



# A-2-Z Academy Financial Agreement

## 2025-2026

Ages	Ratio	Full Day		
		6:30 am – 5:30 pm		
		5 Days	4 Days	3 Days
<b>Infant</b> 6 weeks- 18 months	1 : 4	\$1488	\$1358	\$1290
<b>Toddler</b> 18 mos- 30 months	1 : 6	\$1299	\$1203	\$1180
<b>PS2 &amp; PS3</b> 2.5-4 yrs old Potty learning completed	1 : 10	\$1244	\$1178	\$1090
<b>Kindergarten &amp; Summer Camp</b> 5 Years old	1 : 15	\$1174	\$1066	\$1040

**Please indicate below the applicable days:**

Type of care	Monday	Tuesday	Wednesday	Thursday	Friday

- A \$50.00 registration fee for every child is due every September
- Tuition is due by 5<sup>th</sup> of each month. A \$25.00 late fee will be applied if payment is received after 5<sup>th</sup> of the month. All parents receive an invoice from Tadpoles via email.
- \$1 fee minute is charged if you arrive after 5:30 PM
- Meal plan ( Breakfast, morning snack, lunch, and afternoon snack ). Only children with allergies or religious restriction can bring food from home.
- A 10% sibling discount is applied when both students are full time (discount is applied to the lowest tuition)
- A 10% discount is available for military, police, fire, emergency and teachers
- Only one Discount allowed per family
- Tuition is due regardless of illness, holidays, inclement weather or absences
- A 2% raise in tuition is effective every January
- A half month's deposit is required to be placed on our waiting list. This amount will be applied to your first month's tuition  
If you do not start at the said date, then the deposit is not refundable.

**All tuition and fees are non-refundable**

In the event that our agreement needs to be terminated for any reason, parents are required to provide a two week notice.

Please review the above document and ask for clarity if need be.

By signing below you agree to the terms and conditions listed above

Child's name: \_\_\_\_\_ Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Director's Signature: \_\_\_\_\_



# ENROLLMENT APPLICATION

Name Of Child:	Birthdate:	Enrollment Date:
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<b>PARENT/GUARDIAN INFORMATION</b>	<i>Please check the box (<input type="checkbox"/>) to indicate the primary residence of the child listed above.</i>			
	<input type="checkbox"/> PARENT/GUARDIAN # 1		<input type="checkbox"/> PARENT/GUARDIAN # 2	
	Name:		Name:	
	Relationship:		Relationship:	
	Cell Phone:		Cell Phone:	
	Home Phone:		Home Phone:	
	Home Address:		Home Address:	
	Employer Name:		Employer Name:	
	Employer Phone:		Employer Phone:	
	Employer Address:		Employer Address:	
E-Mail Address:		E-Mail Address:		

<b>EMERGENCY CONTACTS</b>	Persons authorized to pick up your child and/or contact in case of emergency if neither parent is available to assume responsibility for the child.					
	Contact Name #1:		Contact Name #2:		Contact Name #3:	
	Relationship:		Relationship:		Relationship:	
	Cell Phone:		Cell Phone:		Cell Phone:	
	Home Phone:		Home Phone:		Home Phone:	
	Employer Phone:		Employer Phone:		Employer Phone:	

<b>CUSTODY</b>	Name of person PROHIBITED from picking up your child:	
	If a non-custodial parent has been denied access, or granted limited access, to the child by a court order, please submit documentation to this effect for the center to maintain a copy on file, and to comply with the terms of the court order.	

<b>PERMISSIONS</b>	<input type="checkbox"/> I give permission for my child to participate in <b><u>WALKING TRIPS</u></b> within the center's neighborhood, using routes that pose no known safety hazards to children, with the understanding that the walk involves no entrance into another facility unless otherwise indicated.	<input type="checkbox"/> I <b><u>DO NOT</u></b> give permission for my child to participate in <b><u>WALKING TRIPS</u></b> within the center's neighborhood, using routes that pose no known safety hazards to children, with the understanding that the walk involves no entrance into another facility unless otherwise indicated.
	<input type="checkbox"/> I give permission for my child to be <b><u>PHOTOGRAPHED</u></b> during normal daycare hours, field trips, or activities and understand that photographs may be used in promoting child care services, either in print or on the Internet.	<input type="checkbox"/> I <b><u>DO NOT</u></b> give permission for my child to be <b><u>PHOTOGRAPHED</u></b> during normal daycare hours, field trips, or activities and understand that photographs may be used in promoting child care services, either in print or on the Internet.

RECEIPT OF POLICIES	I (we) attest that all of the information on this application is accurate, and that I (we) have received the following information:	
	<input type="checkbox"/>	Center Policies and Procedures
	<input type="checkbox"/>	Information to Parents Document
	<input type="checkbox"/>	Policy on the Expulsion of Children from Enrollment
	<input type="checkbox"/>	Policy On The Use Of Technology And Social Media
	<input type="checkbox"/>	Policy On The Management Of Illnesses/Communicable Diseases
	<input type="checkbox"/>	Policy On The Release Of Children
	<input type="checkbox"/>	Policy on the Methods of Parental Notification of Injuries (if applicable)
	<input type="checkbox"/>	Other: _____
	<input type="checkbox"/>	Other: _____

MEDICAL INFORMATION	Child's Health Care Provider:	
	Health Care Provider Phone:	
	Health Care Provider Address:	
	Name Of Insurance Company/Hmo:	
	Group #:	
	Identification #:	
	Subscriber's Name On Insurance Card:	
	Known Allergies (including medication):	
	Medication My Child Is Taking:	
	List Special Conditions, Disabilities, Medical/Physical Restrictions, Medical Information For Emergency Situations:	

HEALTH STATEMENT	As the parent/guardian of the above named child, I certify that he/she is in good physical health and may participate in the normal activities of the program and has no conditions or specific needs that require specific accommodations, unless otherwise indicated in the medical information provided above or an attached Universal Health Record or a Care Plan for Children with Special Health Needs.
	Parent/Guardian Initials:

EMERGENCY TREATMENT	As the parent(s)/ legal guardian(s) of the above named child, I (we) attest that the information above is correct. I (we) authorize the child care center staff to obtain emergency treatment for my child and understand that I (we) shall be promptly notified.
	Parent/Guardian Initials:

Parent/Guardian Signature #1:	Date:	Parent/Guardian Signature #2:	Date:



## PARENTAL AUTHORIZATION FOR EMERGENCY TREATMENT

Name Of Child:	Birthdate:	Enrollment Date:
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PARENT/GUARDIAN INFORMATION	<input type="checkbox"/> PARENT/GUARDIAN # 1		<input type="checkbox"/> PARENT/GUARDIAN # 2	
	Name:	Name:	Name:	Name:
	Relationship:	Relationship:	Relationship:	Relationship:
	Cell Phone:	Cell Phone:	Cell Phone:	Cell Phone:
	Home Phone:	Home Phone:	Home Phone:	Home Phone:
	Home Address:	Home Address:	Home Address:	Home Address:
	Employer Name:	Employer Name:	Employer Name:	Employer Name:
	Employer Phone:	Employer Phone:	Employer Phone:	Employer Phone:
E-Mail Address:	E-Mail Address:	E-Mail Address:	E-Mail Address:	

EMERGENCY CONTACTS	Persons authorized to pick up your child and/or contact in case of emergency if neither parent is available to assume responsibility for the child.					
	Contact Name #1:	Contact Name #2:	Contact Name #3:	Contact Name #1:	Contact Name #2:	Contact Name #3:
	Relationship:	Relationship:	Relationship:	Relationship:	Relationship:	Relationship:
	Cell Phone:	Cell Phone:	Cell Phone:	Cell Phone:	Cell Phone:	Cell Phone:
	Home Phone:	Home Phone:	Home Phone:	Home Phone:	Home Phone:	Home Phone:
	Employer Phone:	Employer Phone:	Employer Phone:	Employer Phone:	Employer Phone:	Employer Phone:

CUSTODY	Name of person PROHIBITED from picking up your child:
	If a non-custodial parent has been denied access, or granted limited access, to the child by a court order, please submit documentation to this effect for the center to maintain a copy on file, and to comply with the terms of the court order.

MEDICAL INFORMATION	Child's Health Care Provider:
	Health Care Provider Phone:
	Health Care Provider Address:
	Name Of Insurance Company/Hmo:
	Group #:
	Identification #:
	Subscriber's Name On Insurance Card:
	Known Allergies (including medication):
	Medication My Child Is Taking:
	List Special Conditions, Disabilities, Medical/Physical Restrictions, Medical Information For Emergency Situations:

AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT	
As the parent(s)/ legal guardian(s) of the above named child, I (we) attest that the information above is correct. I (we) authorize the child care center staff to obtain emergency treatment for my child and understand that I (we) shall be promptly notified.	

Parent/Guardian Signature #1:	Date:	Parent/Guardian Signature #2:	Date:
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## Permission to Apply Insect Repellent and/or Sun Screen to Child

Center Name:			
Child's Name:		Child's Age:	

As the parent/guardian of the above named child, I have initialed next to the applicable statement(s) for the use of ***insect repellent*** on my child:

Staff may apply the center's ***insect repellent*** according to the directions on the product label.

I do not know of any allergies my child has to children's ***insect repellent***.

My child is allergic to some ***insect repellents***. I have provided the following brand/type of ***insect repellent*** for use on my child:

\_\_\_\_\_

Please DO NOT apply ***insect repellent*** to the following areas of my child's body:

\_\_\_\_\_

**Please do not apply insect repellent to my child.**

Parent/Guardian's Name:	Parent/Guardian's Signature:	Date:

As the parent/guardian of the above named child, I have initialed next to the applicable statement(s) for the use of ***sun screen*** on my child:

Staff may use the center's ***sun screen*** according to the directions on the product label.

I do not know of any allergies my child has to children's sun screen.

My child is allergic to some ***sun screens***. I have provided the following brand/type of ***sun screen*** for use on my child:

\_\_\_\_\_

Please DO NOT apply ***sun screen*** to the following areas of my child's body:

\_\_\_\_\_

**Please do not apply sun screen to my child.**

Parent/Guardian's Name:	Parent/Guardian's Signature:	Date:



# Parent Receipt of Information

- Signed Enrollment/Application  
(Signed Document)
- Custody Document(if applicable)
- Information of Parents Document (Proof of Receipt)
- Guidelines for positive Discipline(Proof of Receipt)
- Policy of Expulsion(Proof of Receipt)
- Policy on the Use of Technology & Social Media (Proof of Receipt)
- Communicable Diseases (Proof of Receipt)
- Release Policy (Proof of Receipt)
- Parental Notification Methods (Proof of Receipt)
- Health Care Provider, Universal Health Record, Immunization Record  
(Signed Document)
- Emergency Medical Care Authorization(Signed Document)

I have read & received a copy of the information/policies listed above.

Child(ren)'s Name:

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Parent/Guardian's Name:

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Parent/Guardian's Signature:

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Date:

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# UNIVERSAL CHILD HEALTH RECORD

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

SECTION I - TO BE COMPLETED BY PARENT(S)					
Child's Name (Last)		(First)		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth / /
Does Child Have Health Insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, Name of Child's Health Insurance Carrier			
Parent/Guardian Name		Home Telephone Number		Work Telephone/Cell Phone Number	
Parent/Guardian Name		Home Telephone Number		Work Telephone/Cell Phone Number	
<b>I 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"/> I have examined the above student and reviewed his/her health history. It is my opinion that he/she is medically cleared to participate fully in all child care/school activities, including physical education and competitive contact sports, unless noted above.					
Name of Health Care Provider (Print)			Health Care Provider Stamp:		
Signature/Date					



# Infant Feeding Plan

A written plan shall be maintained on file and available for the caregiver of any child less than 12 months of age.

<b>Child's Name:</b>	<b>Date:</b>	<b>Birthdate:</b>
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**Formula:**

No  Yes Is your child fed formula<sup>1</sup>?

No  Yes Will formula be prepared (mixed) at home?

No  Yes Will formula be prepared by the caregiver?

If the caregiver will be preparing the formula, please indicate any special instructions:

**Breast Feeding/Breastmilk**

No  Yes Is your child breast fed?

No  Yes I will nurse my child at the center at these times:

\_\_\_\_\_

No  Yes I will provide breast milk<sup>1</sup>.

If breast milk is unavailable for a feeding, the center should:

**Feedings:**

No  Yes Does your child take a bottle? (Note: Bottles are required to be labeled with child's name and the current date.)

No  Yes Is the bottle warmed<sup>2</sup>?

No  Yes Does your child hold their bottle?

No  Yes Can the child feed his or herself?

No  Yes Are there any special instructions for bottle feeding your child?

If "yes," please explain:

\_\_\_\_\_

No  Yes Is your child using a sippy cup? (Note: Sippy cups must be labeled with the child's name.)

No  Yes Does your child have any problems with feeding, such as choking or spitting up?

If "yes," please explain:

\_\_\_\_\_

No  Yes Are there any special instructions concerning feeding your child?

If "yes," please explain:

\_\_\_\_\_

**Foods and Feeding Schedule:**

<b>Liquids</b> (formula, breastmilk, 100% fruit juice in a cup)	<input type="checkbox"/> N/A <input type="checkbox"/> Introducing <input type="checkbox"/> Familiar	<input type="checkbox"/> Breast Feeding <input type="checkbox"/> by bottle <input type="checkbox"/> by breast	<input type="checkbox"/> Bottle Feeding <input type="checkbox"/> by caregiver <input type="checkbox"/> with help <input type="checkbox"/> independently	<input type="checkbox"/> Cup Feeding <input type="checkbox"/> with help <input type="checkbox"/> independently	Amounts:
<b>Semisolid Foods</b> (infant cereal, strained fruits and/or vegetables)	<input type="checkbox"/> N/A <input type="checkbox"/> Introducing <input type="checkbox"/> Familiar	<input type="checkbox"/> Spoon Feeding <input type="checkbox"/> by caregiver <input type="checkbox"/> with help <input type="checkbox"/> independently	Kinds of Food:		Amounts:
<b>Modified Table Foods</b> (mashed, soft, diced fruit and /or vegetables, strained meat or poultry, pieces of soft bread)	<input type="checkbox"/> N/A <input type="checkbox"/> Introducing <input type="checkbox"/> Familiar	<input type="checkbox"/> Spoon Feeding <input type="checkbox"/> by caregiver <input type="checkbox"/> with help <input type="checkbox"/> independently	Kinds of Food:		Amounts:
<b>Finger Foods</b> (small pieces of soft/cooked table food, chopped food)	<input type="checkbox"/> N/A <input type="checkbox"/> Introducing <input type="checkbox"/> Familiar	<input type="checkbox"/> Spoon Feeding <input type="checkbox"/> by caregiver <input type="checkbox"/> with help <input type="checkbox"/> independently	Kinds of Food:		Amounts:

**Other:**

No  Yes Does your child take a pacifier?

Note: Pacifiers with straps or other types of attachment devices are not permitted. Pacifiers must be removed when the child is crawling or walking.

**Additional Information:**

\_\_\_\_\_

<b>I will promptly provide any updates to my child's feeding plan as needed.</b>	<b>PARENT'S SIGNATURE:</b>	<b>DATE:</b>
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<sup>1</sup>Breast milk shall be gently mixed but not be shaken. Refrigerated breast milk shall be used within 24 hours. Formula or breast milk that is served, but not completely consumed or refrigerated, shall be discarded. <sup>2</sup> No milk, formula, or breast milk shall be warmed in a microwave oven.

## Screening Form

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

Child's nickname: \_\_\_\_\_

Birthday: \_\_\_\_\_

### Favorites

Food: \_\_\_\_\_

Drink: \_\_\_\_\_

Color: \_\_\_\_\_

Games: \_\_\_\_\_

Animals: \_\_\_\_\_

### Sleeping Habits

Any dependencies? (special blanket, stuffed animal, pacifier, co sleeping)

### Eating Habits

Any allergies:

Eats well: Yes No

Self feeds: Yes No

Uses: Spoon or hands

Picky eater: yes No

### Siblings

Please provide name and age if applicable

### Family structure:

Married

Separated

### Bath rooming habits

At what age did potty learning take place? (if applicable)

Regular bowel movements: Yes NO

Any issues or concerns:

Feel free to share with us any additional information you might like us to know about your child:





43B Newburgh Rd  
 Hackettstown, NJ 07840  
 908-684-3510

**2025-2026 School closures**

<b>Month</b>	<b>Day</b>	<b>Date</b>	<b>Holiday</b>
<b>January</b>	Wednesday	1/1/2025	New years day
<b>January</b>	Monday	1/20/2025	Martin Luther King's Birthday
<b>April</b>	Friday	4/18/2025	Good Friday
<b>May</b>	Monday	5/26/2025	Memorial Day
<b>June</b>	Thursday	6/19/2025	Juneteenth
<b>July</b>	Monday-Friday	6/30-7/4/2025	Summer vacation
<b>September</b>	Monday	9/1/2025	Labor day
<b>November</b>	Thursday & Friday	11/27/2025-11/28/2025	Thanksgiving
<b>December</b>	Wednesday	12/24/2025	Christmas Eve early dismissal 3:00
<b>December</b>	Monday-Friday	12/25/2025-1/2/2026	Winter vacation

**All tuition is due regardless of illness, holidays, inclement weather or any other absences.**

**The center must be notified by 8:00 A.M if your child is to be absent.**

**Thank you  
 Sue and staff**

Dear Parent(s),

We would like to take this opportunity to welcome you to A-2-Z Academy of Early Learning. The history of our center began with a mother's love to spend more time with her children and help educate them. A-2-Z was founded by Ms. Sue Jennings in 1991 as a home daycare and relocated to a larger building in 1993-2010. For a few years, Ms. Sue directed a well-respected corporate center and later re-established A-2-Z in its current location in 2015. We take pride in the family-owned center with a personal touch of knowing every family and their needs. We thank you for choosing our center as a home away from home for your child's growth and learning needs.

Our philosophy is that children learn best through play. During the children's time with us, their activities are geared towards developing a love for learning. Our main goal is to help create an environment where our students learn a sense of community. Our experienced staff help accomplish this through using Creative Curriculum. Research based curriculum shows that a whole child approach to education. Children develop not only math and literacy skills but also the social-emotional, physical, and cognitive skills necessary to communicate, think both critically and creatively, and solve complex problems. Our Curriculum is developmentally appropriate and better prepares children for life well beyond their time in a classroom.

Sincerely,

Sue Jennings



## A-2-Z Policies and Procedures

### Enrollment

A-2-Z is licensed childcare center caring for children from 6 weeks to 13 years of age.

All students must have all of the following:

#### #1 - 5 Included in packet:

1. a signed enrollment application
2. a recent Universal Health Record form
3. an infant feeding plan (if your child is under 12 months)
4. a parental authorization for emergency treatment
5. permission form to apply insect repellent and/or sunscreen to child
6. a copy of immunization record from your child's physician
7. a most recent custody document (if applicable)

A complete registration packet with all necessary documents required by the state of NJ licensing is provided to all parents. Please review and complete all documents in this packet prior to your child's first day of school. Feel free to speak with our director with any concerns or questions you may have.

### Tuition

- Tuition is due by the 5<sup>th</sup> of each month
- A \$25 late fee will be applied if tuition is not received by the 5<sup>th</sup> of the month. Tuition includes the meal plan (breakfast, lunch and snacks)
- A \$50 registration fee is charged every September
- 10% discount is offered for siblings of full time students only
- 10% discount is offered to community helpers (police officers, fire fighters, Emts, nurses, doctors, post office, teachers, military).
- All tuition is non-refundable

### **Signing in and out**

It is NJ State Law that you or the authorized person dropping off and picking up your children must sign in and out of the center daily via the Tadpoles app.

Our Center is conveniently open 6:30 am – 5:30 pm daily.  
A \$1.00 fee per minute will be charged for pick-up after 5:30 pm.

### **Snow Policy**

During inclement weather A-2-Z will follow Washington Township (Long Valley) school system. All information regarding closing, delay openings or early dismissals will be updated on the Tadpoles app and Facebook.

### **Birthdays**

Birthdays are a very special event for our children. We encourage parents to bring in special treat and celebrate with us. Please consider healthy, low-sugar options for the celebration; they take place at 3:00 pm. Please notify your child's teacher regarding your plans.

### **All students should have:**

- A personal backpack with their name, large enough to fit winter jackets
- Two complete changes of clothing  
(shirts, pants, socks, shoes, underwear) season and play appropriate
- Insect Repellent spray and Sun block spray

### **Breast Feeding and Breast Milk**

All bottles must be prepared at home, labeled with your child's name and date. Breast milk should be labeled in red tape. This is to inform all that it is a bodily fluid and extra attention is required. We are a breast-feeding friendly center, so you are also welcome to come and nurse as needed.

### **Non-Toilet trained children should also bring**

- Diapers (a weekly supply every Monday)
- Wipes (as needed)
- Any creams necessary with a medical consent letter
- Fill out an infant feeding plan if your child is under 12 months old  
(included at the end of this packet)

### **Toilet Learning Policy**

We encourage toilet learning once a child shows interest in addition to many other factors. Children should not be forced or rushed during this very important step. It is a multi-step process and setbacks are common and expected. This learning process is a combination of school and home teamwork. Please discuss the process with your child's teacher once you are ready to move forward.

### **Childhood Accidents**

All children are precious and none of us want to see them hurt, no matter how slight. As parents and care givers, we do our best possible job to keep our students safe. Unfortunately, accidents do happen. Our school policy is to inform parents via the Tadpoles App and a written report when necessary. Parents will be asked to sign the accident report upon picking up their child to acknowledge they were made aware of the incident.

### **NJ Licensing**

As a center registered under NJ state of licensing, this grants the state authority to enter the center, for any reason and conduct a CFS/DYFS like interview/examination on enrolled children and staff without parent consent.

### **Medication Policy**

We at A-2-Z feel medications should be distributed at home. In the event a child is in need of an inhaler or epi pen, please contact the director for appropriate medication forms to be completed by your child's physician. Diaper Creams and sunscreen spray also requires a medication distribution form.

### **Discipline Policy**

Please note that discipline in most instances is relevant to the situation at hand, the children involved, the child's history, family situations and most importantly their age. Our goal is to provide a safe environment for all our students. Our steps include reminding the children of the class rules, routines and making every effort to redirect the child. They might have to be removed from the group if necessary. After continuous behavior issues, parents are notified and then as a last resort after failed efforts, the family will be asked to find a better fit.



## **Expulsion Policy/ Termination of Care**

In unfortunate circumstances, it may be necessary for A-2-Z to terminate a child's attendance if all efforts have been exhausted for (a/multiple) continuous issue(s). We will make every effort to correct these issues before a termination decision is made. As a center, we will always use the best interest of the child, classmates, and overall environment.

### **Reasons for suspension and termination may include (but not limited to):**

- The child is at risk of causing serious injury to him/herself or other children & staff
- A parental conflict that includes physical or verbal threats or intimidating actions toward staff members
- Continuous failure to pay or lateness of tuition
- Failure to complete necessary paperwork for child's enrollment such as information and health records
- Parent/Guardian tardiness at pick up
- Child has not adjusted to the center in a timely manner
- Child is physically and/or verbally abusive to other children and staff
- Excessive biting
- Continuous breaking of A-2-Z policy

### **A child will NOT be terminated for these reasons:**

- Parent/Guardian made a complaint against the center to the Office of Licensing regarding violations of licensing standards
- Parent reported abuse or neglect to authorities
- Questioning the center about certain policies and rules

## **Out of Center Care**

A-2-Z will not be held accountable for any accidents or issues that may arise if a staff member and family arrange for out of center care.

## **Electronic Media**

Children under 2.5 years old will not be exposed to any screen time in the center. The AAP has determined that use of handheld devices and screen time can have an adverse reaction to brain development.

Our interactive board in the STEM room is the only means of technology used at the center. Each session of interactive board usage will not exceed 15 minutes and is related to the curriculum of the center.

## **Publicity & Social Media**

As we are all aware, social media and its usage is a given in today's world. Pictures are taken via the Tadpoles app and posted on Facebook, Instagram, or the A-2-Z website. If you wish your child to be omitted from this practice, please choose the correct option on your Enrollment application.

## Sickness Policy

We pride ourselves in operating a childcare program that goes above and beyond cleanliness standards for our children, staff, and families. Despite our best efforts, the germs sneak in even with proper hand washing and sanitizing procedures. We understand that we are working parents, however we must contain sickness. If your child shows any of the following symptoms, they are prohibited from returning to the center. Once they are symptom free for 24 hours they may return.

<b>Illnesses</b>		
Chills	Muscle Pain	Sores on the mouth or body
Diarrhea	Red or Pink eye with discharge	Stiff Neck
Headache	Runny Nose	Temperature higher than 100.4 F
Lethargic	Severe cough with mucus	Yellow eyes or skin
Loss of taste & smell	Severe diaper rash	Vomiting
	Shortness of Breath	
<b>This is not an all-inclusive list. We will keep your child comfortable but he/she will be excluded from all activities until you arrive.</b>		

## Parental Involvement

A-2-Z has an open-door policy for registered parents. We welcome and encourage our parents to visit throughout the day and be involved with our school. As a courtesy to staff and students, please refrain from visiting or picking your child up between 11am – 2pm as we conduct lunch and rest time during these hours. To bridge the gap between home and school, we also offer home visits upon request.

As a Grow NJ Kids Center, we also offer many resources for assistance and parenting classes. The director is available for meetings throughout the day should any issues arise. Back to school night is held every year in early October.

A-2-Z holds a Halloween parade and a potluck Holiday Party every year, we encourage parents to attend and participate.

A-2-Z is a community friendly center, so please let us know if you are involved in local groups or charities.

Please note that throughout the year many surveys and questionnaires are forwarded to you (ASQ, strengthening families, evaluation of both center & staff). I know how busy everyone is, but please try to return all surveys and questionnaires in a timely manner. These items help us with providing quality care.

## GUIDELINES FOR POSITIVE DISCIPLINE

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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.

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- 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.
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- 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.
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- Using abusive language, ridicule, harsh, humiliating or frightening treatment or any other form of emotional punishment of children
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- Withholding food, emotional responses, stimulation, or opportunities for rest or sleep
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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 your bringing these concerns to our attention, too.

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

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

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

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



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

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

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

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

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

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

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

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

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

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

# EXPULSION POLICY

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

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

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

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

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

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

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

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

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

### **SCHEDULE OF EXPULSION:**

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

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

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

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

- Try to redirect child from negative behavior.
- Reassess classroom environment, appropriateness of activities, supervision.
- Always use positive methods and language while disciplining children.
- Praise appropriate behaviors.
- Consistently apply consequences for rules.
- Give the child verbal warnings.
- Give the child time to regain control.
- Document the child's disruptive behavior and maintain confidentiality.
- Give the parent/guardian written copies of the disruptive behavior that might lead to expulsion.
- Schedule a conference including the director, classroom staff, and parent/guardian to discuss how to promote positive behaviors.
- Give the parent literature of other resources regarding methods of improving behavior.
- Recommend an evaluation by professional consultation on premises.
- Recommend an evaluation by local school district study team.



## 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 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)



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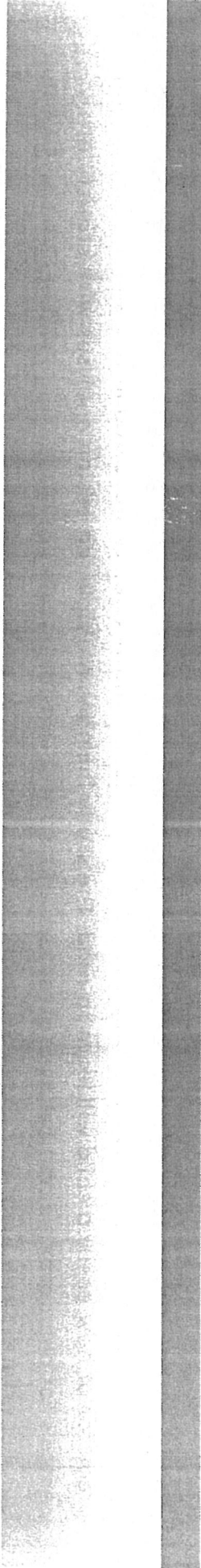
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 ARTICLE

# Fundations<sup>®</sup>: Evidence of Program Effectiveness

The consensus across these studies is that, when implemented properly, students using Fundations in Tiers 1 and 2 achieve greater gains in foundational literacy skills compared to students using programs previously implemented by the schools. These results held with English language learners (ELL) as well.

Kindergarten students who received Fundations instruction in Florida, New York, and Massachusetts demonstrated:

models showed that Foundations implementation is associated with better performance on DIBELS Nonsense Word Fluency (NWF) and Oral Reading Fluency (ORF) for first grade students. The study was sufficient for a rating of “Promising Evidence” (Tier 3) on the U.S. Department of Education’s Every Student’s Success Act (ESSA) evidence scale.

### Florida Center for Reading Research (FCRR) Independent Review

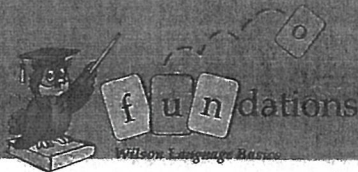
The FCRR completed an independent review and identified the following program strengths:

- Foundations is derived from research that has been proven to be successful with a wide variety of learners.
- Foundations is highly systematic, both within lessons and across lessons.
- Multisensory methods are employed in teaching children sounds, their representative letters, and their combination into words, phrases, and sentences.
- Students learn a variety of techniques to analyze multisyllabic and unknown words, and words with spelling options.
- Frequent practice and review builds mastery in students.
- Foundations can be taught in a 1:1 setting, a small group, or to a whole class, and can be used for prevention, intervention, or immediate, intensive intervention purposes.
- Many lesson activities and games are geared toward whole class or group participation.
- Materials are very teacher-friendly, and the Foundations Learning Community gives excellent demonstrations of each of the teaching activity types used in the program. A teacher can thus review each technique as needed.
- No program weakness was noted.

[Read more about Foundations’ Studies of Program Effectiveness](#)

[Go read more about the impact of Foundations Ready to Rise®](#)





# Fundations® Pre-K

The specific activities incorporated into the **Fundations® Pre-K Activity Set** are designed to support students' emerging understanding of the alphabetic principle of letter-sound associations, and the written language skill of manuscript letter formation. Its purpose is to teach pre-k students the names of the letters and the corresponding sounds, as well as teach them the formation of lowercase and uppercase letters. The activities included are not intended to provide a full literacy curriculum.

Skills Practiced in Fundations® Pre-K	Fundations® Principles of Instruction
<ul style="list-style-type: none"><li>• Letter-Sound Knowledge</li><li>• Forming Key Linkages (between letter names, formations, and sounds)</li><li>• Alphabetic Principle</li><li>• Alphabetical Order</li><li>• Letter Formation/Handwriting</li></ul>	<ul style="list-style-type: none"><li>• Explicit Instruction</li><li>• Systematic Instruction: Sequential and Cumulative</li><li>• Multisensory Instruction</li><li>• Repetition</li><li>• On the spot, supportive feedback</li></ul>

## Research: The Importance of Early Literacy Skills

Alphabetic knowledge refers to children's familiarity with letter forms, names, and corresponding sounds, as measured by recognition, production, and writing tasks. Together, such knowledge represents an important component of emergent literacy (Whitehurst & Lonigan, 1998).

The NAEYC recognizes the development of the alphabetic principle as a goal for the preschool years (International Reading Association & National Association for the Education of Young Children, 1998). The Head Start Early Learning Outcomes Framework expects that a preschool child "recognizes and names at least half of the letters of the alphabet" and "produces the sounds of many recognized letters" (U.S. Department of Health and Human Services, Administration for Children and Families, 2015, p. 47). States that have defined pre-k learning standards include letter-naming skills.

Research confirms that it is worthwhile to teach these foundational skills in a formal and purposeful way. The National Early Literacy Panel (NELP) was convened in 2002 to review the research available on early literacy skill development in children from birth to age five. In 2008, the panel published its findings in the report titled, "Developing Early Literacy: Report of the National Early Literacy Panel." It found that conventional reading and writing skills developed from birth to age five have a clear and consistently strong relationship with later conventional literacy skills. This report identified variables that ranged from a strongly predictive to moderately predictive relationship to later literacy.

The strongest and most consistent predictors of later literacy development were found to be alphabetic knowledge, phonological awareness and memory, rapid automatic naming of letters and objects, and writing letters (NELP, 2008).

As summarized by Goodson, Layzer, Simon & Dwyer (2009, p. 6), the NELP report specified the following strong and consistent predictors:

- Knowing the names of printed letters
- Knowing the sounds associated with printed letters
- Being able to manipulate the sounds of spoken language
- Being able to rapidly name a sequence of letters, numbers, objects or colors
- Being able to write one's own name or even isolated letters
- Being able to remember the content of spoken language for a short time



Table 1 explains how the Foundations Pre-K activities support these predictive skills, thereby providing children with a strong start for learning how to read.

**Table 1. How Foundations® Pre-K Activities Support Strong and Consistent Literacy Predictors**

A. Early Predictors of Later Conventional Literacy Skills: Strong and Consistent Predictors	B. Foundations® Pre-K Activities: Support Predictors
<ul style="list-style-type: none"> <li>• Knowing the names of printed letters               <ul style="list-style-type: none"> <li>• Being able to label letters correctly, e.g., 'F' is the letter called "eff"</li> </ul> </li> <li>• Knowing the sounds associated with printed letters               <ul style="list-style-type: none"> <li>• Understanding that the sound /f/ goes with the letter 'F'</li> <li>• Or, knowing that the letters 'at' at the end of words are pronounced "aah-tuh"</li> </ul> </li> </ul>	<p>Students are introduced to the letter name and sound association with the help of a "keyword" picture. The 26 letters of the alphabet are explicitly and systematically taught in the first 13 weeks of instruction and practiced daily throughout the yearlong curriculum.</p>
<ul style="list-style-type: none"> <li>• Being able to manipulate the sounds of spoken language—breaking words apart into smaller sound units such as syllables or phonemes, adding or deleting sound units               <ul style="list-style-type: none"> <li>• Understanding that the word bulldozer is made up of three syllables, 'bull', 'doz', and 'er'</li> <li>• Or, knowing that if you take away the /j/ sound from the word change, you get the word chain</li> </ul> </li> </ul>	<p>Phonemic awareness is fostered by directly teaching children that letters are associated with individual sounds within the spoken English language. By doing so, Foundations® Pre-K directly teaches children an important piece of metacognitive knowledge that undergirds phonological awareness, and phonemic awareness specifically.</p> <p>Students are taught to use keywords to remember the sounds. In teaching this, they are taught to listen and isolate the initial sound in the keyword.</p>
<ul style="list-style-type: none"> <li>• Being able to rapidly name a sequence of letters, numbers, objects, or colors               <ul style="list-style-type: none"> <li>• When shown a set of numbers, being able to name numbers in order, quickly and easily</li> <li>• Or, being able to recognize patterns of objects or colors</li> </ul> </li> </ul>	<p>Rapid naming is an indicator of the cognitive skill of visual-verbal proficiency and cannot necessarily be taught. However, the ability to name letters rapidly does depend upon a student's automaticity with letter names. In the Pre-K Activity Set, the letter-sound associations for all 26 letters of the alphabet are explicitly and systematically introduced. A daily letter-sound drill helps student to gain that automaticity.</p>
<ul style="list-style-type: none"> <li>• Being able to write one's own name or even isolated letters               <ul style="list-style-type: none"> <li>• Being able to put one's own name on a drawing</li> <li>• Or, being able to correctly write letters that are shown on a set of word cards</li> </ul> </li> </ul>	<p>The Foundations® Pre-K Activity Set provides direct instruction in letter formation for both lowercase and uppercase letters. Letter formation is closely linked to sound-symbol knowledge and is explicitly taught using gross motor sky writing activities, tracing, copying and forming letters from memory when ready.</p>
<ul style="list-style-type: none"> <li>• Being able to remember the content of spoken language for a short time               <ul style="list-style-type: none"> <li>• Being able to remember simple, multi-step instructions from the teacher about getting ready for outdoor time (e.g., clean up table, put materials on shelf, stand in line at the door)</li> <li>• Or, being able to remember earlier parts of a story read aloud to make sense of later parts of the story</li> </ul> </li> </ul>	<p>Instruction in the pre-k activities is visible, explicit, and interactive. The teacher directly teaches all skills to students through modeling and active learning. All lesson components require students to follow directions and routines. Learning activities are designed to incorporate visual, auditory, tactile, and kinesthetic modalities.</p>

Table 1(A) Source: Goodson, Layzer, Simon & Dwyer (2009)