



## REGISTRATION MATERIALS – 2010-11 SCHOOL YEAR

Following is a checklist of the forms required for your child’s registration. Please fill out each form completely. You will need to complete a separate set of forms for each child enrolled in DJCNS.

- |                                                                                                                                                                        |                          |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|
| 1. Student Information Form                                                                                                                                            | <input type="checkbox"/> |
| 2. Parent Cooperative Form and Agreement (2 Parent Signatures required)                                                                                                | <input type="checkbox"/> |
| 3. Universal Child Health Record (Parent and Physician to complete)                                                                                                    | <input type="checkbox"/> |
| 4. Emergency Medical Release Form (2 Parent Signatures required)                                                                                                       | <input type="checkbox"/> |
| 5. Co-Op Schedule Form                                                                                                                                                 | <input type="checkbox"/> |
| 6. Receipt of Release Policy, DYFS, Discipline and By-Laws Information Form (2 Parent Signatures required)                                                             | <input type="checkbox"/> |
| 7. Crime Conviction Form (2 Parent Signatures required and add'l signatures required for any other relative/caregiver who will be fulfilling cooperative requirements) | <input type="checkbox"/> |
| 8. Character Reference Form (2 references are required for each parent and any other relative/caregiver who will be a fulfilling cooperative requirements)             | <input type="checkbox"/> |
| 9. Photo Release (2 Parent signatures required)                                                                                                                        | <input type="checkbox"/> |
| 10. Walking Trip Permission (2 Parent signatures required)                                                                                                             | <input type="checkbox"/> |
| 11. DJCNS Expulsion Policy (2 Parent signatures required)                                                                                                              | <input type="checkbox"/> |

### REMINDERS...

- **Registration Materials are due by June 1st, the Universal Child Health Record (Form #3) must be completed by your child’s pediatrician and can be submitted separately by September 1<sup>st</sup>.**
- A separate set of forms is required for each child enrolled.
- Some forms require a signature from both parents or guardians.
- The Crime Conviction and the Character Reference Forms (Forms #7 and 8) must be signed by each parent and caregiver (grandparents, nannies, etc.) planning to fulfill cooperative requirements as a Helping Parent in the classroom.
- A flu shot is required for each child to be given between September 1<sup>st</sup> and December 31<sup>st</sup> of each school year.

ALL FORMS RECEIVED AFTER JUNE 1<sup>st</sup> CANNOT BE GUARANTEED PREFERRED COOP DATES.

**Form # 1 – Student Information Form**

Child's Name \_\_\_\_\_  
Class \_\_\_\_\_

Parent's Name \_\_\_\_\_  
Telephone \_\_\_\_\_

Sex: Male \_\_\_\_\_ Female \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Age: Years \_\_\_\_\_ Months \_\_\_\_\_ (as of September of starting year)

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Parent's name: \_\_\_\_\_  
Occupation: \_\_\_\_\_

Cell Phone: \_\_\_\_\_  
Business Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

Parent's name: \_\_\_\_\_  
Occupation: \_\_\_\_\_

Cell Phone: \_\_\_\_\_  
Business Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

What is the best email address to contact you with school related news? \_\_\_\_\_

Please list child's siblings below:

Name: _____	Age: _____	Sex: _____
Name: _____	Age: _____	Sex: _____
Name: _____	Age: _____	Sex: _____

Are both parents currently in the home? \_\_\_\_\_

Are there any other adults in the home? \_\_\_\_\_ If yes, who? \_\_\_\_\_

Is a second language spoken in the home? \_\_\_\_\_ If yes, what? \_\_\_\_\_

Does the family have any religious affiliations? \_\_\_\_\_ If yes, what? \_\_\_\_\_

Has your child previously attended school/daycare? \_\_\_\_\_ If yes, where? \_\_\_\_\_

Does your child attend playgroups or have neighborhood playmates? \_\_\_\_\_

Is your child toilet trained? \_\_\_\_\_ (not required, but teachers like to know what to expect.)

Does your child have any chronic health problems, food allergies, or special problems that the teacher should be aware of?

Please list any important facts relevant to your child's adjustment to school (recent moves, births, deaths, etc.)

Please tell us about your family. What activities do family members enjoy together? What are your special interests, talents and/or hobbies that you may want to share with our school? Feel free to use the other side of paper.

## Form # 2 – Parent Cooperative Form and Agreement

Child's Name \_\_\_\_\_  
Class \_\_\_\_\_

Parent's Name \_\_\_\_\_  
Telephone \_\_\_\_\_

### DJCNS Cooperative Agreement

A cooperative nursery school relies on parent involvement. The success of the school depends a great deal upon the cooperation of all of the parents. Our cooperative requirements are as follows:

- 1. Classroom Co-op:** Parents with students in the 2's, 3's and 3/4's classes shall work or "co-op" in their child's classroom as a Helping Parent on a rotating basis. On a Co-op morning, **the Helping Parent must arrive in the classroom by 8:40 a.m. and remain through pick-up (approximately noon)**. Parents that are unable to Co-op on their assigned day must find a substitute either by trading co-op dates with someone else in the class or by paying a substitute from the DJCNS substitute list. A Co-op Schedule and Substitute List will be provided at the Fall Parents Meeting. Families that do not fulfill all of the responsibilities listed above will be fined \$25 for the first offense and \$50 thereafter.
- 2. Fall Parents' Meeting:** One parent from each family is required to attend the Fall Parents' Meeting on **September 13<sup>th</sup> from 7:30-9 p.m.** Families that do not attend the meeting will be fined \$50.
- 3. Clean Up Day:** One parent from each family is required to attend one of the two Clean Up Days each year. Families that do not attend their assigned Clean-Up Day will be fined \$100. Clean Up Days will be assigned by the DJCNS staff to allow even coverage on both days. If you have a date preference, please make your selection below:  
\_\_\_\_\_ **Fall Clean Up Day**– Saturday, September 11<sup>th</sup> from 9 a.m. – 12 p.m.  
\_\_\_\_\_ **Winter Clean Up Day**– Saturday, January 8<sup>th</sup> from 9 a.m. – 12 p.m.
- 4. Maintenance Hours:** Each family is required to complete ten (10) maintenance hours per year regardless of the number of children enrolled in the school. There will be a fine of \$25 for each unfulfilled maintenance hour.
- 5. School Activities:** Each family is required to assist in the organization and execution of one of the DJCNS family activities. Failure to assist with your assigned activity is a \$100 fine. **You will sign up for your preferred Activity at the Fall Parent Meeting.**
  - Pizza Night** – September (Friday evening): 6-7:30 p.m.
  - Craft Fair** – October (Saturday morning): 10 a.m. – 12 p.m.
  - Pancake Breakfast** – February (Saturday morning): 9-11 a.m.
  - Music Morning** – May (Saturday morning): 9:30-11 a.m.

**Form # 2 – Parent Cooperative Form and Agreement**

**6. Parking:** The Nassau Presbyterian Church does not permit cars in their church parking lot under any circumstances. Cars that enter the parking lot under any circumstances are subject to a fine of \$50 for the first incident, \$75 for the second incident and \$100 thereafter.

For more information, visit [www.dietrichjohnson.com/registration.html](http://www.dietrichjohnson.com/registration.html) for the DJCNS Handbook and Bylaws.

I have read this Cooperative Agreement and agree to its requirements. Requirement #1, Classroom Co-op, does not apply to families who have selected the non co-op option.

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

Date \_\_\_\_\_

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

Date \_\_\_\_\_

# UNIVERSAL CHILD HEALTH RECORD

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

SECTION I - TO BE COMPLETED BY PARENT(S)					
Child's Name (Last) _____ (First) _____		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		Date of Birth _____ / _____ / _____	
Does Child Have Health Insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, Name of Child's Health Insurance Carrier _____			
Parent/Guardian Name _____		Home Telephone Number _____		Work Telephone/Cell Phone Number _____	
Parent/Guardian Name _____		Home Telephone Number _____		Work Telephone/Cell Phone Number _____	
<b>I give my consent for my child's Health Care Provider and Child Care Provider/School Nurse to discuss the information on this form.</b>					
Signature/Date _____				This form may be released to WIC. <input type="checkbox"/> Yes <input type="checkbox"/> No	
SECTION II - TO BE COMPLETED BY HEALTH CARE PROVIDER					
Date of Physical Examination: _____		Results of physical examination normal? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Abnormalities Noted: _____		Weight (must be taken within 30 days for WIC)		_____	
		Height (must be taken within 30 days for WIC)		_____	
		Head Circumference (if <2 Years)		_____	
		Blood Pressure (if ≥3 Years)		_____	
<b>IMMUNIZATIONS</b>		<input type="checkbox"/> Immunization Record Attached <input type="checkbox"/> Date Next Immunization Due: _____			
MEDICAL CONDITIONS					
Chronic Medical Conditions/Related Surgeries • List medical conditions/ongoing surgical concerns:		<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached		Comments _____	
Medications/Treatments • List medications/treatments:		<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached		Comments _____	
Limitations to Physical Activity • List limitations/special considerations:		<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached		Comments _____	
Special Equipment Needs • List items necessary for daily activities		<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached		Comments _____	
Allergies/Sensitivities • List allergies:		<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached		Comments _____	
Special Diet/Vitamin & Mineral Supplements • List dietary specifications:		<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached		Comments _____	
Behavioral Issues/Mental Health Diagnosis • List behavioral/mental health issues/concerns:		<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached		Comments _____	
Emergency Plans • List emergency plan that might be needed and the sign/symptoms to watch for:		<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached		Comments _____	
PREVENTIVE HEALTH SCREENINGS					
Type Screening	Date Performed	Record Value	Type Screening	Date Performed	Note if Abnormal
Hgb/Hct			Hearing		
Lead: <input type="checkbox"/> Capillary <input type="checkbox"/> Venous			Vision		
TB (mm of Induration)			Dental		
Other:			Developmental		
Other:			Scoliosis		
<input type="checkbox"/> <b>I have examined the above student and reviewed his/her health history. It is my opinion that he/she is medically cleared to participate fully in all child care/school activities, including physical education and competitive contact sports, unless noted above.</b>					
Name of Health Care Provider (Print) _____			Health Care Provider Stamp: _____		
Signature/Date _____					

# 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 and Senior Services, Immunization Program at 609-588-7512.

- 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.state.nj.us/health/forms/ch-15.dot](http://www.state.nj.us/health/forms/ch-15.dot) or pdf. Hard copies of the CH-15 can be requested from the Division of Family Health Services at 609-292-5666.
- b. **Medications** - List any ongoing medications. Include any medications given at home if they might impact the child's health while in child care (seizure, cardiac or asthma medications, etc.). Short-term medications such as antibiotics do not need to be listed on this form. Long-term antibiotics such as antibiotics for urinary tract infections or sickle cell prophylaxis should be included.

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

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

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

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

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

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

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

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

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

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

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

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

## Form #4 - Emergency Medical Release

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

Parent's Name \_\_\_\_\_

Class \_\_\_\_\_

Telephone \_\_\_\_\_

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

### EMERGENCY CONTACTS

Emergency Contact #1 Name \_\_\_\_\_

Telephone \_\_\_\_\_

Relationship \_\_\_\_\_

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

Emergency Contact #2 Name \_\_\_\_\_

Telephone \_\_\_\_\_

Relationship \_\_\_\_\_

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

DJCNS Emergency Contact (if available)

Telephone \_\_\_\_\_

Name \_\_\_\_\_

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

### CHILD'S MEDICAL INFORMATION

Medical Problems \_\_\_\_\_

Allergies \_\_\_\_\_

Medication(s) Child is taking \_\_\_\_\_

Medication(s) Child is allergic to \_\_\_\_\_

Name of Child's Doctor \_\_\_\_\_

Telephone \_\_\_\_\_

### CHILD'S INSURANCE

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

Group Number \_\_\_\_\_

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

### PARENTAL AUTHORIZATION FOR EMERGENCY TREATMENT

We state that we are the parent(s)/guardian(s) having legal custody of the above child and attest that the information above is correct. We authorize the above childcare center director or director's designee to obtain emergency treatment for our child. We consent to an x-ray examination, anesthetic, medical or surgical diagnosis or treatment, and hospital care to be rendered to the minor at a recognized medical facility, under the general or special supervision of a licensed physician or surgeon.

#### The following steps will be followed in an emergency:

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

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

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

Date Permission Terminated \_\_\_\_\_

Witness \_\_\_\_\_ Date \_\_\_\_\_

**Form # 5 – Classroom Co-Op Schedule (2's, 3's, 3/4's only)**

Child's Name \_\_\_\_\_  
Class \_\_\_\_\_

Parent's Name \_\_\_\_\_  
Telephone \_\_\_\_\_

Each Class Meets on the Following Days
2's Class – Tuesday & Friday
3's Class – Monday, Wednesday & Thursday
3/4's Class – Monday, Tuesday, Thursday & Friday

**Preferred Co-Op Days (2's, 3's, 3/4's class only)**

Monday \_\_\_\_\_  
Tuesday \_\_\_\_\_  
Wednesday \_\_\_\_\_  
Thursday \_\_\_\_\_  
Friday \_\_\_\_\_

\_\_\_\_\_ Initial if you have chosen the  
2's, 3's, or 3/4's non co-op option.

**Days Not Available to Co-Op (2's, 3's, 3/4's class only)**

Monday \_\_\_\_\_  
Tuesday \_\_\_\_\_  
Wednesday \_\_\_\_\_  
Thursday \_\_\_\_\_  
Friday \_\_\_\_\_

**Child's Birthday** \_\_\_\_\_

The Scheduler will try to accommodate your preferences as much possible, however due to the many variables that affect the schedule we cannot guarantee all of your requests.

**Substitute List**

Would you be willing to substitute in your child's class or in other classrooms on days when a helping parent or teacher cannot attend school? Substitutes earn 3 maintenance hours or \$35 per day.

Yes \_\_\_\_\_ No \_\_\_\_\_  
Days Available \_\_\_\_\_  
Phone Number \_\_\_\_\_

The Co-op Schedule and Substitute List will be distributed at the Fall Parents' Meeting.

**Form #6 - Receipt of Release Policy, DYFS, Discipline, By-Laws  
and Handbook Information Form**

Child's Name \_\_\_\_\_  
Class \_\_\_\_\_

Parent's Name \_\_\_\_\_  
Telephone \_\_\_\_\_

To complete the registration process, each parent is required to read the following documents that are available on [www.dietrichjohnson.com](http://www.dietrichjohnson.com) with the registration forms.

- I have read the Information for Parents document prepared by the New Jersey Bureau of Licensing, Division of Youth and Family Services (DYFS).
- I have read the DJCNS Discipline Policy.
- I have read the DJCNS By-Laws.
- I have read the DJCNS Handbook.
- I have read the DJCNS Release Policy

Please call (609) 683-1344 if you have any questions or concerns regarding these documents or to make other arrangements in the event that you are unable to access these materials online.

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

Date \_\_\_\_\_

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

Date \_\_\_\_\_

**Form #7 - Crime Conviction Form**

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

Parent's Name \_\_\_\_\_

Class \_\_\_\_\_

Telephone \_\_\_\_\_

**Dietrich Johnson Cooperative Nursery School  
Important Notice to All Parents**

The New Jersey State licensing law requires that all parents read, sign and return this form. **If you intend to have any other adult co-op for your child (grandparent, nanny, etc.) they must also sign this form.**

I have \_\_\_\_\_ have not \_\_\_\_\_ been convicted of a crime. If you have been convicted of a crime, please explain below:

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

Date \_\_\_\_\_

I have \_\_\_\_\_ have not \_\_\_\_\_ been convicted of a crime. If you have been convicted of a crime, please explain below:

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

Date \_\_\_\_\_

I have \_\_\_\_\_ have not \_\_\_\_\_ been convicted of a crime. If you have been convicted of a crime, please explain below:

Signature of Any Other Adult Fulfilling Cooperative Requirements

\_\_\_\_\_

Date \_\_\_\_\_

I have \_\_\_\_\_ have not \_\_\_\_\_ been convicted of a crime. If you have been convicted of a crime, please explain below:

Signature of Any Other Adult Fulfilling Cooperative Requirements

\_\_\_\_\_

Date \_\_\_\_\_

**Form #8 - Character Reference Form**

Child's Name \_\_\_\_\_  
Class \_\_\_\_\_

Parent's Name \_\_\_\_\_  
Telephone \_\_\_\_\_

The state of New Jersey requires DJCNS to have on file **two character references for each parent in the cooperative and for any other adult fulfilling cooperative requirements.**

**(1)** I have known \_\_\_\_\_ for \_\_\_\_\_ years and recommend him/her as an individual of good character, suitable to work with children.

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

**(2)** I have known \_\_\_\_\_ for \_\_\_\_\_ years and recommend him/her as an individual of good character, suitable to work with children.

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

**(3)** I have known \_\_\_\_\_ for \_\_\_\_\_ years and recommend him/her as an individual of good character, suitable to work with children.

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

**(4)** I have known \_\_\_\_\_ for \_\_\_\_\_ years and recommend him/her as an individual of good character, suitable to work with children.

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

**(5)** I have known \_\_\_\_\_ for \_\_\_\_\_ years and recommend him/her as an individual of good character, suitable to work with children.

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

**(6)** I have known \_\_\_\_\_ for \_\_\_\_\_ years and recommend him/her as an individual of good character, suitable to work with children.

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

**Form #9 - Photo Release**

Child's Name \_\_\_\_\_  
Class \_\_\_\_\_

Parent's Name \_\_\_\_\_  
Telephone \_\_\_\_\_

Photographs of children may appear in the DJCNS newsletter, local newspapers or on our website. Please check off each item separately.

(1) I do \_\_\_\_\_ do not \_\_\_\_\_ give permission for DJCNS to take and publish photographs of my child in the school's internal newsletter.

(2) I do \_\_\_\_\_ do not \_\_\_\_\_ give permission for DJCNS to take and publish photographs of my child to publicize DJCNS events in local newspapers.

(3) I do \_\_\_\_\_ do not \_\_\_\_\_ give permission for DJCNS to take and publish photographs of my child on the school's website: [www.dietrichjohnson.com](http://www.dietrichjohnson.com).

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

Date \_\_\_\_\_

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

Date \_\_\_\_\_

**Form #10 - Walking Trip Permission**

Child's Name \_\_\_\_\_  
Class \_\_\_\_\_

Parent's Name \_\_\_\_\_  
Telephone \_\_\_\_\_

I hereby give permission for my child \_\_\_\_\_ to participate in walking trips on the Princeton University campus and the immediate area surrounding DJCNS with his/her teacher and classmates.

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

Date \_\_\_\_\_

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

Date \_\_\_\_\_

## Form #11 - DJCNS Expulsion Policy

Although the Dietrich Johnson faculty has a wealth of experience as nursery school teachers, a problem may arise with a student that is beyond a teacher's expertise. If a teacher identifies a significant physical, social, behavioral, or cognitive problem with a particular student, she may request an evaluation of the problem by an outside professional. The teacher and staff who work with the student will use the results of the evaluation to address the problem.

The parents of the student need to contact an appropriate professional to perform the evaluation and to pay for the evaluation. The teacher will approve the evaluator prior to the evaluation to ensure he or she is qualified. If the parents of a student choose not to have their child evaluated or to get therapy or special services if needed, the child may be dismissed from the school.

We will only dismiss children from the school under the above circumstances or if the Dietrich Johnson faculty determines that the child is a danger to themselves or others or exhibits uncontrollable behavior over an extended period of time.

In such cases, teachers will discuss the behavior problems with the parents and work together to plan how to remedy the problem, which may include getting outside evaluations and getting therapy or special services if necessary.

If an extreme behavior problem persists despite these efforts, teachers will again meet with the parents to discuss the problem before dismissing a child from the school. Teachers and faculty will provide the parent with a letter describing the problem, the remedies attempted by the staff and parents and the reasons for expulsion.

Children will only be expelled immediately from the school if they are deemed to pose an extreme danger to themselves or others. In such cases, teachers will notify and meet with parents and provide a written letter explaining the circumstances.

Children cannot be expelled because a parent has complained to the Bureau of Licensing regarding any violations of licensing regulations or because a parent has questioned the school's policies or procedures.

**I have received and read the Dietrich Johnson policy regarding expulsion.**

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

Class \_\_\_\_\_

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

Date \_\_\_\_\_

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

Date \_\_\_\_\_

## EXCERPT FROM THE DJCNS BYLAWS

### Article 5 Membership Responsibilities/Co-op Requirements

#### **Fall Parents' Meeting**

At least one parent or guardian from each family must attend the yearly Fall Parent's Meeting. Parents who miss the meeting and fail to contact the Homeroom Coordinator prior to the meeting, will be charged a fine. An updated fee schedule is available in the Parent Handbook.

#### **Clean-up Day**

One parent or guardian from each family must participate in one of the two Clean-Up Days held during the year: one in the fall and one in the winter. Parents who miss their assigned Clean Up Day and fail to contact the Homeroom Coordinator prior to that morning, will be charged a fine. Hours spent at a clean-up day do not count toward maintenance hours (see maintenance hours section). An updated fee schedule is available in the Parent Handbook.

#### **Classroom Co-op/Helping Parent Days**

Parents are assigned (by the Scheduler) to work or "co-op" in their child's classroom on a rotating basis. The number of days will vary between classes and depend on the number of children enrolled in the class and other factors. The hours for the helping parent are 8:40 a.m.-12:00 p.m. Helping parents are required to bring a healthy snack and drink for the whole class.

If a parent cannot serve as helping parent on a specific day, he or she must either trade with a parent in the class or contact a substitute from the list provided in the handbook. The parent pays the substitute according to the fee schedule listed in the handbook. In case of emergency, parents should call the school or teacher so a last minute substitute can be found.

A parent must serve as a helping parent in the classroom at least once each semester. On other helping parent days, the helper may be a caregiver (provided that the caregiver is physically able, can communicate sufficiently with the teachers, the proper paperwork has been submitted and prior approval is given by the teacher); the teacher reserves the right to determine whether a caregiver is an acceptable substitute for the parent.

#### **Family Activities/Events**

One parent or guardian from each family must work at one school activity/event (Pizza Night, Craft Fair, Pancake Breakfast, etc.) Each family will have the opportunity to sign up for their preferred activity/event, but may be switched as needed by the Activities Coordinator to ensure that all activities/events have adequate volunteer coverage. The hours worked on or at this event do not count towards maintenance hours. To fulfill their co-op responsibility, parents are required to work for the entire duration of their assigned event (set-up through clean-up) unless other arrangements are agreed upon in advance with the Event Chairperson.

#### **Maintenance Hours**

Each family in the school is required to complete ten (10) maintenance hours regardless of the number of children enrolled in the school. Homeroom parents and the Supplies Coordinator receive a credit of five (5) maintenance hours. Members of the Board of Directors and other Administrative Positions (Secretary, Scheduler, Health Officer, etc.) receive a credit of ten (10) maintenance hours.

Parents should consult with the homeroom parent, homeroom coordinator, activities coordinator, or teacher to determine what tasks are needed to fulfill their maintenance hours. Parent record their own maintenance hours on a chart in each classroom as they are completed. At the end of the year, a fine will be imposed for every hour not completed.

#### **Complete Forms**

All nursery school forms, including the enrollment contract, registration packet, teacher evaluations and permission slips, must be completed and returned by the due date. Immunization and emergency Medical Release Forms must be returned prior to the start of school. Children will not be allowed to attend the preschool until these forms are turned in.

### **Pay Tuition, Fees and Fines.**

Tuition is set by the Executive Board each January for the next academic year. Tuition is payable in three installments. Parents are responsible for the timely payment of all tuition and fees. The tuition schedule will be distributed to parents in the registration packet, in the DJCNS Handbook and on the school website. Failure to pay tuition, fees and fines in a timely manner and without contacting the Treasurer to make other arrangements may result in the suspension of a child from attending class and school functions.

### **Article 6 Consequences of Failing to Meet Parent/Guardian Obligations**

Parent participation is critical for effective operation of the school. Parents who do not comply with the membership requirements may be subject to sanction and, in the case of repeated or egregious disregard of their obligations, may be asked to remove their children from the school.

### **Fines**

The Board of Directors is responsible for setting the fines and publishing them in the DJCNS Handbook. Fines will be assessed against parent/guardians who do not fulfill the following obligations: (1) participate in a clean-up day; (2) attend the fall parents' meeting, (3) participate as a helping parent in the classroom, and (4) participate in chosen school event, and (5) complete maintenance hours.

### **Student Dismissal.**

On the advice of the Director and Head Teacher, and the affirmative vote of 2/3rds of the Board of Directors, parents who do not abide by the participation requirements of the school may be asked to withdraw from the membership, and thus remove their children from the school.

### **10:122-6.5 Policy on the Release of Children**

- GEN** (a) The center shall maintain on file and follow a written policy on the release of children, which shall include:
1. The provision that each child may be released only to the child's parent(s) or person(s) authorized by the parent(s), as specified in N.J.A.C. 10:122-6.8(a)3, to take the child from the center and to assume responsibility for the child in an emergency if the parent(s) cannot be reached;
  2. **The provision that, if a particular non-custodial parent has been denied access, or granted limited access, to the child by a court order, the center shall secure documentation to this effect, maintain a copy on file, and comply with the terms of the court order;**
  3. Written procedures to be followed by staff member(s) if the parent(s) or person(s) authorized by the parent(s), as specified in (a)1 above, fails to pick up a child at the time of the center's daily closing. The procedures shall require that:
    - i. The child is supervised at all times;
    - ii. Staff members attempt to contact the parent(s) or person(s) authorized by the parents; and
    - iii. An hour or more after closing time, and provided that other arrangements for releasing the child to his or her parent(s) or authorized person(s) have failed and the staff member(s) cannot continue to supervise the child at the center, the staff member shall call the Division's 24-hour Child Abuse Hotline 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; and
  4. Written procedures to be followed by a staff member(s) if the parent(s) or person(s) authorized by the parent(s), as specified in (a)1 above, appear 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 procedures shall require that:
    - i. The child shall not be released to such an impaired individual;
    - ii. Staff members attempt to contact the child's other parent or an alternative person(s) authorized by the parent(s); and
    - iii. If the center is unable to make alternative arrangements, as noted in (a)3ii above, a staff member shall call the Division's 24-hour Child Abuse Hotline to seek assistance in caring for the child.