

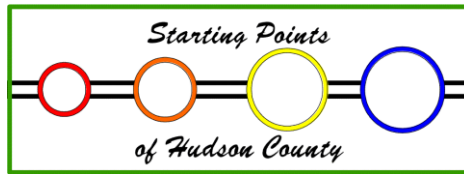
ANAEC Accredited Early Childhood Program

Starting Points of Hudson County  
Checklist for Files

Name: \_\_\_\_\_  
 Last Name, First Name

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

	Year	Year
Legal Custody Documents (if Applicable) Yes _____ No _____		
Emergency Numbers (3) Pickup List		
(Signed) Student Application File/Intake Form		
WFN Confirmation/Hudson Cares for Kids Voucher/DYFS Referral		
Fee Agreement		
Proof of Income *Last Four (4) Consecutive pay stubs *Letter from School/Training must include Hours you attend weekly, Class schedule		
Proof of Residence *Driver's License, State I.D., Utility Bill, Home Phone Bill, Bank Statement		
Child Care Eligibility Form		
Child Care Food Program		
Universal Health Record		
Immunization Form		
Medical Packet *Food Allergy Form, Health Service Release Form, Authorization to Treat at Nearest Hospital Form, Release of Health Information Form, Permission to give Medication at School Form		
Birth Certificate (Child Only)		
Social Security Cards (Parent and Child)		
Parent Handbook		
ABBOTT APPLICATION (Child must be Three Years old by Oct. 1)		
Hilda Family Worker (Abbott Only)		
Kimberly Family Worker (Abbott Only)		
Nirvana Intake Officer (Non-Abbott Only)		



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## Student Information

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

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

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

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

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

First Name: \_\_\_\_\_

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

Social Security #: \_\_\_\_\_

Ethnicity: \_\_\_\_\_

Family Size: \_\_\_\_\_

Sex: Female \_\_\_\_\_ Male \_\_\_\_\_

\_\_\_\_ WFNJ/TCC \_\_\_\_ CCAP/ARRA \_\_\_\_ CPS or PACC \_\_\_\_ ABBOTT  
(Type of Service Provided)

### Guardian Information:

Mother/Legal Guardian:

Father/Legal Guardian:

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

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

Social Security #: \_\_\_\_\_

Social Security #: \_\_\_\_\_

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

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

Phone #: \_\_\_\_\_

Phone #: \_\_\_\_\_

Place of Business: \_\_\_\_\_

Place of Business: \_\_\_\_\_

### Fee Information:

Weekly: \_\_\_\_\_

Monthly: \_\_\_\_\_

### PRS Information:

Case KC: \_\_\_\_\_

District Office: \_\_\_\_\_

Case Worker Name: \_\_\_\_\_

Phone #: \_\_\_\_\_

Foster Care: \_\_\_\_\_

### Emergency Medical Information:

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

Emergency Contact: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Relationship: \_\_\_\_\_

Relationship: \_\_\_\_\_

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

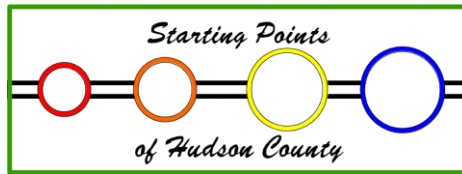
Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

Phone #: \_\_\_\_\_

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

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



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**Emergency /Pickup List**

**Room Number:**

**Child's Name:**

**Date of Birth:**

<b><u>Address:</u></b>	
<b><u>Mother's Name</u></b>	<b><u>Work Number:</u></b>
	<b><u>Cell Number:</u></b>
	<b><u>Email Address:</u></b>
<b><u>Father's Name</u></b>	<b><u>Work Number:</u></b>
	<b><u>Cell Number:</u></b>
	<b><u>Email Address:</u></b>

**In case of emergency, the following (3) three people may act in my behalf:**

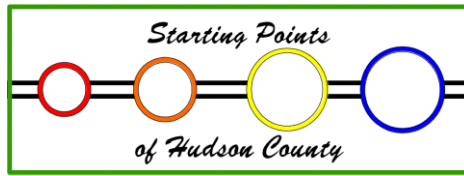
<b><u>Full Name</u></b>	<b><u>Address</u></b>	<b><u>Phone Number</u></b>	<b><u>Relationship to Child</u></b>

**The following people are permitted to pick up my child:**

<b><u>Full Name</u></b>	<b><u>Address</u></b>	<b><u>Phone Number</u></b>	<b><u>Relationship to Child</u></b>

\_\_\_\_\_  
**Parent/Guardian's Signature**

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

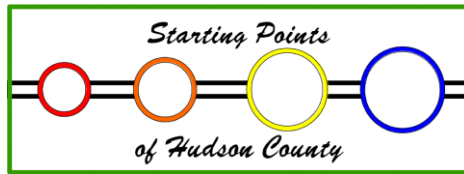


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## Intake Survey

This brief survey is designed to help us get to know your family better to ensure that we provide the best service to you and your family.

1. Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_
2. About your family:
  - Mother's name: \_\_\_\_\_
  - Father's name: \_\_\_\_\_
  - Sibling's Name(s) and Age (s): \_\_\_\_\_
  - Other(s) \_\_\_\_\_
3. What is your Country of Origin? \_\_\_\_\_
4. What language(s) do you speak at home? (Check all that apply)
  - English                      Spanish                      French
  - Arabic                          Vietnamese                  Fulani
  - Tagalog                        Creole                        Other(s)
5. What is your religion?
  - Christian                      Muslim                        Hindu
  - Buddhist                      Agnostic                     Other(s) \_\_\_\_\_
6. What activities do your child and family enjoy together outside of day care, during the week and on weekends?
  - Enjoy the park                  Travel to places of interest                  Visit family and friends
  - Go to events                    Watch TV/Go to the Movies                  Play games at home
  - Outdoor activities/Sports Talking                  Other \_\_\_\_\_
7. How do you think you will be able to participate in your child's time at Starting Points of Hudson County?
  - Volunteer occasionally                  Attend Parent Meetings                  Attend Workshops
  - Attend class presentations                  Chaperone trips                          Other \_\_\_\_\_
8. What are your concerns or goals for your child?  
\_\_\_\_\_
9. Is there anything else you would like to share with us about your family or culture that would help us service your family  
\_\_\_\_\_



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## WALKING FIELD TRIP PERMISSION

**School Year:** \_\_\_\_\_

**ROOM NO:** \_\_\_\_\_

I give permission for my child, \_\_\_\_\_

Child's Name

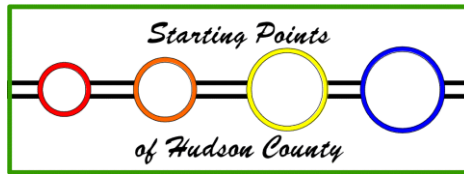
to participate in walking trips throughout the school year (summer included) when planned by the staff as a regular part of the children's program/curriculum

I understand that no such trip will occur unless there is a safe Child/Adult ratio and that no trip will exceed one-half mile to and from the center.

Children will not leave on walking trips before 9:00 a.m. or after 3:00 p.m.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



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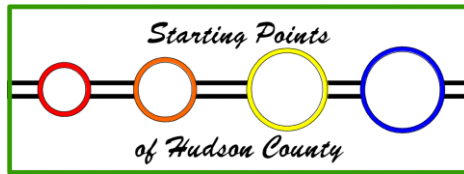
## **Photo Consent Form**

My child, \_\_\_\_\_ has my consent to be involved in any picture taking or video productions of Starting Points of Hudson County deem justifiable by the Starting Points of Hudson County Administration.

This consent will continue throughout the length of my child's participation in the Starting Points of Hudson County Program.

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

\_\_\_\_\_  
Date



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## **Potty Training Policy**

Toilet training is a difficult task. It requires a great deal of effort from the child and patience and support from parents. Our policy recognizes that children between 18-24 months begin showing signs of readiness to be toilet trained.

We also recognize that toilet training is a gradual process. However, once a child shows signs of readiness, it is time for your child to be fully trained. By age 2 1/2 we would expect that your child is fully potty trained as indicated by use of underwear and verbalization of need to use the bathroom. We encourage you to be positive, consistent, and supportive as your child attempts this milestone in his/her life. We will do all we can to assist you with this process.

Sincerely,

Nirvana Shaw

Intake Officer

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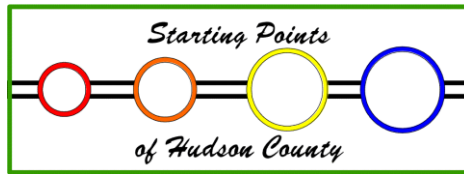
I have read and understand that if my child is not potty trained by age 2 1/2 he/she may be withdrawn for the program until he/she is ready.

\_\_\_\_\_  
Parent/Guardian Printed name

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date



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## Schedule for New Children

**Welcome to Starting Points of Hudson County! This is a quick overview of your child's first day with us!**

**First Day** – (Half Day with Parental Supervision)

Parent, guardian or escort must stay with the child in their classroom until dismissal at 12:00 noon.

**Second Day** – (Half Day without Parental Supervision)

Child is dismissed at 12:00 noon, and must be picked up by parent, guardian or an individual on their pickup list.

**Third Day** – (Child's First Full Day)

Child may be picked up between 2:30 p.m. - 6:00 p.m.

I am aware of the schedule policy for my child who is entering Starting Points of Hudson County.

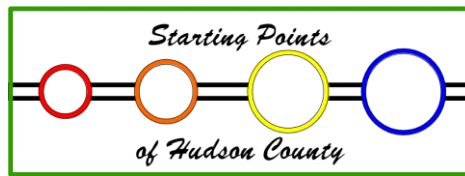
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Parent/Guardian's Signature

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Date



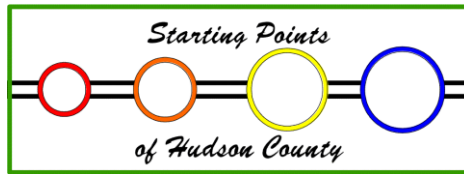


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**In order to ensure that our new parents/guardians clearly understand the procedures and policies of the center; we ask all parents/guardians to read the Parent Handbook enclosed with the application packet and also to initial the following important items:**

- \_\_\_ 1. Parents are responsible for payment by the first Friday of each month.
- \_\_\_ 2. There is no reduction in fees for absences or vacations except in case of extended illness of the child. The Intake Officer should be notified if such a situation occurs.
- \_\_\_ 3. I understand that:
  - A. I must walk into the building with my child each day and make certain the teacher knows that he/she is there. I will sign them in and swipe in where applicable. Older siblings (under 16) are not permitted to bring or pickup children.
  - B. I or a responsible designated adult will walk into the building to pickup my child(ren) and inform the teacher that we are leaving; and sign them out and swipe out where applicable.
- \_\_\_ 4. I give consent for my child(ren) to ride public transportation or the contracted school bus to go on field trips.
- \_\_\_ 5. Keep child(ren) home with the following:
  - Fever over 101 degrees
  - Diarrhea or vomiting in the previous 24 hour period
  - Children too sick to participate on full programs, including Outside play.

If any of the above symptoms are present, your child(ren) would need to stay home.
- \_\_\_ 6. All preschool children need a complete change of clothing (shirt, pants, underwear, socks) and a blanket at the center at all times, with child's name on each item.  
**\*\*Note** – Please make sure all of your child's clothing are labeled with their name.\*\*
- \_\_\_ 7. Parents need to inform the center of the changes in address, phone number, employment, emergency information or any change in family situations.
- \_\_\_ 8. Parents are expected to pickup child(ren) before closing time at 6:00 p.m. A late fee of \$1.00 a minute is assessed after 6:00 p.m.
- \_\_\_ 9. No medication can be administered to a child without written consent instructions from the doctor.
- \_\_\_ 10. The Intake Officer is to be notified **TWO WEEKS IN ADVANCE** before the child is to be withdrawn. Parents are required to give these two weeks regardless of when the child leaves the center.



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## **Rules and Regulations**

I have reviewed the rules and regulations of the Starting Points of Hudson County and understand that/we am/are responsible for adhering to the policies and rules of the Starting Points of Hudson County. I/we further understand that failure to comply with the program's policies and rules may be grounds for my child's termination from the daycare center.

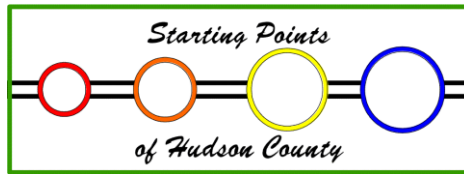
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Parent/Guardian's Signature    Date

Yo he hecho una revision sobre las reglas y normas de Starting Points of Hudson County que intiendo que yo nosotros, soy o somos responsables en adherimos y cumplir las mismas. Yo o nosotros entendemos que, en caso de no seguir estas reglas, pueden causar la terminacion de mis ninos/as del programa.

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Firma del Padre o Madre    Fecha



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## RECEIPT OF POLICIES

I have received the Starting Points of Hudson County **PARENT HANDBOOK**.

I have received the information to **PARENTS STATEMENT**.

I have received a copy of the **DISCIPLINE POLICY**.

I have received a copy of the **EXPULSION POLICY**.

I have received a copy of the **MEDICATION POLICY**.

I have received a copy of the **ACCIDENT/INJURY POLICY**.

I have received a copy of the **POLICY ON MANAGEMENT OF COMMUNICABLE DISEASE**.

I have received a copy of the **RELEASE OF CHILDREN POLICY**.

I have received a copy of the **PARENT PARTICIPATION POLICY**.

I have received a copy of the **SOCIAL MEDIA POLICY**

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

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Date

Please sign and return to the Admissions Office