LOOKING GLASS CHILDREN'S CENTER

16 BELLEVUE AVENUE BLOOMFIELD, NEW JERSEY 07003 (973) 338.0264

Date: ______________________

Child(ren)'s Last Name: ______________________

Home Address ______________________

State: __________ Zip: __________ Home Phone: ______________________

1. CHILD'S NAME: ______________________ **Date of Birth:** __________

2. CHILD'S NAME: ______________________ **Date of Birth:** __________

3. CHILD'S NAME: ______________________ **Date of Birth:** __________

MOTHER:______________________ Email: ______________________

Work/Company: ______________________ Mobile: ______________________

Address: ______________________ Work Phone: ______________________

FATHER: ______________________ Email: ______________________

Work/Company: ______________________ Mobile: ______________________

Address: ______________________Work Phone: ______________________

EMERGENCY CONTACT and AUTHORIZED PICK UP, in addition to parent(s):

Name: ______________mobile: ____________work phone:__________

Name: ______________mobile: ____________work phone:__________

Name: ______________mobile: ____________work phone:__________

CHILD'S PHYSICIAN: ______________________ Phone: ______________________

Hospital: ______________________ Location: ______________________

Insurance Carrier: ______________________ Group Number: __________

Policy Holder: ______________________ Policy Number: __________

Child's Dentist: ______________________ Phone: ______________________

OUT OF STATE EMERGENCY CONTACT: (IN CASE OF MASS DISASTER AND EVACUATION)

Name: ______________________ Relatonship: ______________________

Phone: ______________________City/ State: ______________________

Date of application: ____________________ Date admission requested: __________________

Term: Start date: ______________________ End date: __________________________________

Days and Hours:

Arrival Time: ___________

Departure Time: _________

	M	T	W	TH	F
MORNING					
AFTERNOON					

CHILD # 1: ___________________________________ Date of Birth: ___________________

Allergies: ____

Food Restrictions: ____

Are these food restrictions for medical or personal reasons? _____________________

Has your child ever been in a child care arrangement? ________ How long? _______

Please tell us about your child (special needs, routine, comfort objects, likes, dislikes, fears, etc.)

____

____

CHILD # 2: ___________________________________ Date of Birth: ___________________

Allergies: ____

Food Restrictions: ____

Are these food restrictions for medical or personal reasons? _____________________

Has your child ever been in a child care arrangement? ________ How long? _______

Please tell us about your child (special needs, routine, comfort objects, likes, dislikes, fears, etc.)

____

____

CHILD # 3: ___________________________________ Date of Birth: ___________________

Allergies: ____

Food Restrictions: ____

Are these food restrictions for medical or personal reasons? _____________________

Has your child ever been in a child care arrangement? ________ How long? _______

Please tell us about your child (special needs, routine, comfort objects, likes, dislikes, fears, etc.)

____

____

FAMILY STATUS:

Parental Marital Status: ______________________ Custodial Parent: __________________

Which parent is to be contacted in case of emergency? ______________________________

Which parent is to be contacted with non-emergency questions? ____________________

Mother's birthdate: ___/___/___ Father's birthdate: ___/___/___ Date of Marriage: ___/___/___

Names and birthdates of siblings other than on application: ____________________________

____

____

Total number of family living in the household: __________________________________

Number of non-family members living in household: ________________________________

Please explain: ____

Ethnic and religious background: ____

List pets in household and type of animal: ______________________________________

Reason for seeking placement at Looking Glass: ___________________________________

How did you become aware of Looking Glass Children's Center: (please be specific):

____

Is there anything else we need to know ? ____

____

CONSENT AND AUTHORIZATION:

I consent to the enrollment of my child(ren), as listed on the application form, at Looking Glass Children's Center (LGCC), and consent to have my child(ren) participate in all school activities including supervised walks away from school grounds.

I release LGCC and it's employees from all responsibility in case of illness or injury of my child(ren) while in attendance at or in transit to or from school. I understand that every precaution is taken to ensure my child(ren)'s safety and well being.

I authorize the staff of LGCC to call an emergency ambulance or a doctor, or to transport my child(ren) in a staff vehicle in case of accident or acute illness, and allow possible emergency care to be administered if I cannot be reached.

In any health or injury issue, I understand that every effort shall be made until successful.

I consent to my child(ren) being photographed while engaged in school activities. I consent to these photographs being used for display and publicity. The same consent is given for videotapes.

I understand that LGCC provides opportunities for observation and participation by students of various local schools. I am aware that LGCC may also participate in research projects and studies, of which I will be informed.

I agree to pay all tuition, registration and any other fees as outlined in the brochure or otherwise agreed between LGCC and me.

I have received, read and understand the information contained in the registration materials entitled "A PEEK INSIDE THE LOOKING GLASS... Our Brochure of Information".

I will cooperate in all matters concerning my child(ren)'s safety and well-being while at LGCC.

Signature of Parent(s) Guardian(s): Date: ____________________

____

____

DEVELOPMENTAL HISTORY: Tell us a little more about your child before school begins.

SOCIAL RELATIONSHIPS: Favorite toys and activities at home

____

____

Does your child enjoy ______ Books ______ Music ______ Art _____ Movement

Can your child climb on gym equipment? ______________

Which hand do you think is dominant for your child at this time? _____ L _____ R

Does your child have experiences with: Scissors _______ Blocks _______

Computers _______ Finger-painting _______ Easel painting ________

Does your child have experiences in playing with other children? _____________

Do you consider your child: Friendly _____ Aggressive ______ Shy _______

Does your child know any other children in the school? ______________________

Is this your child's first school experience? __________________________________

Do you think your child will separate easily? ________________________________

Please list any of your child's fears that we should know about: _______________

____

How does your child respond to conflict? ____________________________________

What do you think is the best way of handling your child? ____________________

PERSONAL HISTORY

Type of birth: Normal _____ Premature ______

Any complications? ____

Can your child be relied upon to indicate bathroom needs? ___________________

Does your child have any special words to describe toilet functions? ___________

Does your child have any difficulties expressing his/her needs? _______________

Does your child speak any other languages? _________________________________

Language: ____

Does your child have any allergies? ____

Describe your child briefly (personality, abilities, disposition and temperament).

Please use the back of this form to let us know of any particular ways we might help your child this year:

____

____

____

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EXPULSION POLICY

Name of Child: ____________________

Parent signature: ________________

Unforunately, there are sometimes reasons we have to expel a child from our program either on a short term or permanent basis. We want you 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 parents/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.

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 occuring 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

Staff will try to redirect child from negative behavior.
Staff will reassess classroom environment, appropriate activities and supervision.
Staff will always use positive methods and language while disciplining the children.
Staff will praise appropriate behaviors.
Staff will consistently apply consequences for rules.
Child will be given verbal warnings.
Child will be given time regain control.
Child's disruptive behavior will be documented and maintained in confidentiality.

Parent/ guardian will be given written copies of the disruptive behaviors that might lead to expulsion.

Give the parent literature of other resources regarding methods of improving behavior.

The director, classroom staff and parent/guardian will have a conference (s) to discuss how to promote positive behaviors.

Recommendation of evaluation by professional consulation on premises.
Recommendation of evaluation by local school district child study team.

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CHILD'S NAME: ______________________________

PARENT'S NAME: ______________________________

1. I have received a copy of the **"Looking Glass Parent Brochure/Handbook."** I have read it, understand it, and have no further questions regarding the policy. I agree to abide by the policy.
Signature: ____________________ Date: ____________________

2. I have received a copy of the **"Information to Parents"**. I have read it, understand it, and have no further questions regarding the policy. I agree to abide by the policy.
Signature: ____________________ Date: ____________________

3. I have received a copy of the **"Policy on the Management of Communicable Diseases."** I have read it, understand it, and have no further questions regarding the policy. I agree to abide by the policy.
Signature: ____________________ Date: ____________________

4. I have received a copy of the **"Release of Children"**. I have read it, understand it, and have no further questions regarding the policy. I agree to abide by the policy.
Signature: ____________________ Date: ____________________

5. I have received a copy of the **"Guidance and Discipline Policy"**. I have read it, understand it, and have no further questions regarding the policy. I agree to abide by the policy.
Signature: ____________________ Date: ____________________

6. I have received a copy of the **"Payment Policy"**. I have read it, understand it, and have no further questions regarding the policy. I agree to abide by the policy.
Signature: ____________________ Date: ____________________

7. I have received a copy of the **"Expulsion Policy"**. I have read it, understand it, and have no further questions regarding the policy. I agree to abide by the policy.
Signature: ____________________ Date: ____________________

8. I have received a copy of the **"Technology and Social Media Policy"**. I have read it, understand it, and have no further questions regarding the policy. I agree to abide by the policy.
Signature: ____________________ Date: ____________________

9. I have received a copy of the **"Medication Administration in Child Care Policy and Procedures Policy"**. I have read it, understand it, and have no further questions regarding the policy. I agree to abide by the policy.
Signature: ____________________ Date: ____________________

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CHILD CARE CENTER IMMUNIZATION RECORD

NAME OF CHILD (Last, First, MI)	DATE OF BIRTH (MO/DAY/YR) SEX ☐ M ☐ F
NAME OF PARENT / GUARDIAN	TELEPHONE NUMBER(S)
ADDRESS	
ADDRESS	IMMUNIZATION REGISTRY NUMBER

VACCINE TYPE	1ST DOSE MO/DAY/YR	2ND DOSE MO/DAY/YR	3RD DOSE MO/DAY/YR	4TH DOSE MO/DAY/YR	5TH DOSE MO/DAY/YR	LEAD SCREENING (Not Required) TEST DATE	RESULT
DIPHTHERIA, TETANUS, PERTUSSIS (DTaP) or any combination (If Td or DT[1], indicate in corner box)							
POLIO-INACTIVATED POLIO VACCINE (IPV) (If oral vaccine, indicate OPV in corner box)							
MEASLES, MUMP2, RUBELLA (MMR)					(5) Document below single antigen vaccine receipt, serology titer, or Vericella disease history		
HAEMOPHILUS B (HIB) (2)							
HEPATITIS B (3)					Hepatitis B	DATE:	TITER:
VARICELLA (4)					Varicella	DATE:	TITER:
PNEUMOCOCCAL CONJUGATE (2)					Measles	DATE:	TITER:
INFLUENZA (6)					Mumps	DATE:	TITER:
OTHER, SPECIFY:					Rubella	DATE:	TITER:

☐ Provisional Admission Attached - Date Granted: ____________ ☐ Medical Exemption Attached ☐ Religious Exemption Attached

PHYSICAL EXAMINATION:

General Observations: ____

____

____

____

Is there any reason the child cannot participate or should not participate in any or all age-appropriate school activities? ____________ If "Yes", please specific any restrictions:

____

____

____

____

I have examined the above-named child and have found the child to be physically fit to be admitted to Looking Glass Children's Center, and participate in all activities without risk either to the child or to the school.

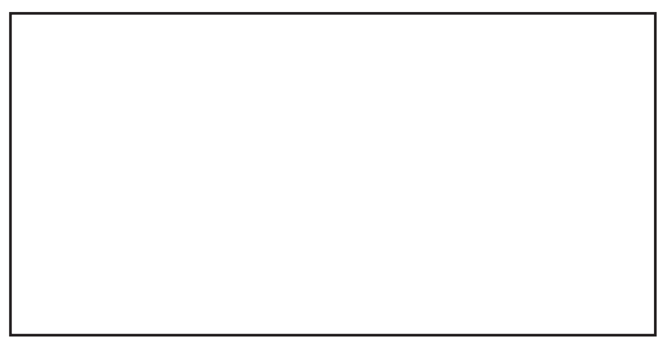
Physician's Signature: ______________________

Address: ______________________

____

Phone: ______________________

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

SECTION 1 - TO BE COMPLETED BY PARENT(S)

CHILD NAME: (LAST)	(FIRST)	DATE OF BIRTH: / /
DOES CHILD HAVE HEALTH INSURANCE? ☐ YES ☐ NO	IF YES, NAME THE CHILD'S HEALTH INSURANCE CARRIER	
PARENT/GUARDIAN NAME	HOME PHONE NUMBER	WORK NUMBER/ MOBILE NUMBER
PARENT/GUARDIAN NAME	HOME PHONE NUMBER	WORK NUMBER/ MOBILE 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 ☐ YES ☐ NO

SECTION 2 - TO BE COMPLETED BY HEALTH CARE PROVIDER

DATE OF PHYSICAL EXAMINATION:	RESULT OF PHYSICAL EXAMINATION NORMAL? ☐ YES ☐ 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	☐ IMMUNIZATION RECORD ATTACHED ☐ DATE NEXT IMMUNIZATION DUE:

MEDICAL CONDITIONS

CHRONIC MEDICAL CONDITIONS/RELATED SURGERIES ~ LIST MEDICAL CONDITIONS/ONGOING SURGICAL CONCERNS:	☐ NONE ☐ SPECIAL CARE PLAN ATTACHED	COMMENTS
MEDICATIONS/TREATMENTS ~ LIST MEDICATIONS/TREATMENTS:	☐ NONE ☐ SPECIAL CARE PLAN ATTACHED	COMMENTS
LIMITATIONS TO PHYSICAL ACTIVITY ~ LIST LIMITATIONS/SPECIAL CONSIDERATIONS:	☐ NONE ☐ SPECIAL CARE PLAN ATTACHED	COMMENTS
SPECIAL EQUIPMENT NEEDS ~ LIST ITEMS NECESSARY FOR DAILY ACTIVITIES	☐ NONE ☐ SPECIAL CARE PLAN ATTACHED	COMMENTS
ALLERGIES SENSITIVITIES ~ LIST ALLERGIES	☐ NONE ☐ SPECIAL CARE PLAN ATTACHED	COMMENTS
SPECIAL DIET/ VITAMIN & MINERAL SUPPLEMENTS ~ LIST DIETARY SPECIFICATIONS:	☐ NONE ☐ SPECIAL CARE PLAN ATTACHED	COMMENTS
BEHAVIORAL ISSUES/ MENTAL HEALTH DIAGNOSIS ~ LIST BEHAVIORAL/ MENTAL HEALTH ISSUES/ CONCERNS:	☐ NONE ☐ SPECIAL CARE PLAN ATTACHED	COMMENTS
EMERGENCY PLANS: ~ LIST EMERGENCY PLAN THAT MIGHT BE NEEDED AND THE SIGN/SYMPTOMS TO WATCH FOR:	☐ NONE ☐ 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 ☐ CAPILLARY ☐ 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	