



Jin-A Child Care Center
Kindergarten Summer Program



77 Jay Street, Clifton, NJ 07013
 Tel: 973-279-1203, Fax: 973-279-0126
 E-mail: jinaschool@verizon.net Web: www.jinaschool.com



Dear Parents!

We are happy to inform you about our Summer Program 2024 for **Kindergarten graduates**.

Jin-A will accept registration forms from now until all spaces are filled.

Our eight-week program will be from **June 24 through August 16**. The program will be from 9~5 pm with possible extended care. Our daily schedule includes outdoor play, KG review, arts and crafts, free play games, reading in the morning and swimming, age appropriate movies, outdoor play in the afternoon.

Tuition	Registration Fee	\$30
Full time	Complete 8 week Tuition	\$2,800
	Swim Fee	\$85
Part time	Weekly Tuition	\$360
	Daily Tuition	\$75
	Daily Swim Fee	\$5
Extended Care	Early and Late Care Weekly	\$30
	Early and Late Care Daily	\$10

Note:

- Since our capacity is limited we will take registration on a first come first serve basis giving priority to siblings of children presently enrolled and Jin-A graduates.
- Every Friday all children enjoy thematic games and crafts class by class for Fabulous Friday.
- The payment of the registration is necessary to secure your spot for the summer program. Please return the registration form with the payment ASAP.
- If you pay full tuition before 6/21/24, you will receive a 10 % tuition discount (up to \$280).

Thank you!

Jin-A Child Care Center

77 Jay Street, Clifton, NJ 07013

Tel: 973-279-1203, Fax: 973-279-0126 E-mail: jinaschool@verizon.net, Web: www.jinaschool.com

Summer Program Registration Form

Child's Name _____ Sex _____ Grade Completed _____

Birth Date _____ Ethnicity _____ Rel. Affiliation _____

Home Address _____ Home Phone _____

E-Mail Addresses _____

Father's Name (Legal Guardian) _____ Work Phone _____

Company Name _____ Cell Phone _____

Address _____

Mother's Name (Legal Guardian) _____ Work Phone _____

Company Name _____ Cell Phone _____

Address _____

Person authorized to assume responsibility for the child if parent is not available:

Name _____ Relationship with family _____

Home Phone _____ Work Phone _____ Cell Phone _____

Child's Doctor _____ Phone _____

Address _____

Enrollment Full-time _____ Part-time _____ Dates _____

Early Care (7:30-9:00am) Late Care (5:00-6:00pm)

Pick up

The child will be picked up by parents only _____

I give permission to the following people to pick up my child:

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

By my signature, I attest to the following:

* That the above information is correct. If any information changes, I will notify the Jin-A office promptly.

* That in the event of a medical emergency, I authorize Jin-A Child Care Center to seek emergency medical care for my child as deemed necessary by the director or administrative assistant.

* That I have received and read the Parents Handbook.

* That my child is in good health and has no restrictions.

* That I give permission for my child to go on neighborhood walks to near by parks with Jin-A staff.

*That the child's immunization records are at _____

Name of School

Parent/Legal Guardian Signature _____ Date _____

Jin-A Child Care Center

77 Jay Street, Clifton, NJ 07013

Tel: 973-279-1203, Fax: 973-279-0126 E-mail: jinaschool@verizon.net, Web: www.jinaschool.com

Enrollment Agreement

Child's Name _____ Date of Birth _____

I hereby grant permission for my child _____ to participate in all of the activities of Jin-A Child Care Center and to use all the play equipment with no restrictions.

Financial Agreement

I agree to give one month's (four weeks) notice if I plan to withdraw my child. If I fail to give proper notice, I understand I am liable to pay one month (four weeks) after my child withdraws.

I have received the center's tuition schedule and agree to pay tuition on time. I also understand that, if my child stays beyond scheduled hours I will be charged additional fees.

I understand that if my payment is delayed for more than five working days I will be charged a late fee. After four weeks of delayed payment the child will not be able to attend Jin-A Child until all fees are paid.

I understand that any outstanding tuition bill after two months of termination will be collected by a collection agency at my cost.

By enrolling my child at Jin-A, I will become a member of the Jin-A Parents Association. I will attend the parent's meetings and information sessions. I also will be responsible to support the Parents Association by raising a minimum of **\$100** (net/per school year) per child or make an equivalent cash donation.

Policies (See Parent's Handbook Page 16 to 32.)

I, the undersigned, have received and read the Parent's Handbook and agree to comply with the policies and regulations. In particular I have read: (*Please **check** each policy)

- | | | |
|---|--|--|
| <input type="checkbox"/> Health and Safety Policy | <input type="checkbox"/> Release / Waiver for Surveillance | <input type="checkbox"/> Arrival and Pickup Policy |
| <input type="checkbox"/> Philosophy of Discipline | <input type="checkbox"/> Assessment Policy | <input type="checkbox"/> Termination Policy |
| <input type="checkbox"/> Information to Parents | <input type="checkbox"/> Social Media Policy | <input type="checkbox"/> Technology Policy |
- I will notify the office in case I need more explanation or translation.

Information and Authorization

I agree that my child's medical information may be shared among staff/teachers/emergency contacts and posted in designated areas of the classroom as necessary.

I give permission for my child to be screened for development.

I give permission to use my child's picture and work for school related documentation and publications (Jin-A website, documentations, yearbooks, news paper articles).

I will inform Jin-A Child Care Center if there are any changes in the information of my registration packet and promptly update any phone numbers and medical information.

Also, in keeping with New Jersey's licensing requirements, we are obliged to provide you, the parent, with this informational statement.

The statement highlights, among other things: your right to visit and observe our center at any time without having to secure prior permission; the center's obligation to be licensed and to comply with licensing standards; and the obligation of all citizens to report suspected child abuse/neglect/exploitation to the State's Child Abuse Hotline at 1(877) NJABUSE.

Parent/Legal Guardian # 1 _____
Print Name Signature Date

Parent/Legal Guardian # 2 _____
Print Name Signature Date

Jin-A Child Care Center

77 Jay Street, Clifton, NJ 07013

Tel: 973-279-1203, Fax: 973-279-0126 E-mail: jinaschool@verizon.net, Web: www.jinaschool.com

Medical Authorization Form

Medical Authorization For _____
Child's Name _____ Date of Birth _____

I, the undersigned parent or guardian, having legal custody of the above-named minor, hereby authorize Jin-A Child Care Center, into whose care said minor has been entrusted, to consent to any emergency medical treatment or hospital care to be rendered to said minor upon the advice of a physician or surgeon licensed under the provision of the Medical Practice Act or by a dentist licensed under the provisions of the Dental Practice Act.

I further authorize Jin-A Child Care Center to have said minor released into the custody of a Jin-A Child Care Center staff, should hospital care no longer be required.

This form is to be used **only in an EMERGENCY**, when I am unable to be contacted.

Medical Information: Please mention any information that may be helpful to hospital staff.

Allergies to medication or food _____

Ongoing Medication use by Child _____

Health problems (asthma, heart condition, seizures, diabetes, sickle cell. Etc....) _____

Other comments _____

Child's Health Care provider

Name _____ Phone _____

Address _____

Child's Health insurance

Name of Insurance Plan _____ Policy # _____

Subscriber's Name _____ Member ID # _____

List preference for transportation arrangement in an emergency situation (Parent/guardians are responsible for all transportation charges)

Hospital preference: 1st choice _____ 2nd choice _____

Emergency contact to whom child may be released if parent/guardian is unavailable:

Name & relationship _____

Home Phone _____ Work Phone _____ Cell Phone _____

As parent/guardian, I give consent to have my child receive first aid by the Jin-A Child Care staff.

I authorize Jin-A Child Care Staff to contact and share health information with both my child's **Health Care provider** and emergency contact if it is considered necessary.

I give consent for the emergency contact person listed above to act on my behalf until I am available.

I understand I will be responsible for all charges not covered by the insurance.

Parent/Legal Guardian # 1 _____
Print Name _____ Signature _____ Date _____

Parent/Legal Guardian # 2 _____
Print Name _____ Signature _____ Date _____

Home Phone _____ Mom (work) _____ (cell) _____

Other Phone _____ Dad (work) _____ (cell) _____

UNIVERSAL CHILD HEALTH RECORD

Endorsed by: American Academy of Pediatrics, New Jersey Chapter
New Jersey Academy of Family Physicians
New Jersey Department of Health and Senior Services

SECTION I - TO BE COMPLETED BY PARENT(S)					
Child's Name (Last)		(First)		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth / /
Does Child Have Health Insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, Name of Child's Health Insurance Carrier			
Parent/Guardian Name		Home Telephone Number		Work Telephone/Cell Phone Number	
Parent/Guardian Name		Home Telephone Number		Work Telephone/Cell Phone Number	
<i>I give my consent for my child's Health Care Provider and Child Care Provider/School Nurse to discuss the information on this form.</i>					
Signature/Date				This form may be released to WIC. <input type="checkbox"/> Yes <input type="checkbox"/> No	
SECTION II - TO BE COMPLETED BY HEALTH CARE PROVIDER					
Date of Physical Examination:		Results of physical examination normal? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Abnormalities Noted:			Weight (must be taken within 30 days for WIC)		
			Height (must be taken within 30 days for WIC)		
			Head Circumference (if <2 Years)		
			Blood Pressure (if ≥3 Years)		
IMMUNIZATIONS		<input type="checkbox"/> Immunization Record Attached <input type="checkbox"/> Date Next Immunization Due:			
MEDICAL CONDITIONS					
Chronic Medical Conditions/Related Surgeries • List medical conditions/ongoing surgical concerns:		<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached		Comments	
Medications/Treatments • List medications/treatments:		<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached		Comments	
Limitations to Physical Activity • List limitations/special considerations:		<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached		Comments	
Special Equipment Needs • List items necessary for daily activities		<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached		Comments	
Allergies/Sensitivities • List allergies:		<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached		Comments	
Special Diet/Vitamin & Mineral Supplements • List dietary specifications:		<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached		Comments	
Behavioral Issues/Mental Health Diagnosis • List behavioral/mental health issues/concerns:		<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached		Comments	
Emergency Plans • List emergency plan that might be needed and the sign/symptoms to watch for:		<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached		Comments	
PREVENTIVE HEALTH SCREENINGS					
Type Screening	Date Performed	Record Value	Type Screening	Date Performed	Note if Abnormal
Hgb/Hct			Hearing		
Lead: <input type="checkbox"/> Capillary <input type="checkbox"/> Venous			Vision		
TB (mm of Induration)			Dental		
Other:			Developmental		
Other:			Scoliosis		
<input type="checkbox"/> <i>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.</i>					
Name of Health Care Provider (Print)			Health Care Provider Stamp:		
Signature/Date					

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 health 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.



Jin-A Child Care Center

77 Jay Street, Clifton, NJ 07013

Tel: 973-279-1203, Fax: 973-279-0126

E-mail: jinaschool@verizon.net Web: www.jinaschool.com



EMERGENCY MEDICATION PLAN

JCCC is not able to give any medication (prescription and non-prescription) without written permission from parents and directions from a healthcare provider.

Name of Child _____ Date of Birth _____

*FEVER ACTION PLAN

Due to past seizures, other medical conditions, or distance of parent's work from childcare facility, Jin-A Child Care request a standing prescription for fever reducing medication. Medications should be brought to the office.

Temperature	Medication	How Much	How Often/When
100°F			
101°F			
102°F			
103°F			

Physician's Name _____ Phone# _____
 Physician's Signature _____ Date _____
 * valid one year

I give permission for my child to receive the above named medication(s) as prescribed.
 Parent / Guardian's Name _____ phone# _____
 Parent / Guardian's Signature _____ Date _____
 * valid one year

OTHER

Jin-A Child Care requests parent's permission for the following over-the-counter medications. Medications should be brought to the office.

_____ I give permission for my child to have his/her own **sun lotion and sun protection** applied.

_____ I give permission for my child to have his/her own **diaper cream** applied.

Parent / Guardian's Name _____ phone# _____
 Parent / Guardian's Signature _____ Date _____
 * valid one year



Jin-A Child Care Center
77 Jay Street, Clifton, NJ 07013
Tel: 973-279-1203, Fax: 973-279-0126
www.jinaschool.com



INCLUSION AND EXCLUSION PLAN / DISMISSAL OF CHILDREN (POLICY) **(REGARDING, but not exclusive to COVID-19 PANDEMIC)**

We understand families' level of concern during this time regarding the potential impact of the novel coronavirus (COVID-19) in our community. As the school re-opens, we ask that your child be well enough to participate in the full program, including outdoor play.

Parents and families must be diligent in preventing the spread of the disease by monitoring children and following these guidelines. We will continue to maintain regular communication and collaboration between the teachers and the parents to best serve the interests of the students.

A. Please see the following guidelines for Jin-A's plans for re-opening:

- Daily health checks of each child will be performed on arrival each day. Staff will objectively determine if the child is ill or well. Staff will determine if children with mild illnesses, allergy-related symptoms, or non-COVID 19 symptoms can remain in care or need to be excluded.
- Staff will notify the parent/guardian when a child develops new signs or symptoms of illness.
- Parent/guardian notification will be immediate for emergency or urgent issues.
- Staff will notify parents/guardians of children who have symptoms that require exclusion, and parents/guardians should remove the child from the child care setting as soon as possible.
- For children whose symptoms do not require exclusion, written notification from the pediatrician by the parent/guardian is required.

B. Temporary exclusion is recommended when the child has any of the following conditions:

1. A severely ill appearance—this could include lethargy/lack of responsiveness, irritability, persistent crying, difficult breathing, or having a quickly spreading rash.
2. A cough with fever, rapid or difficult breathing, and/or wheezing
3. Fever (temperature >100.0°F [37.8°C] by any method) with a behavior change
4. The illness prevents the child from participating comfortably in activities.
5. The illness results in a need for care that is greater than the staff can provide without compromising the health and safety of other children.

C. PROCEDURES:

1. **For a Child Who Requires Exclusion while on Jin-A's campus, the caregiver/teacher will:**
 - Make decisions about providing care 6 feet apart that is comfortable for the child while awaiting parent/guardian pickup on a case-by-case basis, considering factors such as the child's age, surroundings, potential risk to others, and type and severity of symptoms the child is exhibiting. (The child will be supervised by someone who knows the child well and who will continue to observe the child for new or worsening symptoms.)
 - If symptoms do not allow the child to remain in his or her usual care setting while awaiting pickup, the child should be separated from other children by at least 6 feet until the child leaves to help minimize exposure of staff and children who were not previously in close contact with the child.

- All who have been in contact with the ill child should wash their hands. Toys, equipment, and surfaces used by the ill child should be cleaned and disinfected after the child leaves.
- Discuss the signs and symptoms of the illness with the parent/guardian who is assuming care.
- Contact the local health department if there is a question of a reportable (harmful) infectious disease in a child or staff member in the facility. If there are conflicting opinions from different primary care providers about the management of a child with a reportable infectious disease, the health department has the legal authority to make a final determination.
- Document actions in the child's file with date, time, symptoms, and actions taken (and by whom); sign and date the document.
- In collaboration with the local health department, notify any parents/guardian/staff with contact to the child with presumed or confirmed reportable infectious disease.
- *Symptom-based precautions* require **at least 10 Days have passed since symptoms** attributed to COVID-19 first appeared **AND** at least **3 days** symptom-free.
- *Testing-based precautions* require **at least two negative specimens AND** resolution of fever (without use of fever-reducing medication), AND improvement in illness signs and symptoms.

2. Conditions/Symptoms That Do Not Require Exclusion:

- Seasonal allergies;
- Common colds;
- Runny noses (regardless of color or consistency of nasal discharge);
- Watery, yellow or white discharge or crusting eye discharge without fever, eye pain, or eyelid redness; or
- Yellow or white eye drainage that is not associated with pink or red conjunctiva (e.g., the whites of the eyes).

3. Preventative Measures and Monitoring:

- During drop-off and pick-up, we ask that parents do not come inside the classrooms;
- Wear cloth masks or face coverings;
- Temperature scans of students will be conducted daily;
- Clean hands often using soap and water or alcohol-based hand sanitizer;
- Avoid people who are sick (coughing and sneezing);
- Clean and disinfect high-touch surfaces (several times per day) in common areas (e.g. tables, hard-backed chairs, doorknobs, light switches, remotes, handles, desks, toilets, sinks);
- Launder items daily including washable plush toys as appropriate in accordance with the manufacturer's instructions. If possible, launder items using the warmest appropriate water setting for the items and dry items completely. Dirty laundry from an ill person can be washed with other people's items.

4. In the event of confirmed person with COVID-19, Jin-A Child Care Center will follow the CDC's guidelines for reporting to the Local Health Department, who will determine time (if any) for closure.

D. Release of and Waiver from Liability

This Release of and Waiver from Liability (“Release”) is executed by the parent(s) in favor of Jin-A Child Care Center, Inc., their directors, officers, employees, and agents and releases liability in the event of infection of diseases contracted at Jin-A on the premises located at Jin-A Child Care Center, 77 Jay Street, Clifton, NJ 07013.

1. **Release and Waiver:** The parent(s) hereby release and forever discharge and hold harmless Jin-A Child Care Center from any liability, loss, cost and expense (including, without limitation, attorneys’ fees and costs) arising from or connected with the COVID-19 in connection with staff, parents or other classmates at Jin-A Child Care Center, 77 Jay Street, Clifton, NJ 07013.
2. **Assumption of Risk:** The Director of Jin-A Child Care Center has posted all necessary signage at the site (77 Jay Street, Clifton, NJ 07013) advising that the premises are being disinfected on a regular basis, hand washing policies are consistent with CDC recommendations, and children who exhibit symptoms are asked to stay home.
3. **Execution:** Upon signing the Enrollment Agreement, you acknowledge that you will also inform other family members, or authorized person(s) who pick up your child, about the need to protect staff, parents and children at Jin-A Child Care Center.

Upon signing this Exclusion / Inclusion Policy, you declare that you have read this Release and its contents of your free will and accord. The laws of the State of New Jersey govern this Release of and Waiver from Liability.

PRINTED NAME OF STUDENT

I, _____, have been notified of the policies and procedures
(CLEARLY PRINT PARENT’S NAME)

of Jin-A’s Exclusion and Inclusion plan. My signature further acknowledges I will hold Jin-A Child Care Center, and all of its agents harmless and assume sole responsibility to manage these risks with my personal primary care provider.

PRINTED NAME

Signature

Date