

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/.

School Year 2026-2027 ENROLLMENT APPLICATION

Name Of Child:	Birthdate:	Enrollment Date:
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PARENT/GUARDIAN INFORMATION	<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:		

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:	
	Relationship:		Relationship:		Relationship:	
	Cell Phone:		Cell Phone:		Cell Phone:	
	Home Phone:		Home Phone:		Home 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.	

PERMISSIONS	<input type="checkbox"/> I give permission for my child to participate in <u>WALKING TRIPS</u> 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 <u>DO NOT</u> permission for my child to participate in <u>WALKING TRIPS</u> 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 <u>PHOTOGRAPHED</u> 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 <u>DO NOT</u> give permission for my child to be <u>PHOTOGRAPHED</u> 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	<p>I (we) attest that all of the information on this application is accurate, and that I (we) have received the following information:</p> <p><input type="checkbox"/> Center Policies and Procedures</p> <p><input type="checkbox"/> Information to Parents Document</p> <p><input type="checkbox"/> Policy on the Expulsion of Children from Enrollment</p> <p><input type="checkbox"/> Policy On The Use Of Technology And Social Media</p> <p><input type="checkbox"/> Policy On The Management Of Illnesses/Communicable Diseases</p> <p><input type="checkbox"/> Policy On The Release Of Children</p> <p><input type="checkbox"/> Policy on the Methods of Parental Notification of Injuries (if applicable)</p> <p><input type="checkbox"/> Other: <u>Child's Universal Health Record is on file with Canfield Avenue School nurse</u></p> <p><input type="checkbox"/> Other: _____</p>
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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	<p>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.</p> <p style="text-align: right;">Parent/Guardian Initials:</p>
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EMERGENCY TREATMENT	<p>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.</p> <p style="text-align: right;">Parent/Guardian Initials:</p>
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Parent/Guardian Signature #1:	Date:	Parent/Guardian Signature #2:	Date:
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MEDICAL DECLARATION STATEMENT FOR SCHOOL-AGE CHILD CARE

(AND/OR FOR CHILDREN ENROLLED IN PUBLIC OR PRIVATE SCHOOL)

CHILD'S NAME:	DATE OF BIRTH:	GRADE IN SEPTEMBER:

HEALTH STATEMENT (CHECK ONE)

- My child is in good health and can participate in the normal activities of the program and has no conditions or special needs that require special accommodations.
- My child can participate in the normal activities of the program but has conditions or special needs that require special accommodations as indicated below.

SCHOOL-AGE CHILD'S SPECIAL CONDITIONS OR NEEDS REQUIRING SPECIAL ACCOMMODATIONS

Please list any allergies, medical conditions, including chronic health problems (such as asthma, seizures), behavioral disorders, special needs, etc.

PARENT/GUARDIAN SIGNATURE:	DATE:

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Program Selection

Student's name: _____ Grade: _____

Canfield Kids school-age care - Kindergarten to grade 6

____ Before care only (7:00 AM to 8:15 AM): \$215.00 per month

____ Aftercare only (3:20 PM-6:00 PM): \$290.00 per month

____ Both before and aftercare: \$350.00 per month

Canfield Kids drop-in care

____ Can be used for before care for \$20.00 or aftercare for \$50.00 up to four days per month: *Our drop-in service is for families that do not need daily care, but may need us occasionally. Due to space limitations, drop-in usage is available on a first-come first-serve basis. You must notify Canfield Kids at least 24 hours before your child attends so that proper staffing arrangements can be made.

Payment is due at the time of service, at drop-off for before care, or when the child is picked up at aftercare

Email - - canfieldkids@gmail.com

Phone - - 973-366-0590 ext. 378

Late Pickup Policy

Canfield Kids closes at 6:00 PM sharp. While we understand that unexpected things do come up once in a while, habitual late pickups will result in late pickup fees. If - after charging a fee - the late pickups continue, CK reserves the right to terminate service, as this violates our policies and procedures.

Please call -

Phone - - 973-366-0590 ext. 378

Parent/guardian signature: _____ Date: _____

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Canfield Kids Enrollment Checklist

(for your use only)

Your child will be admitted to Canfield Kids only after we have received all the following required documents/items:

- Registration fee: \$50.00 (waived if before last day of school) _____
- "Parent Handbook" -
(all policies must be read and checked in the Enrollment Application) _____
- "Information to Parents" form _____
- Medical Declaration Statement for School-Age Child Care _____
- "Special Health Needs" form (if applicable) _____
- "Program Selection" form including tuition prices _____

Important Registration Information

Canfield Kids requires a completed enrollment packet before attending. Registration fee is to be paid at the time of paperwork submission. Enrollment packets can be submitted via email, or placed in the Mine Hill Education Foundation mailbox in the Canfield Avenue School main office. The Enrollment Package includes a handbook, contact information, medical emergency authorization, photo release, immunization records / medical status, Special Health Needs form, and our "Information to Parents" policy as required by the Department of Children and Families. Applications for enrollment are accepted without regard to race, religion, sexual orientation, gender, or national origin. Canfield Kids does, however, reserve the right to refuse service to any family or child who does not follow the policies and procedures of the handbook, or who poses an emotional or physical threat to other children or families.

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