

SUMMER CAMP

BUF Preschool

Health & Human Services
403 West 7th St.
Plainfield, NJ 07060
T: 908-561-0123 F: 908-561-04710

*Dedicated to Quality Child Care in
a Loving & Nurturing Environment.*

Enroll Now

July to August

Hours 7:00 am – 5:30 PM

Monday - Friday

Breakfast, Lunch & Snack

AGES 3 TO 8

- ❖ Computers
- ❖ Arts & Crafts
- ❖ Music/Movement
- ❖ Swimming/Life

- ❖ Movies
- ❖ Specialty Trips
- ❖ Bowling/Skating
- ❖ Picnics/Cookouts



And Much More...





BUF/HHS SUMMER CAMP PROGRAM OVERVIEW

BUF HHS Summer Camp

The BUF/HHS Summer Camp is designed to positively motivate children from the age of 3 to 8. We, on a daily basis, help them to explore their world and community. They learn self-control and good self-esteem from experiences they encounter through play and interaction with their camp mates.

BUF Campers are exposed to the world of adventure by participating in a number of hands on exploration. Taking many trips, (local and far) enriches our program. Through interacting with the environment, children are encouraged to grow mentally, physically and socially.

Summer Camp Activities

Everyday is an adventure at the BUF/HHS Camp. Campers visit our local parks, have picnics, take neighborhood walks and learn about health, play games, and have a talent show.

There are a number of activities planned for all campers including Amusement and Water park trips.

Days, Trips & Times

Campers may report to the BUF/HHS facility starting at 7:00am daily Monday through Friday. Because of the children's tight schedule, all children must be at camp no later than 9:00am (8:00am on Trip days).

Children should be picked up no later than 5:30pm promptly from the BUF/HHS facility. If a child remains later than 5:30pm we charge \$20.00 for the first 30 minutes, after 6:00pm a \$50.00 late fee is charged.

Medical Requirements

To insure that all campers are in good physical condition, all campers are required to submit their immunization and physical examination records (no more than 6 months old). The proper forms must be in the BUF/HHS office no later than the first day of camp.

Camp Attire

All campers should wear casual play clothes and sneakers. They should bring with them a bathing suit, cap, and a towel everyday. We also recommend that a change of clothing is left at the site in their cubbies/lockers.



Cost & Dates

We have 8 weeks of camp starting July 5th and ending August 26th. Children must be pre-registered for each weekly session. Payment for each session is due the Friday before the session begins.

The cost for each week of camp is - \$175.00 per camper (includes weekly trips).

******A \$50.00 NON-REFUNDABLE APPLICATION FEE IS REQUIRED UPON RECEIPT OF THIS APPLICATION. THERE WILL BE NO REFUND OF THIS FEES.******

ALL questions should be directed to the BUF/HHS Camp Office (908) 561-0123.

Please Print:

Camper's Name: _____

Date of Birth _____ Age _____ Sex F _____ M _____

Address: _____ City _____

State _____ Zip Code _____ Home Telephone _____

Mother's Name _____ Phone # _____

Father's Name _____ Phone # _____

Emergency Contact Person _____ Contact # _____

Please circle each week you would like to register your child:

Print Parent Name

Parent's Signature

Date

Please return to BUF Health & Human Services Camp. 403 West Seventh St. Plainfield, NJ 07060. **Balances** for each session is due every **Friday prior to Monday** start or child will not be accepted into the program. There is no refund of fees.



EMERGENCY CONTACT /PARENTAL CONSENT FORM

Child's Name _____ **DOB** _____
Address _____ City _____ NJ, _____

Mother's Name/ Legal Guardian _____
Address _____ Phone# _____
Business Name _____ Business # _____
Address _____

Father's Name/Legal Guardian _____
Address _____ Phone# _____
Business Name _____ Business # _____
Address _____
Emergency Contact _____ Phone # _____

Person(s) to whom the child may be released/ Personas con las cuales mi niño(a) puede ir a casa: These person MUST BE at least 18 years old/Estas personas DEBEN TENER por lo menos 18 años de edad.

1. _____ Relationship _____
2. _____ Relationship _____
3. _____ Relationship _____
4. _____ Relationship _____
5. _____ Relationship _____

BUF/HHS SUMMER CAMP
ACTIVITIES PERMISSION SLIP

(English)

I give permission for my child _____ to participate in all Activities offered by the BUFHHS Summer Camp program. Activities include swimming, gym, outdoor activities and field trips.

(Español)

Yo, doy consentimiento para que mi niño(a), _____ participe en todas las actividades que ofrece el Programa de Verano de BUFHHS. Las actividades incluyen, Natación, gimnasia, paseos, viajes, y actividades fuera del establecimiento.

PARENT'S SIGNATURE: _____ **DATE:** _____



PARENT COUNSELOR CONFIDENTIAL FORM

Camper's Name _____ DOB _____
Nickname _____ Age _____ Sex M ___ F ___
School _____ Grade Next Fall ___
Sisters: Yes ___ No ___ How Many ___ Brothers: Yes ___ No ___ How Many ___
Any Pets? _____ What type? _____

Things Camper Likes to do: _____

What does Camper want to get out of camp? _____

How does your child get along with others the same age? _____

With whom is the camper residing (in case of divorce or separation)?

Does your child have any specific fears? _____

Is there anything in particular concerning your child that his / her counselor should know?

Please list three objectives you have for sending your child to camp:

Please initialisate your consent to your child's participation in the following activities by signing on the line next to the activity:

- a. Obtaining Emergency Medical care. _____
- b. Admin. Of minor first aid procedures. _____
- c. Transportation by the facility. _____
- d. Walks and Trips _____
- e. Hiking _____
- f. Swimming/Water Activities _____
- g. Wading/Others _____



Tell Us About Your Child

Name/Nombre _____

Likes/Que le gusta _____

Dislikes/Que no le gusta _____

Hobbies or Special Interests/Intereres Especiales _____

Does your child make friends easily/Hace amigos con facilidad () yes () no

How is your child's anger expressed/Como su niño expresa su ira _____

How do you discipline your child?/Cómo disciplina a su niño _____

Is a language other than English spoken in your home?/Es el ingles el único idioma que hablan en casa? () Yes () no What language? _____

Child's strengths?/Habilidades del niño? _____

Any special allergies or food restrictions?/Alergias a la comida u otras restricciones?

Any additional information about your child?/Alguna otra información de su niño?

Any other children at home/Hay otros niños en su casa? () yes () no

Number of sisters/Hermanas _____ Number of brothers/Hermanos _____

Parents/Guardian's Signature

Print Name

Date



Health Regulations and Procedures

A. Regulations

1. Per state regulations, the BUFHHS Summer Camp Programs cannot permit any child or staff with an excludable communicable disease to attend or remain at the program until site staff receives a note from a physician that the child/ staff member presents no risk to his/herself or others.

TABLE OF EXCLUDABLE COMMUNICABLE DISEASES

Chicken Pox	German Measles	Impetigo
Measles	Homophiles influenza	Lice
Meningococcus	Giardia Lamblia	Scabies
Mumps	Hepatitis A	Salmonella
Strep Throat	Hepatitis	Shingella
Whooping Cough		

Outbreaks of such excludable communicable diseases must be announced through written notes to each parent and must be reported by Program Directors to State Dept. of Health Communicable Disease Program.

2. Children or staff exhibiting the symptoms listed below may not attend the program.
3. If symptoms are exhibited at the site, staff will be dismissed and children will be separated from others until child is picked up. Once the child/staff is symptom free, he/she may return.

Severe Pain, Acute Diarrhea, Blood in Urine, Temperature over 101.5, Swollen Joints, Jaundice Skin, Yellow or Red eyes with Discharge, Visibly enlarged lymph nodes, Two or more acute vomiting within 24 hours, Infected/Untreated skin patches or rash lasting more than 1 day. Illness noticed at the site should be noted in the site log, including date, time and symptoms.

B. Accidents

If an accident happens at the site, staff must complete a BUF accident report and submit it to the Administration Office before the end of the workday. An Accident Report form must be completely filled in, including the results of the accident, with injured taken to Physician? Hospital?

Minor accidents, those requiring more than just a band –aid, should be noted in site log.

C. Sanitation

All areas where food is to be served must be washed in the following manner: First, the area is to be washed with soap and water and then disinfected with either a commercial disinfectant or with a solution of ¼ cup bleach to a gallon of water.

Smoking is prohibited during working hours.

D. Personal Hygiene

Staff must ensure that children wash hands with soap and running water: before eating, after toileting, after coming into contact with bodily fluids.

Staff must wash their hands with soap and running water:

Before preparing or serving foods, after toileting, after caring for a child who appears to be sick, after coming into contact with bodily fluids. Staff shall use disposable rubber gloves, which shall be discarded after each use, when coming into contact with blood or vomit.



SUMMER CAMP
PERSONAL HEALTH AND MEDICAL RECORD

Camper's Name _____ DOB _____
Address _____

IN CASE OF EMERGENCY, PLEASE NOTIFY...

Name _____ Relationship _____
Address _____ City _____
State _____ Zip Code _____ Phone # _____

2. Name _____ Relationship _____
Address _____ City _____
State _____ Zip Code _____ Phone # _____

EMERGENCY MEDICAL INFORMATION

Name of Child's Physician _____
Address _____ City _____
State _____ Zip Code _____ Phone # _____ Exten. _____

Medical Disabilities/Special Needs of Child (If Any) _____

Medical/ Dietary Restrictions _____

Health Insurance/ Medical Assistance Benefits _____
Group/Plan # _____

Has your child had (or is subject to) any of the following; Check where applicable:

- | | |
|---|---|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Fainting Spells |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> High Blood Pressure |
| <input type="checkbox"/> Convulsions | <input type="checkbox"/> Contact Lenses |
| <input type="checkbox"/> Heart Trouble | <input type="checkbox"/> Other/ Illnesses or Conditions |
| <input type="checkbox"/> Allergy or reaction to any medicine, food, plants, animal, or insect toxin | |

Explain, if necessary:



IMMUNIZATION
(to be completed by physician)

VACCINES:

	DATE REC'D IF NEEDED		DATE REC'D	IF NEEDED
Tetanus	_____		_____	_____
Diphtheria	_____		_____	_____
Polio	_____		_____	_____
Chicken Pox	_____		_____	_____
		Measles	_____	_____
		Mumps	_____	_____
		Rubella	_____	_____
		Whooping Cough	_____	_____

Physicians' Initials: _____

Medical History

(To be completed by Parent/Guardian)

Most recent physical examination

Date _____

Does your Child have any current health problems? (If yes, please explain.)

Yes ____ No ____

Is your child currently under medical care or taking any medications? (If yes, please explain.)

Yes ____ No ____

Has there been any surgery, illness, allergy or change in health status since last physical examination? (If yes, please explain.)

Yes ____ No ____



Past or Present History of Camper:

Check all that apply.

Yes	No		Year	Details	Yes	No		Year	Details
___	___	Serious Illness	___	_____	___	___	Stomach	___	_____
___	___	Serious Injury	___	_____	___	___	Bowels	___	_____
___	___	Deformity	___	_____	___	___	Appendicitis	___	_____
___	___	Surgery	___	_____	___	___	Kidneys	___	_____
___	___	Skin/Glands	___	_____	___	___	Bladder	___	_____
___	___	Ears	___	_____	___	___	Infection	___	_____
___	___	Eyes	___	_____	___	___	Bed Wet	___	_____
___	___	Nose/Sinus	___	_____	___	___	Hernia	___	_____
___	___	Teeth	___	_____	___	___	Back	___	_____
___	___	Throat/Tonsils	___	_____	___	___	Limbs	___	_____
___	___	Dentures	___	_____	___	___	Joints	___	_____
___	___	Bridge	___	_____	___	___	Sleepwalk	___	_____
___	___	Heart	___	_____	___	___	Behavior	___	_____
___	___	Rheumatic Fever	___	_____	___	___	Other	___	_____

Parent/Guardian Initials _____

PHYSICAL EXAMINATION

SCALP _____ NECK _____

TEETH _____ MOUTH _____

CHIN _____ NOSE _____

EYES AND VISION _____ EARS AND HEARING _____

HEART _____ PULSE _____

ABDOMEN _____ THORAX _____

THROAT _____ LUNGS _____

EXTREMITIES _____ SPINE _____

LYMPH GLANDS _____ REFLEXES _____

RECTUM _____ GENITALIA _____

OTHER _____

HEIGHT _____ WEIGHT _____



EXAMINATION RESULTS

CHILD'S NAME: _____

Please indicate any condition, which might affect this child's performance at school, or any conditions of, which the staff should be aware:

(Medical treatment, special requirements as to diet, rest, allergies, avoidance of certain activities)

RECOMMENDATIONS:

The above named child has been given a routine medical examination and has been found to be free of infectious or contagious diseases.

PHYSICIAN'S SIGNATURE

DATE & STAMP

AUTHORIZATION

To the best of my knowledge, this medical history is correct and complete. I know of no reason to restrict applicant's activity and give my permission for participation in all activities except those specifically noted herein. In the event that I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp director to hospitalize, secure proper treatment for, or to order injection, anesthesia, or surgery for my **child as named above.**

Parent's Signature _____ Date _____



PARENT'S AGREEMENT

Parent's Agreement

I consent to the enrollment of my child,

In the BUF Health and Human Services Corporation Pre-school –Kindergarten Program and I agree that the Center shall not be responsible in case of sickness or the injury of my child while in the school program or facility or in transit to or from the facility.

I give my consent for my child to take part in field trips excursions under proper supervision.

I agree to fully comply with the rules and regulations of the Preschool- Kindergarten & Summer Camp Program of the BUF Health and Human Services Corporation

I further agree that in case of accident, injury, or an emergency, I hereby consent to provision of medical care to my child in the event that I cannot be contacted immediately.

_____ Mother's Signature

_____ Father's Signature

_____ Date



ACUERDO DE PADRES

Acuerdo de Padres

Yo consiento a la matriculación de mi niño(a),

En el BUF Health and Human Services Corporation en el Programa Pre escolar- Kindergarten y yo estoy de acuerdo que el Centro no será responsable en caso de enfermedad o la lesión de mi niño(a) mientras en el programa escolar o facilidad o en el tránsito o de la facilidad.

Yo doy mi consentimiento para mi niño tomar parte en las excursiones de viajes bajo la vigilancia apropiada.

Yo llevaré a cabo las reglas y regulaciones del Programa Pre escolar - Kindergarten y Campo de Verno del BUF Health and Human Services.

Yo estoy de acuerdo de que en caso de accidente, lesión, o una emergencia, el cuidado médico puede darse en caso de que yo no pueda ser avisada inmediatamente.

Firma de Madre

Firma de Padre

Fecha



10:122-3.6 Information to Parents Document

May be copied onto center letterhead and distributed to parents with Information to Parents document

**OFFICE OF LICENSING
INFORAMTION TO PARENTS LETTER**

Dear Parent:

In keeping with New Jersey's child care center licensing requirements, we are obliged to provide you, as the parent of a child enrolled at our center, with this informational statement. The statements highlights, among other things: your right to visit and observe our center at any time without having to secure prior permission; the center's obligation to be licensed and to comply with licensing standards; and the obligation of all citizens to report suspected child abuse/neglect/exploitation to the State Central Registry Hotline.

Toll Free at 1-877-NJ ABUSE (1-877-625-2873)

Please read this statement carefully and if you have any questions, feel free to contact me at (908) 561-0123.

Sincerely,

Sondra Clark.
President/CEO

Please read and return this portion to the center. (Please print)

Name of Child: _____

Name of Parent: _____

I have received, read and signed a copy of the Information to Parents document prepared by the Office of Licensing, Child Care & Youth Residential Licensing in the Department of Human Services.

Print Name: _____ Date: _____

Signature: _____ Date: _____



10:122-3.6 Information to Parents Document

May be copied onto center letterhead and distributed to parents with Information to Parents document

**OFICINA DE LISENCIAS
CARTA DE INFORAMCION PARA LOS PADRES**

Queridos Padres:

Siguiendo los requisitos de licenciatura del estado de New Jersey, estamos obligados a proveerle a usted, el padre/madre del niño/a matriculado en nuestro centro, con declaración informática. Los momentos culminantes de las declaraciones, entre otras cosas; su derecho a visitar y observar nuestro centro cuando quiero sin tener que pedir permiso anterior; la obligación del centro a ser autorizado y cumplir con las normas de la licenciatura; y la obligación a todos los ciudadanos para reportar algún abuso infantil/abandono/explotación a la Línea Caliente del Estado de Registros Central:

Número Gratuito 1-877-NJ ABUSE (1-877-652-2873)

Por favor lea esta declaración con cuidado si tiene alguna pregunta, por favor llámeme al (908) 561-0123.

Sinceramente,

Sondra Clark.
President/CEO

Por favor lea y regrese esta porción a la oficina. (Letra imprenta)

Nombre del Niño: _____

Nombre del Padre: _____

Yo he recibido, leído y formado una copia del documento de Información para los Padres preparada por la Oficina de Licencias, Cuidado de Niños y Jóvenes Residentes en el Departamento de Servicios Humanos.

Nombre _____ Fecha: _____

Firma: _____ Fecha: _____

10:122-3.6 Information to Parents Documents
Must be distributed to parents of every enrolled child and to all staff members
The center may call the Office of Licensing for Spanish translation of this document



OFFICE OF LICENCING 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 Human Services (DHS). 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 Licensing law to be licensed by the Office of Licensing, Child Care & Youth Residential Licensing in the Department of Human Services. 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 Center (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 other.

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 secure a copy of the Manual of Requirements by sending a check or money order for \$5 made payable to the "Treasurer, State of New Jersey", and mailing it to:

State of New Jersey
Department of Human Services
Licensing Publication Fess
PO BOX 34399
Newark, New Jersey 07189-4399.

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 standards, you are entitled to report them to the Office of Licensing by calling toll-free 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 parent(s) 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 Office of Licensing's Inspection/Violation Reports in the center, which are issued after every State licensing inspection of the center. If these is a licensing complaint investigation, you are also entitle to review the Office'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 DHS inspections/investigations. DHS staff may interview with staff members and children.

Our center must put in 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 living or diagram of those rooms and areas approved by the Office 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 direct 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 form parents before taking a child on each such trip.

Our center is required 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, 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).

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 if 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: 1-877-NJABUSE (1-877-652-2873). Such reports may be made anonymously.

Parents may secure information about child abuse and neglect by contacting

Community Education Office
Division of Youth and Family Services
PO BOX 717
Trenton, New Jersey 08625-0717

Parent Signature _____ **Date** _____

Director Signature _____ **Date** _____



OFICINA DE LISENCIAS INFORMACION PARA LOS PADRES

Según las disposiciones del Manual de Requisitos de los Centros de Cuidado Infantil (NJAC 10:122), cada centro de cuidado infantil con licencia de New Jersey debe proporcionar por escrito a los padres de los niños registrados la información sobre los derechos de visita, requisitos de concesión de licencias estatales, abuso/información de los requisitos de los reportes de negligencia y otros asuntos relacionados con el centro. Para cumplir con estos requisitos, el centro de cuidado infantil debe producir y distribuir a los padres esta declaración por escrito preparada por la Oficina de Licencias, Cuidado de Niños y Jóvenes Residentes en el Departamento de Servicios Humanos (DHS). En consecuencia con este requisito, el centro debe asegurar la firma de todos los padres que acredite su recepción de la información.

* * * * *

La Ley de Licencias Estatal requiere que nuestro centro de cuidado infantil tenga una licencia otorgada por la Oficina de Licencias, Cuidado de Niños y Jóvenes Residentes del Departamento de Servicios Humanos. Una copia de nuestra licencia actual debe ser colocada en un lugar prominente en nuestro centro. Búsquela cuando visite el centro.

Para obtener una licencia, nuestro centro debe cumplir con el Manual de Requisitos del Centro para el cuidado de niños (los reglamentos de la oficina de licencias). Las regulaciones cubren áreas tales como: entorno físico y seguridad de vida, personal calificado, la supervisión, proporción del personal y de niños; las actividades del programa y equipos de salud, alimentación y nutrición, normas de descanso y siestas; participación de los padres/comunidad; requisitos de mantenimiento de la administración y registros, y otros.

Nuestro centro debe siempre mantener una copia del Manual de Requisitos de los centros de cuidado infantil en el establecimiento y ponerlo a disposición de los padres interesados en su revisión. Si usted desea revisar nuestra copia, sólo pregunte a cualquier miembro del personal. Los padres pueden obtener una copia del Manual de Requisitos enviando un cheque o giro postal por \$ 5 a nombre de "Treasurer, State of New Jersey", y enviarlo por correo a:

Estado de Nueva Jersey
Departamento de Servicios Humanos de
Concesión de licencias de publicación Fees
PO BOX 34399
Newark, New Jersey 07189-4399.

Animamos a los padres a que discutan con nosotros cualquier duda o preocupación acerca de las políticas, programas del centro, aplicaciones o alegaciones violadas del Manual de Requisitos para Centros de Cuidado Infantil. Estaremos encantados en arreglar una cita para que tenga la oportunidad de revisar y discutir estos asuntos con nosotros. Si usted sospecha que nuestro centro está violando las normas de concesión de licencias, usted tiene el derecho de reportarlo a la Oficina de Licencias llamando a la línea gratuita 1-877-667-9845. Por supuesto, agradeceríamos que compartiera esas inquietudes también con nosotros.

Nuestro centro debe tener una política relativa a la liberación de los niños a los padres o las personas autorizadas por el padre (s) a ser responsables por el niño. Por favor discuta con nosotros sus planes para la salida de su hijo desde el centro.

Nuestro centro debe tener una póliza sobre la administración de medicina y los procedimientos de atención de salud y manejo de enfermedades contagiosas. Por favor hable con nosotros sobre estas políticas para que podamos trabajar juntos para mantener la salud de nuestros niños.

Nuestro centro debe tener una política relativa a la expulsión de los niños matriculados en el centro. Por favor revise esta política, así trabajaremos juntos para mantener a su hijo en nuestro centro.



Los padres tienen derecho a revisar la copia de la Inspección de la Oficina de Licencias / Informes de Violación en el centro que se mantiene dentro del establecimiento, las cuales se otorgan después de cada inspección al centro. Si esta es una investigación de la queja de licencia, usted también puede revisar la copia del informe de la Oficina de Investigación Informe, así como cartas y aun de ejecución u otras acciones tomadas en contra del centro durante el período de licencia actual. Háganos saber si usted desea revisarlos para ponerlos a disposición para su revisión.

Nuestro centro tiene que cooperar con todas las inspecciones/investigaciones de DHS. El personal de DHS puede entrevistar al personal y niños del centro.

Nuestro centro debe poner por escrito una declaración de la filosofía sobre la disciplina del niño en el centro en un lugar prominente y proveer una copia de la misma a los padres que lo soliciten. Le animamos a revisar y discutir con nosotros cualquier pregunta que pueda tener al respecto.

Nuestro centro debe poner a la vista un bosquejo o diagrama de las habitaciones y zonas aprobadas por la Oficina para el uso de los niños. Hable con nosotros si tiene alguna pregunta sobre el espacio del centro.

Nuestro centro debe ofrecer a los padres de los niños matriculados la oportunidad para ayudar al centro en el cumplimiento de los requisitos de la licencias, y para observar y participar en las actividades del centro. Los padres que deseen participar en las actividades u operaciones del centro deben discutir sus intereses con el director del centro, el cual podrá informarles de las oportunidades disponibles.

Los padres de los niños inscritos pueden visitar nuestro centro en cualquier momento sin tener que obtener aprobación previa de la directora u otro miembro del personal. Siéntase libre de hacerlo cuando puede.

Nuestro centro debe informar a los padres antes de cada excursión, paseo, o un evento especial fuera del centro, y deberá obtener previa autorización por escrito de los padres antes de cada viaje.

Es requerido que nuestro centro cumpla con la Ley de Nueva Jersey Contra la Discriminación (LAD), PL 1945, c. 169 (NJSA 10:5-1 et seq.), y el Acta de Americanos con Discapacidades, PL 101-336 (42 U.S.C. 12101 et seq). Cualquiera que crea que el centro no está cumpliendo con estas leyes puede comunicarse con la División de Derechos Civiles del Departamento de Nueva Jersey de la Ley y Seguridad Pública para obtener información sobre cómo presentar una reclamación LAD al (609) 292-4605 (Los usuarios de TTY pueden marcar 711 para comunicarse con un operador de Confianza de New Jersey y pedir (609) 292-7701), o puede contactar al Departamento de Justicia Estadounidense para obtener información sobre cómo presentar una reclamación de la ADA al (800) 514-0301 (voz) o (800) 514-0383 (TTY).

Cualquiera que tenga motivos razonables para creer que un niño inscrito ha sido o está siendo sometido a cualquier forma de golpes, castigos corporales, lenguaje ofensivo, ridiculizado, avergonzado, humillado o atemorizado o cualquier otro tipo de abuso infantil, el abandono o la explotación por cualquier adulto, ya sea que trabajen en el centro o no, es requerido por la ley del Estado que informe de inmediato al Registro Central del Estado al Hotline: 1-877-NJABUSE (1-877-652-2873). Tales informes podrán ser anónimas

Los padres pueden asegurar esta información contactando

Community Education Office
Division of Youth and Family Services
PO BOX 717
Trenton, NJ 08625-0717

Firma del Padre _____ **Fecha** _____

Firma de la Directora _____ **Fecha** _____



Please read and sign where indicated:

My child _____ is in good physical condition and I have advised his/her physician that he/she will be taking part in the BUF- Preschool program. Please indicate any condition, which the staff should be, aware of

Parent Signature: _____ Date: _____

Communicable Disease Policy- A communicable disease is an illness that can be caught from other people. If a communicable disease is observed in a child, the parent is notified. Children with untreated communicable diseases should not be participating in our program until they are no longer contagious. Parents will be asked to keep their child at home until a doctor releases the child. A return to school note from the doctor will be required. Communicable diseases seen in children: *Chicken Pox, Lice, Strep Throat, Impetigo, Scabies, etc.* (Check BUF Parent Guide)

I have read the communicable disease policy,
Parent Signature: _____ Date: _____

Discipline Procedure: Children are disciplined by their teachers by means of talking, reasoning and sometime "Time Out" (one) minute for every year of the child. If the child continues to be a problem he/she is sent to the Director, the child is talked to and reasoned with and then put in "Time Out" if necessary. Hitting, yelling and other means of punishment are against our policy. Any staff found hitting or severely punishing children will be dismissed immediately.

Pick-Up Procedure: anyone who arrives at the center to pick up a child, but in the judgment of the Staff, Educational Coordinator or Director appears physically or emotionally impaired will not be permitted to take the child. The person in charge will try to reach the parent. If other relatives whose names appear on the emergency pick-up form cannot be contacted, the center will contact the appropriate authority (Police, Division of Youth and Family Services, etc.)

I have read and understand the discipline and pick-up procedures.
Parent Signature: _____ Date: _____

Authorization to take and release child/children's picture: I authorize BUF/HHS to take pictures of my child/children to be used in brochures, newspapers, etc., as directed by BUF/HHS.

Parent Signature: _____ Date: _____

Medical Treatment: I consent to the treatment of my child in the event of a life threatening situation. I also authorize a physician to treat any minor injuries that BUF/HHS determines is serious enough for immediate treatment.

Parent Signature: _____ **Date:** _____



Por favor lea y firme dónde indicado:

Mi niño(a) _____ está en buena condición física hemos indicado al médico de que mi niño(a) estará tomando parte en el programa de BUF- Pre-Escolar . Por favor indique cualquier condición que el personal debe saber,

La Firma de los padres: _____ Fecha: _____

Póliza de la Enfermedad Comunicativa - Una enfermedad comunicativa es una enfermedad que puede contagiarse de otras personas. Si una enfermedad comunicativa se observa en un niño(a), el padre se notifica. Los niño(a)s con enfermedades comunicativas que no están siendo tratados por un doctor, no deben estar participando en nuestro programa hasta que ellos no sean contagiosos. Se pedirá a los padres que mantengan a su niño(a) en casa hasta que un doctor diga que la enfermedad no es comunicativa. Una nota a la escuela del doctor es requerida. Enfermedades comunicativas vistas en los niños: La Varicela, Piojos, Garganta Estreptococo, Impétigo, Sarna, etc., (Verifique con Guía de Padres de BUF)

Yo he leído la póliza de la enfermedad comunicativa,

La Firma de los padres: _____ Fecha: _____

Procedimiento de Disciplina: Los niño(a)s son disciplinados por la profesora por medio de hablar, razonamiento y a veces aislamiento por 1 minuto por cada año del niño(a). Si el niño(a) continúa siendo problemático es enviado a la Directora, hablamos con el niño(a) y razonamos con el/ella y después será puesto en aislamiento si es necesario. Pegando, gritando y otros medios de castigo están contra nuestra póliza. Cualquier personal que sea encontrado pegando o castigando a los niños severamente se despedirá inmediatamente.

El Procedimiento de la recogida: Cualquiera que llega al centro para recoger a un niño(a), pero en la opinión del Personal, Coordinadora Educacional, o Directora parece incapacitado físicamente o emocionalmente para recoger niño(a) no será permitido llevarse al niño(a). Administración se encargara de localizar a los padres. Si no se puede localizar otros parientes cuyos nombres aparecen en la forma de recogida de emergencia, el centro avisará a la autoridad apropiada (Policía, la División de Juventud y Servicios de la Familia (DYFS), etc.)

Yo he leído y he entendido la disciplina y procedimientos de la recogida.

La Firma de los padres: _____ Fecha: _____

La autorización para tomar y ceder fotos: Yo autorizo que BUF/HHS saque fotos de mi niño(a) ser usadas en los folletos, periódicos, etc., como dirigido por BUF/HHS.

La Firma de los padres: _____ Fecha: _____

Tratamiento Médico: Yo consiento al tratamiento de mi niño(a) en caso de una situación amenazante. Yo también autorizo que un médico trate cualquier lesión menor que BUF/HHS determine seria y necesite tratamiento médico inmediato.

La Firma de los padres: _____ **Fecha:** _____