

Director: Linda Brownlee  
School: 973-874-0493  
Bright Beginnings Learning Center & Daycare  
Pastor: Rev. Jennifer Lovallo  
Church: 973-697-2877



Dear Parents/Guardians,

Enclosed is your packet for Bright Beginnings Learning Center and Daycare of The United Methodist Church at Newfoundland.

Our goal is to offer each child a Christian-based education centered on acceptance, love, and understanding. We believe that children learn best through play and we aim to help your child in developing important values such as good manners, caring, sharing, patience, and responsibility, as well as communication and teamwork.

After reading through the packet of information, if you have any questions please feel free to contact us.

We hope to see you and your child at Bright Beginnings in the very near future!

Many Blessings,  
Linda Brownlee, Director  
and the Bright Beginnings Staff

65 LaRue Rd. P.O. Box 288 Newfoundland, NJ 07435  
Email: [learnatbrightbeginnings@gmail.com](mailto:learnatbrightbeginnings@gmail.com)  
Website: [www.learnatbrightbeginnings.com](http://www.learnatbrightbeginnings.com)



# MONTHLY TUITION

2019-2020

## BRIGHT BEGINNINGS LEARNING CENTER AND DAYCARE

Hours of Operation

6:30am- 6:30pm  
Monday-Friday

Enrichment classes are included in daycare tuition

6 WEEKS- 2 YEARS		5 DAYS	4 DAYS	3 DAYS
FULL DAY HALF DAY DROP IN	INFANTS/ WADDLERS	\$ 1,290.00	\$ 1,038.00	\$ 786.00
	6 HOURS	\$ 882.00	\$ 708.00	\$ 534.00
		\$85 A DAY	Due at the time of drop in	
2 YEARS - 3 YEARS		5 DAYS	4 DAYS	3 DAYS
FULL DAY HALF DAY DROP IN	TODDLERS	\$ 1,224.00	\$ 984.00	\$ 744.00
	6 HOURS	\$ 900.00	\$ 732.00	\$ 552.00
		\$70 A DAY	Due at the time of drop in	
3 YEARS- 4 YEARS		5 DAYS	4 DAYS	3 DAYS
FULL DAY HALF DAY PART TIME DROP IN	PRESCHOOL	\$ 1,152.00	\$ 924.00	\$ 690.00
	6 HOURS	\$ 846.00	\$ 684.00	\$ 516.00
	9:00am-12:30pm	\$ 588.00	\$ 516.00	\$ 474.00
		\$70 A DAY	Due at the time of drop in	
4 YEARS - 5 YEARS		5 DAYS	4 DAYS	3 DAYS
FULL DAY HALF DAY DROP IN	PRE-K	\$ 1,080.00	\$ 864.00	\$ 654.00
	9:00am-3:00pm	\$ 798.00	\$ 636.00	\$ 510.00
		\$70 A DAY	Due at the time of drop in	
BEFORE/AFTER CARE				
AGES 5 - 12		Please call for special		
BEFORE CARE		\$ 240.00	MONTHLY	rates if you do not need 5
AFTER CARE		\$ 360.00	MONTHLY	days a week
BOTH		\$ 510.00	MONTHLY	

Tuition Express is our preferred method of payment.

Tuition is due on the first of the month. Tuition received after the 5th will incur a 5% late fee.

**There will be a \$5 check processing fee.**

**There will be a \$25 returned check fee.**

We offer a 10% Sibling discount off the less expensive tuition.

Class placement is based on both age and developmental level, along with public school cut off date of October 1.



## THE UNITED METHODIST CHURCH AT NEWFOUNDLAND

PO Box 288 – 65 LaRue Road – Newfoundland, NJ 07435 – Phone (973) 697-2877 – Fax (973) 697-8718

Rev. Jennifer R. Lovallo, Pastor

Dear Parents,

As the Minister of the United Methodist Church at Newfoundland I want to personally welcome you to our Bright Beginnings Learning Center and Daycare. This is an outreach ministry of our church and it is our privilege to serve you. We take our responsibility to you and your children very seriously as we seek to provide a nurturing environment in which the children can grow.

Some of you are returning families, but some of you are new to our program, and I want you to know that our church doors are always open to the community. We are a family-friendly congregation that faithfully serves our entire neighborhood and beyond with mission projects, events, and activities. We worship on Sunday mornings at 10:00 am with Sunday school at that same hour. We offer classes for children ages 4 – 18 and you're welcomed to join us any time and participate in the many events during the year.

I've been serving Newfoundland since 2015 and enjoy the opportunity I have to work with the preschoolers once a week during the school year. We meet in the sanctuary and learn stories from the Bible, play games, and sing songs. My goal is to open their minds to the possibility of the divine, and encourage them to begin exploring their faith. I have four children of my own and have always considered children's education to be of utmost importance in both my life and my ministry.

In addition to being a pastoral counselor and spiritual advisor I am also a trained life coach and am always available to you and your family if you have any questions or concerns. If you are interested in learning more about our church or have a specific need you'd like addressed, please feel free to visit with me in my office Mondays – Thursdays between 10:00 am and 2:00 pm or contact me through the church office. I know you will always find a warm welcome at Bright Beginnings.

Blessings,

Rev. Jennifer Lovallo

# Bright Beginnings Learning Center & Daycare

## 2019-2020 Calendar

September 2 – Labor Day – **CENTER CLOSED**

September 3 – First Day of School (Infant-Pre-K) at Bright Beginnings

September 5 – First Day of School (before/aftercare)/WM School begins

October 9 – Yom Kippur – WM Schools Closed – Bright Beginnings Open

October 10 – Back to School Night

October 14 - Columbus Day - WM Schools Early Dismissal – Bright Beginnings Open

October 27 – Trunk or Treat 12:00 Lunch

October 31 – Halloween Parade and Party

November 7 & 8 - Teacher's Convention- WM Schools Closed – Bright Beginnings Open

November 25 & 26 - WM Early Dismissal - Bright Beginnings Open

November 27 - Day before Thanksgiving - WM Early Dismissal/**Bright Beginnings - 3pm Closing**

November 28 & 29- Thanksgiving Break- **CENTER CLOSED**

December 19 – Christmas Concert – Chapel at 7pm

December 20 - WM Early Dismissal- Bright Beginnings Open

December 24 – **Bright Beginnings – 3pm Closing**

December 25-January 1- CHRISTMAS BREAK- **CENTER CLOSED**

January 2 – WM Schools Early Dismissal – Bright Beginnings Open

January 20 - Martin Luther King Day - WM Schools Closed – Bright Beginnings Open

February 17 &18 - President's Day - WM Schools Closed – Bright Beginnings Open

March TBA – Applebee's Breakfast Fundraiser

March 18 - WM Schools Early Dismissal – Bright Beginnings Open

March 28 - Spring Concert 10am and Easter Egg Hunt

April 10 – Good Friday – **CENTER CLOSED**

April 13-17 – WM Schools Closed for Spring Break – Bright Beginnings Open

May 8 – Moms and Muffins

May 25 - Memorial Day- **CENTER CLOSED**

June 19 – Dads and Donuts

June 23-25 - WM Early Dismissal- Bright Beginnings Open/ 25<sup>th</sup> Last Day of Before/Aftercare

June 19 - BRIGHT BEGINNINGS GRADUATION

July 4<sup>th</sup> - **CENTER CLOSED**

August 24<sup>th</sup>-August 28<sup>th</sup> – **CENTER CLOSED for cleaning and repairs**



# Bright Beginnings Learning Center & Daycare at The United Methodist Church at Newfoundland

**Director:** Linda Brownlee

School: 973-874-0493

**Pastor:** Rev. Jennifer Lovallo

Church: 973-697-2877

## Welcome to Bright Beginnings

Below is a list of things your child will need at our school. Please make sure to **label everything** you leave at school with your child's first and last name.

- All paperwork:
  - Registration Contract
  - Child Care Emergency Contact Information
  - Universal Health Record (filled out by you and your child's pediatrician)
  - Medical Conditions
  - *For our elementary aged students only, Medical Declaration Statement*
  - *For students with health needs only, Care Plan for Children with Special Health Needs*
  - *For infants and waddlers only, Infant/Waddler Feeding Plan*
  - Media Release
  - Camera Notification
  - Lotion Permission
  - Policies Agreement
- Sheets and a blanket for rest, clearly labeled
- Two changes of clothes, including socks, underwear, and shoes if you have an extra set
- Diapers and wipes
- Lunch, snacks, and drinks

*Specifically for infants/waddlers:*

- Formula/breast milk
- Bottles
- Feeding Utensils
- Cereals, baby food, solids (as listed on Feeding Plan)
- Bibs
- Pacifier
- Diaper Cream



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Website: [www.learnatbrightbeginnings.com](http://www.learnatbrightbeginnings.com)



# Bright Beginnings Learning Center & Daycare at The United Methodist Church at Newfoundland

## Registration Contract 2019-2020

CHILD'S NAME \_\_\_\_\_ D.O.B. \_\_\_\_\_

ADDRESS \_\_\_\_\_

Parents/Guardians, Please indicate if custody documents are attached \_\_\_\_\_

### MOTHER'S INFORMATION

### FATHER'S INFORMATION

NAME \_\_\_\_\_

HOME # \_\_\_\_\_

CELL # \_\_\_\_\_

EMAIL \_\_\_\_\_

### MOTHER'S EMPLOYER

### FATHER'S EMPLOYER

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_

### PLEASE INDICATE WHICH CLASS OR PROGRAM YOU ARE ENROLLING FOR:

INFANTS \_\_\_\_\_ WADDLER \_\_\_\_\_ TODDLER \_\_\_\_\_ PRESCHOOL \_\_\_\_\_ PRE-K \_\_\_\_\_

FULL DAY (6+ HOURS) \_\_\_\_\_ HALF DAY (6 HOURS) \_\_\_\_\_ PRESCHOOL ONLY \_\_\_\_\_  
(9-12:30)

SCHOOL AGE (KINDERGARTEN- 6<sup>TH</sup> GRADE) A.M. \_\_\_\_\_ P.M. \_\_\_\_\_

### PLEASE INDICATE WHICH DAYS OF THE WEEK YOU ARE ENROLLING FOR AND THE START DATE:

MON. \_\_\_\_\_ TUES. \_\_\_\_\_ WED. \_\_\_\_\_ THURS. \_\_\_\_\_ FRI. \_\_\_\_\_ START DATE \_\_\_\_\_

ARRIVAL TIME \_\_\_\_\_ PICK UP TIME \_\_\_\_\_

PAYMENT TYPE (CIRCLE ONE): DEBIT/ELECTRONIC TRANSFER      CREDIT CARD      CASH/CHECK

I AGREE TO PAY \$ \_\_\_\_\_ MONTHLY (TUITION IS DUE ON THE 1<sup>ST</sup> OF EACH MONTH)

A 50% DEPOSIT OF \_\_\_\_\_ IS DUE ON MY CHILD'S FIRST DAY.

PARENT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_ DIRECTOR \_\_\_\_\_



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## CHILD CARE EMERGENCY CONTACT INFORMATION

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Home Address: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

**Emergency Contacts** (people to contact who are approved to pick-up when parent/guardians are not reachable):

Name of 1<sup>st</sup> Contact: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work/Cell Phone: \_\_\_\_\_

Name of 2<sup>nd</sup> Contact: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work/Cell Phone: \_\_\_\_\_

### **Additional People Authorized to Pick Up Child:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

We must have written permission for anyone other than parent/guardian to pick up your child from the center.



**Child's Primary Health Care Practitioner**

Physician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

**Child's Health Insurance**

Name of Insurance Company: \_\_\_\_\_

ID #: \_\_\_\_\_ Group #: \_\_\_\_\_

Policy Holder's Name: \_\_\_\_\_

List special conditions, disabilities, allergies, or medical information for emergency situations: \_\_\_\_\_

\_\_\_\_\_

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**Parent/Legal Guardian Consent and Agreement for Emergencies**

*As parent/legal guardian, I give consent to have my child receive first aid by facility staff and, if necessary, by transported to receive emergency care. I understand that I will be responsible for all charges not covered by insurance. I agree to review and update this information whenever a change occurs and at least once a year.*

Parent/Guardian #1 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian #2 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

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	
<b>I give my consent for my child's Health Care Provider and Child Care Provider/School Nurse to discuss the information on this form.</b>					
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)		
<b>IMMUNIZATIONS</b>		<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"/> <b>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.</b>					
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, Vaccine Preventable Diseases Program at 609-826-4860.

- 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.nj.gov/health/forms/ch-15.dot](http://www.nj.gov/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](http://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.



## MEDICAL CONDITIONS

Does your child have any medical conditions of which Bright Beginnings Learning Center and Daycare needs to be aware? (i.e., allergies, asthma, diabetes, etc.)

YES \_\_\_\_\_

NO \_\_\_\_\_

If yes, what? \_\_\_\_\_

Special Instructions:

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PARENT SIGNATURE

DATE

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**MEDICAL DECLARATION FOR SCHOOL-AGED CHILDREN**

Child's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Grade in September \_\_\_\_\_

Is your child under any medical/physical restrictions? (Circle One) Y / N

If yes, please check all that apply:

Asthma             Hearing Loss             Diabetes  
 Convulsions         Other: \_\_\_\_\_

Is your child taking any medications? (Circle One) Y / N

If yes, please list:

\_\_\_\_\_  
\_\_\_\_\_

Has your child been under a doctor's care or hospitalized within the last three years? (Circle One) Y / N

If yes, please explain:

\_\_\_\_\_  
\_\_\_\_\_

Is your child allergic to any medications/food/insect stings? (Circle One) Y / N

If yes, please list:

\_\_\_\_\_  
\_\_\_\_\_

Family Healthcare Provider : \_\_\_\_\_

Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

**As a parent/guardian of the above participating child, I certify that he/she is in good physical health, has no special needs, and may participate in all of the activities at Bright Beginnings Learning Center and Daycare, except as noted above.**

**Parent/Guardian Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

# CARE PLAN FOR CHILDREN WITH SPECIAL HEALTH NEEDS

*-To be completed by a Health Care Provider-*

	Today's Date
Child's Full Name	Date of Birth
Parent's/Guardian's Name	Telephone No. (     )
Primary Health Care Provider	Telephone No. (     )
Specialty Provider	Telephone No. (     )
Specialty Provider	Telephone No. (     )
Diagnosis(es)	
Allergies	

### ROUTINE CARE

Medication To Be Given at Child Care	Schedule/Dose (When and How Much?)	Route (How?)	Reason Prescribed	Possible Side Effects

List medications given at home:

### NEEDED ACCOMMODATION(S)

Describe any needed accommodation(s) the child needs in daily activities and why:

- Diet or Feeding: \_\_\_\_\_
- Classroom Activities: \_\_\_\_\_
- Naptime/Sleeping: \_\_\_\_\_
- Toileting: \_\_\_\_\_
- Outdoor or Field Trips: \_\_\_\_\_
- Transportation: \_\_\_\_\_
- Other: \_\_\_\_\_
- Additional comments: \_\_\_\_\_
- \_\_\_\_\_

**CARE PLAN FOR CHILDREN WITH SPECIAL HEALTH NEEDS**  
**Continued**

**SPECIAL EQUIPMENT / MEDICAL SUPPLIES**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**EMERGENCY CARE**

**CALL PARENTS/GUARDIANS** if the following symptoms are present:

\_\_\_\_\_  
\_\_\_\_\_

**CALL 911 (EMERGENCY MEDICAL SERVICES)** if the following symptoms are present, as well as contacting the parents/guardians:

\_\_\_\_\_  
\_\_\_\_\_

**TAKE THESE MEASURES** while waiting for parents or medical help to arrive:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SUGGESTED SPECIAL TRAINING FOR STAFF**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Health Care Provider Signature

Date

**PARENT NOTES (OPTIONAL)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*I hereby give consent for my child's health care provider or specialist to communicate with my child's child care provider or school nurse to discuss any of the information contained in this care plan.*

Parent/Guardian Signature

Date

**Important:** *In order to ensure the health and safety of your child, it is vital that any person involved in the care of your child be aware of your child's special health needs, medication your child is taking, or needs in case of a health care emergency, and the specific actions to take regarding your child's special health needs.*

## **Instructions for Completing the Care Plan for Children with Special Health Needs (CH-15)**

This Care Plan template is designed to supplement the Universal Child Health Record (UCHR, CH-14). It should be used for children with special health needs (CSHN). The UCHR is designed to be concise and does not provide sufficient space for detailed instructions that a CSHN might need. Use this Care Plan when your instructions for the child's care cannot be fit on to the UCHR. This Care Plan should be utilized as a template that can be adapted as needed. Not all parts need to be completed for some children, but other children may require extra pages to be attached to fully explain the instructions for the child's care.

In order to facilitate communication between the health care provider and the parent, it may be best to complete this form with the parent/guardian present. Parents often have practical knowledge that is important to incorporate into the plan, such as techniques to get the child to cooperate with treatments and specifics about the child care site/school like the hours attended and the resources/limitations of the out-of-home care provider. There is room at the end for optional parent notes and signature that will give permission for communication between the health care provider and the child care provider or school nurse.

### **Specific Instructions:**

1. Complete the Universal Child Health Record (UCHR, CH-14).
2. Attach a copy of immunization record.
3. As appropriate check off the box labeled "Special Care Plan Attached."
4. Complete the Care Plan for Children with Special Health Needs
  - Complete the demographic information.
  - The Primary Health Care Provider is the medical home where the child's complete health records are maintained.
  - Specialty providers and their contact information should be included if the specialists play a major role in the child's health care such as adjusting medication doses.
  - Diagnosis – Include major diagnoses (preferably using lay terminology as necessary).
  - Allergies – Include medication allergies and other significant environmental allergies.
  - Routine Care – Complete the medication information. Include important side effects that child care providers should be watching for both with medications administered at home as well as those given at child care.
  - Describe any Needed Accommodations to particular activities.
    - Describe special diets or feeding techniques which may be needed such as feeding pureed foods, maintaining upright positioning during feeds, following a restrictive diet, etc.
    - Classroom activities – List any modifications needed to allow the child to participate such as extra rest breaks, use of adaptive equipment, etc.
    - Outdoor Activities/Field Trips- List any special precautions needed for class trips such as emergency kits, mobile phones, special vehicles, etc.
  - Special Equipment/ Medical Supplies
    - List special equipment that may be needed such as nebulizers, peak flow meters, glucometers, braces, hearing aids, wheelchairs, apnea monitors, etc.
  - Emergency Care
    - Help the child care providers to understand which signs/symptoms merit calling the parents and which are more serious and indicate that EMS should be activated.
    - Describe interim measures that should be taken while waiting for parent or EMS arrival such as administering an asthma nebulizer treatment or an Epi-Pen.
  - Special Staff Training
    - Are there special trainings that staff should attend in order to care for the child such as medication administration training, first aid/CPR, etc.? Include who might be available to provide such training.





# Infant/Waddler Feeding Plan

Child's Name: \_\_\_\_\_

Age: \_\_\_\_\_

Feeding	Time	Food to be Given	Amount
Breakfast			
AM Snack			
Lunch			
PM Snack			
Dinner			
Juice			
Milk/Formula			

Comments (introduction of new foods):

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Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_





# Bright Beginnings Learning Center & Daycare at The United Methodist Church at Newfoundland

**Director:** Linda Brownlee

School: 973-874-0493

**Pastor:** Rev. Jennifer Lovallo

Church: 973-697-2877

## Media Release Form

Dear Parent/ Guardian,

During the school day, staff of Bright Beginnings Learning Center & Daycare along with media representatives may want to photograph or videotape your child for use in publications. The pictures may be with groups of students or individuals. Please check the box below if you grant permission for your child to take part.

Thank you for your cooperation in helping us highlight the good work and efforts of our staff and students.

- I give permission for my child/children to be photographed for use inside school/church only (bulletin boards, slideshow)
- I give permission for my child/children to be photographed for public use (website, pamphlet)
- I do NOT give permission for my child/children to be photographed for any reason

Child/Children's Name:

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Parent/Guardian Signature:

---

Printed Name:

---

Date:

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65 LaRue Rd. P.O. Box 288 Newfoundland, NJ 07435

Email: [learnatbrightbeginnings@gmail.com](mailto:learnatbrightbeginnings@gmail.com)

Website: [www.learnatbrightbeginnings.com](http://www.learnatbrightbeginnings.com)



## Bright Beginnings Learning Center & Daycare at The United Methodist Church at Newfoundland

**Director:** Linda Brownlee  
School: 973-874-0493  
**Pastor:** Rev. Jennifer Lovallo  
Church: 973-697-2877

At Bright Beginnings our goal is to create a fun, safe, and secure learning environment for all of our students. To ensure the safety and security of the students and staff, we have implemented a system of security cameras throughout the building.

The cameras are located near the following locations: the front and back entrances, the playground, the doors leading to the church, the office lockbox, and in each classroom. The cameras are triggered by movement, and once triggered will record in a continuous loop.

As the Director, I am the only person with access to the video footage. We have the ability to retain and review a portion of the recorded content for documentation purposes, should the need arise.

We ask that you please sign your name below, confirming your receipt of this notification letter.

As always, if you have any questions or concerns, please feel free to contact me.

Sincerely,

Linda Brownlee  
Director

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I \_\_\_\_\_ have received notification regarding the usage of security cameras at Bright Beginnings Learning Center & Daycare and have no objections.

Signature \_\_\_\_\_ Date \_\_\_\_\_



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Dear Parents,

Please complete the following permission slip for the application of creams, lotions, and sprays for your child at our center. It will be kept on file. Please include anything such as diaper cream, bug spray, sunscreen, chapstick, and anything else you might send in to be applied to your child's skin or face that does **not** require a prescription.

Child's Name \_\_\_\_\_

Product	Signature	Date
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

**Department of Children and Families**  
**Office of Licensing**  
**INFORMATION TO PARENTS**

Under provisions of the Manual of Requirements for Child Care Centers (N.J.A.C. 10:122), every licensed child care center in New Jersey must provide to parents of enrolled children written information on parent visitation rights, State licensing requirements, child abuse/neglect reporting requirements and other child care matters. The center must comply with this requirement by reproducing and distributing to parents this written statement, prepared by the Office of Licensing, Child Care & Youth Residential Licensing, in the Department of Children and Families. In keeping with this requirement, the center must secure every parent's signature attesting to his/her receipt of the information.

\* \* \* \* \*

Our center is required by the State Child Care Center Licensing law to be licensed by the Office of Licensing (OOL), Child Care & Youth Residential Licensing, in the Department of Children and Families (DCF). A copy of our current license must be posted in a prominent location at our center. Look for it when you're in the center.

To be licensed, our center must comply with the Manual of Requirements for Child Care Centers (the official licensing regulations). The regulations cover such areas as: physical environment/life-safety; staff qualifications, supervision, and staff/child ratios; program activities and equipment; health, food and nutrition; rest and sleep requirements; parent/community participation; administrative and record keeping requirements; and others.

Our center must have on the premises a copy of the Manual of Requirements for Child Care Centers and make it available to interested parents for review. If you would like to review our copy, just ask any staff member. Parents may view a copy of the Manual of Requirements on the DCF website at [www.state.nj.us/dcf/providers/licensing/laws/index.html](http://www.state.nj.us/dcf/providers/licensing/laws/index.html) or obtain a copy by sending a check or money order for \$5 made payable to the "Treasurer, State of New Jersey", and mailing it to: NJDCF, Office of Licensing, Publication Fees, PO Box 657, Trenton, NJ 08646-0657.

We encourage parents to discuss with us any questions or concerns about the policies and program of the center or the meaning, application or alleged violations of the Manual of Requirements for Child Care Centers. We will be happy to arrange a convenient opportunity for you to review and discuss these matters with us. If you suspect our center may be in violation of licensing requirements, you are entitled to report them to the Office of Licensing toll free at 1 (877) 667-9845. Of course, we would appreciate your bringing these concerns to our attention too.

Our center must have a policy concerning the release of children to parents or people authorized by parents to be responsible for the child. Please discuss with us your plans for your child's departure from the center.

Our center must have a policy about administering medicine and health care procedures and the management of communicable diseases. Please talk to us about these policies so we can work together to keep our children healthy.

Our center must have a policy concerning the expulsion of children from enrollment at the center. Please review this policy so we can work together to keep your child in our center.

Parents are entitled to review the center's copy of the OOL's Inspection/Violation Reports on the center, which are issued after every State licensing inspection of our center. If there is a licensing complaint investigation, you are also entitled to review the OOL's Complaint Investigation Summary Report, as well as any letters of enforcement or other actions taken against the center during the current licensing period. Let us know if you wish to review them and we will make them available for your review.

Our center must cooperate with all DCF inspections/investigations. DCF staff may interview both staff members and children.

Our center must post its written statement of philosophy on child discipline in a prominent location and make a copy of it available to parents upon request. We encourage you to review it and to discuss with us any questions you may have about it.

Our center must post a listing or diagram of those rooms and areas approved by the OOL for the children's use. Please talk to us if you have any questions about the center's space.

Our center must offer parents of enrolled children ample opportunity to assist the center in complying with licensing requirements; and to participate in and observe the activities of the center. Parents wishing to participate in the activities or operations of the center should discuss their interest with the center director, who can advise them of what opportunities are available.

Parents of enrolled children may visit our center at any time without having to secure prior approval from the director or any staff member. Please feel free to do so when you can. We welcome visits from our parents.

Our center must inform parents in advance of every field trip, outing, or special event away from the center, and must obtain prior written consent from parents before taking a child on each such trip.

Our center is required to provide reasonable accommodations for children and/or parents with disabilities and to comply with the New Jersey Law Against Discrimination (LAD), P.L. 1945, c. 169 (N.J.S.A. 10:5-1 et seq.), and the Americans with Disabilities Act (ADA), P.L. 101-336 (42 U.S.C. 12101 et seq.). Anyone who believes the center is not in compliance with these laws may contact the Division on Civil Rights in the New Jersey Department of Law and Public Safety for information about filing an LAD claim at (609) 292-4605 (TTY users may dial 711 to reach the New Jersey Relay Operator and ask for (609) 292-7701), or may contact the United States Department of Justice for information about filing an ADA claim at (800) 514-0301 (voice) or (800) 514-0383 (TTY).

Our center is required, at least annually, to review the Consumer Product Safety Commission (CPSC), unsafe children's products list, ensure that items on the list are not at the center, and make the list accessible to staff and parents and/or provide parents with the CPSC website at [www.cpsc.gov/cpsc.gov/cpscpub/prerel/prerel.html](http://www.cpsc.gov/cpsc.gov/cpscpub/prerel/prerel.html). Internet access may be available at your local library. For more information call the CPSC at (800) 638-2772.

Anyone who has reasonable cause to believe that an enrolled child has been or is being subjected to any form of hitting, corporal punishment, abusive language, ridicule, harsh, humiliating or frightening treatment, or any other kind of child abuse, neglect, or exploitation by any adult, whether working at the center or not, is required by State law to report the concern immediately to the State Central Registry Hotline, toll free at (877) NJ ABUSE/ (877) 652-2873. Such reports may be made anonymously. Parents may secure information about child abuse and neglect by contacting: DCF, Office of Communications and Legislation at (609) 292-0422 or go to [www.state.nj.us/dcf/](http://www.state.nj.us/dcf/) and select Publications.

OOL8/22/14

## **POLICY ON THE RELEASE OF CHILDREN**

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

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

If the parent(s) or person(s) authorized by the parent(s) fails to pick up a child at the time of the center's daily closing, the center shall ensure that:

- 1) The child is supervised at all times;
- 2) Staff members attempt to contact the parent(s) or person(s) authorized by the parent(s); and
- 3) An hour or more after closing time, and provided that other arrangements for releasing the child to his/her parent(s) or person(s) authorized by the parent(s), have failed and the staff member(s) cannot continue to supervise the child at the center, 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 parent(s) or person(s) authorized by the parent(s) appears to be physically and/or emotionally impaired to the extent that, in the judgment of the director and/or staff member, the child would be placed at risk of harm if released to such an individual, the center shall ensure that:

- 1) The child may not be released to such an impaired individual;
- 2) Staff members attempt to contact the child's other parent or an alternative person(s) authorized by the parent(s); and
- 3) If the center is 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.

For school-age child care programs, no child shall be released from the program unsupervised except upon written instruction from the child's parent(s).



## 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 tell children what they should do. Punishment teachers fear; positive discipline teaches self-esteem.

You can use positive discipline by planning ahead:

- Anticipate and eliminate potential problems
- Have a few consistent, clear rules that are explained to children and understood by adults
- Have a well-planned daily schedule
- Plan for ample elements of 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, using terms like "our room" and "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
- 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
- Use a time-out to allow the child time to gain self-control (one minute for every year of the child's age is the general rule of thumb)

You can use positive discipline by showing love and encouragement:

- Catch the child being good and use praise to acknowledge the behavior
- 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
- Appreciate the child's point of view
- Be loving, but don't confuse loving with license

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!



# Bright Beginnings Learning Center & Daycare at The United Methodist Church at Newfoundland

**Director:** Linda Brownlee

School: 973-874-0493

**Pastor:** Rev. Jennifer Lovallo

Church: 973-697-2877

## Policy on Parental Notification

It is very important at Bright Beginnings 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.

Ways we contact parents can include:

- Telephones
- Cell Phones
- Work Phones
- Text via cell phone
- Written letters
- E-mails
- Website: [www.learnatbrightbeginnings.com](http://www.learnatbrightbeginnings.com)
- Facebook page – Bright Beginnings Learning Center and Daycare

To contact the school's director or a staff member during the day, parents should call the school or email. Teachers are prohibited from using personal cell phones in the classroom during the school day.



65 LaRue Rd. P.O. Box 288 Newfoundland, NJ 07435

Email: [learnatbrightbeginnings@gmail.com](mailto:learnatbrightbeginnings@gmail.com)

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## **POLICY ON THE MANAGEMENT OF COMMUNICABLE DISEASES**

If a child exhibits any of the following symptoms, the child should not attend the center. If such symptoms occur at the center, the child will be removed from the group, and parents will be called to take the child home.

- Severe pain or discomfort
- Acute diarrhea
- Episodes of acute vomiting
- Elevated oral temperature of 101.5 degrees Fahrenheit
- Lethargy
- Severe coughing
- Yellow eyes or jaundice skin
- Red eyes with discharge
- Infected, untreated skin patches
- Difficult or rapid breathing
- Skin rashes in conjunction with fever or behavior changes
- Skin lesions that are weeping or bleeding
- Mouth sores with drooling
- Stiff neck

Once the child is symptom-free, or has a health care provider's note stating that the child no longer poses a serious health risk to himself/herself or others, the child may return to the center unless contraindicated by local health department or Department of Health.

### **EXCLUDABLE COMMUNICABLE DISEASES**

A child or staff member who contracts an excludable communicable disease **may not** return to the center without a health care provider's note stating that the child presents no risk to himself/herself or others. These diseases include respiratory, gastrointestinal, and contact illnesses such as Impetigo, Lice, Scabies, and Shingles.

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

If a child is exposed to any excludable disease at the center, parents will be notified in writing.

### **COMMUNICABLE DISEASE REPORTING GUIDELINES**

Some excludable communicable diseases must be reported to the health department by the center. The Department of Health's Reporting Requirements for Communicable Diseases and Work-Related Conditions Quick Reference Guide, a complete list of reportable excludable communicable diseases, can be found at [http://www.nj.gov/health/cd/documents/reportable\\_disease\\_magnet.pdf](http://www.nj.gov/health/cd/documents/reportable_disease_magnet.pdf).

## **EXPULSION POLICY**

**NAME OF CENTER:** \_\_\_\_\_

**NAME OF CHILD:** \_\_\_\_\_

**SIGNATURE OF PARENT:** \_\_\_\_\_

Unfortunately, there are sometimes 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 of the child(ren) in order to prevent this policy from being enforced. The following are reasons we may have to expel or suspend a child from this center:

### **IMMEDIATE CAUSES FOR EXPULSION**

- The child is at risk of causing serious injury to other children or himself/herself.
- Parent threatens physical or intimidating actions toward staff members.
- Parent exhibits verbal abuse to staff in front of enrolled children.

### **PARENTAL ACTIONS FOR CHILD'S EXPULSION**

- Failure to pay/habitual lateness in payments.
- Failure to complete required forms including the child's immunization records.
- Habitual tardiness when picking up your child.
- Verbal abuse to staff.
- Other (explain)

### **CHILD'S ACTIONS FOR EXPULSION**

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

### **SCHEDULE OF EXPULSION**

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

## **A CHILD WILL NOT BE EXPELLED**

If a child's parent(s):

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

## **PROACTIVE ACTIONS THAT CAN BE TAKEN IN ORDER TO PREVENT EXPULSION**

Staff will try to redirect child from negative behavior.

Staff will reassess classroom environment, appropriate of activities, supervision.

Staff will always use positive methods and language while disciplining children.

Staff will praise appropriate behaviors.

Staff will consistently apply consequences for rules.

Child will be given verbal warnings.

Child will be given time to regain control.

Child's disruptive behavior will be documented and maintained in confidentiality.

Parent/guardian will be notified verbally.

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

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

The parent will be given literature or other resources regarding methods of improving behavior.

Recommendation of evaluation by professional consultation on premises.

Recommendation of evaluation by local school district child study team.



## **Bright Beginnings Learning Center & Daycare at The United Methodist Church at Newfoundland**

### **Social Media Policy**

Every employee has the responsibility to maintain and enhance the public image of Bright Beginnings and to use the Internet in a responsible manner.

Employees must maintain professionalism at all times in all communications (in-person, written, or online) with the Bright Beginnings community. Additionally, all staff must be aware of the possibility of online content being shared with extended family, coworkers, and parents and staff from other classrooms within Bright Beginnings. Therefore, all information circulated will be consistent with the professional standards of Bright Beginnings as expressed within this Social Media Policy. Employees may be held responsible for any online behavior or content that connects them to Bright Beginnings or implicates Bright Beginnings in that behavior.

The publication of photos, images, or artwork of students at Bright Beginnings, whether online or otherwise, is generally prohibited without prior approval from the Director. Some families at Bright Beginnings have chosen to restrict photograph permissions of their child(ren), and it is expected that all employees will be aware of, and abide, by those restrictions.

Employees must consider and respect the privacy of the students, faculty, staff, and administrators of Bright Beginnings in all online activity. The posting of confidential and/or identifying information about the children, parents, or staff at Bright Beginnings on social media (including but not limited to Facebook, Twitter, Instagram, and so forth) is strictly prohibited. In no way does Bright Beginnings wish to abridge the rights of its employees to engage in critical commentary and observations that may relate to Bright Beginnings and its operations; however, when such commentary and observations occur within a public forum and contain confidential information, it may result in disciplinary action for the employee.

The posting of non-confidential information (promotional materials and the like) shall be restricted to official channels of communication (Bright Beginnings website/Facebook page, etc.) unless prior written approval from the Director has been obtained.





# Bright Beginnings Learning Center & Daycare at The United Methodist Church at Newfoundland

**Director:** Linda Brownlee

School: 973-874-0493

**Pastor:** Rev. Jennifer Lovallo

Church: 973-697-2877

## Tuition Policy

Enrollment in Bright Beginnings is an understanding by both parties that parents/guardians are required to pay each month's full tuition in accordance to the payment schedule until such time that a two week advance notice of withdrawal from the program is given in writing to the Director.

Parents/Guardians will be required to pay the tuition through the notice period, regardless of the child's continued attendance.

Tuition is due in full on the contracted day of each month. After 5 days of being late, a 5% late fee will be due. After one month of being late, the director holds the right to suspend attendance.

We offer a 10% sibling discount off the less expensive tuition.

Drop in fees are due at the time of drop off. You must call ahead to make sure there is sufficient space and staffing available.

Note the rates are for year round attendance. All closings and days off are factored into the tuition rate.

Tuition is due regardless of illness, or other absences. Lost time may not be made up on other days.

## Late Pick Up Charge

A late fee of \$1 per minute will be applied to your monthly tuition rate when your child is picked up after the contracted time.

## Health and Wellness Policy

At Bright Beginnings we want to ensure the health and safety of all of our students and staff. If your child is not well or displays any of the symptoms listed



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## Bright Beginnings Learning Center & Daycare at The United Methodist Church at Newfoundland

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below, they will not be allowed admittance. If a staff member observes any of the listed symptoms, parents/guardians will be notified and an illness log will be completed by a staff member. Please make your best effort to quickly pick up your child. If you cannot pick up your child in these circumstances, we will need to call your emergency contacts. Make sure when filling out your emergency contacts that you choose people who can fulfill this need.

Symptoms that require your child to be picked up include:

- Severe pain or discomfort
- Diarrhea, 2x within a 24 hr period
- Vomiting, 2x within a 24 hr period
- Temperature of 100.5 or higher
- Lethargy
- Yellow eyes or jaundiced skin
- Red eyes with discharge
- Infected untreated skin patches
- Difficulty rapid breathing or severe coughing
- Mouth sores

### Administration of Medication Policy

We know that at times it is necessary to send your child to school with medicine. Please note the following:

- Medication will only be administered with parent/guardian signed permission
- All medicine needs to be kept in its original container
- Unused or expired medicine will be returned to the parent
- Prescription medicine must be stored in the prescription container which is labeled with the child's name, the name and expiration date of the medication, the date it was prescribed, and the directions for its administration.
- Non-prescription medication will be limited to the following:
  - Antihistamines



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## Bright Beginnings Learning Center & Daycare at The United Methodist Church at Newfoundland

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- Cough suppressants
- Decongestants
- Topical preparations, such as sunscreen and diaper rash ointment
- All forms will be sent home for signature before administration and the administration log will be completed by the person administering the medication each time it is given. A copy will be kept in the child's file.

### Discipline Policy

We strive to create and maintain an atmosphere where all students and staff feel safe and respected. All staff members will:

- Use positive encouragement and guidance to promote appropriate behavior
- Be consistent with the age and developmental needs of the children

Each situation is dealt with on an individual basis. If a child has a chronic issue with inappropriate behavior that is harmful to themselves or others, parents will be notified in writing or by phone with a warning of the child being sent home in the event of the next incident.

It will be up to the discretion of the director to decide if the center is no longer able to meet the needs of a child whose behavior is harmful to themselves or others. In this event the director will contact the parents by telephone or in writing to arrange a conference. A conference will discuss strategies for improving the child's behavior, possible family supports, and next steps for the best way for us to help the child be most successful in our program.

### Child Pick Up Policy

At Bright Beginnings your child's safety is our first priority. If you are not able to pick up your child for any reason, please inform the school in writing if possible. We understand emergencies do occur - if this the case, please call the director to notify her who will be picking up your child. We will need the name of the person who will be picking up and what time they will arrive. Please let the



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person who is coming know that they will need to show proof of identification (driver's license). If your child is going home with another Bright Beginnings student, please send a note to your child's teacher. All students will be required to be signed in and out each day.

### Biting

A child biting another child is one of the most common and most difficult behaviors in group childcare. It can occur without warning, is difficult to defend against, and provokes strong emotional responses in the biter, the victim, the parents, and the caregivers involved.

For many children, biting is a just a phase. Young children try it out as a way to get what they want from another child. They are in the process of learning what is socially acceptable and what is not. They discover that biting is a sure-fire way to cause the other child to drop what they are holding so the biter can pick it up. For other children, biting is a persistent and chronic problem. They may bite for a variety of reasons: teething, frustration, boredom, inadequate language skills, stress or change in the environment, or to feel a sense of power.

No matter what the cause, biting in a group situation causes strong feelings with all involved. At Bright Beginnings, we have procedures in place should a biting incident occur.

#### **When a child is bitten:**

##### For the child who bit:

1. The child is immediately removed from the situation, using words such as "biting is not okay – it hurts." Staff is trained not to yell or show any immediate response that reinforces the biting or calls attention to the biter. The caring attention is focused on the child that has been bitten.
2. The child who bit is talked to on a level that the child can understand. "I can see that you want that truck, but we don't put our teeth on people." Or "That hurts your friend."
3. Redirect the child to other play.



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4. Write an accident report and notify the parents that their child has bitten.

### For the child bitten:

1. Separate the child that was bitten from the child that bit.
2. Comfort the child.
3. Administer first aid.
4. Write an accident report and notify parents of the victim (in writing).

### If biting continues:

1. Room staff meets with the director on a routine basis for advice, support and strategy planning.
2. Let all parents know that there is a problem and the procedures that will be followed to deal with it.
3. Staff "shadows" children who indicate a tendency to bite:
  - Head off biting situations before they occur
  - Teach non-biting responses to situations and reinforce appropriate behavior
  - Adapt the program to better fit the individual child's needs
4. Staff "shadows" children who have a tendency to be bitten:
  - Head off biting situations
  - Teach responses to potential biting situations: "No" or "Don't hurt me!"
5. Meet with the parents of the biting child to develop a written plan of action. Schedule follow-up meetings or telephone conversations as needed.
6. If it is deemed in the best interest of the child, center, and other children, suspension of the child for the duration of the biting stage may occur. Written warning will be given to the parents before this action will be taken.

## Severe/Inclement Weather

In the event of severe or inclement weather, Bright Beginnings will attempt to remain open during normal business hours. However, it is up to the discretion of the director and the Board of Directors to close the center if necessary. Bright Beginnings does not offer make up days under these circumstances.

- Bright Beginnings will close if there is a State Of Emergency put forth by the Governor of NJ



65 LaRue Rd. P.O. Box 288 Newfoundland, NJ 07435

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Website: [www.learnatbrightbeginnings.com](http://www.learnatbrightbeginnings.com)



# Bright Beginnings Learning Center & Daycare at The United Methodist Church at Newfoundland

**Director:** Linda Brownlee

School: 973-874-0493

**Pastor:** Rev. Jennifer Lovallo

Church: 973-697-2877

- If West Milford schools are delayed, Bright Beginnings will also have a delayed opening. If West Milford schools are closed, Bright Beginnings will delay, with the possibility to close.
- If West Milford Schools are closed for the day and Bright Beginnings opts to remain open, there will be **NO** preschool or pre-k - we will run on a daycare schedule which means classrooms may be combined.

Parents can check on the school's opening status in a multitude of ways. We will send an alert via Tadpoles, send an email out, and post it to our Facebook page and on our website.

## Food Allergies

Bright Beginnings is a nut free school. Parents should take care to read ingredients in all foods sent in.

If you are planning on sending in snacks for the class to share, please discuss your plans with your child's teacher ahead of time.

All allergies must be reported to the director and specified on the Special Health Needs form provided in your packet.

## Parties and Other Gatherings Outside of School

At Bright Beginnings we believe that birthdays are fun days to be celebrated. If you are planning a party or other social gathering outside of school, please only send invitations into school if you are inviting everyone in the class. If you are keeping the celebration small and cannot include everyone, please send the invitation through the mail.



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# PARENT

## RECEIPT OF INFORMATION:

- Information to Parents Document
- Policy on the Release of Children
- Positive Guidance and Discipline Policy
- Policy on Methods of Parental Notification
- Policy on Communicable Disease Management
- Expulsion Policy
- Policy on the Use of Technology and Social Media

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

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Child(ren)'s Name

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Parent/Guardian's Name

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Signature

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Date