

224 West Broad Street Gibbstown, NJ 08027  
856-423-2096 Fax 856-423-7943

Dear Parents/Families:

Our goal at Happy Times Preschool and Daycare is to meet the overall needs of children ages 2 ½ to 5 years of age. We provide our children with a variety of experiences enabling them to develop to their fullest potential in preparation for Kindergarten. We provide a full and part time daycare program, which includes preschool classes, as well as a Preschool only program. Preschool classes meet on Tuesday, Wednesday, and Thursday for both our three and four year old class. Families with three year olds have the option to choose a two day only program (Tuesday and Thursday) for their child's first school experience. Please know that your child is very important to us at Happy Times and each child is treated as an individual.

The enclosed packet contains those items necessary to complete your child's registration. Once the application has been completed and returned with the family registration fee of \$50 your child will be guaranteed a spot in one of our classes. The attached physical form must be completed by your child's doctor and returned along with a copy of his/her immunization record within two weeks of starting.

We look forward to helping your child prepare for the future. If you have any questions or concerns, please feel free to contact our Director at any time.

With Regards,

Gibbstown SACC Board of Directors

STUDENT'S NAME \_\_\_\_\_ H.R. TEACHER/GRADE \_\_\_\_\_

**GIBBSTOWN SCHOOL AGE CHILD CARE EMERGENCY CONTACT RECORD**

Student's Address \_\_\_\_\_ Home Phone \_\_\_\_\_

Date of Birth: \_\_\_\_\_

FATHER NAME: \_\_\_\_\_ MOTHER NAME: \_\_\_\_\_

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

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

Employer: \_\_\_\_\_ Employer: \_\_\_\_\_

Emp. Address: \_\_\_\_\_ Emp. Address: \_\_\_\_\_

Emp. Phone: \_\_\_\_\_ Emp. Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Email: \_\_\_\_\_

Name 3 persons to be called, if parents cannot be contacted, in case of serious illness or injury.

#1 Name \_\_\_\_\_ Phone No. \_\_\_\_\_

#2 Name \_\_\_\_\_ Phone No. \_\_\_\_\_

#3 Name \_\_\_\_\_ Phone No. \_\_\_\_\_

**\*\*IMPORTANT: Please see reverse side of card.**

HEALTH HISTORY UPDATE

Name of Family Doctor \_\_\_\_\_ Phone No. \_\_\_\_\_  
Please list any recent significant illnesses, accidents, allergies, medical problems and any additional immunizations (e.g. tetanus, measles, etc.) \_\_\_\_\_

Current medications, if any: \_\_\_\_\_

**AUTHORIZATION FOR MEDICAL TREATMENT**

- #1 I, the undersigned, do hereby authorize officials of Gibbstown School Age Child Care to contact directly the persons named on this card and do authorize the appropriate school personnel to render first aid as may be deemed necessary in an emergency, for the health of said child.
- #2 In the event that parents or other persons named on this card cannot be contacted, the school officials are hereby authorized to take whatever action is deemed necessary in their judgement, for the health of the aforesaid child, including transportation to the nearest medical emergency facility.
- #3 I understand my child's health history may be shared with appropriate school personnel, when necessary.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

# GIBBSTOWN SCHOOL AGE CHILDCARE INC.

Happy Times Preschool and Daycare  
224 West Broad Street Gibbstown NJ 08027  
Office - 856-423-2096  
Fax - 856-423-7943

## APPLICANT INFORMATION

Child's Name:

Date of birth:

Gender:

Phone:

Current address:

City:

State:

ZIP Code:

Days Needed: M T W TH F

Preschool only

Comments:

## PARENT INFORMATION

Mother's Name:

Home Address:

City/Town:

State:

ZIP Code:

E-mail:

Home/Cell Phone:

Employer:

City/State:

Work Phone:

Father's Name:

Home Address:

City/Town:

State:

ZIP Code:

E-mail:

Home/Cell Phone:

Employer:

City/State:

Work Phone:

## MEDICAL INFORMATION

Child's Doctor:

Phone:

Allergies or Special Conditions:

## PERSONS AUTHORIZED TO PICK UP CHILD AND/OR TO CONTACT IN CASE OF EMERGENCY IF NEITHER PARENT IS AVAILABLE

Name:

Relationship:

Address:

Phone:

Name:

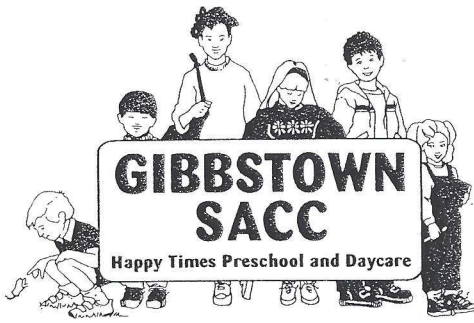
Relationship:

Address:

Phone:

Signature of Parent/Guardian

Date



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## ENROLLMENT AGREEMENT CONTRACT

### General Tuition Information

1. Payments and schedules are to be submitted by 6:00 PM the Friday before services. If payment is not received by 6:00 PM on Friday evening, there will be a \$10.00 late fee added to the payment. Payments may be made by cash, check, or money order. If any checks are returned for any reason, **you will be charged an additional fee of \$15.00.**
2. **PRESCHOOL ONLY PAYMENT** – Tuition for Preschool is due on the 1<sup>st</sup> of every month.
3. Payment obligation is based on the hours you agree to use childcare and the days you choose on the schedule, not necessarily the actual hours of attendance. Payment is due if you have agreed to use certain blocks of time, whether or not the child actually attends those hours.
4. **The center closes at 6:00 PM. If you know that you will be late to pick up your child, please make arrangements for someone else to pick up. A \$10.00 late fee will be charged for EVERY 15 MINUTES that you are late. Families are responsible for payment regardless of any subsidy or child care assistance that they may receive.**
5. **If the center is open, no refunds will be issued (even for snow days). The ONLY time a credit will be given is for unexpected center closures (weather related conditions, etc) or if your child has a doctor's excused absence of 3 days or more.**

I agree to the General Tuition Information statements and understand that they are to be adhered to without exception.

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

Parent's signature \_\_\_\_\_

Date \_\_\_\_\_

Effective 3/1/16

# GIBBSTOWN SACC

224 West Broad Street Gibbstown, NJ 08027  
856-423-2096

## Enrollment Agreement Contract

I agree to the General Tuition Information statements and have also received and understand the S.A.C.C Parent Handbook.

I agree that these statements and rules are to be adhered to without exception.

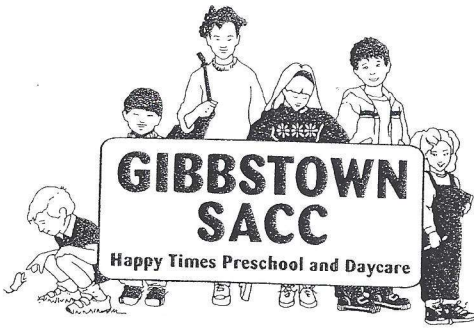
I agree that I will be responsible for the days that I have scheduled my child, even if he/she does not attend.

Tuition for the **S.A.C.C program and Day Care** are paid at a weekly rate and should be paid the Friday before your child is to attend. A \$10.00 late fee will be added if payments are not received by 6 PM the Friday before the week your child is attending. After the second week, your child can no longer attend the program until payments and late fees are current.

Tuition for the **Preschool program** is due on the first day of class every month. A late fee of \$10.00 will be added to your account on the second class day of the month and every day after until payment is received.

Parent's signature: \_\_\_\_\_

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



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### AUTHORIZED PICK-UP LIST

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

My child has permission to leave Happy Times Preschool/Gibbstown SACC with the following people other than myself. I understand that these individuals will be required to show proper identification prior to entering the center, which will be photo-copied and attached to the student's file. Please provide us with any legal documents that may restrict a person from picking up your child.

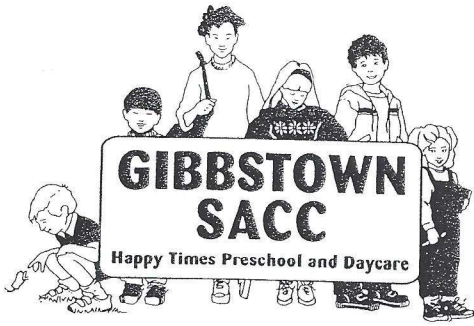
Name

Phone #

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

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

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



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**EMERGENCY MEDICAL TREATMENT**

I give my parental permission for Gibbstown SACC/Happy Times Preschool to have my child medically treated in the event of an emergency.

Child's name: \_\_\_\_\_

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

Allergies: \_\_\_\_\_

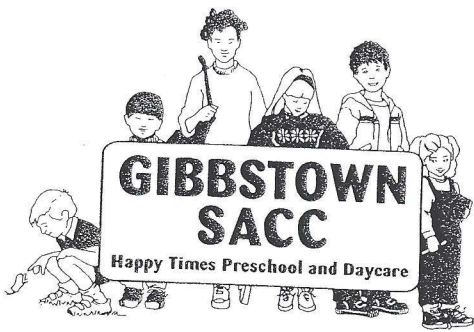
Mother's place of employment: \_\_\_\_\_ Phone: \_\_\_\_\_

Father's place of employment: \_\_\_\_\_ Phone: \_\_\_\_\_

Parent's signature: \_\_\_\_\_

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





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### INCIDENT/ACCIDENT/INJURY REPORTING

Where there are children, there will inevitably be accidents and behavioral problems. Even under the best and most attentive care, injuries and misbehavior can and do occur. While our staff makes every possible effort to limit the risk of personal injury to the children under their care, some situations may not always be avoidable. When accidents, injuries and problematic behavior do occur, however, caregivers should document such situations thoroughly.

**The use of incident/accident reports is for the safety of the staff and the safety of your child.**

Incidents and accidents that occur at the center **MUST** be documented and sent home for your record.

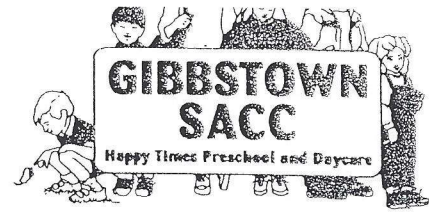
You will receive an incident/accident report for the following reason(s):

- **Your child was injured (head injury will result in a phone call)**
- **Your child injured someone else (intentionally)**
- **Negative behavior (after 3 verbal warnings)**
- **Occasions that are deemed appropriate (scenario's where the child is a threat and/or poses immediate danger to him/her self or others)**

\*If you prefer to receive phone calls regarding your child's behavior, please see the Director to fill out a form. This form will act as a permission form, allowing our staff to call you if needed.

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

Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_



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## Social Media Policy

This social media policy applies to parents, members of Gibbstown School Age Child Care/Happy Times Preschool, staff and volunteers at Gibbstown School Age Child Care/Happy Times Preschool.

This policy includes (but is not limited to) the following technologies:

- Social networking sites (e.g. Facebook, Instagram, SnapChat)
- Blogs
- Gibbstown SACC website ([gibbstownsacc.com](http://gibbstownsacc.com))
- Collaborative online spaces
- Media Sharing services (i.e. YouTube)
- Micro-blogging (i.e. Twitter)

As part of our duty to safeguard children it is essential to maintain the privacy and security of all our families. We therefore require that:

No photographs taken within the school setting or at school special events and outings with the children are to be posted for public viewing, except those of your own child. Parents are advised that they do not have a right to photograph anyone else's child or to upload photos of anyone else's children. (This excludes those photographs taken by staff if parental permission is given).

Staff are advised to manage their personal security settings to ensure that their information is only available to people they choose to share information with.

In the event that staff name the school or workplace in any social media they do so in a way that is not detrimental to the school or its families.

Staff observe confidentiality and refrain from discussing any issues relating to work.

Staff should not share information they would not want children, parents or colleagues to view.

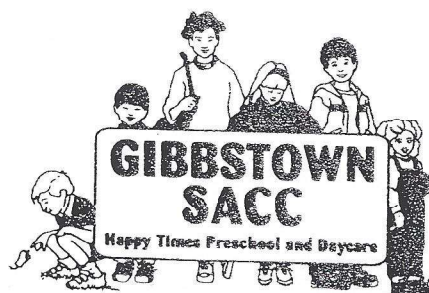
Staff and parents should report any concerns or breaches to the Director. Any member of staff, parent or volunteer found to be posting remarks or comments that breach confidentiality, bring the school into disrepute or that are deemed to be of a detrimental nature to the school or other employees, or posting/publishing photographs of the setting, children, or staff may face disciplinary action in line with Gibbstown SACC/Happy Times Preschool procedures. Any comment deemed to be inappropriate is to be reported to the Director and any action taken will be at the discretion of the Board of Directors.

General guidelines for using social media:

- Personal security settings should be managed to ensure that information is only available to people you choose to share information with.
- Remember that no information sent over the web is totally secure and as such if you do not wish the information to be made public refrain from sending it through social media.
- Maintain professionalism, honesty and respect.
- Apply a "good judgment" test for every social media post you make.
- Note: Gibbstown School Age Child Care/Happy Times Preschool does use social media and will post updates to Facebook about program information and school cancelations.

Any breach of the Center's Policy on the Use of Technology and Social Media is prohibited and must be promptly reported to the Director who will bring the matter to the Board of Directors.

Methods Used to Communicate with Staff and Parents include Center social media site and website. Devices used by center staff to communicate with parents include Center phone, Center computer, and Director's cell phone if the Center phone is unavailable. Information that the center may communicate electronically to parents include community information, emergency procedures, photographs, special events, emergency closings. Staff guidelines for use of electronic devices: Devices are prohibited when supervising children.

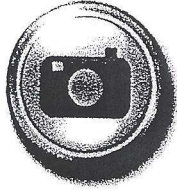


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Please sign below that you have read and understood Gibbstown SACC/Happy Times Preschool policy for use of technology and social media and that you will adhere to our guidelines.

Name \_\_\_\_\_

Date \_\_\_\_\_



# Permission to Photograph

I, \_\_\_\_\_, give permission for \_\_\_\_\_ to  
(Parent or Guardian name) (Child Care Provider)  
photograph my child, \_\_\_\_\_, for the following purposes:  
(Child's name)

Type of Use:	(Please check one)	
	Grant Permission	Decline Permission
<b>Still Photographs:</b>		
Display in facility's scrapbook or bulletin boards, shown to current and prospective parents	<input type="checkbox"/>	<input type="checkbox"/>
Display still photos on child care website*	<input type="checkbox"/>	<input type="checkbox"/>
Post photos on child care's Facebook page*	<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>
<b>Other (please list):</b>		
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>

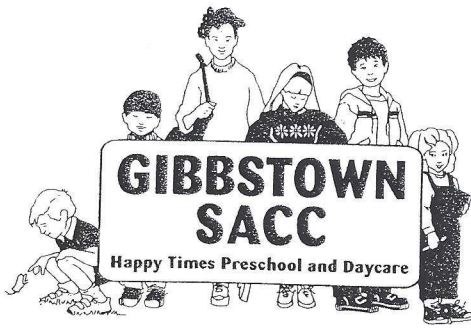
\*Only first names and possibly last initials (in the event of two or more children with the same first name) will be displayed on the facility website.

I understand that it is my responsibility to update this form in the event that I no longer wish to authorize one or more of the above uses. I agree that this form will remain in effect during the term of my child's enrollment.

Signed:

\_\_\_\_\_  
(Parent or Guardian signature)

\_\_\_\_\_  
(Date)



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### 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 towards 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.

#### 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.
- Excessive bathroom accidents.