

Little Hugs, LLC  
317 Winsor Street  
Bound Brook, New Jersey 08805

Business: (732)469-7029  
Cell: (732) 372-3474



*Little Hugs reserves the right to change any policy at any time.*

Dear Parents,

Thank you for your interest in Little Hugs. Our objective is to provide quality care for preschoolers in a safe and happy environment where children learn and play together.

The children at Little Hugs, through quality interaction with their peers, will develop and maintain self-confidence and self-esteem at the most crucial learning time in their lives. Little Hugs' staff will dedicate their time and energy to make each and every child feel welcome and part of a family unit. We will emphasize sharing, togetherness, and caring for everyone with whom we come into contact with in order to foster positive development.

The enclosed information briefly describes our program. We invite You and your child to visit our center and meet our staff. Once your child is enrolled, we encourage you to drop in at any time. We look forward to you becoming part of the Little Hugs Family. 😊

Sincerely,

Sabah  
Owner

## Absences

If it is necessary for a child to be absent from school for any reason, parents are requested to telephone the school. (732) 469-7029

## School Closings/Delayed Openings

While we make every effort to remain open during inclement weather or other natural disasters, occasionally this is not possible. In the event the school has to be closed due to inclement weather or other emergencies, an announcement will be left on the school voicemail at approximately 6am. We do not follow the closing schedule of the school system.

### Little Hugs is closed on the following days:

New Year's Day  
President's Day  
Good Friday  
Memorial Day  
July 4<sup>th</sup>  
Labor Day  
Thanksgiving and the day after  
Christmas Day and the day after

### Little Hugs will be closed at 3.p.m. on the following days:

New Year's Eve and Christmas Eve

*Any additional school closings will be announced yearly in writing, with the exception of circumstances beyond our control. Decisions in these situations will be made on an "as needed" basis. When Christmas Day and New Year's Day fall on Saturdays, we will be closed on Christmas Eve and New Year's Eve.*

## Late Pick Ups

If your arrival time varies more than 30 minutes from your usual arrival time, please notify the center. This will allow us to plan accordingly for your child and to avoid any worrying. We keep rates low by scheduling staff according to ratio, if you are scheduled until 5pm and cannot pick up until 5:30, you must call us to ensure that we can meet ratio.

Whether or not your child can be held past their scheduled pick up time is entirely at the discretion of the school. It is your responsibility to notify the school and to make sure anyone authorized to collect your child is aware of this policy.

There will be an additional charge incurred for any time over your usual collection time.

Anytime between 6 and 6:30pm costs \$10 and any time between 6:30 and 7pm costs \$20, payable in cash only and due at pick up or on your child's next day of attendance. Late pick up or early drop off during regular business hours will also incur a fee. The fee is based on your tuition rate.

When a child has not been picked up from our center by closing time, and the parent has not called to notify us of any delay, our center's staff will attempt to contact the parent and/or the parent's authorized emergency contact from the child's emergency card. If, after an hour, we are unable to get in contact with the parent or emergency contact, the staff is required to call the 24-hour Child Abuse Hotline (1-800-792-8610) to seek assistance in caring for the child until a parent or person authorized by the parent is able to pick up the child.

It is imperative that you keep the phone numbers in your file up to date. If you or one of your emergency contacts change any of your phone numbers, you must notify us immediately. Please be aware that the more phone numbers you can provide, including home, work, and cell, the easier it will be to find you if we truly need to.

### Feeding Schedule

**If we become a nut/peanut free facility, no nut or peanut products may be eaten on premises due to allergies. You will be notified if this applies.**

Breakfast is served on or around 8:30 a.m. If you want your child to eat breakfast here, they must arrive before 8:30 a.m. Lunch is served at 11:30 a.m.

Please provide your child daily with breakfast, lunch, 2 snacks and drinks for the day.

### **PIZZA DAY!**

Every Friday is pizza day! If you want your child to have pizza, please provide them with \$2 for pizza every Friday.

Every Wednesday is sandwich day! Please pack your child their favorite sandwich to have for lunch!

### Birthdays

Each child's birthday should be celebrated. This is a special milestone for each child. Parents of the birthday child are asked to provide cupcakes/ice cream/munchkins, whichever they are most comfortable with. Goody bags or additional birthday supplies are at the parent's discretion. You will receive a note prior to your child's birthday

listing how many children are in the class and the goodies rule for that particular age group.

## Parties

Official parties held are Halloween, Thanksgiving, December Holidays, Valentine's Day, Easter, Mother's Day, and Father's Day. We also hold impromptu parties for various other holidays and special events. Please let us know if you have any holidays unique to your culture or heritage which you think would be enjoyable for the children. Please check our website, there are photos of all of our special events.

## Wipes and Diapers

Children in the 2½ years old class must bring in 3 packages on the first of each month, and children in the 3 and 4 year old classes must bring in one package on the first of each month. All wipes must contain a minimum of 80 wipes and must be clearly labeled with your child's name. We bill \$3 per pack for all missing wipes.

If your child cannot share wipes due to allergies, you must still drop off your wipes or you will be charged \$3 for each missing package. We accept refills, but we require all packages to be unopened.

## Outside time

All children over the age of 18 months in the center are required by The State of New Jersey to spend time outside each day, weather permitting. Please do not send in your child if you do not want them to spend time outside. This is a regulation we must follow.

As for those under 18months, if we feel that the weather is nice enough, we will take them out. The fresh air and sunlight are good for them in more ways than I have space to write in this brochure! Trust me, it's our business to know this.

## Class Trips

When we schedule trips for our children, notices are sent home in advance. The center remains open for children who do not participate in the trip. Places are sold on a "first come first serve" basis, so don't wait until the last minute! All trips only require chaperones for children under 3 years of age, although not all trips are available for children under 3 years of age. We require that all children participating in a trip wear a Little Hugs shirt. These are made to order for \$10.00 each. In the event that a child arrives for the trip without a shirt, if we have one available, your child will receive a

new one which you will be billed for. If none are available, your child will not be able to attend the trip and there will be no refund. Please don't forget their shirt! Special events on premises do not require either shirts or chaperones. However, Little Hugs retains the right to exclude a child from an event or trip if their behavior creates an unsafe environment.

## Curriculum

During circle time, children participate in playing musical instruments, singing, telling stories, and playing games. Our curriculum includes attendance, weather, calendar, pledge of allegiance, colors, shapes, letters, numbers, science, art, multiple themes, and special events. The curriculum is designed to meet the educational, emotional, and physical needs of all children on their level. We also strive to challenge our children through our curriculum. If you wish to discuss the curriculum, please let us know and we will set up an appointment to discuss it.

## Show and Tell

Each class has a show and tell day. Your teacher will advise you what day your child will participate. If you wish for your child to participate, bring in their item of interest. Please ensure that the item is appropriate (no weapons, grotesque, or gruesome items, etc.). Please don't send in anything expensive or that would devastate your child if it was lost or broken. While we try very hard to send items home in the same condition they arrived in, we can make no guarantees.

**Other than on show and tell day, please do not bring in any toys. This includes candy, gum, and money. These are all potential choking hazards.**

## Quiet Time

Used when needed

## Arts and Crafts

Children create art work on a daily basis. We also utilize crafts as both artistic expression and for fine motor skills. Preschool and pre-k prepare crafts usually 2/3 times each week. This does not necessarily mean that you will receive 2/3 separate projects. Some projects are involved enough to require 2 or even 3 sessions (usually when both paint and glue are involved). If you have any items that you believe we could use for craft projects, please see a member of management. We're experts at turning "trash" into crafts.

## Personal Belongings

Little Hugs has certain guidelines which need to be adhered to:

- All clothing should be appropriate for the weather and temperature.
- All children must keep a change of clothes at our center in case of an accident. Please make sure that you change the spare clothing according to the season.
- All clothing should be clean and in good repair. Each item should be labeled with your child's name on the tag.
- Please provide mittens rather than gloves since they are easier to manage in cold weather.
- Boots must be large enough to go on easily. When boots are worn, a pair of indoor sneakers should accompany your child.
- Personal grooming is emphasized.
- Please ensure that your child's fingernails are kept short.

## Cubbies

All children are assigned two cubbies, one for their sleeping bag and one for their change of clothes and/or coat. If your child is not present for naptime, they will be assigned one cubbie.

## Naptime

The state regulates that all children must have a nap/rest period each day.

## Toys

If your child brings something home from the center, please kindly return it back to the daycare/preschool. Thank you.

## Staff

The staff at Little Hugs is chosen based on varied criteria, some of which is set by the state, and some of which is set by Little Hugs. Members of our staff are certified in child CPR and Basic First Aid. All staff members have childcare experience and must provide references, which we check. They must also agree not to smoke anywhere on or near Little Hugs property or in view of the children, and they must agree to random drug testing. All staff members undergo periodic training and development sessions covering many varied topics. And of course, they have all been through a screening process covering everything from Child Abuse Record Information (CARI) to a health screening by a physician recognized by the State of New Jersey.

Our staff members are friendly and caring toward the children while still being able to maintain a happy learning environment. We stress to our staff that while education is very important, ensuring that a child feels loved is far more important.

### Parent participation

Another way we keep our rates low is by utilizing the talents and contacts of our parents. If you are Joe or Jane Handy, or you have a landscaping business on the side, you clean rugs or install phone lines, etc., etc., talk to us, if we can receive services free or at cost, it lowers our expenditures and helps to keep our tuition low.

Also, we love to see our parents/family members participate in their child's educational lifestyle. If you would like to come in and read a story or show off your talents, you are more than welcome to come in the center and do so! 😊

### **Little Hugs Philosophy & Guideline for Positive Discipline Policy**

This philosophy of positive discipline is distributed to all staff members and posted within the center for referral by employees and parents.

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 and humor.
- Include some group decision-making.
- Provide time and space for each child to be alone.
- 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, etc.

**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 time-out -- 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:**

- Catch the child being good. Respond to and 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.

**Positive discipline is NOT:**

- Disciplining a child for failing to eat, 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 of children.
- 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.

**Guidelines for Using Time Outs**

Time outs are not used to punish a child. Time-outs are used when a child is losing control or refuses redirection. Our ultimate goal is for the child to achieve self-control; however, it is only used when the child is independently able to manage self-control. Therefore, once a child has regained control, the time-out will end.

Our Little Hugs staff will address a child's inappropriate behavior as follows:

1. Warn the child that his/her behavior is inappropriate.
2. If he/she continues to behave inappropriately, he/she will be removed calmly from the situation.
3. Telling the child what behavior is inappropriate.
4. State the consequences of continuing the inappropriate behavior.

If a child changes his/her behavior as a result of a warning, the staff member will let the child know that a behavioral change has been noticed.

If a child continues inappropriate behavior, Little Hugs' staff member may use the following techniques:

1. Ignore the behavior.
2. Remove the distracting object.
3. Remove the child from the activity.
4. Take away a privilege.
5. Use time-out.

If the time-out method must be used:

- A. Time-out limit should be set so that the child is told how long he/she must sit. Guideline: 1 minute for each year of age. Maximum - 5 minutes.
- B. The child should sit away from the group, in sight of the teacher and group activity.
- C. Once the time-out has been completed, the staff members should speak to the child to ensure that the child is aware of why they were assigned time-out.
- D. When the time-out method is used without success, a conference between the teacher, parent and child should be planned.

## **How to Register**

### **Registration Policy**

To register a child in our center, first, there must be a place available in their age group, I know that that sounds like basic common sense, but once in a while we have someone who shows up and demands to enroll their child in a class that's full. Some of our classes fill faster than others; if a class is full, but we already know that a place will become available on a certain date, you are welcome to register for it in advance, however, your child must begin attending from that date.

For a child to begin attending our center, we must of enrollment packet and your registration fee in cash at least 5 business days prior to enrollment, that way we have time to open all of the files, change our documents, assign cubbies, etc. All registration forms must be completely filled out and delivered at or before your child's first drop off, including medical forms, however, if you have recently moved from out of state, you have 30 days

### **Payments**

A two-week advanced payment/security will be charged and credited to your account for your child's last two weeks of attendance. Children who receive a subsidy are eligible for a different security deposit, please speak to management for further information. All deposits must be paid in cash, checks, or money order. You are required to pay for any absenteeism, including vacation, sick time, suspension, or when the center closes for circumstances beyond our control, etc. There are NO exceptions.

If you will be on vacation for 3 continuous weeks or more you will be charged for the first 2 weeks of tuition only. To receive this credit, you must notify the center in writing a minimum of two full weeks in advance of the first day of vacation and the vacation time must be between graduation and Labor Day.

We accept cash, checks and money orders. We are charged a fee for all returned checks; we pass those charges on to you at the rate of \$25 per returned check.

### **School Health Services**

School Health services are designed to appraise, protect, and promote the optimum health of students and school personnel.

Please do not send a child to school who will potentially be spreading any disease. If your child vomits, has diarrhea, or a fever, please do not medicate them and send them in. Also, if they have a cold, if the mucus is any color other than clear, they do not

belong in school. While we understand that it is often difficult to take time off from work or to find someone to care for a sick child, if another parent sent in their sick child who then infected your child, you would be upset.

## Hygiene

Please be aware that all children are expected to be delivered to the center, clean, fresh smelling and well groomed, with brushed hair, clean teeth and short nails and their diaper must be changed prior to arrival. Failure to provide adequate hygiene constitutes neglect, failure to keep a child's nails short constitutes a danger to themselves and others. It is our policy to trim the nails of children we feel pose a danger to themselves or others.

## Sick Policy

If a child is dismissed from the center because of a contagious illness, a doctor's note is required before your child may return to the center. If a child is dismissed from the center due to illness, they must remain symptom free for 24 hours before returning to the center. In case of illness, there will be no credit issued. If your child requires antibiotics, they must have received the antibiotics for a minimum of 24 hours before they will be allowed to return to the center. In this brochure you will find a detailed list of reasons for sending a child home and excludable diseases. But there are 2 main criteria for a child staying home, 1) They have an illness that is or could potentially be contagious, 2) a child's illness results in greater care than the staff can provide, which will result in lesser care for the other children.

If a child has allergies or asthma, we have additional forms which must be completed by your child's doctor.

## Medications

Our policy on medication is as follows:

If your child requires medication during the course of the day, you must fill out the medication permission form which is located in each center. All medications must be delivered to the center. Medication must be in its original container, clearly labeled with your child's name. You must include a dispensing device which has easily legible markings. They must be held together in a box, a Ziploc bag, or with a rubber band. We cannot administer over the counter medications for more than 2 consecutive days without a doctor's note, this does not include fever reducers, such as acetaminophen. Over the counter prescriptions for children under the age of 2 require a doctor's note which details the dose required. You cannot get around the rules by popping in to the

center to administer the medication yourself.

For coughs and colds, we will not administer any medication regardless of the child's age without a doctor's note which must include detailed dosing instructions. We will not administer any medication for vomiting or diarrhea.

If the medication is prescribed by a doctor, the prescription container must include the date the course was begun and the duration of the treatment. The prescription must be in the child's name. This includes nebulizer medication; they must be in the original box labeled with the child's name by the pharmacist.

We will not administer any medication containing a fever reducer. The only exception is Tylenol for teething. This cannot be administered for more than 2 consecutive days. We will check to make sure that the child does not have a fever before administering this medication. If they have a fever, they will be sent home. Of course, if a child is being sent home with a fever, upon request a fever reducer that you provide may be administered, but this will not affect the removal policy.

If your child requires medication for an extended period lasting one month or more, you may complete the Individual Permission for Medication or Health Care Procedure Form. This is available in each center and needs to be completed and signed by the prescribing doctor. These forms must be renewed as they are completed.

### Universal Health Form/Immunizations

The universal health form, which is included in this package, is required by The Office of Licensing (formerly DYFS) and they insist that it is updated each year. The date it expires is one year from the date of the last physical, not the date the doctor signs the form. You must also update your immunization form each time a new immunization is received. The flu vaccine is required for all children over 6 months between September 1<sup>st</sup> and December 31<sup>st</sup>, each year.

### Parents Statement

Dear Parent:

In keeping with New Jersey's child care center licensing requirements; we are obliged to provide you, as the parent of a child enrolled at our center, with this informational statement. Please read this statement carefully and, if you have questions, please feel free to contact the center.

**Department of Children and Families**  
**Office of Licensing**  
**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 you 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://data.nj.gov/childcare\\_explorer](https://data.nj.gov/childcare_explorer).

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/).

## **Application Package**

All forms must be completed and returned to the center prior to child's admittance to Little Hugs.

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

Annual Registration Fee: \_\_\_\_\_

Monthly rate: \_\_\_\_\_ or weekly rate: \_\_\_\_\_

**Agreement: I desire to enroll my child:**

\_\_\_\_\_  
Parent's Signature

## **Child's Schedule**

We keep our fees low by scheduling staff according to ratio. Therefore, we require that all children have a prearranged schedule. Please complete the following according to the actual times that you plan to drop off and collect your child. Unless you will be here at 7am on the dot and picking up at 6pm exactly, please don't write 7-6!

Starting Date: \_\_\_\_\_

Please complete each day your child will attend with the drop off and pick up times.

Monday: \_\_\_\_\_

Tuesday: \_\_\_\_\_

Wednesday: \_\_\_\_\_

Thursday: \_\_\_\_\_

Friday: \_\_\_\_\_

## **Children's Enrollment Application**

Application date\_\_\_\_\_ Birth Date\_\_\_\_\_

Child's Name \_\_\_\_\_ Sex\_\_\_\_\_

Address\_\_\_\_\_  
(Street) (City) (State & Zip)

Father's Full Name\_\_\_\_\_

Address\_\_\_\_\_  
(Street) (City) (State & Zip)

Home Phone \_\_\_\_\_ Occupation\_\_\_\_\_

Place of Business\_\_\_\_\_

Address\_\_\_\_\_  
(Street) (City) (State & Zip)

Phone number\_\_\_\_\_ Cell number\_\_\_\_\_

\*\*\*\*\*

Mother's full name \_\_\_\_\_

Address\_\_\_\_\_  
(Street) (City) (State & Zip)

Home Phone \_\_\_\_\_ Occupation \_\_\_\_\_

Place of Business \_\_\_\_\_

Address\_\_\_\_\_  
(Street) (City) (State & Zip)

Phone number\_\_\_\_\_ Cell number \_\_\_\_\_

---

Persons Authorized to pick up child and/or contact in case of emergency if neither parent is available:

1. Name \_\_\_\_\_ Relationship\_\_\_\_\_  
Phone number \_\_\_\_\_ Cell number\_\_\_\_\_
2. Name \_\_\_\_\_ Relationship\_\_\_\_\_  
Phone number \_\_\_\_\_ Cell number\_\_\_\_\_

.....

Doctors Name\_\_\_\_\_ Doctors Phone Number \_\_\_\_\_  
Doctors Address\_\_\_\_\_

## **Payment Responsibility Agreement and Contract**

Child's Name(s) \_\_\_\_\_

It is the parent/guardian's responsibility to read and follow the policies and rules set forth in this brochure, the parent/student handbook and all notices and postings, and, to inform all people who are authorized to drop off or collect their child of any and all rules, regulations, and policies set by Little Hugs and to ensure that they follow said rules.

**By signing this document, I, \_\_\_\_\_ agree that:**  
**(Parent's Name)**

I have received and read the discipline policy of LITTLE HUGS. In the event that a medical emergency occurs, I authorize Little Hugs to seek emergency medical care for my child as deemed necessary. I have received and read the Information to Parents Statement. I, authorize Little Hugs to take our child for walks outside, weather permitting, during school hours. I, give permission for my child to use the water tables, paddling pools and sprinklers at Little Hugs. In the event that I collect my child late, I will pay the fee at that time or by drop off the following day. Fees are as follows, \$10 if I leave the center between 6:00 pm and 6:29 pm, \$20 between 6:30 and 6:59pm, \$30 between 7 and 7:29pm, and so on and so forth. On days that the center closes at 3:00pm, the late pick up fee is doubled on the same schedule, 3:00-3:29pm \$20, 3:30-3:59pm \$40.

**Signature \_\_\_\_\_ date \_\_\_\_\_**

I understand and agree to the posting of my child's photos and or videos on the Little Hugs website and within the center and/or externally for publicity or any reason deemed necessary by Little Hugs. I understand and agree that my child may be photographed by either the Little Hugs Camera and/or I-phones or comparable camera phones/tablets up to and including all technological advances in photography as they become available, owned by either Little Hugs or its employees. I understand and agree that any injuries sustained by my child while at Little Hugs, or that they arrive at the center with, may be photographed and kept in my child's file for reference purposes only, and will be made available to State Agencies on an as needed basis as deemed appropriate. I understand that my child may be photographed by people invited to attend Little Hugs parties, special events and open houses. I will abide by all policies outlined in this brochure the parent student handbook, and any and all policy changes which are distributed in writing or posted within the center.

I understand that I will be paying a security deposit before my child begins attending Little Hugs. My security deposit consists of two weeks tuition fees based on the schedule I have contracted for. In the event that two or more children are enrolled, one week of security deposit is required for each child and all rules for payment and giving 2 weeks' notice remain the same.

I understand that without payment, care cannot be provided for my child. Payment must be received on the first day of my child's attendance during my billing period. If payments are made after my child's first day of attendance during any given billing period, more than twice during any 12-month period, it may result in termination of services. I will pay for any absenteeism, as outlined in the brochure. Weekly or monthly billing periods are available. Monthly tuition is prepaid on the 1<sup>st</sup> of the month, payments not received by the 5<sup>th</sup> of the month will accrue a 5% interest charge, on the 10<sup>th</sup> of the month 10% will be added and you cannot bring your child back until your tuition is fully paid.

Weekly tuition is prepaid on the first day of my child's week, on Wednesday 5% interest will be added to the balance, on Friday 10% will be added. Once 10% has been added Little Hugs may refuse to admit

my child to the center until the balance is paid in full or a good faith payment contract has been entered into. Until a full security deposit is in your account, no grace period will be available, and all tuition must be paid on the child's first day of attendance for the week or month depending upon tuition schedule. Interest charges are applied at 7am. All tuition will continue during any child's enforced absence due to non-payment. All checks must be made payable to Little Hugs, post-dated checks will not be accepted, returned checks will be charged to my account at the rate of \$25 per return. If I choose to stop a check after payment, it will be considered a violation of the terms of this agreement and Little Hugs will begin legal proceedings to recover said monies. After 2 checks have been returned, Little Hugs will no longer accept checks from me.

If I know that a check will be returned, I will notify Little Hugs immediately. If a check is returned, I understand that payment in full must be made immediately in cash.

In the event that my account is sent to collections, or Little Hugs institutes legal proceedings against me for any reason, I understand that I will be liable for any and all fees incurred as a result of this action.

I understand that all wipes not brought in as per policy, will be charged to my account on the 15<sup>th</sup> of the month at the rate of \$3 per package.

Little Hugs is not responsible for wipes left elsewhere, including classrooms, with or without a staff member's knowledge, or wipes not clearly marked with a child's name.

If I enroll my child or any other person on a trip or for an in house paid event, I am responsible for payment for that trip or event. If I am a no show, late arrival, my child is not wearing a Little Hugs Shirt, or my child or their chaperone exhibit behavior before the trip which Little Hugs staff feel could potentially endanger the welfare of any person attending the trip, I will not expect or receive a refund.

I understand that it is the policy at Little Hugs that any monies paid toward tuition will be applied towards childcare services only. No refunds will be given under any circumstances. Payments are non-transferable, except between siblings in the same household/family.

**Initial** \_\_\_\_\_

### **Withdrawal**

If for any reason I must withdraw my child from Little Hugs, a written notice of withdrawal will be given to the office a minimum of 10 business days prior to the date of said withdrawal.

I will specify the final date that my child will attend Little Hugs and I will be responsible for all tuition and wipes fees until that date, whether or not my child attends Little Hugs during that time. Any and all monies held in deposit will then be applied to the final two weeks of tuition program following notice being given.

In the event that a full two weeks security deposit for my regular schedule is not in my account (such as when 2 children are enrolled or I participate in a Subsidy Program), I will still be responsible for all tuition fees based on my established schedule, during the two week notice period, in the event that additional hours are required, I will be responsible for payment of said hours.

In the event that I remove my child without the required 10 full business days of notice, I will still be responsible for payments up until the date of departure, any monies held in deposit will be applied to the following two weeks, under no circumstances will the security deposit be applied to monies owed prior to notice being given.

In the event that my account is in good standing, the full ten business days of notice has been given, security deposit has been applied to notice and monies still remain in my account, I accept that no refund will be given. Monies will remain in my account for one year from my child's final day of attendance, which will be used for reinstatement purposes only. One year from my child's final day, my account will be terminated and all monies will revert to Little Hugs. I understand that reinstatement requires a minimum of 2 weeks advance notice and placement is contingent upon class sizes and staff availability. I accept that I will have to pay a new registration fee.

I agree that in the event that an item belonging to Little Hugs or a Little Hugs staff member which has a replacement value greater than \$20 is damaged, destroyed or removed by either my child, myself or my agent, that I will be responsible for the full replacement cost, this includes but is not limited to, electronics, toys, furnishings, windows, etc. I understand that I will not be reimbursed for any item, lost, stolen or damaged.

Initial \_\_\_\_\_

### **State Subsidized Children**

I understand that my child may not begin attending Little Hugs until Little Hugs receives authorization from the subsidy agency. I understand that I am responsible for complying with the agency providing the subsidy to ensure payment is made to Little Hugs. If payment is not made at any time, I will be responsible for the agency's portion of my childcare fee. It is my responsibility to ensure that my child has a valid contract in effect at all times. I will pay for any absenteeism for which the subsidy agency does not pay. I understand that any differences between the payment made by the subsidy agency and the fees charged by Little Hugs are my responsibility. I understand that the agency rules for giving notice differ from those of Little Hugs, I agree to follow the written 2-week notice policy of Little Hugs and if my subsidy contract ends prior to that two-week period, I will be responsible for the agency portion of my child's fee in addition to my fee.

I understand that I must pay weekly, due to the e-child system. I understand that I must follow the exact same rules and regulations, and payment schedule as non-subsidized children. I agree to follow all of the rules as set forth by the e-child system.

### **Dismissal Policy**

#### **Little Hugs may dismiss my child from the center with one week's notice for:**

1. Ongoing behavior problems by child, parent or caregiver.
2. Failure to pick up my sick child within one hour of being notified.
3. Frequent late pick-ups.
4. Repeated biting or any other harmful act to any child or adult.
5. Inappropriate behavior by the parent or caregiver towards any child or adult on Little Hugs premises.
6. Frequent late or delinquent payments.

#### **Little Hugs will remove a child from the center immediately for:**

1. Behavior by either parent or child which endangers the well-being of any person within the center.
2. If a parent or child harasses, attacks, injures, threatens, or otherwise harms; a child, a staff member, or any other adult at Little Hugs or their environs, or Little Hugs the company.
3. If any person behaves in any way in which either management or the authorities, decide that immediate removal is required for the safety of any person within the center.

4. Non-payment of any fees owed to the center; without payment a child cannot attend the center.

I, \_\_\_\_\_ have read and understand this document and I will abide by all the terms outlined above. I do understand that there will be no refunds given on any schedule for money paid in advance.

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

Date: \_\_\_\_\_

## **Custodial Information**

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

Is there a custody order in effect?

Yes \_\_\_\_\_ No \_\_\_\_\_

If you answered yes to the above question, you must provide a true copy of the court order with a raised seal, we do not accept photocopies.

When an order is in effect, it is imperative that all parties follow the order exactly. We are required to follow the judge's orders. Unfortunately, not everyone understands that working together for the good of the child is the best way to behave, and on occasion we have had problems with parents attempting to collect their child on unauthorized days and even some who have been unprofessional. We are not the police department and we are not going to behave as such, we'll simply call 911 and let them do their job.

We reserve the right to insist that a non-custodial parent collects their child from an alternate location in the event that we are uncomfortable allowing them on Little Hugs premises.

Childs name \_\_\_\_\_

### **How did you hear about us?**

Internet \_\_\_\_\_

Yellow Book \_\_\_\_\_

Drive by \_\_\_\_\_

Referral \_\_\_\_\_, if yes, who? \_\_\_\_\_

Other \_\_\_\_\_, please explain \_\_\_\_\_

### **Permission/Contraindication Form**

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

In the event that I send in food from home for my child, I would like any leftovers greater than one half of the food to be sent home so that I may calculate the exact amount that my child ate, I will then dispose of this food as I see fit.

In the event that Little Hugs hosts a party or special event, such as Halloween, Thanksgiving, the December Holiday Party, or any other event similar to these.

I authorize Little Hugs to serve my child a sugar sweetened or artificially sweetened beverage.

\_\_\_\_\_  
Signed

\_\_\_\_\_  
print name

## **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 101.5 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 health risk 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 is 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:

[http://www.nj.gov/health/cd/documents/reportable\\_disease\\_magnet.pdf](http://www.nj.gov/health/cd/documents/reportable_disease_magnet.pdf).

## **EXPULSION POLICY**

NAME OF CHILD: \_\_\_\_\_

SIGNATURE OF PARENT: \_\_\_\_\_

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.

### **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.

### **SCHEDULE OF EXPULSION**

- If after the remedial actions above have not worked, the child's parent/guardian will be advised verbally and in writing about the child's or parent's behavior warranting an expulsion. An expulsion action is meant to be a period of time so that the parent/guardian may work on the child's behavior or to come to an agreement with the center.
- The parent/guardian will be informed regarding the length of the expulsion period.
- The parent/guardian will be informed about the expected behavioral changes required in order for the child or parent 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 child's parent(s):

- 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**

- Staff will try to redirect child from negative behaviors.
- Staff will reassess classroom environment, appropriateness of activities, and supervision.
- Staff will always use positive methods and language while disciplining children.
- Staff will praise appropriate behaviors.
- 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 the disruptive behaviors that might lead to expulsion.
- The director, classroom staff and parent/guardian will have a conference(s) to discuss how to promote positive behaviors.
- The parent will be given literature or other resources regarding methods of improving behavior.
- Recommendation of evaluation by professional consultation on premises.
- Recommendation of evaluation by local school district child study team.

Please remember to update the center every time your child receives a vaccination. Little Hugs is required to keep track of each enrolled child's vaccinations and to report the vaccinations to the State and local Health Departments. If your child will not be receiving a required vaccination within the accepted time frame, please provide a doctor's note. If your child is not receiving vaccinations due to religious reasons, please see management. For information on required immunizations, please visit [www.cdc.gov](http://www.cdc.gov) and for the amendments which went into effect on September 1<sup>st</sup>, 2008, please visit [www.nj.gov/health/cd/chap14.pdf](http://www.nj.gov/health/cd/chap14.pdf).

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

NAME OF CHILD (Last, First, MI)					DATE OF BIRTH (Mo./Day/Yr.)		SEX <input type="checkbox"/> M <input type="checkbox"/> F	
NAME OF PARENT/GUARDIAN					TELEPHONE NUMBER(S)			
ADDRESS					IMMUNIZATION REGISTRY NUMBER			
ADDRESS								
VACCINE TYPE	1ST DOSE MO/DAY/YR	2ND DOSE MO/DAY/YR	3RD DOSE MO/DAY/YR	4TH DOSE MO/DAY/YR	5TH DOSE MO/DAY/YR	LEAD SCREENING (Not Required)		
DIPHTHERIA, TETANUS, PERTUSSIS (DTaP) or any combination (If Td or DT <sup>(1)</sup> indicate in corner box)						TEST DATE	RESULT	
POLIO-INACTIVATED POLIO VACCINE (IPV) (If oral vaccine, indicate OPV in corner box)								
MEASLES, MUMPS, RUBELLA (MMR)						<sup>(2)</sup> Document below single antigen vaccine receipt, serology titers, or Varicella disease history		
HAEMOPHILUS B (HIB) <sup>(2)</sup>								
HEPATITIS B <sup>(3)</sup>					Hepatitis B	DATE:	TITER:	
VARICELLA <sup>(4)</sup>					Varicella	DATE:	TITER:	
PNEUMOCOCCAL CONJUGATE <sup>(2)</sup>					Measles	DATE:	TITER:	
INFLUENZA <sup>(5)</sup>					Mumps	DATE:	TITER:	
OTHER, SPECIFY:					Rubella	DATE:	TITER:	
<input type="checkbox"/> Provisional Admission Attached - Date Granted: _____ <input type="checkbox"/> Medical Exemption Attached <input type="checkbox"/> Religious Exemption Attached								
<div style="display: flex; justify-content: space-between;"> <div>           IMM-8 OCT 08         </div> <div> <sup>(1)</sup> REQUIRES MEDICAL EXEMPTION  <sup>(2)</sup> REQUIRED FOR CHILD CARE/PRESCHOOL ENROLLEES (2 Months - 5th Birthday Only)  <sup>(3)</sup> REQUIRED FOR K-GRADE 1 (whichever is first). GRADE 6 BEGINNING 9-1-01, AND GRADES 9-12, EFFECTIVE 9-1-04  <sup>(4)</sup> REQUIRED FOR DAY/CHILD CARE ENROLLED (19 Months and older) AND GRADE K-GRADE 1 (whichever is first) EFFECTIVE 9-1-04  <sup>(5)</sup> MMR single antigen receipt requires MO/DAY/YR, serologies require titers, and varicella disease history requires MO/YR.  <sup>(6)</sup> REQUIRED FOR CHILD CARE/PRESCHOOL ENROLLEES (6 Months - 59 Months)         </div> </div>								

In order to attend a licensed childcare facility, all children between the ages of 6 and 59 months must receive Influenza vaccinations every year between September 1<sup>st</sup> and December 31<sup>st</sup>.

# UNIVERSAL CHILD HEALTH RECORD

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 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 _____					

## **Affordable Health Insurance**

If your child does not have health insurance, please be aware that NJ Family Care, New Jersey's free or affordable health insurance program for uninsured children and low-income parents may be available to you. This program's income eligibility is the highest in the nation for children, and provides comprehensive health insurance that includes but is not limited to prescription coverage, doctor visits, hospitalization, and dental care for most kids.

Please be aware that NJ Family Care has simplified the enrollment process and documentation requirements. The new NJ Family Care application is just one page,

NJ Family Care materials are available at this location, upon request. If you have any questions about the program, please call 1-800-701-0710 or visit the website at [www.njfamilycare.org](http://www.njfamilycare.org).

Personal Information Record to be completed for all children under 36 months or who do not speak English fluently (please fill out all appropriate sections or write N/A on the non-appropriate sections).

Child's Name \_\_\_\_\_ Age \_\_\_\_\_

1. What is your child's current daily sleeping schedule?  
Morning wake-up time: \_\_\_\_\_  
Evening bedtime: \_\_\_\_\_  
Daily naps: \_\_\_\_\_
2. Is your child sleeping through the night? \_\_\_\_\_
3. What upsets or frightens your child? \_\_\_\_\_
4. What does your child find soothing or comfortable?  
\_\_\_\_\_
5. How is your child now reacting to strangers? \_\_\_\_\_  
\_\_\_\_\_
6. Is your child using a cup, a bottle, or both? \_\_\_\_\_
7. What are the times your child is now receiving the bottle each day?  
\_\_\_\_\_
8. How many ounces at each bottle feeding? \_\_\_\_\_
9. Is your child taking formula, whole milk, skim milk, or breast milk?  
\_\_\_\_\_
10. Special requirements for preparing fluids, e.g.: warm or cold?  
\_\_\_\_\_
11. Are there any other special instructions concerning bottle feeding your child? \_\_\_\_\_
12. Is your child now on baby food or table food? \_\_\_\_\_  
\_\_\_\_\_
13. List foods and drinks your child is now using. \_\_\_\_\_  
\_\_\_\_\_
14. Is your child now eating finger foods? If yes, please list  
\_\_\_\_\_  
\_\_\_\_\_
15. Where does your child spend waking hours; crib, playpen, crawling on the floor, etc. \_\_\_\_\_
16. What toys and activities make your child happy?  
\_\_\_\_\_
17. When does your child usually have bowel movements?  
\_\_\_\_\_
18. Has your child begun potty training? \_\_\_\_\_  
If yes, describe their routine \_\_\_\_\_
19. What does your child call their bowel movement \_\_\_\_\_ Urination \_\_\_\_\_
20. Is there anything else you wish to share about your child?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
21. Please list all words from the language your child understands in order to help us better communicate with them.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## **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 Methods of Parental Notification**

Little Hugs uses an app called Remind to communicate with parents individually. Through this app, you will receive announcements such as, closure dates, trips, reminders, etc. *This app is for communication purposes only.*

Please provide the phone number you want to use for this app:

Your Name: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Phone Number \_\_\_\_\_

Your Name: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Phone Number \_\_\_\_\_

## **Policy on the use of Technology and Social Media**

Little Hugs will not use technology and social media for any child under the age of 2. Technology and social media will only be used for children over 2 years old in a learning environment. Television will not be used for passive viewing.

## **Environment Experience**

We will need your permission in order for your child to take part in outdoor activities.

I, \_\_\_\_\_, give permission for my child  
\_\_\_\_\_ to participate with his/her class in daily neighborhood  
walks and experiences when the weather permits.

\_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_  
**Date**

## **Emergency Contacts**

For emergency purposes we need a copy of the driver's license of each parent/guardian and any person authorized to collect your child.

It is for our emergency evacuation binder, in case we evacuate and the rescue services are involved with parents coming to collect children, a copy of your driver's license is invaluable to match to the genuine article.

\_\_\_\_\_ Person 1  
Relationship to child\_\_\_\_\_

\_\_\_\_\_ Person 2  
Relationship to child\_\_\_\_\_

## **E-Child Care Policies**

(This applies to all families who are receiving a subsidy through Community Childcare Solutions)

1. All parents must swipe their cards on a daily basis to check their child in/out of the center.
2. Swiping can only be done by the holder of the card.
3. Make sure your swipe says **APPROVED** before leaving the center.
4. If your swipe says **DENIED** please speak to an Administrative staff member, so they are aware of your issue and it can be addressed promptly.
5. Should the parent fail to back-swipe past the 13<sup>th</sup> day grace period, the parent will be responsible for any charges not approved by Community Childcare Solutions.
6. In addition, if children don't maintain 80% of attendance at the center, the same applies as above and the parent will be responsible for any charges not approved by Community Childcare Solutions.
7. If your child is sick and will not be attending the center for you day, you must call the number on the back of your card and report your child sick for the day.
8. If your child is absent or sick, it is your responsibility to swipe the option sick or absent when the child returns back to the center for the days the child was out.
9. If a family is taking a vacation, the request must be submitted in writing two weeks prior to the vacation and be pre-approved from the Executive Director. Children are allowed to be out on vacation for a total of 10 days per school year. (Sept. 01-Aug. 31) or 10 consecutive days. If a family is requesting to be out of the center for more than ten consecutive days, the child's slot will be terminated and will be placed back on the waiting list. Only pre-approvals from the Executive Director will waive your tuition fees for that time period. Anything over ten days is the parent's responsibility for any charges not approved by Community Childcare Solutions.
10. Any charges that are accrued for any of the reasons above will be added to your account for payment.
11. Parents are responsible to pay their weekly co-pay amounts each Friday for the upcoming week of services. Failure to pay on time will result in suspension/termination from the program.
12. If you chose to withdraw your child from the program, you must give the center a 10-day notice in writing.

\_\_\_\_\_ have read the above policy and agree to abide by it.  
PLEASE PRINT NAME

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

**Date:** \_\_\_\_\_

## **Home Language Policy**

Little Hugs makes every effort to communicate with children and families whose primary language is not English. Parents are asked to share words in their home language with their child's teacher to help make their child feel more comfortable in the classroom. Teachers will attempt to label some of the classroom materials in the Home Language of the students. Parents are also encouraged to share books or other materials in their home language with the class. Non-English-speaking parents are encouraged to bring with them someone who can help interpret and translate questions, concerns, and documents.

Children whose first language is not English are encouraged to use home language, gestures, communication devices, sign language, and pictures to communicate when needed. We encourage you to tell us if your child's first language is not English.

My Child's First Language is: \_\_\_\_\_

If English is not your child's primary language then please list words that your child understands:

- 1.
- 2.
- 3.
- 4.
- 5.

## **Allergy/Medical Condition/Dietary Restriction**

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

Allergy \_\_\_\_\_

Medical  
Condition \_\_\_\_\_

Dietary  
Restriction \_\_\_\_\_

Symptoms \_\_\_\_\_  
\_\_\_\_\_

Treatment \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If your child's doctor prescribes any medication, prescription or non-prescription to use in the event of an allergic reaction, you must keep it at the center, and replace it before it expires. It is the parent/guardian's responsibility to keep track of expiration dates. In addition, please ask for a food allergy action plan form for your doctor to complete. Thank you.

## **LITTLE HUGS' CHECK LIST**

***Please bring the following with your child on their first day:***

### **PRESCHOOL:**

- ☐ Extra clothes (2-3 outfits)
- ☐ Pull-ups if potty training
- ☐ Wipes for the month
  - 3 packs for the 2-year-old class
  - 1 pack for the 3-year-old class
  - 1 pack for the 4-year-old class.
- ☐ Sleeping bag
- ☐ Breakfast if eating before 8:30 A.M.
- ☐ Lunch
- ☐ 2 snacks
- ☐ 3 drinks for the day (water, milk, juice, etc.)
- ☐ Sunscreen/bug spray if weather permitted

**PLEASE MAKE SURE EVERYTHING IS LABELED WITH  
YOUR CHILD'S NAME!**