandated by state law to report any suspected cases of child abuse or neglect to the appropriate authorities for investigation.
- I have received a copy of the CCA YMCA Youth Program Handbook and/or Program Policies and Procedures and will keep it for future reference.

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

Date \_\_\_\_\_

## Parent Notification of Communications Policy

Families entrust their children to the Cumberland Cape Atlantic YMCA's care for child care, camp, and other youth programs. Our promise to those we serve is to provide a safe environment in which all participants are treated in a caring, honest, respectful and responsible way.

CCA YMCA staff, volunteers, program participants and parents must work together to ensure adherence to this policy.

### CCA Staff and Volunteers:

- Will block any personal websites or blogs and mark them as private, denying access to any CCA YMCA program participants
- Will not disclose personal email, telephone, cell phone or website information to any program participants
- Will not attempt to contact any participant via phone, text message email, phone apps, websites or blogs for non-program related business
- Will not use any photos taken for CCA YMCA programs or marketing purposes for personal use
- Will not use cell phones for personal calls during business hours
- Will not use cell phone cameras to take photos of program participants for any reason
- Will notify his/her supervisor immediately if a youth attempts to communicate with an employee via e-mail, instant message, cell phone or social network site

### CCA YMCA Program Participants and Their Parents Agree:

- Not to contact any staff via staff's personal telephone/cell phone, text message, phone apps, email, websites or blogs
- Not to use cell phones during program hours
- They will not share photos, logos or images of the CCA YMCA or its program participants
- Personal photos may only be taken with consent and may not be displayed in any derogatory fashion
- Will not take cell phone photos of staff or program participants while engaged in CCA YMCA programs

Of course, the CCA YMCA does not mean to interfere with anyone's private life, but publicly observable communications, actions or words are not private, and personal expression can have legal consequences, including defamation, copyright infringement and trademark infringement.

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

Date \_\_\_\_\_



# Cumberland Cape Atlantic YMCA 2025 CAMP REGISTRATION Deposits, Fees and Payment



## Deposits

- A \$20.00 deposit is required for EVERY week/session.
- Deposits are non-refundable and non-transferable
- Deposits are due at the time of registration

## Promotions

- Sibling Reduced Rate\*:** First child is full price, each additional child (registered in the same week of camp) will receive \$20.00 off
- Before and After Care Camp\*:** Fees are waived if five (5) or more weeks of camp are paid in full by April 30th, 2025 (Excludes \$10 Early Bird rates). Only the weeks paid for by this date will receive the free before and after camp care.
- T-Shirt\*:** Camper receives a free t-shirt if six (6) or more weeks if registered by April 30th, 2025 (\$8.00 value)
- Subsidized Families Only:** Families receiving assistance are eligible for a free t-shirt when co-pay for six (6) or more weeks are paid in full by April 30th, 2025.

\*These discounts are for non-third party participants

## Fees

- \$50 registration fee due at the time of registration
- All before and after camp fees must be paid in full at the time of registration.
- Weekly camp fees are due the Wednesday prior to the start of the camp week.

**Registration fees and deposits are non-transferable and non-refundable**

## Credits (In House Only)

Refunds are not available for Deposits, Registration Fee, or days your child is absent. In-house credits will be considered for medical reasons ONLY. Credit requests MUST be accompanied by a doctor's note.

## Financial Assistance

Financial Assistance is available through Rutgers Southern Regional Child Care Resource & Referral. Contact our Financial Services Coordinator at 856-691-0030 extension 111 for more information. If denied by Rutgers, Financial Assistance is available through the Y - applications are available at the Member Service Desk and on our website, [www.ccaymca.org](http://www.ccaymca.org). Funds are limited - APPLY EARLY.



**Zipline at Merrywood!**



**Nature Enrichment**



**Outdoor activities at  
all our camps!**



# Cumberland Cape Atlantic YMCA 2025 CAMP REGISTRATION Checklist



## Parent Checklist

Parent/Guardian please **initial** next to each item that you are handing in today. **(No check marks will be accepted.)**

- \_\_\_\_\_ Completed Registration Form
- \_\_\_\_\_ Photo Release
- \_\_\_\_\_ Signed Medical Information
- \_\_\_\_\_ Completed Health Form
- \_\_\_\_\_ Immunization Record
- \_\_\_\_\_ Expulsion Policy
- \_\_\_\_\_ Food Form
- \_\_\_\_\_ Merrywood Activity Waiver (Sequoia, Arrow, and CIT)
- \_\_\_\_\_ Completed CIT packet (CIT only)
- \_\_\_\_\_ Any notes or information to be filed on your camper (optional)
- \_\_\_\_\_ Correct payment and/or deposit amount

## Parent Signature

Parent is to sign off that all paperwork is filled out completely.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Staff Signature

Staff member receiving the paperwork is to sign off that all papers are filled out completely and correct money is remitted.

Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**THANK YOU FOR CHOOSING  
TO SPEND YOUR SUMMER AT  
THE Y, HAVE FUN AND MAKE  
SUMMER CAMP MEMORIES TO  
LAST A LIFETIME!**





**Cumberland Cape Atlantic YMCA  
2025 CAMP REGISTRATION  
Additional Emergency Contacts**

For \_\_\_\_\_  
(Child's name)

**Emergency Contact #5**

Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_  
Work Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

**Emergency Contact #6**

Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_  
Work Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

**Emergency Contact #7**

Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_  
Work Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

**Emergency Contact #8**

Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_  
Work Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

Please use this sheet only to add additional contacts and pick-up people for your camper(s). We will not accept it written on a separate piece of paper.



Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_





## INFORMATION TO PARENTS

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

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

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

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

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

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

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

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

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

investigation, you are also entitled to review the OOL's Complaint Investigation Summary Report, as well as any letters of enforcement or other actions taken against the center during the current licensing period. Let us know if you wish to review them and we will make them available for your review or you can view them online at <https://childcareexplorer.njccis.com/portal/>.

Our center must cooperate with all DCF inspections/investigations. DCF staff may interview both staff members and children.

Our center must post its written statement of philosophy on child discipline in a prominent location and make a copy of it available to parents upon request. We encourage you to review it and to discuss with us any questions you may have about it.

Our center must post a listing or diagram of those rooms and areas approved by the OOL for the children's use. Please talk to us if you have any questions about the center's space.

Our center must offer parents of enrolled children ample opportunity to assist the center in complying with licensing requirements; and to participate in and observe the activities of the center. Parents wishing to participate in the activities or operations of the center should discuss their interest with the center director, who can advise them of what opportunities are available.

Parents of enrolled children may visit our center at any time without having to secure prior approval from the director or any staff member. Please feel free to do so when you can. We welcome visits from our parents.

Our center must inform parents in advance of every field trip, outing, or special event away from the center, and must obtain prior written consent from parents before taking a child on each such trip.

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

Our center is required, at least annually, to review the Consumer Product Safety Commission (CPSC), unsafe children's products list, ensure that items on the list are not at the center, and make the list accessible to staff and parents and/or provide parents with the CPSC website at <https://www.cpsc.gov/Recalls>. Internet access may be available at your local library. For more information call the CPSC at (800) 638-2772.

Anyone who has reasonable cause to believe that an enrolled child has been or is being subjected to any form of hitting, corporal punishment, abusive language, ridicule, harsh, humiliating or frightening treatment, or any other kind of child abuse, neglect, or exploitation by any adult, whether working at the center or not, is required by State law to report the concern immediately to the *State Central Registry Hotline, toll free at (877) NJ ABUSE/(877) 652-2873*. Such reports may be made anonymously. Parents may secure information about child abuse and neglect by contacting: DCF, Office of Communications and Legislation at (609) 292-0422 or go to [www.state.nj.us/dcf/](http://www.state.nj.us/dcf/).

# EXPULSION POLICY

## NAME OF CENTER: \_\_\_\_\_

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

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

### **IMMEDIATE CAUSES FOR EXPULSION:**

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

### **PARENTAL ACTIONS FOR CHILD'S EXPULSION:**

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

### **CHILD'S ACTIONS FOR EXPULSION:**

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

### **SCHEDULE OF EXPULSION:**

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

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

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

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

- Try to redirect child from negative behavior.
- 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, classroom 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.

# 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 ( ) -	
<b><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></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: _____
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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		

<input type="checkbox"/> <b><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></b>	
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](http://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](http://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.