

Partners in Learning Private Preschool at Northfield

I have read the Parent Handbook online and know at any time I can see it on the website www.partnersinlearningnj.org or request a print out. I understand the policies in the Parent Handbook including but not limited to:

Please check off:

- Screening and Referral Policy (added 8/6/18)
- Environmental Rating Scale Policy (added 8/6/18)
- Home Language Policy
- Information to Parents Disclosure
- Reporting Child Abuse Policy
- Hot Lines for Domestic Abuse (added 8/20/20)
- Student Requirements Letter
- Health, Nutrition, and Safety Policies and Procedures
- Management of Communicable Diseases
- Medication Administration
- Life Sustaining Equipment Policy
- Parent Notification/Tadpoles
- Television, Computer and Video Equipment Usage in Center
- Policy on Television/Electronic Viewing at Home
- Policy on Use of Technology & Social Media
- Discipline & Positive Guidance Policy (rev 8/6/18)
- Discontinuation of Enrollment Policy (rev 8/5/19)
- Policy on Release of Children
- Easing Separation Anxiety (added 8/6/18)
- Drop Off and Pick Up Policy
- Authorized and Unauthorized Pick-Ups
- Parental Custody Agreement/Order (added 8/6/18)
- Emergency Lockdown Procedure
- Emergency Procedure Plan
- Emergency Procedure Requirements
- Video Camera/Surveillance on School Grounds @CWA
- Daycare Sign-Up Policy
- Daycare Cancellation Policy
- NJ Car Seat Law

Child's Name: _____

Both Parents/Guardians are required to read the handbook and sign this form

Parent's Name: _____	Parent's Name: _____
Relationship: _____	Relationship: _____
Signature: _____	Signature: _____
Date: _____	Date: _____

Partners in Learning Private Preschool at Northfield

A Partners in Learning, Inc. Program

408 New Road
Northfield, NJ 08225
609-377-8337

Dear Parents/Guardians,

Partners in Learning, Inc. is in the process of applying for several grants. The grant applications call for the following standard demographic questions for each attending child: Age, Gender and Ethnicity.

We are asking you to fill out and return this form. This is voluntary and confidential. Names are not needed.

Thank you so much for your help! We will let you know if we receive the grants!

Lori Lorenzetti
Associate Director of Inclusion
Fundraising Coordinator

Per attending child from your household:

1. Gender

Male

Female

2. Birth Date

3. Ethnicity

African-American

Native-American

Hispanic – American

Asian-American/Pacific Islander

Caucasian

Bi-or Multi-racial

Other



PARTNERS IN LEARNING, INC.

Where Children Learn & Grow Together Since 1999

Therapeutic Learning Center
Turnersville, NJ 08012
856-374-2821

Cherrywood Academy & Private Preschool
Clementon, NJ 08021
856-566-1004

Country Acres Private Preschool
Williamstown, NJ 08094
856-881-0400

Partners in Learning Private Preschool
Northfield, NJ 08225
609-377-8337

Policy Changes per COVID-19 Dept. of Children & Families & PIL Protocols

We appreciate your full cooperation and understanding as we all adjust to new protocols and policies designed to increase health and safety at our centers.

Arrival Health Screenings:

Arriving children will be screened at the door by an approved center staff member. Arriving children will need to be checked for temperature. Children will not be allowed to enter the center if they show temperature exceeding 100.4. Staff will also conduct a visual inspection of the child for signs of illness (e.g., flushed cheeks, rapid breathing/difficulty breathing without recent physical activity, fatigue, extreme fussiness, etc.).

Additionally, staff/parent/guardian will need to respond to the following questions upon each arrival:

- 1) Confirm that child does not have a fever, shortness of breath, or cough
- 2) Was child or household members in close contact with someone with COVID-19?
- 3) Has anyone in the household had symptoms of respiratory illness?

(* Children will not be able to enter building if any of the above responses are “Yes” or if they show symptoms of respiratory illness/COVID-19

Note: staff will be screened in a similar manner before being allowed entrance to the center per shift.

Signs of illness/return to center criteria:

Children who have temperature readings above 100.4 and/or showing any symptoms of COVID-19 will be required to leave ASAP and seek medical attention. A child may not return before being symptom free for 24 hours minimum without medication. Parents must also provide a negative COVID-19 test result OR a doctor’s note stating a diagnosis other than COVID-19. Contacting the center upon diagnosis of COVID-19 is highly recommended as soon as possible to help reduce the potential spread of COVID-19.

As children are waiting for pick up due to elevated temperature, they will be moved to an area of isolation in the center with monitoring by an assigned staff member until parent/guardian arrives.

Additional sanitizing of all areas/materials that were in contact of individuals showing COVID-19 symptoms will be done within 24 hours following potential exposure for safety. Additionally, the Center will seek immediate direction from County Health Department in the event a child or adult on site is diagnosed with COVID-19.

For all other identified symptoms/illness not related to COVID-19 but requiring leaving the center, child may not return before being symptom free for 24 hours, minimum without medication. A doctor’s note is not necessary unless out for 3 days or more.

Please note, if a COVID-19 test is administered, it is very helpful to notify us and report results. We are

required to report positive cases to the Department of Health upon notification.

Wearing of Masks:

At this time masks are no longer required for students and staff unless classroom quarantine occurs and DOH in coordination OOL recommends mask wearing upon return. No masks will be worn during rest time, or while eating.

Naps:

Children must bring in own napping blankets, etc. and take home at the end of each week for washing. During rest, children will lay head to foot and 3 ft. apart while napping whenever possible. Children will not wear masks during rest time.

Lunch/Snacks:

Children must bring in own lunch and snacks daily. No heat ups are allowed at this time to reduce common use of microwaves. Lunches needing to remain cool must come with own ice pack. Please speak with your center director regarding any dietary or food concerns.

Materials from home (all must be clearly labeled & be cubby size):

Children must supply the following daily:

- 2 full changes of clothing (weather appropriate) including socks and shoes
- lunch/snack box with beverages (all containers/utensils within are to be clearly marked)
- Bedding supplies (can include 1 soft toy/"Lovey" for sleeping)
- bag or container to carry bedding home weekly (must fit in cubby)
- personal changing supplies (if needed own wipes, diapers/pull-ups)

Please acknowledge that you have reviewed the Partners in Learning new COVID Policies.

Name of Child: _____

Name of Parent _____

Parent Signature: _____ Date: _____

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Authorization Pick-Up List
2022/2023 SY

Please complete this form with the names of individuals that you authorize our school staff to release your child to for transport in the event that you are not able to do so yourself. Any person not on this list can be added by written documentation only. **NO PHONE CALLS WILL BE ACCEPTED.** Written documentation must be signed by the parent and can be done in person or sent via fax to the school. After a written note is completed, those persons will be added to the list. **Please note: People on the list will need to provide a Photo ID at time of pick up.**

Parent's Name: _____	Parent's Name: _____
Relationship: _____	Relationship: _____
Cell #: _____	Cell #: _____
Work #: _____	Work #: _____

Name: _____

Phone: _____

Relationship: _____

Name: _____

Phone: _____

Relationship: _____

Name of Child: _____

Name of Parent _____

Parent Signature: _____ Date: _____

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Photography Permission Form

I, _____ give permission for Partners in Learning, Inc. to photograph and/or video tape my child _____.

I understand that my child's photographs/video will be used in school and for promotional purposes which may include pamphlets, brochures and/or on our website at www.partnersinlearningnj.org.

I, _____ *do not* give permission for Partners in Learning, Inc. to photograph and/or video tape my child _____.

I understand that I may change my decision at any time.

Parent Signature: _____

Witness: _____

Date: _____

Title: _____

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Walking Trip Permission Form

___ I give my permission for my child, _____ to participate in walking trips within the center's neighborhood.

___ I **do not** give my permission for my child, _____ to participate in walking trips within the center's neighborhood.

Parent Signature: _____ Date: _____

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Dear Parents:

We are so happy to have your child attending our program! They will learn so many new and wonderful things.

There are a few mandatory immunization requirements. Per the NJ State Commissioner of Health & Senior Services, every child 12 months through 59 months of age enrolling in or attending a licensed child-care center on or after September 1, shall have received at least **one dose of Pneumococcal Conjugate Vaccine (PCV) on or after their first birthday**. Please check with your doctor if you are not sure of this date. If your child's immunizations do not fall under this new regulation, a new immunization of PCV is required.

If your child is **under** the age of 5 as of Sept. 1, they must also receive at least **one dose of the flu vaccination by December 31**. Prior to December 31, your child may start school if s/he has not had the flu vaccine yet. We will need a current shot record submitted after the Influenza Vaccine has been given. **If your child does not receive the flu vaccine by December 31, your child will not be permitted to return to our center**, per state guidelines, until documentation has been provided that the shot has been given or written explanation for exclusion of the shot has been submitted.

If you enroll your child between January 1 and March 31, your child may not start until the flu vaccination is given and documentation is submitted.

PIL is keeping on record COVID-19 Vaccination cards, so please submit your child's copy if applicable.

_____ My child _____ HAS NOT received the COVID-19 Vaccination.
(name)

Per the State of NJ, children cannot start unless we receive a completed packet which includes all health documents.

If you have any questions, please do not hesitate to call me at 856-374-2821.

Sincerely,

Kelley L. Dinardo

Kelley L. Dinardo

Administrative Coordinator

Partners in Learning Private Preschool at Northfield
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Allergy Questionnaire

Child's Name: _____

What type of allergies does your child have?

What is the severity of reaction if he/she should come in contact with these allergens?

If a food allergy (i.e. peanut), will your child have an allergic reaction if he/she touches the food or just through ingestion?

What actions must be taken if your child has an allergic reaction?

Does your child require an epi-pen / inhaler / medication?

If yes, a doctor's note must be submitted if you require the school to maintain medication on the premises.

Other information you would like the teachers to know:

Parent Signature: _____

Date: _____

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Care Plan for Children with Special Health Needs

I have received the Care Plan for Children with Special Health Needs form and have determined that this form

_____ Does apply to my child

_____ Does not apply to my child

Name of Child: _____

Parent Signature: _____

CARE PLAN FOR CHILDREN WITH SPECIAL HEALTH NEEDS

-To be completed by a Health Care Provider-

	Today's Date
Child's Full Name	Date of Birth
Parent's/Guardian's Name	Telephone No. ()
Primary Health Care Provider	Telephone No. ()
Specialty Provider	Telephone No. ()
Specialty Provider	Telephone No. ()
Diagnosis(es)	
Allergies	

ROUTINE CARE

Medication To Be Given at Child Care	Schedule/Dose (When and How Much?)	Route (How?)	Reason Prescribed	Possible Side Effects

List medications given at home:

NEEDED ACCOMMODATION(S)

Describe any needed accommodation(s) the child needs in daily activities and why:

Diet or Feeding: _____

Classroom Activities: _____

Naptime/Sleeping: _____

Toileting: _____

Outdoor or Field Trips: _____

Transportation: _____

Other: _____

Additional comments: _____

CARE PLAN FOR CHILDREN WITH SPECIAL HEALTH NEEDS

Continued

SPECIAL EQUIPMENT / MEDICAL SUPPLIES

- 1. _____
- 2. _____
- 3. _____

EMERGENCY CARE

CALL PARENTS/GUARDIANS if the following symptoms are present:

CALL 911 (EMERGENCY MEDICAL SERVICES) if the following symptoms are present, as well as contacting the parents/guardians:

TAKE THESE MEASURES while waiting for parents or medical help to arrive:

SUGGESTED SPECIAL TRAINING FOR STAFF

Health Care Provider Signature

Date

PARENT NOTES (OPTIONAL)

I hereby give consent for my child's health care provider or specialist to communicate with my child's child care provider or school nurse to discuss any of the information contained in this care plan.

Parent/Guardian Signature

Date

Important: *In order to ensure the health and safety of your child, it is vital that any person involved in the care of your child be aware of your child's special health needs, medication your child is taking, or needs in case of a health care emergency, and the specific actions to take regarding your child's special health needs.*

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Training of Life Sustaining Equipment

Before administering a health care procedure associated with a child's health condition, such as the use of a blood glucose monitor, nebulizer, or epinephrine pen, the center shall ensure that all staff members who administer the procedure are taught to do so by the child's parent or another appropriately trained person.

_____ Does apply to my child.

To be completed by staff and parent:

I, _____ certify that I have been trained accordingly on the usage and administration of _____ by _____.

_____ Does not apply to my child

Name of Child: _____

Parent Signature: _____ Date: _____

Staff Signature: _____ Date: _____

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Dear Parents/Guardians:

Please keep the Medication Authorization Form in case medication needs to be disbursed during the school year. This form must be completed by you and your child's doctor and returned to the center before any medication can be disbursed. Additional forms can be found online on our website, partnersinlearningnj.org.

Thank you.

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MEDICATION AUTHORIZATION FORM

TO BE COMPLETED BY THE HEALTH CARE PROVIDER:

Name of Child _____	Date of Birth _____
Medication/Strength _____	
Dosage to be Given _____	Time to be Given _____
Route of Administration _____	Diagnosis _____
Side Effects _____	
Duration of Order (no longer than duration of school year) _____	

TO BE COMPLETED BY PARENT/GUARDIAN: I hereby give consent for the following:

_____ School staff may administer the medication to my child according to the physician's directions above.

_____ The school Director has my permission to contact the physician should there be any questions or concerns regarding this medication. I understand that this medication must be delivered to school personnel by the parent/guardian and that students are NOT to transport medication, unless it is an approved emergency medication. I understand that this medicine must be in the original, labeled container. The medication provided must match the physicians order. I hereby release the School, their agents, and employees from any and all liability that may result from my child taking this medication.

Parent/Guardian Signature _____ Date _____

Parent/Guardian Phone: Home _____ Cell _____ Work _____

School Director Signature: _____

Date _____