The Creative Campus
Registration Form
2022-2023

Office Use:
Allergy

Child's Name:_____

District School:_____ Age:_____ Start Date:_____

Birthdate: ___/_____/_____ ☐ Female ☐ Male

Mother/ Guardian: Last Name: _____**First Name:**_____

Email:_____

Address:_____

Town/Zip:_____

Business Name:_____

Title/ Position:_____

Cell Phone:_____

☐ Check box if you wish to recieve emergancy text messages.
Please provide your carrier_____.

Home Phone:_____

Work Phone: _____

☐ Primary Pick- Up ☐ Payer Only

☐ Primary Guardian

Father/ Guardian: Last Name: _____**First Name:**_____

Email:_____

Address:_____

Town/Zip:_____

Business Name:_____

Title/ Position:_____

Cell Phone:_____

☐ Check box if you wish to recieve emergancy text messages.
Please provide your carrier_____.

Home Phone:_____

Work Phone: _____

☐ Primary Pick- Up ☐ Payer Only

☐ Primary Guardian

Any special instructions, such as custody or restraining orders must be attached to this application and discussed personally with the camp director. All information will be kept confidential.

Emergency Contact:_____
(Last Name) (First Name)

Relationship:_____

Cell Phone:_____

Doctor's Name:_____
(Last Name) (First Name)

Doctor's Address:_____

Phone Number:_____

Name and Phone Number (s) of person (s) other than parents authorized to pick up your child:
(within 30 mintues of the school)

1._____Phone Number:_____ Relationship:_____
(Last Name) (First Name)

2._____Phone number:_____Relationship:_____
(Last Name) (First Name)

3. _____Phone Number:_____Relationship:_____
(Last Name) (First Name)

4._____Phone Number:_____Relationship:_____
(Last Name) (First Name)

How did you hear about us:_____Referred by:_____

All Programs Prices for The Creative Campus

Monthly Prices for Preschool- Approx: 2.5-3.5			
Schedule	3 Days	4 Days	5 Days
School Day (8:30 AM- 3:30 PM)	$700	$800	$900
Sibling Discount	$650	$725	$800
Full Day (7 AM- 6:00 PM)	$900	$1,000	$1,100
Sibling Discount	$850	$925	$1,000

Monthly Prices for Pre-K- Approx: 3.5 to 5		
Schedule	4 Days	5 Days
School Day (8:30 AM- 3:30 PM)	$800	$900
Sibling Discount	$725	$800
Full Day (7 AM- 6:00 PM)	$1,000	$1,100
Sibling Discount	$925	$1,000

Monthly Price for Preschool Wrap Around	
Schedule	5 Days
AM/PM Wrap Around	$500

Monthly Prices for Kindergarten	
Schedule	5 Days
School Day (8:30 AM- 3:30 PM)	$900
Sibling Discount	$800
Full Day (7 AM- 6:00 PM)	$1,100
Sibling Discount	$1,000

Monthly Price for Kinderwrap	
Schedule	5 Days
AM Kinderwrap (8:30 AM- 11:30 AM)	$700
PM Kinderwrap (12:30 PM- 3:30 PM)	$700

All Programs at The Creative Campus Before and After School Pricing

Monthly Prices for Before and After School				
Schedule	2 Days	3 Days	4 Days	5 Days
Before School 7 AM- 8:30 AM	$140	$150	$155	$165
Sibling Discount	$130	$140	$145	$155
After School 3:30 PM-6:00 PM	$230	$240	$250	$260
Sibling Discount	$215	$220	$230	$240

To secure a spot, completed registration packet, $50.00 Registration Fee (Per Child), Material Fee (Per Child) of $150 & The First Month's Tuition are required.

Payment (Please make checks payable to "The Jointure")

CCS Families- signed contract is MANDATORY before starting

Name:_____ Date of Birth:____/_____/_____

Please check the program and days to register for the following:

		3 Days	4 Days	5 Days
Preschool Only	☐ School Day Preschool 8:30 AM-3:30 PM ☐ Full Day Preschool 7 AM- 6PM	☐ M, T & W ☐ T, W & TH ☐ W, TH & F	☐ M ☐ T ☐ W ☐ TH ☐ F	☐ M, T, W, TH, F
Pre-K Only	☐ School Day Pre-K 8:30 AM-3:30 PM ☐ Full Day Pre-K 7 AM- 6PM		☐ M ☐ T ☐ W ☐ TH ☐ F	☐ M, T, W, TH, F
Preschool Wrap Around Only	☐ AM Preschool Wrap 8:30 AM- 12:15 PM ☐ PM Preschool Wrap 11:55AM- 3:30 PM			☐ M, T, W, TH, F
Kindergarten Only ***Based on Enrollment***	☐ School Day Kindergarten 8:30 AM-3:30 PM ☐ Full Day Kindergarten 7 AM- 6PM			☐ M, T, W, TH, F
Kinderwrap Only ***Based on Enrollment***	☐ AM Kinderwrap ☐ PM Kinderwrap Please select school: **School** ☐ JFK School ☐ Van Holten School ☐ Bradley Gardens School ☐ Milltown School			☐ M, T, W, TH, F

		2 Days	3 Days	4 Days	5 Days
All Programs	☐ Before School 7 AM-8:30 AM	☐ M ☐ T ☐ W ☐ TH ☐ F	☐ M ☐ T ☐ W ☐ TH ☐ F	☐ M ☐ T ☐ W ☐ TH ☐ F	☐ M, T, W, TH, F
	☐ After School 3:30 PM-6:30 PM	☐ M ☐ T ☐ W ☐ TH ☐ F	☐ M ☐ T ☐ W ☐ TH ☐ F	☐ M ☐ T ☐ W ☐ TH ☐ F	☐ M, T, W, TH, F

I have read and fully understand the refund policy of The Jointure Creative Campus Programs and agree to abide by this policy.

Parent / Guardian Print_____ Parent/ Guardian Signature_____

Date_____

Before and After School

C.A.N. Coupons

C.A.N. Coupons (Care as Needed Program)

☐ AM C.A.N. Coupons	☐ PM C.A.N. Coupons
$90.00 for 5 Coupons Per Sheet	$145.00 for 5 Coupons Per Sheet

For families who require occasional before or after school care, "C.A.N." (Care As Needed) Coupons can purchased in advance from The Jointure. In order to take advantage of this program, a full registration packet must be completed with a $50.00 registration fee. C.A.N. Coupons are not transferable. Coupons will expire (2) years from the date of purchase and may only be used by a family member.

A registration packet must be completed each year prior to using any C.A.N. coupons.
Once registered, you can purchase coupons for Before School and After School by stopping at our office, calling with a credit card, or mailing a check with your request to:

The Jointure
580 Old York Road
Branchburg, NJ 08876

C.A.N Coupons Before or After School Coupons must be paid by the sheet. Please plan in advance to make sure you have a coupon on the day you need to use our C.A.N. Service. Our staff has been instructed not to accept any payments at the site. You must notify The Jointure office at 908-722-1563, the child's teacher and school office when your child will be attending.

If you have any questions, please contact The Jointure office at 908-722-1563.

WAIVER OF LIABILITY AND INDEMNITY AGREEMENT

IN CONSIDERATION of being permitted to utilize the facilities, services and programs of The Jointure for any purpose, including, but not limited to observation or use of facilities or equipment, or participation in any program affiliated with the Jointure, the undersigned, for himself or herself and any personal representatives, heirs, and next of kin, hereby acknowledges, agrees and represents that he or she has, or immediately upon entering or participating inspect and carefully consider such premises and facilities or the affiliated program. It is further warranted that such entry into the Jointure for observation or use of any facilities or equipment or participation in any program constitutes an acknowledgement that such premises and all facilities and equipment thereon and such affiliated program have been inspected and carefully considered and that the undersigned finds and accepts same as being safe and reasonably suited for the purpose of such observation, use or participation.

IN FURTHER CONSIDERATION OF BEING PERMITTED TO ENTER THE JOINTURE FOR ANY PURPOSE INCLUDING, BUT NOT LIMITED TO OBSERVATION OR USE OF FACILITIES OR EQUIPMENT, OR PARTICIPATION IN ANY PROGRAM AFFILIATED WITH THE JOINTURE,

THE UNDERSIGNED HEREBY AGREES TO THE FOLLOWING:

1. THE UNDERSIGNED HEREBY RELEASES, WAIVES, DISCHARGES AND CONVENANTS NOT TO SUE the Jointure, its directors, officers, employees, and agents (hereinafter referred to as "releases") from all liability to the undersigned, his personal representatives, assigns, heirs, and next of kin for any loss or damages, and any claim or demands therefore on account of injury to the person or property or resulting in death of the undersigned, whether caused by the negligence of the releases or otherwise while the undersigned is in, upon, or about the premises or any facilities or equipment therein or participating in any program affiliated with the Jointure.
2. THE UNDERSIGNED HEREBY AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS the releases and each of them from any loss, liability, damage or cost they may incur due to the presence of the undersigned in, upon or about the Jointure premises or in any way observing or using any facilities or equipment of the Jointure or participating in any program affiliated with the Jointure whether caused by the negligence of the releases or otherwise.
3. THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE due to negligence of release or otherwise while in about or upon the premises of the Jointure and/or while using the premises or any facilities or equipment thereon or participating in any program affiliated with the Jointure.

THE UNDERSIGNED further expressly agrees that the foregoing RELEASE, WAIVER AND INDEMNITY AGREEMENT is intended to be as broad and inclusive as is permitted by the law of the State of New Jersey and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding continue in full legal force and effect.

THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGNS THE RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT, and further agrees that no oral representations, statements or inducement apart from the foregoing written agreement have been made.

Name of Child	**Name of School**
Parent/Guardian Signature	**Date**

AUTHORIZATION

To the best of my knowledge, the history provided below is correct and complete. I know of no reason to restrict applicant's activity and give permission for participation in all activities except as noted herein. In the event that I cannot be reached in an **EMERGENCY**, I hereby give permission to the physician selected by The Jointure to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery for my child.

_____ _____

Signature of Parent/Guardian **Date**

_____ _____ _____

Insurance Company **ID#** **Group #**

DISEASE OR PAST/PRESENT HISTORY

YES	NO		DETAILS	YEAR
____	____	Serious Illness	_____	_____
____	____	Serious Injury	_____	_____
____	____	Surgery	_____	_____
____	____	Ears	_____	_____
____	____	Eyes	_____	_____
____	____	Nose/Sinus	_____	_____
____	____	Teeth	_____	_____
____	____	Throat/Tonsils	_____	_____
____	____	Chest/Lungs	_____	_____
____	____	Heart	_____	_____
____	____	Stomach/Bowels	_____	_____
____	____	Appendicitis	_____	_____
____	____	Kidney/Bladder	_____	_____
____	____	Menstrual Problems	_____	_____
____	____	Hernia Rupture	_____	_____
____	____	Back/Limbs/Joints	_____	_____
____	____	Behavioral Conditions/IEP	_____	_____
____	____	Allergies (Specify)	_____	_____
____	____	Other (Specify)	_____	_____

****Please list any SPECIAL NEEDS/ALLERGIES/MEDICATIONS****

_____

My child is in good health and can participate in The Jointure/ Creative Campus Programs.

_____ _____

Signature of Parent/Guardian **Date**

SPECIAL INSTRUCTIONS:_____

_____

If your child requires lifesaving medication (Epi-pen, Benadryl, etc.) please complete attached Medical Permission Form. A **doctor's signature and **Action Plan** are also required to begin the program.**

10:122-7.5 Administration and control of prescription and non–prescription medicines and health care procedures may be used to record administration of medication to children.

INDIVIDUAL PERMISSON FOR MEDICATION OF HEALTH CARE PROCEDURE

ONLY IF CHILD REQUIRES LIFE-SAVING MEDICATION DURING PROGRAM HOURS

Name of Child:_____

Child's condition for administering medication:_____

Name of medication/procedure_____

_____ Prescription _____ Non-Prescription _____ Doctor's approval required

Amount to be administered_____

Time(s) to be administered_____

Dates to be administered From_____ To_____

Refrigeration necessary _____Yes _____No

Special Instructions_____

_____

_____

_____

Possible adverse reactions:_____

_____

I authorize the administration of medication to my child.

_____ _____

Parent's Signature Date

All prescription medication must have physician authorization!

I authorize the following prescription medication to be administered as instructed above for this patient.

Physician Signature:_____ **Date:**_____

Physician Name:_____ **Phone:**_____

In consideration of the above named child being allowed to participate in the Jointure's program, I , the parent or legal guardian of the above mentioned child, hereby waive and forever release the Jointure, it's trustees, employees, agents, staff, volunteers, successors, partners, and assigns, from any and all liability, claims, demands, or causes of action, arising out of or in any way related to the handling of medically related situations for my child while participating in any Jointure program, specifically inclusive of claims based upon the negligent administration of the above medication.

I fully assume all risk and waive all liability in connection with my child's medical needs while participating in any Jointure Program, without limitation, to the fullest extent permitted by law. I will indemnify, save and hold harmless each of the above releases from any litigation expense, attorney fees, loss or liability, damage against the Jointure and/or the school district.

Signature of Parent/Guardian:_____ **Date:**_____

Print Name:_____

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 ☐ Male ☐ Female	Date of Birth / /

Does Child Have Health Insurance? ☐Yes ☐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. ☐Yes ☐No

SECTION II - TO BE COMPLETED BY HEALTH CARE PROVIDER

Date of Physical Examination:	Results 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	

SAMPLE SCHEDULE

New Jersey Department of Health and Senior Services
STANDARD SCHOOL / 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)	DTaP 2 mos	DTaP 4 mos	DTaP 6 mos	DTaP 15-18mos			
POLIO-INACTIVATED POLIO VACCINE (IPV) (If oral vaccine, indicate OPV in corner box)	IPV 2 mos	IPV 4 mos	IPV 6-18mos	IPV 4-6yrs			
MEASLES, MUMPS, RUBELLA (MMR)	12-15mos	4-6yrs			[5] Document below single antigen vaccine receipt, serology titers, or Varicella disease history		
HAEMOPHILUS B (HIB) [2]	2 mos	4 mos	6 mos	12-15mos			
HEPATITIS B [3]	Birth	1-2mos	6-15mos	18 mos	Hepatitis B	DATE:	TITER:
VARICELLA [4]	12-15mos	4-6yrs			Varicella	DATE:	TITER:
PNEUMOCOCCAL CONJUGATE [2]	2 mos	4 mos	6 mos	12-15mos	Measles	DATE:	TITER:
INFLUENZA [6]	Annual				Mumps	DATE:	TITER:
OTHER, SPECIFY:					Rubella	DATE:	TITER:

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

(1) REQUIRES MEDICAL EXEMPTION.
(2) REQUIRED FOR CHILD CARE/PRESCHOOL ENROLLEES (2 Months - 5th Birthday Only)
(3) REQUIRED FOR K-GRADE 1 (whichever is first). GRADE 6 BEGINNING 9-1-01, AND GRADES 9-12, EFFECTIVE 9-1-04.
(4) REQUIRED FOR DAY/CHILD CARE ENROLLEES (19 Months and older) AND GRADE K-GRADE 1 (whichever is first) EFFECTIVE 9-1-04.
(5) MMR single antigen receipt requires MO/DAY/YR, serologies require titers, and varicella disease history requires MO/YR.
(6) REQUIRED FOR CHILD CARE/PRESCHOOL ENROLLEES (6 Months – 59 Months)

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New Jersey Department of Health
STANDARD SCHOOL / 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, MUMPS, RUBELLA (MMR)					[5] Document below single antigen vaccine receipt, serology titers, or Varicella 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

(1) REQUIRES MEDICAL EXEMPTION.
(2) REQUIRED FOR CHILD CARE/PRESCHOOL ENROLLEES (2 Months - 5th Birthday Only)
(3) REQUIRED FOR K-GRADE 1 (whichever is first). GRADE 6 BEGINNING 9-1-01, AND GRADES 9-12, EFFECTIVE 9-1-04.
(4) REQUIRED FOR DAY/CHILD CARE ENROLLEES (19 Months and older) AND GRADE K-GRADE 1 (whichever is first) EFFECTIVE 9-1-04.
(5) MMR single antigen receipt requires MO/DAY/YR, serologies require titers, and varicella disease history requires MO/YR.
(6) REQUIRED FOR CHILD CARE/PRESCHOOL ENROLLEES (6 Months – 59 Months)

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TERMS AND CONDITIONS TO PARTICPIATE IN JOINTURE'S PROGRAMS– Page 1 of 2

Please initial that you understand and agree:

1. _____The Jointure requires my child to meet certain standards of behavior and that if my child fails to behave or demonstrates repeated unsatisfactory conduct, The Jointure has the right to suspend my child, or to dismiss my child from the program. A meeting with the parent/guardian will be conducted prior to such dismissal.

2. _____ The Creative Campus Programs operates Monday to Friday from 7:00 a.m. to 6:00 p.m.

3. _____ Due to the high priority of safety for all the children, it is imperative that you notify The Jointure office when your child will be absent from the program. Please note that after five absences without notification, your child will be terminated from the program for the remainder of the school year.

4._____ If the need should arise to change my child's schedule, I will give written notification to The Jointure office at least 48 hours in advance. I am aware of a $25.00 fee for every schedule change.

5._____It is my responsibility to inform The Jointure in writing or by calling The Jointure office if someone other than those listed is picking up my child and that anyone picking up my child must present photo identification and be at least 18 years old. I will notify The Jointure in writing if a phone number or address should change.

6._____My child is not permitted to bring toys, video games or electronic devices to the program and will follow all of the rules of the Creative Campus Program. All cell phones are to remain in child's book bag.

7._____ Anyone picking up my child (including myself) will be asked to present photo identification before my child is released.

8._____ A $25 late fee per child will be imposed for every 15-minute interval or part thereof. (Ex. 6:31—6:45 = $25, 6:46 – 7:00 = $50, etc.) After 5 late pick-ups my child will be terminated from the program. I understand that this policy will be strictly enforced.

9. _____ **that if my child requires life-saving medication (Epi-Pens, Benadryl, inhaler, etc.), I will provide the Action Plan provided by the child's physician, the completed Medical Permission Form signed by child's physician and parent/guardian and ALL medication prior to the child starting the program (2 Epi-Pens in the original box, Benadryl in the original box and labeled with child's name or inhaler in original box).**

_____ _____

Name of Child **School/Site**

_____ _____

Parent/Guardian Signature **Date**

Kinderwrap and Preschool Wrap Around ONLY

10. _____ I understand that midday transportation is being provided through the Jointure. I give permission for my child to be transported to and/ or from the Creative campus at Old York School and/or Whiton Elementary School on a daily basis. I understand that transportation will not be provided on days that Whiton preschool is closed, and I will be responsible for drop off and pick up for my child from Whiton Elementary School or The Creative Campus.

11. _____ I understand that transportation is being provided by and through The Jointure and not the Bridgewater-Raritan School District BOE. I give permission for my child to be transported to and/ or from The Creative Campus and/or the child's school. Transportation will not be provided if there is a delayed school opening or school is closed early due to inclement weather. I under stand that there is no program provided under such conditions and I will be responsible to drop off and pick up my child from their off-site location.

_____ _____

Name of Child School/Site

_____ _____

Parent/Guardian Signature Date

Kinderwrap Transportation Form

I, _____ hereby authorize The Jointure and First Student to transport my child _____, in order to participate in the Jointure Kinderwrap Program. I accept all responsibility for my child's actions. I understand and agree that the Jointure, First Student and their officers, employees, and agents, are not liable for any accidents, injury, harm, or loss of equipment and property caused by my child or other parties.

_____
(Print Parent Name)

_____
(Parent Signature)

_____
(Date)

Student Release of Information

Student's Name: _____ Birth Date:_____

I hereby Authorize_____
(District Teacher's Name or District Employee)
to share information contained in, mandated, and permitted Guidance, media, educational and social records to/form the Creative Campus, 580 Old York Road, Branchburg, NJ 08876, and the appropriate teacher. Such information will be for professional use only and if send to organizations, agencies, and persons from outside the school, these records shall not be transferred to a third party without written consent of the parent/guardian or adult pupil.

Parent/Guardian Signature:_____

Date:_____

The Creative Campus
580 Old York Road
Branchbrug, NJ 08876
908-722-1563
www.jointure.org

BRANCHBURG TOWNSHIP SCHOOL DISTRICT
OLD YORK SCHOOL GUIDANCE DEPARTMENT
580 Old York Road, Branchburg, NJ 08876 (908) 725-2828

RELEASE OF INFORMATION

Student's Name: _____ Birth date: _____

Teacher/Grade: _____

I hereby authorize Branchburg Township Schools to share information contained in mandated and permitted Guidance, medical, educational and social records to/from:

Name: The Creative Campus- The Jointure

Address/Telephone: 580 Old York Road, Branchburg, NJ / 908-722-1563

Such information will be for professional use only and if sent to organizations, agencies and persons from outside the school, these records shall not be transferred to a third party without written consent of the parent/ guardian or adult pupil.

Signature of Parent/Guardian:_____ **Date:** _____

Parents/Guardians, with 48 hours and a written request may obtain copies of their child's records.

Mandated Pupil Records	**Permitted Records**
Personal data including: Pupil's name, address, date of birth, Name of parents and/or guardian, Citizenship, and gender Record of daily attendance Descriptions of pupil progress History and status of physical health Child Study Records Other records required by the State Board of Ed.	Achievement Tests Aptitude tests and mental ability tests Locally developed tests Interest inventories Authenticated data concerning pupil collected by the professional staff School-sponsored activities and achievements

In the last New Jersey public school district a permanent record of the pupil's name, date of birth, gender, address, telephone number, grades, attendance record, classes attended, grade level completed, name (s) of parent (s)/guardian (s) and citizenship status shall be preserved in perpetuity. Other information in the pupil's records will be destroyed after the information is no longer necessary to provide educational services to a pupil.

Location of Pupil Records: School Cumulative Files, Student Personnel Services Office, and Nurse's Office.

Universal Health Care Record & Immunizations

All children in the Creative Campus Preschool are required to provide a completed Universal Health Care Record (New Jersey Department of Health Form CH-14) and an Immunization record provided by the child's physician prior to the child starting the program. All records must be updated and provided annually. All children enrolled must receive an annual flu shot by December 31st of that year. Any child who has not provided such documentation will be removed from the program until such documentation is provided. Child that are exempt from physical examination, immunization or medical treatment must provide a detailed written statement, explaining how the examination, immunization, or medical treatment conflicts with the child's exercise of bona-fide religious tenets or practices.

Medical Home

A medical home is an approach to providing comprehensive and high quality primary care. A medical home should be the following:

- Accessible: Care is easy for the child and family to obtain, including geographic access and insurance accommodation.
- Family-centered: The family is recognized and acknowledged as the primary caregiver and support for the child, ensuring that all medical decisions are made in true partnership with the family.
- Continuous: The same primary care clinician cares for the child from infancy through young adulthood, providing assistance and support to transition to adult care.
- Comprehensive: Preventive, primary, and specialty care are provided to the child and family.
- Coordinated: A care plan is created in partnership with the family and communicated with all health care clinicians and necessary community agencies and organizations.
- Compassionate: Genuine concern for the well-being of a child and family are emphasized and addressed.
- Culturally Effective: The family and child's culture, language, beliefs, and traditions are recognized, valued, and respected

A medical home is not a building or place; it extends beyond the walls of a clinical practice. A medical home builds partnerships with clinical specialists, families, and community resources. The medical home recognizes the family as a constant in a child's life and emphasizes partnership between health care professionals and families.

Over the last 40 years, multiple national, state, and local organizations have conducted and published research that shows evidence in support of the pediatric medical home approach to care. These studies show an association between access to and utilization of pediatric medical homes to improved health outcomes for the population, increased satisfaction for children and families, and decreased cost of care. For more information, please visit https://medicalhomeinfo.aap.org/overview/Pages/Evidence.aspx.

Medical Home

A medical home is an approach to providing comprehensive and high quality primary care. A medical home should be the following:

- Accessible: Care is easy for the child and family to obtain, including geographic access and insurance accommodation.
- Family-centered: The family is recognized and acknowledged as the primary caregiver and support for the child, ensuring that all medical decisions are made in true partnership with the family.
- Continuous: The same primary care clinician cares for the child from infancy through young adulthood, providing assistance and support to transition to adult care.
- Comprehensive: Preventive, primary, and specialty care are provided to the child and family.
- Coordinated: A care plan is created in partnership with the family and communicated with all health care clinicians and necessary community agencies and organizations.
- Compassionate: Genuine concern for the well-being of a child and family are emphasized and addressed.
- Culturally Effective: The family and child's culture, language, beliefs, and traditions are recognized, valued, and respected

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Universal Health Care Record & Immunizations

All children in the Creative Campus Preschool are required to provide a completed Universal Health Care Record (New Jersey Department of Health Form CH-14) and an Immunization record provided by the child's physician prior to the child starting the program. All records must be updated and provided annually. All children enrolled must receive an annual flu shot by December 31st of that year. Any child who has not provided such documentation will be removed from the program until such documentation is provided. Child that are exempt from physical examination, immunization or medical treatment must provide a detailed written statement, explaining how the examination, immunization, or medical treatment conflicts with the child's exercise of bona-fide religious tenets or practices.

Instructions for Completing the Universal Child Health Record (CH-14)

Section 1 - Parent

Please have the parent/guardian complete the top section and sign the consent for the child care provider/school nurse to discuss any information on this form with the health care provider.

The WIC box needs to be checked only if this form is being sent to the WIC office. WIC is a supplemental nutrition program for Women, Infants and Children that provides nutritious foods, nutrition counseling, health care referrals and breast feeding support to income eligible families. For more information about WIC in your area call 1-800-328-3838.

Section 2 - Health Care Provider

1. Please enter the date of the physical exam that is being used to complete the form. Note significant abnormalities especially if the child needs treatment for that abnormality (e.g. creams for eczema; asthma medications for wheezing etc.)
   - **Weight** - Please note pounds vs. kilograms. If the form is being used for WIC, the weight must have been taken within the last 30 days.
   - **Height** - Please note inches vs. centimeters. If the form is being used for WIC, the height must have been taken within the last 30 days.
   - **Head Circumference** - Only enter if the child is less than 2 years.
   - **Blood Pressure** - Only enter if the child is 3 years or older.

2. **Immunization** - A copy of an immunization record may be copied and attached. If you need a blank form on which to enter the immunization dates, you can request a supply of Personal Immunization Record (IMM-9) cards from the New Jersey Department of Health and Senior Services, Immunization Program at 609-588-7512.
   - The Immunization record must be attached for the form to be valid.
   - "Date next immunization is due" is optional but helps child care providers to assure that children in their care are up-to-date with immunizations.

3. **Medical Conditions -** Please list any ongoing medical conditions that might impact the child's health and well being in the child care or school setting.

   a. Note any significant medical conditions or major surgical history. **If the child has a complex medical condition, a special care plan should be completed and attached for any of the medical issue blocks that follow.** A generic care plan (CH-15) can be downloaded at www.state.nj.us/health/forms/ch-15.dot or pdf. Hard copies of the CH-15 can be requested from the Division of Family Health Services at 609-292-5666.

   b. **Medications -** List any ongoing medications. Include any medications given at home if they might impact the child's health while in child care (seizure, cardiac or asthma medications, etc.). Short-term medications such as antibiotics do not need to be listed on this form. Long-term antibiotics such as antibiotics for urinary tract infections or sickle cell prophylaxis should be included.

      PRN Medications are medications given only as needed and should have guidelines as to specific factors that should trigger medication administration.

      Please be specific about what over-the-counter (OTC) medications you recommend, and include information for the parent and child care provider as to dosage, route, frequency, and possible side effects. Many child care providers may require separate permissions slips for prescription and OTC medications.

   c. **Limitations to physical activity -** Please be as specific as possible and include dates of limitation as appropriate. Any limitation to field trips should be noted. Note any special considerations such as avoiding sun exposure or exposure to allergens. Potential severe reaction to insect stings should be noted. Special considerations such as back-only sleeping for infants should be noted.

   d. **Special Equipment** – Enter if the child wears glasses, orthodontic devices, orthotics, or other special equipment. Children with complex equipment needs should have a care plan.

   e. **Allergies/Sensitivities -** Children with life-threatening allergies should have a special care plan. Severe allergic reactions to animals or foods (wheezing etc.) should be noted. Pediatric asthma action plans can be obtained from The Pediatric Asthma Coalition of New Jersey at www.pacnj.org or by phone at 908-687-9340.

   f. **Special Diets** - Any special diet and/or supplements that are medically indicated should be included. Exclusive breastfeeding should be noted.

   g. **Behavioral/Mental Health issues** – Please note any significant behavioral problems or mental health diagnoses such as autism, breath holding, or ADHD.

   h. **Emergency Plans -** May require a special care plan if interventions are complex. Be specific about signs and symptoms to watch for. Use simple language and avoid the use of complex medical terms.

4. **Screening** - This section is required for school, WIC, Head Start, child care settings, and some other programs. This section can provide valuable data for public heath personnel to track children's health. Please enter the date that the test was performed. Note if the test was abnormal or place an "N" if it was normal.
   - For lead screening state if the blood sample was capillary or venous and the value of the test performed.
   - For PPD enter millimeters of induration, and the date listed should be the date read. If a chest x-ray was done, record results.
   - Scoliosis screenings are done biennially in the public schools beginning at age 10.

   This form may be used for clearance for sports or physical education. As such, please check the box above the signature line and make any appropriate notations in the Limitation to Physical Activities block.

5. Please sign and date the form with the date the form was completed (note the date of the exam, if different)
   - Print the health care provider's name.
   - Stamp with health care site's name, address and phone number.

THE JOINTURE PHOTO/VIDEO/INTERVIEW/WEBSITE CONSENT

I certify that I am the parent or legal guardian of _____ **whose date**
(Name of Child)
of birth is _____.
(mm/dd/yy)

I understand that this program features special events both in-school and away from school. Media representatives, newspaper and television reporters, photographers, and public-relations personnel may be present at these special events to record them. In some cases they may interview and/or photograph children who participate in these events. These photographs, videos, and interviews will only be used to promote our Creative Campus Programs.

If you wish for your child to participate in the activities described above, please review this section.

I **GIVE** permission for my child to be photographed or otherwise recorded during events and activities. *(Please check if you give permission).*

☐ Photo ☐ Video ☐Interview ☐Website Consent ☐Facebook ☐Instagram ☐ Classtag

_____ _____
SIGNATURE OF PARENT OR GUARDIAN **DATE**

If you **DO NOT** wish for your child to participate in the activities described above, please review this section.

I **DO NOT** give permission for my child to be photographed or otherwise recorded during events and activities. As a result, my child may not be able to participate in these events and activities.
*(Please check if you **DO NOT** give permission).*

☐ Photo ☐ Video ☐Interview ☐Website Consent ☐Facebook ☐Instagram ☐ Classtag

_____ _____
SIGNATURE OF PARENT OR GUARDIAN **DATE**

BLANKET PERMISSION SLIP FOR WALKING TRIPS

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

I understand that these walks do not involve entrance into any facility and the route of the trip involves no safety hazards.

_____ _____
SIGNATURE OF PARENT OR GUARDIAN **DATE**

If you **DO NOT** wish for your child to participate in walking trips, please refer to this portion of the form.

I DO NOT give permission for my child _____, to participate in waking trips. As a result, my child may not be able to participate in certain events/ activities with his/her class.

_____ _____
SIGNATURE OF PARENT OR GUARDIAN **DATE**

Parent Receipt of Information

o Information to Parents Document

o Policy on the Release of Children

o Positive Guidance and Discipline Policy

o Policy on Methods of Parental Notification

o Policy on Communicable Disease Management

o Expulsion Policy

o Policy on the Use of Technology and Social Media

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

_____ _____

Child's Name School/Program

_____

Parent/Guardian's Name

_____ _____

Parent/Guardian's Signature Date

Jointure Television and Computer Use Policy

The Jointure provides an activity-focused early learning environment for students of all ages. We believe children learn best through active participation, hands-on experiences, interactive conversation, and exploration. Utilizing technology in the classroom is a valuable resource and allows for various teaching methods when used appropriately. The Jointure follows recommendations established by the American Academy of Pediatrics, which has found that too much television viewing has been linked to poor performance in school, overweight children, and the establishment of poor dietary habits.

Children under the age of two will not have access to television viewing, which includes watching videos, or DVD's, playing video games, and using the computer.

Children age two and older who are in care four or more hours each day, television screen time is limited to 40 minutes per week and no more than 20 minutes at a time. Computer use is limited to 15 minute increments per child, except for school-age children who are completing homework, school work, or supervised enrichment activities.

Children age two and older who are in care less than four hours per day, television screen time is limited to 30 minutes per week. Computer use is limited to 15 minutes per child, except school-age children who are completing homework, school work, or supervised activities.

I have read and understand The Jointure's Television and Computer Policy .

_____ _____

Parent/Guardian Signature **Date**

HELP US GET TO KNOW YOUR CHILD!!

*Child's Name: _____

*Child's Date of Birth: _____

*Your Name: _____

*Date:_____

*Please List the names and ages of your child's siblings:

1. _____
2. _____
3. _____
4. _____

*Does your child speak more than one language? If so, which one(s)?_____
_____

*What are your child's favorite things to do? Any special interests? Favorite Characters? _____
_____
_____

*What are some of your child's favorite books or stories?_____
_____

*Does your child have a favorite toy or other familiar/go to object that may help us to help your child in a time he/she may need comforting? If so, will it be provided to us to use during these times?_____
_____
_____
_____

*If you answered yes to the above question, when does your child seem to need the item of comfort the most? Any triggers we should be made aware of to be pro-active? How can we help to comfort them?_____
_____
_____

*Has your child ever been in a school setting or day care? If so, where? What was it an overall positive experience for him/her? *Does he/she have any friends that also come to our school? Who?_____
_____
_____
_____

Is there anything additional that you would like us to know about your child in order for our staff to provide a positive experience here with us?_____
_____
_____

Does your child receive services in their district school or privately? If so, please describe_____
_____
_____

Thank you so much!

Department of Children and Families
Office of Licensing
INFORMATION TO PARENTS

Under provision 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 this written statement, prepared by the Office of Licensing, Child Care & Youth Residential Licensing, in the Department of Children and Families. In keeping with the requirement, the center must secure every parent 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; administration 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.state.nj.gov/dcf/providers/licensing/laws/CCmanual.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 : NJSCF, 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 of the meaning, application or alleged violations of the Manual of Requirements for Child Care Centers. We will be happy to arrange a convenient opportunity fir 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 brining 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 or you can view them online at https://data.nj.gov/childcare_explorer.

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.

Out 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 and LAD claim at (609) 292-4605 (TTY users may dial 771 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-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 a list accessible to staff and parents and/or provide parents with the CPSC website at http://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 Communication and Legislation at (609) 292-0422 or go to www.state.nj.us/dcf/.

The Jointure Release Policy

Each child may be released only to the child's custodial parent(s) or person(s) authorized by the custodial parent(s) to take the child from the school and assume responsibility for the child in an emergency if the custodial parent(s) cannot be reached.

If a non-custodial parent has been denied access or granted limited access to a child by the court, The Jointure shall secure documentation to that effect, maintain a copy on file and comply with the terms of the court order.

If the custodial parent(s) or person(s) authorized by the custodial parent(s) fails to pick-up a child by The Jointure's daily closing time, The Jointure shall ensure that:

1. The child is supervised at all times;
2. Staff member(s) attempts to contact parent(s) or person(s) authorized by the custodial parent(s); and
3. After an hour or more after closing time, and provide that other arrangements for releasing the child to his/her custodial parent(s) or person(s) authorized by the custodial parent(s) have failed, and the staff member(s) cannot continue to supervise the child, 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 custodial parent(s) or person(s) authorized by the custodial parent(s) appears to be physically and/or emotionally impaired to the extent that, in the judgement of the Director and/or staff member, the child would be placed at risk of harm if released to such an individual, the staff member(s) shall adhere to the following procedure;

1. The child may not be released to such an impaired individual.
2. Staff member(s) attempts to contact the child's other custodial parent or an alternative person(s) by the parent(s) for pick-up.
3. If staff are 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.

GUIDELINES FOR POSITIVE DISCIPLINE

Positive discipline is a process of teaching children how to behave appropriately. Positive discipline respects the rights of the individual child, the group, and the adult. Methods of positive discipline shall be consistent with the age and developmental needs of the children, and lead to the ability to develop and maintain self-control. 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.

You can use positive discipline by planning ahead:

- Anticipate and eliminate potential problems.
- Have consistent, clear rules that are explained to the children and understood by adults.
- Have a well-planned daily schedule.
- Plan for ample elements for fun and humor.
- Include some group decision-making.
- Provide time and space for each child to be alone.
- Make it possible for each child to feel he/she has had some positive impact on the group.
- Provide the structure and support children need to resolve their differences.
- Share ownership and responsibility with the children. Talk about our room, our toys.

You can use positive discipline by intervening when necessary:

- Re-direct to a new activity to change the focus of a child's behavior.
- Provide individualized attention to help the child deal with a particular situation.
- Use time-out—by removing a child for a few minutes from the area or activity so that he/she may gain self-control. (One minute for each year of the child's age is a good rule of thumb.)
- Divert the child and remove from the area of conflict.
- Provide alternative activities and acceptable ways to release feelings.
- Point out natural or logical consequences of children's' behavior.
- Offer a choice only if there are two acceptable options.
- Criticize the behavior, not the child. Don't say "bad boy" or "bad girl." Instead you might say "That is not allowed here."

You can use positive discipline by showing love and encouragement:

- 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.
- Overlook small annoyances, and deliberately ignore provocations.
- Give hugs and caring to every child every day.
- Appreciate the child's point of view.
- Be loving, but don't confuse loving with license.

Positive Discipline is NOT:

- Discipline a child for failing to eat or sleep or for soiling themselves.
- Hitting, shaking, or any other form of corporal punishment.
- Using abusive language, ridicule, hard, humiliating or frightening treatment or any other form of emotional punishment of children.
- Engaging in or inflicting any form of child abuse and/or neglect.
- Withholding food, emotional responses, stimulation, or opportunities for rest or sleep.
- Requiring a child to remain silent or inactive for an inappropriately long period of time.

Positive discipline takes time, patience, repetition and the willingness to change the way you deal with children. But it's worth it, because positive discipline works.

The Jointure Discipline Policy

1. Children shall not be deprived of food or water, isolated, subjected to corporal punishment, or required to participate in abusive or excessive physical exercise as means of punishment by staff.

2. The following describes the way we handle behavior deemed appropriate to all Jointure Programs.

    - The Site supervisor/teacher is responsible for the behavior of children at his/her site. Should a problem arise, the Site Supervisor will be the one to handle it. His/her methods will include patience, understanding and kindness.

    - The Site Supervisor/teacher will try to redirect and interest the child in another activity (i.e. if a child is running around and being disruptive, have him/her sit quietly at a different table, work on a puzzle, collage or draw).

    - If the child does not respond to the above mentioned methods and continues to be disruptive, the child will be asked to be seated where the child will be able to see what is happening at the site but will not be able to participate until he/she has regained his/her self-control.

    - As a last resort, and only if the child is so disruptive that the normal daily activities cannot proceed, the parent/guardian may be called and asked to come and remove the child from the program. At that point, the supervisor and the parent/guardian will have a conference to exchange ideas on how to modify the child's behavior. The supervisor will contact the Director of Children's Programs regarding behavioral issues. The child may be suspended from the program at this point.

    - If, after returning to the program, the child continues to be disruptive and all methods of discipline have been exhausted, the child may be removed from the program permanently.

Date:_____

TO: The Creative Campus
580 Old York School
Branchburg, NJ 08876

This letter will authorize The Jointure to charge my credit card or account as follows: Please choose the method in which you intend to have withdrawals each month.

☐ **Credit Card and Debit Card** (PLEASE PRINT)

Name of Card (Visa/MasterCard/ Discover / American Express):_____

Cardholder's Name: **Last Name:**_____ **First Name:**_____

Address of Cardholder: _____

Card Number:_____ Phone Number:_____

Exp. Date:_____ Security Code:_____

Please note a 2% Credit Card Fee per transaction

☐ **Direct Debit** (please fill out form or attach a voided check) (PLEASE PRINT)

Account Holder's Name: **Last Name:**_____ **First Name:** _____

Bank Name:_____ Account Phone Number:_____

ABA Routing Number:_____

Checking Account Number:_____

☐ **Check** ***** Please make checks payable to "The Jointure"*****

I, _____ understand that my account will be charged in the amount of $_____ on the 15th for the following month's tuition(i.e. October's tuition is due September 15th). Starting from _____ (Month) to _____ (Month). I also understand that if my child's schedule changes the amount charged to my account will reflect the changed tuition.

_____ _____

Name of Child **Name of School/Site**

Signature:_____ **Date:**_____

Payment Policies & Procedures

Tuition is set annually and divided into 10 equal monthly payments for your convenience. A $50 registration fee and your first month's payment is due at the time of enrollment to hold your child's place. **Subsequent payments are due one month in advance, on or before the 15th of each month (i.e. October's tuition is due by September 15th).** Invoices will be e-mailed the first of every month regardless of method of payment. If there are any changes to your e-mail throughout the year, please contact our Creative Campus office, 908-722-1563.

Withdrawals , Refunds and Cancellation Terms & Conditions

(Please initial that you understand and agree)

1. _____All withdrawals must be completed and submitted with the Jointure's Withdrawal Form (If you wish to withdraw your child before the start of school in September, you will receive a refund of any prepaid tuition).
2. _____If you wish to withdraw, there is a non-refundable $30 Withdrawal Fee. A fee will be added each time a child is withdrawn from the program.
3. _____Refunds will not be approved for emergency closings, delayed openings, half days, early dismissals or any closure due to unforeseen circumstances
4. _____The $50 per child registration fee is non-refundable.
5. _____ A refund or credit will be determined on the day in which the Withdrawal Form is submit ted. Any outstanding charges including the Withdrawal Fee must be paid in order for your child to be withdrawn from the program.
6. _____Refunds will not be provided until a Withdrawal Form has been completed and submitted. Your child may not enroll or re-enroll in any Jointure program if you have an outstanding balance (all payment issues, such as adjustments and refunds, must be resolved with the office before the end of the school year. There will be no requests honored for refunds or adjustments after the school year is over).
7. _____It is the responsibility of the cardholder to notify The Jointure Administrative Office if there are changes to the account, and/ or card information.
8. _____Credit or Debit Cards or Direct Deposits resulting "Non-sufficient Funds" will be charged $25. Credit or Debit Cards consistently resulting in NSF will require all future payments to be made by cash or money order for the remainder of the year.
9. _____All charges on a Credit Card or Debit Card will incur a **non-refundable** 2% fee per charge.
10. _____ In order to cancel your monthly Automatic Credit or Debit Cards or Direct Deposit Payments, written notification must be provided stating the date in which you choose to stop automatic payments. Once your account has been cancelled, you will receive a confirmation email.

By printing and signing below, I, _____, understand the policies and procedures regarding payments, withdrawals and refunds. I also understand the terms and conditions for utilizing Credit or Debit Card or Direct Deposits Automatic Payments and the cancellation and refund policies associated with it.

Signature:_____ **Date:**_____

Policy on the Management of Communicable Diseases

If a child exhibits any of the following symptoms, the child should not attend the program/center. If such symptoms occur at the center/program, the child will be removed from the group, 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 or axillary temperature of 100.5 degrees
- Lethargy
- Severe coughing
- Yellow eyes or jaundiced skin
- Red eyes with discharge
- Infected, untreated skin patches
- Difficult or rapid breathing
- Skin rash in conjunction with fever or behavior changes
- Skin lesion that is 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 unless contradicated by local health department or Department of Health.

EXCLUDABLE COMMUINCABLE DISEASES

A child or staff member who contracts an excludable communicable disease may not return to the center/program without a health care provider's note stating that the child/staff member presents no risk to himself/herself or others.

Note: If a child has chicken pox, a note from the parent stating that all the 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 disease must be reported to the health department by the center/program. The Department of Health's Reporting Requirements for Communicable Diseases and Work-Related Conditions Quick Reference Guide, a complete list of the reportable excludable communicable diseases, can be found at:

http://www.nj.gov/health/cd/documents/reportable_disease_magnet.pdf.

Medication Administration in Child Care Policy and Procedures

PURPOSE: ***This policy was written to encourage communication between the parent, the child's health care provider and the child care provider to assure maximum safety in the giving of medication to the child who requires medication to be provided during the time the child is in our care.***
INTENT: ***To ensure the health and safety of all children in our center/program is a team effort by the Jointure, family and health care provider. This is particularly true when medication is necessary to the child's participation in our programs. Therefore, an understanding of each of our responsibilities, policies and procedures concerning medication administration is critical to meeting that goal.***

GUIDING PRINICPALS AND PROCEDURES:

1. Whenever possible, it is best that medication be given at home. Dosing of medication can frequently be done so that the child receives medication prior to going to our center/program, and again when returning home and/or bedtime. The parent/guardian is encouraged to discuss this possibility with the child's health care provider.

2. The first dose of any medication should always be given at home with sufficient time before the child returns to child care to observe the child's response to the medication given. When a child is ill due to a communicable disease that requires medication or treatment, the health care provider may require that the child be on a particular medication for 24 hours before returning to the center or program. This is for the protection of the child who is ill as well as the other children in the center or program.

3. Medication will only be given when ordered by the child's health care provider and with written consent of the child's parent/legal guardian. A "Permission to Give Medication in Child Care" form is attached to the policy and will hereafter be referred to as the Permission Form. All information on the Permission Form must be completed before the medication can be given. Copies of this form can be duplicated or requested from the Jointure.

4. "As needed" medication may be given only when the child's health care provider completes a Permission Form that lists specific reason and times when such medication can be given.

5. Medications given in the Center/Program will be administered by a staff member designated by the Center Director and have been informed of the child's health needs related to the medication and will have had training in the safe administration of medication.

6. Any prescription or over-the-counter medication brought to the center/program must be specific to the child who is to receive the medication, in its original container, have a child-resistant safety cap, and labeled with the appropriate information as follows:
    - Prescription medication must have the original pharmacists label that includes the pharmacists phone number, the child's full name, name of the health care provider prescribing the medication, name and expiration date of the medication, the date it was prescribed or updated, and dosage, route, frequency, and any special instructions for its administration or storage. It is suggested that the parent/legal guardian ask the pharmacist to provide the medication in two containers, one for home and one for the Center/Program.
    - Over-the-Counter (OTC) medication must have the child's full name on the container, and manufacturer's original label with dosage, route, frequency, and any special instructions for administration and storage, and expiration date must be clearly visible.
    - Any OTC medication without instructions for administration specific to the age of the child receiving the medication must have a completed Permission Form from the health care provider prior to being given in the Center/Program.

7. Examples of over-the-counter medications that may be given include:
    - Antihistamines
    - Decongestants
    - Non-aspirin fever reducers/pain relievers
    - Cough suppressants
    - Topical ointments, such as diaper cream or sunscreen

8. All medication will be stored:

- Inaccessible to children
- Separate from staff or household medications
- Under proper temperature control

9. For the children who receive a particular medication on a long-term daily basis, the staff will advise the parent/legal guardian one week prior to the medication needing to be refilled so that needed doses of medication are not missed.

10. Unused or expired medication will be returned to the parent/guardian when it is no longer needed or able to be used by the child.

11. Records of all medication given to a child are completed in ink and are signed by the staff designated to give the medication. These records are maintained in the Center/Program.

12. Information exchange between the parent/guardian and the Jointure about medication that a child is receiving should be shared when the child is brought to and picked up from the Center/Program. Parents/Guardians should share with the staff any problems, observations, or suggestions that they may have in giving medication to their child at home, and likewise with the staff from the center/program to the parent/guardian.

13. Confidentiality related to medications and their administration will be safeguarded by the Center Director and staff. Parents/guardians may request to see/review their child's medication records maintained at the Center/Program at any time.

14. Parent/guardian will sign all necessary medication related forms that require their signature, and particularly in the care of emergency contact form, will update the information as necessary to safeguard the health and safety of the child.

15. Parent/guardian will authorize the Director or Director Designee to contact the pharmacist or health care provider for more information about the medication the child is receiving, and will also authorize the health care provider to speak with the Director or Director's Designee in the event that a situation arises that requires immediate attention the child's health and safety particularly when the parent/guardian cannot be reached.

16. Parent/Guardian will read and have an opportunity to discuss content of this policy with the Director or Director's Designee. The parent signature on this policy is an indication that the parent accepts the guidelines and procedures listed in the policy, and will follow them to safeguard the health and safety of their child. Parent/Guardian will receive a copy of the signed policy including single copies of the records in this policy.

17. The Medication Administration in Child Care Policy will be reviewed annually by the following:
    - ☐ Jointure Director: Lisa Giranda
    - ☐ Child Care Director: Darnell A. Scott
    - ☐ Licensing Consultant

EFFECTIVE DATE OF THIS POLICY:	PARENT SIGNATURE:	DATE:
12/1/2018	PARENT SIGNATURE:	DATE:

The Jointure Expulsion Policy

Unfortunately, sometimes there are 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 or 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 the program:

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 the 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 a child.
- Verbal abuse to staff or children.
- Other (explain)

CHILD'S ACTIONS FOR EXPULSION

- Failure of child to adjust behavior 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 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 behaviors 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 come to an agreement.
- The parent/guardian will be informed regarding the length of the expulsion period.
- The parent/guardian will be informed of the expected behavioral changes required in order for the child or parent to return to the program.
- The parent/guardian will be given 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 program.

A CHILD WILL NOT BE EXPELLED

If a parent:

- Made a complaint to the Office of Licensing regarding a center's alleged violation or licensing requirements.
- Reported abuse or neglect occurring at the program.
- Questions the program regarding policies and procedures.
- Is not given 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 reign 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 the 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 consultant on premises.
- Recommend an evaluation by local school district study team.

Parent Social Media & Technology Policy

Introduction

Social media are powerful communication tools that can impact The Jointure & Creative Campus professional reputation. Social media can blur the line between personal and institutional opinions. The following policy is designed to clarify how best to protect personal and professional reputations when participating in social media. The goal is to establish practical and enforceable guidelines by which we can conduct ourselves in a constructive, positive and official capacity.

Social media are defined as media designed to be circulated through social interaction, using accessible online forums. Examples include but are not limited to Facebook, Instagram, LinkedIn, YouTube, and SnapChat.

Both in professional and institutional roles, employees need to follow the same behavioral standards online as they would in real life. The same laws, professional expectations, and guidelines for interacting with families, co-workers and the community apply online as they do on the job. Employees are liable for anything they post to social media sites.

Policies and Guiding Principles

Only those officially designated can use social media to speak on behalf of The Jointure in an official capacity, though employees may use social media to speak for themselves individually or to exercise their legal rights under the National Labor Relations Act.

When engaging in social media activity:

- Protect confidential and proprietary information: Do not post confidential or proprietary information about The Jointure or Creative Campus, students, families or your co-workers. Examples include but are not limited to pictures or videos of students, negative comments about co-workers, and personal information about families. You must adhere to all applicable privacy and confidentiality policies. Employees who share confidential information do so at the risk of disciplinary actions or termination.

- Exercise personal responsibility: The Jointure trusts and expects employees to exercise personal responsibility when using social media, which includes not violating the trust of those with whom they are engaging. Employees should never use social media for covert advocacy and marketing when acting in a professional capacity. If and when employees use social media to communicate on behalf of The Jointure, they should clearly identify themselves as employees.

- Respect the Jointure time and property: Jointure computers and time on the job are reserved for center related business as approved by supervisors and in accordance with teacher/staff job descriptions. Abuse and misconduct associated with use of center computers and time will be done at the risk of disciplinary action.

- Don't use The Jointure logos for endorsements: Do not use The Jointure or Creative Campus logo or any other center images or iconography on personal social media sites. Do not use The Jointure's or Creative Campus name to promote a product, cause, or political party or candidate.

- Respect copyright and fair use: When posting, be mindful of the copyright and intellectual property rights of others and of The Jointure and Creative Campus.

Acknowledgment:

I acknowledge that as a parent/guardian of a child in a Jointure Program my actions may positively or negatively impact The Jointure, thus I hereby agree to be bound by the general Jointure policies as well as those governing online communications while my child is enrolled in a Jointure Program.

I will not send, share, text, or post e-mail, blogs, images, videos or content to a member of The Jointure community.

I agree:

NOT to accept Jointure staff as "Friends" so they have unlimited access to my site.

NOT to upload any inappropriate material (videos, photos, music, etc.) that could damage the reputation of The Jointure or program participants.

NOT to upload any material (videos, photos, music, etc.) of "Program Participants," Parents or the program or any materials at Jointure events and programs.

I understand:

- The Jointure's policy of social networking sites and other websites.
- The use of e-mail, text messages, and other electronic means of communication with Jointure staff should be professional and only for program or child related questions or information.
- All communications should be made through Jointure approved phone numbers and e-mails.
- The guidelines for parents, including but not limited to, prohibiting the posting of photographs or videos of any child other than my own.

I agree and understand the Jointure Social Media & Technology Policy and guidelines for parents/guardians.

Signature: _____ Date: _____

Print Name: _____

Supervisor Signature: _____ Date: _____

ASQ Assessment Policy

ASQ is a screening tool The Creative Campus Preschool Program utilizes to screen and assess the developmental performance of children in the areas of communication, gross motor skills, fine motor skills, problem solving, and personal-social skills. It is used to identify children that would benefit from an in-depth evaluation for developmental delays.

The ASQ Questionnaire will be conducted twice a year by both parent/guardian and your child's teacher. Questionnaire results will be discussed at conferences or more frequent if necessary. For more information about ASQ, please check out their website at https://agesandstages.com/

ECERS Rating

The Creative Campus participates is ECERS (Early Childhood Environmental Rating Scale) which is designed to assess **process quality** in an early childhood or school age care group. **Process quality** consists of the various interactions that go on in a classroom between staff and children, staff and parents and other adults, among the children themselves, and the interactions children have with the many materials and activities in the environment, as well as those features, such as space, schedule and materials that support these interactions. Process quality is assessed primarily through observation. Observations will be conducted annually.

If you have any questions regarding the ASQ Questionnaire, Assessment, Policy or the ECERS Policy, please contact your child's teacher.

The Creative Campus
580 Old York Road
Branchburg, NJ 08876
908.722.1563

www.jointure.org

The Jointure
Administrative Office
1124 US 202, Suite B-11
Raritan, NJ 08869
908.722.0233

Receipt of Information

I have received, reviewed and understand the ASQ Policy, ECERS Policy and Creative Campus Parent Handbook. I will return the completed ASQ questionnaire to my child's teacher by the first day of school.

_____	_____
Child's Name	Class Teacher
_____	
Parent/Guardian's Name	
_____	_____
Parent/Guardian's Signature	Date

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Policy on Methods of Parental Notification

It is very important at The Jointure that we have open communication with all our parents and staff members. We use many forms for communication to notify parents and staff members of news, reminders, updates, emergencies, changes to programs/calendars, etc. If parents need to contact Jointure staff any/all of the below methods of communication are acceptable.

Acceptable lines of communication include:

• **Telephones (Landline/Home)**	• **Mail**
• **Site Cell Phones**	• **Parent-Teacher Conferences**
• **Work Phones**	• **Parent– Director Meeting**
• **Written "Hard Copies" given out a programs**	• **Website: www.jointure.org**
• **Emails**	• **Facebook: Http://www.facebook.com/the jointure**
• **Procare**	• **Class Tag**

Jointure Team
908-722-1563

Director, Lisa Giranda	X-7	lgiranda@jointure.org
Director of Children's Programs, Darnell A. Scott	X-6	dscott@jointure.org
Administrator of Public Relations, Lauren DeCuollo		ldecuollo@jointure.org
Administrator of School Age Programs, Pete Diana	X-5	pdiana@jointure.org
Administrator of Registration and Billing, Danielle O'Donnell	X-3	dodonnell@jointure.org
Preschool Teacher , Erin Drumbore		edrumbore@jointure.org
Pre-K Teacher, Eileen McFadden		emcfadden@jointure.org
Pre-K Teacher, Jenna Giranda		jgiranda@jointure.org
Pre– K Teacher, Jessica Bartley		jbartley@jointure.org
Kindergarten Teacher, Cheryl Truppi		ctruppi@jointure.org
Special Activities Instructor, Michael Matone		mmatone@jointure.org

Site Numbers

Whiton Before and After School Program

Before School- 7:00 AM-8:50 AM

After School- 3:40 PM- 6:00 PM

Program Number: 908-575-1574

JFK Before and After School Program

Before School- 7 AM-8:35 AM

After School- 2:55 PM- 6:00 PM

Program Number: 908-704-1717

Stony Brook Before and After School Program

Before School- 7 AM-8:20 AM

After School- 3:20 PM- 6:00 PM

Program Number: 908-524-4445

Van Holten Before and After School Program

Before School- 7 AM-8:35 AM

After School- 2:55 PM- 6:00 PM

Program Number: 908-705-3086

Weston Before and After School Program

Before School- 7 AM-8:30 AM

After School- 2:55 PM- 6:00 PM

Program Number: 908-874-4852

Roosevelt Before School

Before School- 7 AM- 8:35 AM

Program Number: 908-705-3059

The Creative Campus Preschool, Kindergarten,

Summer Camp & School Break Camp

Hours: 7 AM- 6:00 PM

Program Number: 908-200-8684

By signing below, I,_____ understand the Jointure may contact me utilizing the methods of communication deemed appropriate above regarding my child, the program, or any other information pertaining to the participation of a Jointure program. I agree to the methods of communication in the above policy in the event I need to contact Jointure staff or a Jointure program.

_____ _____

Parent/Guardian Signature Date

March 4, 2022

Good Afternoon Creative Campus Families:

As a result of measures taken by the Center for Disease Control, the New Jersey Department of Health and The Jointure Board of Trustees; in collaboration with The Creative Campus Team, effective Monday, March 7th, 2022 masks will be optional at The Creative Campus.

The priority to all Creative Campus students and staff is that no child or staff member is made to feel uncomfortable either wearing a mask or not wearing a mask. We will continue social distancing, frequent handwashing and disinfecting and sanitizing classrooms; as well as air purifiers and increased ventilation in every classroom. Parents are reminded to please keep students home if they are feeling sick. We will maintain our isolation guidelines for children who test positive for COVID.

- Masking is the choice of parents/guardians. If you wish to have your child wear a mask, please provide additional masks and email or Classtag your child's teacher. Staff will always offer friendly reminders, but are not responsible if children will not wear a mask.
- Students will not be grouped or singled out according to masking status.
- Masks will only be required if an individual has Covid symptoms, tests positive and is returning on days 10-14 of isolation.
- Mid-day temperature checks and abbreviated questions will continue to be asked.

We are aware that procedures and recommendations may change and will continue to monitor and provide updated information when it is available.

Thank you for your patience and cooperation as we stay dedicated to the health, safety and well-being of our students, staff and community.

Sincerely,

Lisa Giranda
Director

Due to the outbreak of the novel Coronavirus (COVID-19), The Jointure for Community Adult Education, Inc. (DBA The Jointure), is doing everything we can to protect our students, staff and community. To this extent, The Jointure will follow the Center of Disease-Control (CDC) with regard to social distancing practices and disinfecting and sanitizing procedures.
Symptoms of COVID-19 include, but are not limited to:
Fever
Fatique
Dry Cough
Difficulty Breathing

I agree to the following:

- I, nor members of my household, have not experienced any of the symptoms listed above within the last 14 days.
- I, nor members of my household, have not travelled internationally in the last 30 days.
- I, nor members of my household, have not traveled to a highly impacted area within the United States of America in the last 30 days.
- I, nor members of my household, do not believe that we have been exposed to someone with a suspected and/or confirmed case of the Coronavirus (COVID-19).
- I, nor members of my household, have not been diagnosed with the Coronavirus (COVID-19) within the last 30 days.

The Jointure cannot be held liable from any exposure to the Coronavirus (COVID-19) caused by misinformation on this form or the health history provided by each family.

By signing below, I hereby release and agree to hold The Jointure for Community Adult Education, Inc., harmless from and waive on behalf of myself, my heirs, and any personal representatives any and all causes of action, claims, demands, damages, costs, expenses, and compensation for damages or loss to myself and/or property that may be caused by any act, or failure to act of the organization, or that may otherwise arise in any way in connection with any services received from The Jointure. I agree to release The Jointure from any and all liability for the unintentional exposure or harm due to the Coronavirus (COVID-19)

The Jointure agrees to abide by these standards and affirms the same.

Date: _____ Name: _____