

Parents' Agreement - Summer 2009

Dated: June 1, 2009

Dear Parents:

Welcome to the Garden Preschool Cooperative Summer Camp 2009. Please also read and sign this agreement and return it to school.

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As a parent enrolling my child in the Garden Preschool Cooperative, I understand that parent members play a critical role in the school's functioning. In particular, I commit myself to support the school in the following ways:

- Parents are required to assist in their child's school day approximately once every 2 week session as the Parent of the Day (POD), as per the schedule distributed throughout the school year. Parents who have **two children enrolled** are responsible for **two POD days** per 2 week day cycle. For POD duty, the parent is expected to be at school 8:45 A.M. AND REMAIN until Aftercare teacher has 5 or less students (about 5p.m.). The parent assigned to POD duty may use their discretion in delegating such responsibility to a relative such as an aunt/uncle or grandparent. Additionally, other caretakers such as sitters may also be used as substitutes for POD responsibilities.
- The POD is responsible for purchasing, bringing, preparing, distributing, and cleaning up the day's snack. The POD is not responsible for drinks as filtered water will be provided for both snacks. The parent working a full day must bring enough for morning and afternoon snack. The morning snack should be portable to bring to the park. These must be healthy, non high sugar, non high salt, non high sugar substitute, non highly processed snacks. Example: a bag of baby carrots and cut up oranges, mini-muffins and cut up apples, pretzels and ½ a banana for each child. Please no potato chips, cookies, soda, etc. There are always pretzels available if a child does not like the snack of the day. Any notice of children's food allergies will be posted on kitchen counter. Please check this before you choose a snack.
- Parents provide the lunch, including drink for their children. Lunches that require microwave heating should be clearly marked with a note that simply reads "HEAT" and that is clearly visible to the POD. In addition lunches should be marked , "NO NUTS" or "NUTS."

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- I understand that all camp tuition and deposits are nonrefundable.
- I understand that one school day runs from 9:00 A.M. to 4:00 p.m. Early Care is available from 8:15-9:00 a.m. After Care is available from 4:00-6:00p.m.
- Pod duty starts at 8:45 a.m. and ends when aftercare teacher has five or less children (about 5 pm). Since late arrival as parent of the day has serious repercussions to the flow of school activities for children and staff, a fine system of \$1 for every minute late will be assessed. Additionally, if I arrive on time, but am unavailable to assist due to drinking coffee or shopping for snack, I will be fined \$1 for each of these minutes.
- Sunscreen is to be applied by the parent each morning. Please provide a change of clothing, bathing suit, water shoes, a hat, towel and bedding for nap time.
- By signing this form, I understand that I am committing myself to work a minimum of 1 day per 2 week session as an in-class parent over the course of summer camp. I also understand that the Board of Directors has the authority to impose fines should I fail to fulfill my obligations to the school.

Signed _____

Parent or legal guardian Date

Name: _____

Address: _____

Tel. Number: _____

Signed _____

Parent or legal guardian Date

Name: _____

Address: _____

Tel. Number: _____

THESE ACKNOWLEDGMENT SHEETS WILL BE ON FILE FOR INSPECTION BY THE STATE OF NEW JERSEY DEPARTMENT OF EDUCATION.

Parents' Aftercare Agreement - Summer 2009

Parent Contract of Agreement for Use of Aftercare at the Garden Preschool Cooperative, Jersey City

By signing this agreement we the parents/legal guardians, (hereto referred in this contract as PARENT) of (Student Name) _____ agree to abide by the following rules and terms of use of the Aftercare Program at the Garden Preschool.

1. The aftercare program at the Garden Preschool is available to all students enrolled in the 2009 Summer Program at the Garden Preschool Cooperative who have submitted a completed and signed copy of this contract to GPC on or before the beginning of camp, June 21, 2009.
2. The aftercare program begins at 4:00pm and ends promptly at 6pm every school day. The aftercare program is NOT AVAILABLE to any child on days in which the school is closed, on school half-days or on days in which the child has not been present for a significant portion of the regular school day. A "significant portion" is defined as the following:
 - a. Children who do not have a doctor's appointment must present to school no later than 11am to use aftercare.
 - b. Children who have a doctor's appointment must present to school no later than 12:30 to use aftercare.
3. Pick-up of children after 6pm is not permitted. A PARENT who picks up his/her child after 6pm, thus constituting an offense, will be subject to the following penalties:
 - a. Pick-ups between 6pm and 6:10pm will cost the PARENT \$25.00 per child; thereafter there will be a \$25.00 per child fine for every fifteen minute interval.
 - b. A PARENT who commits TWO offenses of the aftercare system in a single Session will be subject to the above fines and suspension of aftercare privileges for 10 consecutive school days, beginning the Monday of the week following the offense. During such a period of suspension, it is mandatory that the PARENT's child be picked up no later than 4:10pm.
 - c. On the PARENT's THIRD offense in a single 2 month period, the PARENT will be subject to the above fines and suspension of aftercare for the remainder of camp.
 - d. Any pickup after 4:10 pm during a period of suspension will be considered a subsequent violation by the PARENT of the aftercare policy and the corresponding consequences will be imposed.
4. In the event that the PARENT expects to pick-up his/her child after 6pm, it is the PARENT's responsibility to make alternative arrangements to have his/her child picked-up on time. Other parents at the Garden Preschool may make themselves available to parents in need but it is to be understood that this is a courtesy and in no way an obligation of the offering parent or the Garden Preschool Cooperative. If the PARENT is unsuccessful in making alternative arrangements to have his/her child picked up from school at the conclusion of aftercare, the PARENT will be subject to the rules as stated above.

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5. As part of this agreement, the PARENT is required to provide at least three back-up adults the school may contact in the event that his/her child is still at school after the conclusion of aftercare. In the event that the PARENT is later than 6:00 p.m. in picking up his/her child, permission is granted to the aftercare provider to contact one of these adults to arrange for pick up of the PARENT's child. It is imperative that the PARENT notify these adults to let them know they are being identified as emergency contacts and may be contacted in the event that the PARENT is unreachable. The PARENT understands that the aftercare provider is under NO OBLIGATION TO ARRANGE FOR ANOTHER ADULT TO PICK-UP HIS/HER CHILD if the PARENT is late. Emergency contacts will be called in the order listed below. Any changes must be made directly on this form:

Emergency Contact #1

Name:

Relationship to Child:

Address:

Phone Number:

Alternative Phone Number:

Emergency Contact #2

Name:

Relationship to Child:

Address:

Phone Number:

Alternative Phone Number:

Emergency Contact #3

Name:

Relationship to Child:

Address:

Phone Number:

Alternative Phone Number:

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6. In the event that the PARENT's child is not picked up by 6pm, or, during a period of suspension, by 4:00 pm, the Garden Preschool Cooperative reserves the right to contact the Department of Youth and Family Services to ensure the child's safe custody.

In order to utilize aftercare, this document must be signed by both parents/legal guardians of each child and handed to Camp Director Sejal Patel with submission of forms.

Name of Parent/Legal Guardian #1: _____

Signature of Parent/Legal Guardian #1: _____

Date: _____

Name of Parent/Legal Guardian #2: _____

Signature of Parent/Legal Guardian #2: _____

Date: _____

GARDEN PRESCHOOL COOPERATIVE
Field Trip Permission Form

Dated: June 1, 2009

To the Garden Preschool Cooperative:

I hereby give my child, _____, and permission to go on school field trips within walking distance of the school. This general permission form covers all field trips for which walking, and only walking, will be the mode of transportation.

Signed _____
Parent or legal guardian Date

GARDEN PRESCHOOL COOPERATIVE
Sample Field Trip Permission Form, Non-walking

Dated: June 1, 2009

To the Garden Preschool Cooperative:

I hereby give my child, _____, and permission to go on the school field scheduled for Wednesday, June 18, 2009, to the Liberty Science Center. I understand that various parents will be driving to the Center using their own cars.

Signed: _____
Parent or legal guardian Date

For your information only. No need to sign this and return it.

GARDEN PRESCHOOL COOPERATIVE
Reference/Conviction Form

DATED : _____

NAME: _____

ADDRESS: _____

All persons working in the classroom must, under New Jersey law, provide to the school information regarding references and any criminal convictions.

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A. REFERENCES: GIVE THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.

Name	Address	Business	Years Known
1.			
2.			
3.			

B. CONVICTIONS

1. Have you been convicted of a crime (felony/misdemeanor) in the past five years?

Yes No

2. If yes, describe: _____

GARDEN PRESCHOOL COOPERATIVE
Dismissal Authorization Form

Date: June 1, 2009

To: Garden Preschool Cooperative

From:

Child's Name:

I give the Garden Preschool Cooperative permission to release my child to following named individuals:

Name: _____
Address: _____
Tel. Number: _____

Name: _____
Address: _____
Tel. Number: _____

Name: _____
Address: _____
Tel. Number: _____

Name: _____
Address: _____
Tel. Number: _____

Garden Preschool Cooperative Medical Consent Form
2009

In case of fever, Sejal Patel has my consent to administer Tylenol / Advil (please circle one) to my child.

The correct dosage for my child is _____.

Name: _____

Signature: _____

Date: _____

UNIVERSAL CHILD HEALTH RECORD

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

SECTION I - TO BE COMPLETED BY PARENT(S)			
Child's Name (Last)	(First)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth / /
Does Child Have Health Insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, Name of Child's Health Insurance Carrier	
Parent/Guardian Name		Home Telephone Number	Work Telephone/Cell Phone Number
Parent/Guardian Name		Home Telephone Number	Work Telephone/Cell Phone Number
<i>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:
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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		

Name of Health Care Provider (Print)	Health Care Provider Stamp
Signature/Date	