



2018 - 2019 REGISTRATION FORM

1107 GULLY ROAD, WALL, NEW JERSEY 07753
 P 732.681.3483 F 732.681.3502
 www.summerhillschool.com

NAME _____
LAST FIRST

NICKNAME _____

HOME PHONE _____

DATE OF BIRTH _____ AGE IN SEPT. _____
YEAR-MONTHS

EMERGENCY CONTACT _____ EMERGENCY NUMBER _____

ADDRESS _____ CITY, STATE, ZIP _____

FATHER'S NAME _____ OCCUPATION _____

FATHER'S WORK PHONE _____ CELL PHONE _____

MOTHER'S NAME _____ OCCUPATION _____

MOTHER'S WORK PHONE _____ CELL PHONE _____

SIBLINGS (names & ages) _____ PREVIOUS SCHOOLING _____

E-MAIL _____ REFERRED BY _____

PROGRAM	HALF DAY 9am - 11:30am	HALF DAY W/ LUNCH 9am - 1pm	FULL DAY 9am - 3pm	EXTENDED DAY 7:45am - 5:30pm
2 DAYS (T, TH)	\$3,100 ⁰⁰	\$3,700 ⁰⁰	\$3,900 ⁰⁰	\$4,200 ⁰⁰
3 DAYS (M, W, F)	\$3,600 ⁰⁰	\$4,200 ⁰⁰	\$5,000 ⁰⁰	\$5,670 ⁰⁰
5 DAYS (M - F)	\$5,200 ⁰⁰	\$5,800 ⁰⁰	\$7,000 ⁰⁰	\$8,400 ⁰⁰
Kindergarten (M - F)	9am - 12pm \$5,400 ⁰⁰	9am - 1pm \$6,000 ⁰⁰	9am - 3pm \$7,000 ⁰⁰	7:45am - 5:30pm \$8,400 ⁰⁰

PLEASE SELECT:

PROGRAM 2 DAYS 3 DAYS 5 DAYS Kindergarten

SESSION HALF DAY HALF DAY W/ LUNCH FULL DAY

9am - 12pm OR 12:30am - 3pm 9am - 1pm 9am - 3pm

+ EXTENDED HOURS am _____ pm _____ EXTENDED CARE HOURLY FEE= \$10/HOUR

PLEASE READ CAREFULLY AND SIGN

I wish to register my child for the 2018-2019 school year. **I am aware that my child must be fully potty trained in order to attend school.** I understand that tuition is a yearly fee that has been conveniently divided into 10 payments. I agree to make payments promptly on the first of each month. (1st payment upon registration, 2nd payment due Sept. 1st) **Late Pick Up Policy:** Please note **Half Day AM Students** must be picked up on time. There is a dollar per minute charge for pick up after program ends. I understand there is a \$25 late fee for payments received after the 5th of each month, and a \$25 fee for returned checks. **I understand fees are nonrefundable and that I am committed to remaining at Summer Hill for the school year. I am aware that any balance on my account dues past 60 days will be sent to collections and that I will be responsible for all the collection fees.**

SIGNATURE _____ DATE _____

Enrollment is limited. To reserve a space, include with your registration form the following **NON-REFUNDABLE** fees:
 Registration Fee \$50 + Payment #1 (1/10 of Yearly Fee) \$ _____ = Total Enclosed \$ _____

YOU WILL NOT BE CONSIDERED REGISTERED WITHOUT RECEIPT OF THESE PAYMENTS



2018 - 2019 EMERGENCY INFO

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STUDENT/CAMPER _____

HOME PHONE _____

PHYSICIAN _____

PHYSICIAN TELEPHONE _____

EMERGENCY NUMBERS (PLEASE LIST PARENTS/GUARDIANS FIRST)

1. NAME _____ RELATIONSHIP _____

DAY PHONE _____ CELL _____ OTHER _____

2. NAME _____ RELATIONSHIP _____

DAY PHONE _____ CELL _____ OTHER _____

SERIOUS ILLNESS OR SURGERY _____

PHYSICAL LIMITATIONS _____

ALLERGIES _____

MEDICATIONS _____

BEHAVIORAL ISSUES/ CONCERNS _____

ANY ADDITIONAL INFO: _____

CHILD'S INSURANCE (PLEASE LIST PARENTS/GUARDIANS FIRST)

COMPANY/HMO _____

GROUP NUMBER _____ IDENTIFICATION # _____

I (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. I (we) authorize the above child care center director or director's designee to obtain emergency treatment for my child. I 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 immediately
3. We will attempt to contact you through all of the emergency persons listed on the child's application form
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

SIGNATURE _____ DATE _____



2018 - 2019 PERMISSION SLIPS

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NAME OF CHILD _____

HOME PHONE _____

Please complete and return this form.

EXPULSION/ DISCIPLINE POLICIES

Please select ONE: YES _____ NO _____

I have read and understand the EXPULSION and DISCIPLINE Policies and have signed each respective form in agreement to follow the policy standards.

SIGNATURE _____ DATE _____

Please note that ALL of the following Permission Slips are OPTIONAL

OFF GROUNDS RELEASE

Please select ONE: YES _____ NO _____

I give permission for my child _____ to attend all off grounds nature walks and utilize other facilities at Shark-River Park as part of the regular Summer Hill program.

SIGNATURE _____ DATE _____

BUS TRIP RELEASE * CAMP ONLY *

Please select ONE: YES _____ NO _____

*Must be completed for all **ON THE MOVE** Campers and **EXPLORERS**
Recommended for all camper 7 years and older*

ON THE MOVE Campers will be transported off grounds on a regular basis by Coach USA Bus Company and accompanied by Summer Hill Staff. Destinations will include but not limited to local bowling alleys, movie theaters, etc. **Occasionally, on days of inclement weather, older campers (7 and older) may be included on these local trips with parental permission.**

I give permission for my child _____ to accompany Summer Hill field trips.
I understand Coach USA Bus Company will provide transportation.

SIGNATURE _____ DATE _____

PHOTOGRAPH RELEASE

Please select ONE: YES _____ NO _____

I give Summer Hill permission to use my child's photograph in any promotional and advertising materials (ie: brochures, flyers, facebook page & website)

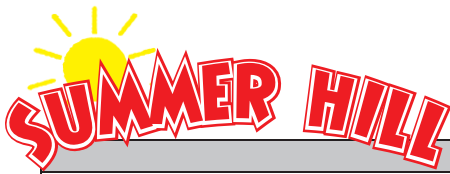
SIGNATURE _____ DATE _____

STUDENT INFORMATION RELEASE

Please select ONE: YES _____ NO _____

I give Summer Hill permission to release my child's name, address and phone number as part of the class/camper list. This information will be released only to parents of Summer Hill Students/Campers

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	
I give my consent for my child's Health Care Provider and Child Care Provider/School Nurse to discuss the information on this form.			
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)

IMMUNIZATIONS	<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		

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	



2018 - 2019 TRANSPORTATION/ RECEIPT OF INFORMATION

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NAME OF CHILD _____

HOME PHONE _____

*This portion must be completed for all
Summer Hill Students/Campers*

TRANSPORTATION

Parents, please sign and date below if you will be the only one transporting your child. If you will be car pooling or having someone other than yourself or your spouse provide transportation (on a regular basis) please provide the information then sign and date below.

I AUTHORIZE THE FOLLOWING PERSON/PERSONS TO PROVIDE TRANSPORTATION FOR MY CHILD TO AND FROM SUMMER HILL CAMP/SCHOOL:

1. NAME _____ RELATIONSHIP _____

PHONE _____ MAKE AND COLOR OF CAR _____

2. NAME _____ RELATIONSHIP _____

PHONE _____ MAKE AND COLOR OF CAR _____

3. NAME _____ RELATIONSHIP _____

PHONE _____ MAKE AND COLOR OF CAR _____

4. NAME _____ RELATIONSHIP _____

PHONE _____ MAKE AND COLOR OF CAR _____

SIGNATURE _____ DATE _____

RECEIPT OF INFORMATION/ POLICY AGREEMENT

I attest that I have received the following information from the Summer Hill. (Please check next to each item and sign)

1. ___ INFORMATION TO PARENTS

2. ___ SUMMER HILL DISCIPLINE POLICY

3. ___ POLICY ON THE MANAGEMENT OF COMMUNICABLE DISEASES

4. ___ EXPULSION POLICY

SIGNATURE _____ DATE _____



1

DEPARTMENT OF CHILDREN AND FAMILIES INFORMATION TO PARENTS

Under provisions of the Manual of Requirements for Child Care Centers (N.J.A.C. 10:122), 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 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'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 www.state.nj.us/dcf/providers/licensing/laws/index.html 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 issued 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.

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 www.cpsc.gov/cpsc.gov/cpscpub/prerel/prerel.html. 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/ and select Publications.

OOL8/22/14



At Summer Hill, we believe that a well-balanced program, centered around the child’s needs, interests, and abilities, goes a long way toward reducing discipline problems. Many so-called discipline problems are caused by a program that requires active, movement-oriented children to sit quietly at teacher-directed, group-oriented tasks for long periods of time.

However, since children are still in the process of learning appropriate behaviors, there will be times when a child needs to be disciplined. A child is misusing materials (handling them carelessly or destructively), is showing a lack of respect for another person, (aggressive behavior such as, running through another child’s work area), or is displaying behavior that could be harmful to the child him/herself (leaving the group without asking permission, standing on a chair, walking inappropriately with scissors, etc.) are handled in the following manner:

- 1) The teacher will move closer to the child and establish eye contact. In many cases this can be done by a teacher or teacher assistant before a problem erupts. Sometimes this is all that’s necessary to prevent a potential problem or stop an inappropriate behavior immediately.

- 2) The teacher will talk to the child about the behavior in specific terms, suggesting at the same time (or having the child suggest) a more appropriate behavior. (Blocks are for building not for throwing. Can you build a tower of 5 blocks?)

- 3) If a child is still unable or unwilling to behave appropriately once the problem has been identified and discussed, the child will sit in a “Time-Out” place. From here, the child is able to watch what is going on, but is slightly removed from the action. The child may return to the group when the child feels that he/she can behave appropriately. If a child does not re-enter the group on his/her own, the teacher will ask the child if he/she is ready to join the class. The teacher will converse with the child about the reason for the “Time-Out” to make sure the child understands why he/she was placed there. The teacher will also problem solve with the child so that they will make better choices in the future.

- 4) If the child is so out of control that he/she cannot sit in a “Time-Out” place, the teacher will then hold and comfort the child until he/she has calmed down. At that time, the child would re-join the group.

- 5) The teacher or assistant will report incident to the Director should intervention at level 4 be necessary. If the behavior continues, the teacher will contact the parent to discuss further.

AT NO TIME WILL THE CHILD BE LEFT UNATTENDED.

CHILD’S NAME _____

PARENT’S SIGNATURE _____ DATE _____



POLICY ON THE MANAGEMENT OF COMMUNICABLE DISEASES

10:122-7.11 Information to parents regarding the management of communicable diseases

To be distributed to parents

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 jaundice 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. These diseases include respiratory, gastrointestinal, and contact illnesses such as Impetigo, Lice, Scabies, and Shingles.

Note: If a child has chicken pox, a health care provider's note is not required for re-admitting the child to the center. A note from the parent is required stating either that at least six days has elapsed since the onset of the rash, or that all sores have dried and crusted.

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](http://www.nj.gov/health/cd/documents/reportable_disease_magnet.pdf), a complete list of reportable excludable communicable diseases, can be found at http://www.nj.gov/health/cd/documents/reportable_disease_magnet.pdf.



Unfortunately, there are sometimes reasons we must 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 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 him/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 form including the child's immunization records.
- Habitual tardiness when picking up your child.
- Verbal abuse to staff.

CHILD'S ACTIONS FOR EXPULSION

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

REMEDIAL ACTIONS THAT CAN BE TAKEN TO PREVENT EXPULSION

- Staff will try to redirect child from negative behavior.
- Staff will reassess classroom environment, appropriateness of activities, supervision.
- Staff will always use positive methods and language while disciplining children.
- Staff will praise appropriate behaviors.
- Staff will consistently apply consequences for rules.
- Child will be given verbal warnings.
- Child will be given time to regain control.
- Child's disruptive behavior will be documented and maintained in confidentiality.
- Parent/guardian will be notified verbally.
- The director, classroom staff and parent/guardian will have a conference(s) to discuss how to promote positive behaviors.
- The parent will be given literature or other resources regarding methods of improving behavior.
- Recommendation of evaluation by a professional.
- Recommendation of evaluation by local school district child study team.

SCHEDULE OF EXPULSION

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

A CHILD WILL NOT BE EXPELLED: If a child's parent(s):

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

CHILD'S NAME _____

PARENT'S SIGNATURE _____ **DATE** _____