

Dear Parents,


Scribble Fun Day Camp summer season begins June 24<sup>th</sup> YAAAAAY!

Please complete the following forms and bring in with a copy of your child's immunization records.

(If you attended Pompton Plains Preschool we have your immunization records.)

You may also drop off at the Pompton Plains Preschool-525 Newark Pompton Turnpike, PP NJ 07444

Please bring each day:

- Bathing suit, zip lock bag, towel, and spray sunscreen  
Please have your child dipped prior to camp! or supply them with a spray sunscreen
- Pack a Nut free lunch: Water, napkin, utensils, lunch bag with name clearly printed.  
 (We do not have a way to heat your child's food, please pack a thermos or something that will keep your child's food warm)
- 1 snack and 2 water bottles.
- Big shirt to use as a smock
- Swimmie shoes-water shoes for running in sprinkler.
- A change of clothes, panties etc. just in case!

#### **DROP OFF/PICKUP**

- Drop off and Pickup are located through the playground, Pompton Plains Preschool entrance.
- **DROP OFF TIME**           **9:00am**
- Early Birds                   8:00-9am
- **PICKUP TIME**               **2:00pm**
- Late pick up                2:00-5:30pm
- Only the assigned Parent/Guardian may pick up the child, All campers must be signed in and out
- If the assigned parent/guardian chooses to have another person pick-up their child:  
The parent/guardian must inform the Director, Miss Heidi or Miss Emily prior to the end of the camp day.

#### **COMMUNITCATION**

All correspondence: such as announcements, updates, etc. will be through email and text. Please make sure we have your current information.

#### **CLOTHING AND TOYS**

- Please have all outer clothing, lunch boxes & towels. clearly marked with the child's name.
- Each child is required to bring a regular size backpack with your child's name written clearly on it.
- Play clothes and sneakers are recommended.

#### **POTTY TRAINING AND BATHROOM USAGE**

**It is our policy that your child should be toilet trained by the start of camp.**

- We understand that toilet training is a major multi-step process that should be reinforced with positive encouragement. Please provide the school with a change of clothes (please label all items).
- Children will be instructed to ask for their restroom break. Your child will never be left alone to walk to the restroom, we work on the buddy system.

**Please complete and return prior to attending camp:**

1. **Camp alert form**                               **Page 2**
2. **State required information**               **Page 5**
3. **Medical information**                       **Page 7**
4. **Universal Child Health Record**           **Attachment**

**CAMP ALERT FORM** Camper Name: \_\_\_\_\_ Age \_\_\_\_\_ DOB \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Cell: \_\_\_\_\_

Workplace: \_\_\_\_\_ Phone: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Cell: \_\_\_\_\_

Workplace: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Cell: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Cell: \_\_\_\_\_

**ALLERGIES:**

Food: \_\_\_\_\_

Please check: Ingestion  Airborne  Touch  Need an epi pen? Yes  No

Type of reaction: \_\_\_\_\_

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

Ingestion  Airborne  Touch  Epi pen? Yes  No

Type of reaction: \_\_\_\_\_

Other important health conditions we should know about:  
\_\_\_\_\_

**Camp Attendance:**

Please check which weeks your child will be attending:

Week 1  Week 2  Week 3  Week 4  Week 5  Week 6  Week 7  Week 8  Week 9  Week 10

Times: 9-2 Will you need early or late pick up?  
Drop-off time \_\_\_\_\_  
Yes  No  Pick-up time \_\_\_\_\_

If yes please tell me the times.  
we are there from 8:00-5:30  
\_\_\_\_\_

which dates will you be away? \_\_\_\_\_

We are very flexible, just email me with any concerns: [scribblegardencafe@gmail.com](mailto:scribblegardencafe@gmail.com) "CAMP" in subject line  
Heidi Robak 973-713-9066

Child's Birthday  
\_\_\_\_\_

What is their favorite thing/s?  
\_\_\_\_\_

**Need to know Information ( no input is too silly )**

\_\_\_\_\_

\_\_\_\_\_

**PHOTOGRAPHY RELEASE:**

I hereby give permission for my child's/children's photos to be posted on [www.scribblegardencafe.com](http://www.scribblegardencafe.com) website or to be used in promotion of the Scribble Fun Day Camp without names being published.

Signed \_\_\_\_\_ Date \_\_\_\_\_

No, I respectively decline the invitation to have my child's photo to be used for any and all purposes.

Signed \_\_\_\_\_ Date \_\_\_\_\_

## Scribble Fun Day Camp 2019

Dear Parents:

In keeping with New Jersey's childcare licensing requirements, we are obligated to provide you, as the parent of a child enrolled at our camp, with this informational statement. The Information to Parent statement is included in this packet. The statement highlights, among other things: your right to visit and observe your child in our center at any time without having to secure prior permission; the center's obligation to be licensed and to comply with licensing standards; and the obligation of all citizens to report suspected child abuse/neglect/exploitation to the State's Division of Youth and Family Services (DYFS).

### **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/lifesafety; 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. Page 1 of 2

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

### **STATEMENT OF PHILOSOPHY ON CHILD DISCIPLINE**

- It is the philosophy of this Center to help children grow emotionally as well as intellectually, to help children succeed, promote self-confidence and be able to express their feelings in a positive and constructive manner.
- It is our policy that discipline be positive. Discipline is not punishment. It is a way of helping children learn to identify socially acceptable behavior.
- Within our center, our limits and rules are clearly defined, consistent with and in accordance with the appropriate development and age of each child, and the program in general. We focus strongly upon the reinforcement of acceptable behavior, and the prevention of undesirable behavior by being, ourselves and, responsive to the needs of the children.

Methods of correcting inappropriate behavior within the Center consist of the following:

- 1) Attention to good behavior; to respond to and reinforce positive behavior, acknowledge, or praise the child, when behaving well to let him/her know that we approve of what he/she is doing.
- 2) Redirection of activities: to change the focus of a child's behavior.
- 3) Individualized attention: to help the child to deal with a particular situation.
- 4) "Take-a-break" (Time-out), the removal of a child from the area of activity, for a few minutes, so that he/she may gain self-control. (\*)

(\*) "Take-a-break" shall be used as a last resort used in disciplining any child who is misbehaving.

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

1. Students may be released only to the child's authorized person(s), to take the child from the Preschool and to assume responsibility for the child in an emergency if the parent/guardian(s) cannot be reached.
2. If a parent has been denied access to a child by a court order, the Preschool shall secure documentation to that effect and maintain a copy on file and comply with the terms of the court order.
3. If the authorized person(s) fails to pick up a child at the time of the Preschool's daily closing, the teachers/staff shall ensure:
  - a. The child is supervised at all times
  - b. Staff members attempt to contact the parent(s)/authorized person(s)
  - c. One hour after closing (provided that other arrangements for releasing the child have failed, the staff member(s) shall call the Division's 24-hour Child Abuse Hotline.
4. If the parent/ authorized person(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 Preschool's policy is that:
  - a. The child may not be released to such an impaired individual
  - b. Staff members attempt to contact the child's other authorized person(s)
  - c. If the center is unable to make alternative arrangements, a staff member shall call the Police Department.

**Scribble Fun Day Camp 2019**

Camper \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_\_

**HOLD HARMLESS AGREEMENT**

I hereby accept any and all responsibility for, and assume the risk of any and all injury or damage to my person or dependent children which might arise directly or indirectly as a result, and or participate in the Happy Dance, program. I hereby expressly release, discharge and hold harmless from any liability whatsoever the Happy Dance, LLC, the various branches and divisions thereof, and all employees and volunteers in their capacities as representatives of the Happy Dance, LLC, expressly including, but not limited to, Heidi Robak. Except for injuries caused intentionally, or by willful misconduct. I certify that I am familiar with the contents of this release, that I have read and understand the same, and that it is my intention by signing this release that the same be binding not only on me, but my heirs, administrators, executors, successors, and assigns.

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

**Consent to transport to Chilton Hospital:**

I hereby give my consent for the director or Health representative of the Scribble Fun Day Camp to call the Pequannock First Aid Squad and/or the Pequannock Township Police in the event that I am unable to be contacted first to administer any necessary treatment and/or provide transportation to Chilton Memorial Hospital for my child in case of any type of emergency while he/she is attending the nursery school. If any treatment needs to be given at Chilton Memorial Hospital emergency room and I am still unable to be contacted, I also give my permission for such treatment.

PLEASE NOTE: IT IS THE POLICY OF the Scribble Fun Day Camp NOT TO DISPENSE OF MEDICATION OF ANY KIND.

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

**State required Information:**

- 1. I have read and received a copy of the **INFORMATION TO PARENTS STATEMENT** prepared by the Bureau of Licensing in the Division of Youth and Family Services.

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

- 2. I have read and received a copy of the **STATEMENT OF PHILOSOPHY ON CHILD DISCIPLINE**

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

- 3. I have read and received a copy of the **POLICY ON THE RELEASE OF CHILDREN**

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

## **MEDICAL RECORDS**

Due to State Health Law, all parents/ guardians of children entering Day Camp are required to provide the Camp with written verification of the required immunizations. Please have your child's doctor complete the attached NJ state health history forms. Your child must have a physical exam (within the previous year) and be up-to-date with his/her immunizations in order to attend camp. If the child has not completed all of these immunizations, a letter should be attached to the forms indicating when the immunizations will be given.

## **STATE REQUIRED MEDICAL INFORMATION**

### **MEDICAL**

The medical attached medical forms must be returned to the camp prior to attending

### **ABSENT**

If your child is absent from school due to illness, it is a State Requirement that you give the teachers the reason for the absence by specifically stating the illness. Please, when you call the school to inform the teachers that your child will not be attending that day, let them know if it is because of a sore throat, fever, chicken pox, etc. As stated before, this is a State requirement, not just a school request and we must abide by this requirement.

## **POLICY ON THE MANAGEMENT OF COMMUNIBLE DISEASE**

If a child exhibits any of the following symptoms, he/she should not attend school. If such symptoms occur at the Center, the child will be removed from the group, and you will be called to take him/her home.

Severe pain or discomfort

Acute diarrhea

Episodes of acute vomiting

Elevated oral temperature of 101.5 degrees Fahrenheit

Sore throat or severe coughing

Yellow eyes or jaundice skin

Red eyes with discharge

Infected untreated skin patches

Difficult or rapid breathing

Skin rashes lasting longer than 24 hours

Swollen joints

Visibly enlarged lymph nodes

Stiff neck

Blood in urine

Once the child is free of symptoms and fever for 24 hours, or has a physician's note stating that the child no longer poses a serious health risk to himself/herself or others, the child may return to school.

If a child contracts any of the following diseases, please report it to us immediately. The child may not return to school without a doctor's note stating that the child presents no risk to himself/herself or others.

## **TABLE OF EXCLUDABLE COMMUNICABLE DISEASES**

Respiratory Illness Gastro-Intestinal Illness Contact Illness

Chicken Pox \*\* Giardia Lamblia\* Impetigo

German measles\* Hepatitis A\* Lice

Hemophilus Salmonella\* Scabies

Measles\* Shigella\*

Meningococcus\*

Mumps\*

Strep Throat

Tuberculosis\*

Whooping Cough

\*Reportable diseases, as specified in N.J.A.C. 10:122-7, 10 (a)

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

If your child is exposed to any reportable disease at school, you will be notified in writing.

**New Jersey Department of Health and Senior Services  
STANDARD SCHOOL / CHILD CARE CENTER IMMUNIZATION RECORD**

NAME OF CHILD (Last, First, MI)					DATE OF BIRTH (Mo./Day/Yr.)	SEX <input type="checkbox"/> M <input type="checkbox"/> F	
NAME OF PARENT/GUARDIAN					TELEPHONE NUMBER(S)		
ADDRESS							
ADDRESS					IMMUNIZATION REGISTRY NUMBER		
VACCINE TYPE	1ST DOSE MO/DAY/YR	2ND DOSE MO/DAY/YR	3RD DOSE MO/DAY/YR	4TH DOSE MO/DAY/YR	5TH DOSE MO/DAY/YR	LEAD SCREENING (Not Required)	
DIPHTHERIA, TETANUS, PERTUSSIS (DTaP) or any combination (If Td or DT <sup>11</sup> , indicate in corner box)						TEST DATE	RESULT
POLIO-INACTIVATED POLIO VACCINE (IPV) (If oral vaccine, indicate OPV in corner box)							
MEASLES, MUMPS, RUBELLA (MMR)						<sup>(5)</sup> Document below single antigen vaccine receipt, serology titers, or Varicella disease history	
HAEMOPHILUS B (HIB) <sup>(6)</sup>							
HEPATITIS B <sup>(6)</sup>					Hepatitis B	DATE:	TITER:
VARICELLA <sup>(4)</sup>					Varicella	DATE:	TITER:
PNEUMOCOCCAL CONJUGATE <sup>(2)</sup>					Measles	DATE:	TITER:
INFLUENZA <sup>(6)</sup>					Mumps	DATE:	TITER:
OTHER, SPECIFY:					Rubella	DATE:	TITER:
<input type="checkbox"/> Provisional Admission Attached - Date Granted: _____ <input type="checkbox"/> Medical Exemption Attached <input type="checkbox"/> Religious Exemption Attached							

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

IMM-8  
OCT 08

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