



Young Wonders CDC Summer Program Registration Form

YWCA Membership Required

Internal Use Only
 Received By: _____
 Received Date: _____
 Processed By: _____
 Processed Date: _____

Please Print Clearly

Child's Name _____
Last Name First Name M.I.

Address: _____
Street City State Zip

DOB (mm/dd/yyyy): _____ Age: _____ Sex: M F Country of Origin: _____

Registered For: (Check All That Apply)

| Please select age appropriate Classroom | Days | 6/19-6/23 Beach & Summer Fun | 6/26-6/30 Creatures of the Deep Blue Sea | 7/3-7/7 Christmas in July <i>*Closed 7/4</i> | 7/10-7/14 Space Exploration | 7/17-7/21 Summer Foods |
|--|------|--|--|--|--|--|
| <input type="checkbox"/> Koalas/Tigers 2.5 yrs – 3yrs <input type="checkbox"/> Polars/Zebras 3yrs by 9/30/16 <input type="checkbox"/> Kinder Prep/Unicorns 4yrs by 9/30/16 | M-F | <input type="checkbox"/> 7:30am-6pm \$390.00 <input type="checkbox"/> 9am -1pm \$175.00 | <input type="checkbox"/> 7:30am-6pm \$390.00 <input type="checkbox"/> 9am -1pm \$175.00 | <input type="checkbox"/> 7:30am-6pm \$351.00 <input type="checkbox"/> 9am -1pm \$158.00 | <input type="checkbox"/> 7:30am-6pm \$390.00 <input type="checkbox"/> 9am -1pm \$175.00 | <input type="checkbox"/> 7:30am-6pm \$390.00 <input type="checkbox"/> 9am -1pm \$175.00 |
| | | 7/24-7/28 Color Week/Rainbows | 7/31-8/4 Camping Adventure | 8/7-8/11 Jungle Journey | 8/14-8/18 Zoo Animals | 8/21-8/25 Pirates & Mermaids |
| | | <input type="checkbox"/> 7:30am-6pm \$390.00 <input type="checkbox"/> 9am -1pm \$175.00 | <input type="checkbox"/> 7:30am-6pm \$390.00 <input type="checkbox"/> 9am -1pm \$175.00 | <input type="checkbox"/> 7:30am-6pm \$390.00 <input type="checkbox"/> 9am -1pm \$175.00 | <input type="checkbox"/> 7:30am-6pm \$390.00 <input type="checkbox"/> 9am -1pm \$175.00 | <input type="checkbox"/> 7:30am-6pm \$390.00* <input type="checkbox"/> 9am -1pm \$175.00* |

(Limited space available)

***Additional \$25 trip fee**



Young Wonders Child Development Center Summer Program Fee Schedule June 2016-August 2017

FOR OFFICE USE ONLY

Start Date: _____

Fees Received:

- | | | |
|---|----------------|----------|
| <input type="checkbox"/> Security Deposit | \$50 per week | _____ |
| <input type="checkbox"/> Membership Fee | \$35 | _____ |
| <input type="checkbox"/> Activity Fee | \$5 per week | _____ |
| <input type="checkbox"/> Supply Fee | \$5 per week | _____ |
| <input type="checkbox"/> Trip Fee (if Applicable) | \$25 | _____ |
| | Total Received | \$ _____ |

Adult's Information:

| | | | |
|------------------------|-------|--------------------|-------|
| Name: | _____ | | |
| Address: | _____ | | |
| Birthdate: | _____ | Sex: | _____ |
| Home Phone: | _____ | Cell Phone: | _____ |
| E-mail Address: | _____ | Work Phone: | _____ |

Family Members:

| | First Name | Last Name | Sex | Birthdate |
|-----------------|------------|-----------|-----|-----------|
| Spouse: | _____ | | | |
| Child 1: | _____ | | | |
| Child 2: | _____ | | | |
| Child 3: | _____ | | | |

This information is optional, but is important to the YWCA of the USA, and to our funders:

Asian Black American Caucasian Hispanic Other: _____

Emergency Contact Information:

| | | | |
|----------------------|-------|--------------------|-------|
| Name: | _____ | Home Phone: | _____ |
| Relationship: | _____ | Cell Phone: | _____ |

Membership Type:

| | | | | | |
|--|------|--|------|--|-------|
| <input type="checkbox"/> Youth Female (<18) | \$35 | <input type="checkbox"/> Youth Male (<18) | \$35 | <input type="checkbox"/> Family | \$90 |
| <input type="checkbox"/> College Female | \$40 | <input type="checkbox"/> College Male | \$40 | <input type="checkbox"/> Single Term | \$25 |
| <input type="checkbox"/> Adult Female | \$50 | <input type="checkbox"/> Adult Male | \$50 | <input type="checkbox"/> Friend (Individual) | \$150 |
| <input type="checkbox"/> Senior Female (62+) | \$35 | <input type="checkbox"/> Senior Male (62+) | \$35 | <input type="checkbox"/> Friend (Family) | \$200 |

Payment Information:

| | | | | |
|--------------------------------|-------------------------------------|-------------------------------|---------------------------|-------|
| <input type="checkbox"/> Check | <input type="checkbox"/> Mastercard | <input type="checkbox"/> Visa | Membership fee(s): | _____ |
| | | | Contribution: | _____ |
| Card # | _____ | | Total enclosed: | _____ |
| Exp. Date: | _____ | | Signature: | _____ |

PERMISSION FOR ENROLLMENT and release of the YWCA from liability

I am an adult over 18 years of age and wish to participate in YWCA activities. In addition, I give my children permission to participate in YWCA activities. I understand that even when every reasonable precaution is taken, accidents can sometimes still happen. Therefore, in exchange for the YWCA allowing me to participate in YWCA activities, I understand and expressly acknowledge that I release the YWCA and its staff members from all liability for any injury, loss or damage connected in any way whatsoever to my or my children's participation in YWCA activities, whether on or off the YWCA premises. I understand that this release includes any claims based on negligence, action or inaction of the YWCA, its staff, directors, members and guests. I have read and am voluntarily signing this authorization and release. I have read this form and grant permission for each of my children listed above to participate in all activities provided by the YWCA Princeton.

Signature

Date

I give permission for my or my child(ren) to be photographed for use by the YWCA Princeton in all YWCA Princeton publications, marketing, media, and press.

Signature

Date

Young Wonders Child Development Center Payment Options Form

You will not receive a monthly bill. Payments are due by the first of the month and may be paid as follows:

1. **CHECK** - Payments can be mailed to the YWCA Princeton CDC at: 59 Paul Robeson Place, Princeton, NJ 08540
2. **BANK DRAFT** - Funds can be transferred electronically from your checking or savings account to the YWCA Princeton on the first business day of each month.
3. **CREDIT CARD** - Payments can be charged automatically to your credit card on the first business day of each month.

PLEASE NOTE: YOU MUST COMPLETE A NEW FORM FOR THE NEW SCHOOL YEAR, EVEN IF YOU HAVE USED THE BANK DRAFT or CREDIT CARD OPTION IN THE PAST.

Automatic payment commences with child's second monthly tuition payment. First month's payment must be made by cash, check, or credit card.

If you have any questions, contact Cassandra Mendoza at 609-497-2100, ext. 311.

| DRAFT AUTHORIZATION | |
|--|---|
| Type of account: | <input type="checkbox"/> Checking <input type="checkbox"/> Savings |
| Name or names on account _____ | |
| Routing number _____ <small>(the first 9 digits on bottom of check)</small> | Account number _____ <small>(the middle 9 or 10 digits on bottom of check)</small> |
| PLEASE ATTACH A VOIDED CHECK | |
| Child(ren)'s name(s): _____ | |
| <p>I hereby authorize the YWCA Princeton to initiate electronic funds transfer from my bank account for my child(ren)'s tuition, on the first business day of each month, from October 2016 through August 2017. <i>First month's payment must be made by cash, check, or credit card.</i></p> | |
| Signature: _____ | Date: _____ |

| CREDIT CARD AUTHORIZATION | |
|---|---|
| Type of card: | <input type="checkbox"/> Discover <input type="checkbox"/> Mastercard <input type="checkbox"/> Visa <input type="checkbox"/> American Express |
| Name as it appears on card _____ | |
| Billing address for this card _____ | Zip Code _____ |
| Card number: _____ | Exp. Date: _____ Verification number* _____ |
| *Verification # is located in the signature block on the back of card. It is the 3-digit code after your card number. | |
| Child(ren)'s name(s): _____ | |
| <p>I hereby authorize the YWCA Princeton to charge my credit card for my child(ren)'s tuition on the first business day of each month, from October 2016 through August 2017. <i>First month's payment must be made by cash, check, or credit card.</i></p> | |
| Signature: _____ | Date: _____ |

| | |
|--|------------|
| Child Care Office Only: | |
| <input type="checkbox"/> Baby Bears <input type="checkbox"/> Teddy Bear <input type="checkbox"/> Koalas <input type="checkbox"/> Tigers <input type="checkbox"/> Polar Bears <input type="checkbox"/> Zebras <input type="checkbox"/> Kinder Prep <input type="checkbox"/> Unicorns | ID # _____ |
| Start Date: _____ | |



59 Paul Robeson Place
Princeton, NJ 08540
Phone: 609-497-2100
Fax: 609-924-8644

Instructions:
1. Print and complete form
2. Email form as an attachment to
mtraub@ywcaprinceton.org

Approved Start Date: _____
(for Office Use Only)

Young Wonders Child Development Center Registration Form

Please fill out form completely and notify office of changes immediately. Please print or type.

Date of Application: _____

Child Information

Child's Name: _____
Last Name First Name

Child's Nickname: _____

Address: _____
Street City State Zip

Home Phone: _____ Sex: Male Female Birth Date (mm/dd/yyyy): _____

Country of Origin: _____ Primary Language: _____

Family Information

Parent/Guardian 1: _____ Parent/Guardian 2: _____
Last Name First Name Last Name First Name

Address if different from above: _____ Address if different from above: _____

Address: _____ Address: _____
Street Street
City State Zip City State Zip

Home Phone: _____ Home Phone: _____

Cell Phone: _____ Cell Phone: _____

Email: _____ Email: _____

Employer: _____ Employer: _____

Address: _____ Address: _____
Street Street
City State Zip City State Zip

Bus. Phone: _____ Bus. Phone: _____

Please provide a reliable email address at which you can receive information and announcements.

Family Unit

Parents together Separated Divorced Widowed Single

Child Lives With

Both parents Mother Father Guardian(s)

Is there a court order protecting the custody of this child? Yes No

If yes, a copy of the court order must be included with this registration.

Young Wonders Child Development Center Registration Form

Emergency Information

List two people to contact in case of emergency:

| | |
|--------------------------|--------------------------|
| Name: _____ | Name: _____ |
| Address: _____ Street | Address: _____ Street |
| City State Zip | City State Zip |
| Cell Phone: _____ | Cell Phone: _____ |
| Relationship: _____ | Relationship: _____ |

Does your child have needs requiring special attention? (Example: physical, illness, language needs, medication, learning disability, hyperactivity, speech or hearing disorders, etc.) Please let us know of any special social or emotional problems of which the teacher should be aware in order to help your child more effectively.

Does your child have any allergies? (Example: food, drug, insect, hay fever, etc.)

Physician Information

| | |
|----------------------|--------------------------|
| Doctor's Name: _____ | Address: _____ Street |
| Phone: _____ | City State Zip |

I understand that every effort will be made to contact me in the event of an emergency requiring medical attention for my child. However, if I cannot be reached, I hereby authorize the YWCA Princeton to transport my child to the NEAREST HOSPITAL EMERGENCY ROOM and to secure for my child the necessary medical treatment. Your signature authorizes the responsible person at the YWCA Princeton facility to have your child transported to that hospital.

Signature of Parent or Guardian _____ 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) | | |
| | | | Blood Pressure (if ≥3 Years) | | |
| IMMUNIZATIONS | | <input type="checkbox"/> Immunization Record Attached <input type="checkbox"/> Date Next Immunization Due: | | | |
| MEDICAL CONDITIONS | | | | | |
| Chronic Medical Conditions/Related Surgeries • List medical conditions/ongoing surgical concerns: | | <input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached | | Comments | |
| Medications/Treatments • List medications/treatments: | | <input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached | | Comments | |
| Limitations to Physical Activity • List limitations/special considerations: | | <input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached | | Comments | |
| Special Equipment Needs • List items necessary for daily activities | | <input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached | | Comments | |
| Allergies/Sensitivities • List allergies: | | <input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached | | Comments | |
| Special Diet/Vitamin & Mineral Supplements • List dietary specifications: | | <input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached | | Comments | |
| Behavioral Issues/Mental Health Diagnosis • List behavioral/mental health issues/concerns: | | <input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached | | Comments | |
| Emergency Plans • List emergency plan that might be needed and the sign/symptoms to watch for: | | <input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached | | Comments | |
| PREVENTIVE HEALTH SCREENINGS | | | | | |
| Type Screening | Date Performed | Record Value | Type Screening | Date Performed | Note if Abnormal |
| Hgb/Hct | | | Hearing | | |
| Lead: <input type="checkbox"/> Capillary <input type="checkbox"/> Venous | | | Vision | | |
| TB (mm of Induration) | | | Dental | | |
| Other: | | | Developmental | | |
| Other: | | | Scoliosis | | |
| <input type="checkbox"/> I 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 sent to the WIC office. WIC is a supplemental nutrition program for Women, Infants and Children that provides nutritious foods, nutrition counseling, health care referrals and breast feeding support to income eligible families. For more information about WIC in your area call 1-800-328-3838.

Section 2 - Health Care Provider

1. Please enter the date of the physical exam that is being used to complete the form. Note significant abnormalities especially if the child needs treatment for that abnormality (e.g. creams for eczema; asthma medications for wheezing etc.)

- **Weight** - Please note pounds vs. kilograms. If the form is being used for WIC, the weight must have been taken within the last 30 days.
- **Height** - Please note inches vs. centimeters. If the form is being used for WIC, the height must have been taken within the last 30 days.
- **Head Circumference** - Only enter if the child is less than 2 years.
- **Blood Pressure** - Only enter if the child is 3 years or older.

2. **Immunization** - A copy of an immunization record may be copied and attached. If you need a blank form on which to enter the immunization dates, you can request a supply of Personal Immunization Record (IMM-9) cards from the New Jersey Department of Health, Vaccine Preventable Diseases Program at 609-826-4860.

- The Immunization record must be attached for the form to be valid.
- "Date next immunization is due" is optional but helps child care providers to assure that children in their care are up-to-date with immunizations.

3. **Medical Conditions** - Please list any ongoing medical conditions that might impact the child's health and well being in the child care or school setting.

- a. Note any significant medical conditions or major surgical history. **If the child has a complex medical condition, a special care plan should be completed and attached for any of the medical issue blocks that follow.** A generic care plan (CH-15) can be downloaded at www.nj.gov/health/forms/ch-15.dot or pdf. Hard copies of the CH-15 can be requested from the Division of Family Health Services at 609-292-5666.
- b. **Medications** - List any ongoing medications. Include any medications given at home if they might impact the child's health while in child care (seizure, cardiac or asthma medications, etc.). Short-term medications such as antibiotics do not need to be listed on this form. Long-term antibiotics such as antibiotics for urinary tract infections or sickle cell prophylaxis should be included.

PRN Medications are medications given only as needed and should have guidelines as to specific factors that should trigger medication administration.

Please be specific about what over-the-counter (OTC) medications you recommend, and include information for the parent and child care provider as to dosage, route, frequency, and possible side effects. Many child care providers may require separate permissions slips for prescription and OTC medications.

c. **Limitations to physical activity** - Please be as specific as possible and include dates of limitation as appropriate. Any limitation to field trips should be noted. Note any special considerations such as avoiding sun exposure or exposure to allergens. Potential severe reaction to insect stings should be noted. Special considerations such as back-only sleeping for infants should be noted.

d. **Special Equipment** - Enter if the child wears glasses, orthodontic devices, orthotics, or other special equipment. Children with complex equipment needs should have a care plan.

e. **Allergies/Sensitivities** - Children with life-threatening allergies should have a special care plan. Severe allergic reactions to animals or foods (wheezing etc.) should be noted. Pediatric asthma action plans can be obtained from The Pediatric Asthma Coalition of New Jersey at www.pacnj.org or by phone at 908-687-9340.

f. **Special Diets** - Any special diet and/or supplements that are medically indicated should be included. Exclusive breastfeeding should be noted.

g. **Behavioral/Mental Health issues** - Please note any significant behavioral problems or mental health diagnoses such as autism, breath holding, or ADHD.

h. **Emergency Plans** - May require a special care plan if interventions are complex. Be specific about signs and symptoms to watch for. Use simple language and avoid the use of complex medical terms.

4. **Screening** - This section is required for school, WIC, Head Start, child care settings, and some other programs. This section can provide valuable data for public health personnel to track children's health. Please enter the date that the test was performed. Note if the test was abnormal or place an "N" if it was normal.

- For lead screening state if the blood sample was capillary or venous and the value of the test performed.
- For PPD enter millimeters of induration, and the date listed should be the date read. If a chest x-ray was done, record results.
- Scoliosis screenings are done biennially in the public schools beginning at age 10.

This form may be used for clearance for sports or physical education. As such, please check the box above the signature line and make any appropriate notations in the Limitation to Physical Activities block.

5. Please sign and date the form with the date the form was completed (note the date of the exam, if different)
- Print the health care provider's name.
 - Stamp with health care site's name, address and phone number.

Young Wonders Child Development Center Expulsion Policy

Name of Child: _____
Last Name *First Name* *MI*

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

These are the reasons we may have to expel or suspend a child from the program.

IMMEDIATE CAUSES FOR EXPULSION:

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

PARENTAL ACTIONS FOR CHILDREN'S EXPULSION:

- Failure to complete required forms including the child's immunization records
- Habitual tardiness when picking up your child
- Failure to pay and/or habitual lateness in tuition payments and/or late pick up fees
- Verbal abuse to staff members

CHILD'S ACTIONS FOR EXPULSION:

- Failure of the 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

SCHEDULE OF EXPULSION:

- If after remedial actions have not worked out, 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 Director.
- The parent/guardian will be informed regarding the length of the expulsion period.
- The parent/guardian will be informed about the expected behavioral changes required in order for the child or parent to return to the school.
- The parent/guardian will be given a specific expulsion date that allows the parent sufficient time to seek alternative child care (approximately one to two weeks' notice depending on the 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 the parent/guardian...

- Made a complaint to the Office of Licensing regarding the school's alleged violations of the licensing requirements
- Reported abuse or neglect occurring at the center
- Questioned the Director regarding policies and procedures
- Has not been given sufficient time to make other child care arrangements

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

- Staff will try to redirect child from negative behavior
- Staff will reassess program environment, appropriateness of activities, supervision
- Staff will always use positive methods and language while disciplining children
- Staff will praise appropriate behavior
- Staff will consistently apply consequences for rules
- Child will be given verbal warnings
- Child will be given time to regain control
- Child's disruptive behavior will be documented and maintained in confidentiality
- Parent/guardian will be notified verbally
- Parent/guardian will be given written copies of disruptive behaviors that might lead expulsion
- The Director, classroom staff and parent/guardian will have a conference(s) to discuss how to promote positive behaviors
- Parent/guardian will be given literature or other resources regarding methods of improving behavior
- Conference with the Director when warranted

Signature of Parent/Guardian: _____ Date: _____



Young Wonders Child Development Center Discipline Policy

Name of Child: _____
Last Name *First Name* *MI*

The goal of discipline at the Young Wonders Child Development Center is to enable and encourage the growth of self-discipline within all our children. Since self-discipline is a slow process, children are disciplined in a positive manner and at a level that is appropriate for their age and actions. Self-discipline is achieved when a child can make appropriate decisions for him or herself without being told which decision is correct and accept responsibility for those choices.

Our YWCA teachers play a crucial role in the decisions children make during this development process. We strongly believe in positive reinforcement. Through positive reinforcement, teachers can guide children towards self-discipline and self-control, while ensuring the health, safety, and respect of every child. It is our expectation that teachers should always remember to maintain developmentally appropriate expectations of young children. Often young children lack self control and logic skills and cannot be expected to act appropriately at all times largely because attention spans for young children are short. Attention spans are estimated by doubling a child's age, i.e. a three-year-old will have an attention span of about six minutes. Therefore, teachers are trained to remain positive, use soft, yet sometimes stern voices, while maintaining manners and consideration for others.

Children have to be allowed to try to work out their differences and resolve problems without teachers always intervening. Children are told what they can do, rather than what they cannot do. Children are encouraged to talk about their feelings and actions in order to grow and reflect. Also natural consequences should be applied to relevant behaviors. To discourage inappropriate behaviors, children are redirected to other materials and activities in a positive and encourage manner.

As required by New Jersey law, discipline WILL NEVER consist of any type of spanking or any other physical punishment. Discipline will also never consist of any type of verbal abuse such as cruelty, inappropriate tones, humiliation, sarcasm or fear. Lastly, discipline will NEVER be connected with toileting, food, or rest.

If a child's inappropriate behavior becomes consistent or harmful you will receive a Behavior Report from your child's teacher. During this transition, we will work with you and your child for a positive outcome.

Signature of Parent/Guardian: _____ Date: _____



Young Wonders Child Development Center Policies Acknowledgement

Please fill out form completely. Please print or type.

Name of Child: _____
Last Name *First Name* *MI*

Name of Parent/Guardian: _____
Last Name *First Name* *MI*

Classroom: _____

I have read the Young Wonders Child Development Center’s Enrollment Packet. By initialing the following, I acknowledge that I have reviewed, understand and accept these policies outlined in the Enrollment Packet:

- | | |
|---|--|
| <input type="checkbox"/> Emergency Closing | <input type="checkbox"/> “Back to Sleep” Campaign Policy |
| <input type="checkbox"/> NJ Information to Parents | <input type="checkbox"/> Discipline Policy |
| <input type="checkbox"/> Our YWCA Values | <input type="checkbox"/> Sick Policy |
| <input type="checkbox"/> Sign In/Sign Out and Late Fee Policy | <input type="checkbox"/> Nut-free Policy |
| <input type="checkbox"/> Release of Children Policy | <input type="checkbox"/> Expulsion Policy |

I have received, read, and understood the policies and procedures stated in the parent handbook.

Ha recibido, leído, y comprendido las políticas y procedimientos establecidos en el Manual para Padres.

Signature of Parent/Guardian: _____ Date: _____



Young Wonders Child Development Center Termination Policy

Name of Child: _____
Last Name *First Name* *MI*

The Young Wonders Child Development Center accepts children of all racial, ethnic, economic, and religious backgrounds in its program. However, the Center is not able to accept or retain children whose needs exceed its professional and its financial resources. Decisions to deny acceptance of a child or to terminate a child’s enrollment are made in consultation with our professional staff. Factors leading to such decisions are confidential.

I have read, and understand the Termination Policy of the Young Wonders Child Development Center, in accordance with the Department of Children and Families Office of Licensing, State of New Jersey 10:122-6,8 as presented above and in the Parents’ Handbook.

Signature of Parent/Guardian: _____ Date: _____



Young Wonders Child Development Center Informational Statement

In keeping with New Jersey’s child care center licensing requirements, we are obligated to provide you, as the parent/guardian of a child enrolled in our center, with this informational statement.

The statement highlights, among other things: your right to visit and observe our center at any time without having to secure prior permission; the center’s obligation to be licensed and to comply with licensing standards; and the obligation of all citizens to report suspected child abuse/neglect/exploitation to the State Child Abuse Hotline. 1-877-NJ-ABUSE.

Please read this statement carefully and, if you have any questions, feel free to contact the Director at 609-497-2100, Ext. 325.

Please complete and return this portion to the Director.

Name of Child: _____
Last Name First Name MI

Name of Parent/Guardian: _____
Last Name First Name MI

I have read and received a copy of the Informational to Parents statement prepared by the Bureau of Licensing, Child Care and Youth Residential Licensing, in the Department of Children and Families in the Parents’ Handbook.

Signature of Parent/Guardian: _____ Date: _____



Young Wonders Child Development Center Permissions Form

Please fill out form completely. Please print or type.

Date: _____

Child Information

Child's Name: _____
Last Name First Name

Parent's Name: _____
Last Name First Name

Classroom: _____

Trip Permission (Ages 3 and up)

I hereby

Give Do not Give

Permission for my child to ride the bus and attend swim class sponsored by the Young Wonders Child Development Center at the Community Park Pool.

Swim (Ages 3 and up)

I hereby

Give Do not Give

Permission for the Young Wonders Child Development Center to take my child to instructed swim classes in the YMCA building on a weekly basis.

Sun Block

I hereby

Give Do not Give

Permission for my child to have sunscreen applied by the staff of the Young Wonders Child Development Center.

Photo Release

I hereby

Give Do not Give

Permission for the Young Wonders Child Development Center to use photographs and/or video footage that could include my child's image for publicity efforts to advertise events, services, and programs for the YWCA Princeton.

Signature

Signature of Parent or Guardian _____ Date: _____