



**The Mine Hill Educational Foundation**  
Enhancing Educational Opportunities

☺**Canfield Kids**☺  
Where Learning is Fun

Dear Parents:

We would like to take this time to welcome you into the Canfield Avenue School community and to introduce ourselves to you. Canfield Kids is the on-site preschool and academic enrichment program located right in the Canfield Avenue School for children 2½-13 years of age. "CK" is managed by the Mine Hill Educational Foundation, a non-profit organization dedicated to helping and improving the school and the community.

Canfield Kid offers a fun and enriching **year-round** program for children of all ages. Our Pre-School 3 program is a strong academic foundation for children 2 1/2 years of age and up, while our K4 and K5 programs are packed with curriculum reinforcement, life skills, and character building. We pride ourselves on the warm and welcoming atmosphere created by our staff of devoted teachers who foster a love of learning in each child. Our before and after school program is open to children up to 6<sup>th</sup> grade and offers a fun, safe environment for peer interaction and socialization, as well as homework support.

We know and understand the obstacles that working parents face and are proud to be able to offer a quality child care program that is affordable, convenient, and gives parents peace of mind. We are open from 6:30AM to 6:00PM daily, and are also open during many school breaks as well.

We look forward to hearing from you and once again, we welcome you to Canfield Avenue School!

Sincerely,  
Bryna Hubert  
*Director*



# The Mine Hill Educational Foundation

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### Canfield Kids Enrollment Checklist

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

You child will only be admitted to Canfield Kids **after** receiving **all** of the following required documents:

1. \_\_\_\_\_ \$50.00 Registration Fee
2. \_\_\_\_\_ Enrollment Form
3. \_\_\_\_\_ Parental Authorization for Emergency Treatment Form
4. \_\_\_\_\_ Universal Health Care Form & immunization records provided by doctor (Preschool)  
**OR** Health Status Form (School-Aged)

**\*\*not included in enrollment packet. Please see director to obtain proper form for your child's age.**

5. \_\_\_\_\_ Information to Parents Document
6. \_\_\_\_\_ Photo/Video Release Form
7. \_\_\_\_\_ Blanket Permission for Walking Trips Form
8. \_\_\_\_\_ Parent Policy Manual Contract (attached to CK Policy Manual)

**\*If you are currently enrolled in CK and already have all other necessary forms on file, you ONLY have to update the following annually:**

1. Enrollment Form-so that we can have your most recent contact information
2. Universal Health Care Form (Preschool) **OR** Health Status Form (school-age).



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## Canfield Kids Enrollment Form 2009-2010 School Year

<b>C H I L D</b>	Name of Child	
	Date of Birth	
	Home Address	
	Grade Level and Teacher	

<b>P A R E N T S</b>	<b>PARENT 1</b>		<b>PARENT 2</b>	
	Name		Name	
	Home Phone		Home Phone	
	Cell Phone		Cell Phone	
	Home Address		Home Address	
	Email Address		Email Address	

<b>W O R K</b>	<b>PARENT 1 WORK</b>		<b>PARENT 2 WORK</b>	
	Place of Work		Place of Work	
	Work Phone		Work Phone	
	Work Address		Work Address	

<b>P I C K  U P</b>	Who else is allowed to pick up you child?			
	Name:		Name:	
	Phone:		Phone:	
	Name:		Name:	
	Phone:		Phone:	



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Persons authorized to pick up your child and/or contact in case of emergency if neither parent is available to assume responsibility for the child.

E M E R G E N C Y	<b>First person/number to call in case of emergency:</b>			
	Name of Contact #1		Name of Contact #2	
	Phone		Phone	
	Relationship		Relationship	

D O C T O R	Child's Doctor	
	Telephone	

M E D I C A L	Medical Conditions or Disabilities: _____
	_____
	Allergies: _____
	_____
Medicine(s) Child is Taking: _____	
Is your child up to date on immunizations? Yes _____ No _____	

C U S T O D Y	Is there any kind of custody issue regarding your child? Yes _____ No _____
	If yes, please attach a copy of appropriate court order
	Name of any persons PROHIBITED from picking up your child: _____

P R O G R A M	<b>Preschool 3 Program:</b> _____
	<b>Grade Pre-K4:</b> Before School (AM): _____ After School (PM): _____
	<b>Grade K5:</b> Before School (AM): _____ After School (PM) _____
	<b>Grades 1-6:</b> Before School (AM) _____ After School (PM) _____
	Estimated Drop off time: _____ Estimated Pick-up time: _____
	Start Date @ Canfield Kids: _____ Does your child attend Canfield Ave School? _____

As the legal parent/guardian of the above child, I attest that all the given information is correct.

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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### PARENTAL AUTHORIZATION FOR EMERGENCY TREATMENT

CHILD'S NAME \_\_\_\_\_

Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

#### CHILD'S MEDICAL INFORMATION

Medical Conditions or Disabilities \_\_\_\_\_

Allergies \_\_\_\_\_

Medicine(s) Child is Taking \_\_\_\_\_

Medicine(s) Child is Allergic to \_\_\_\_\_

Name of Child's Health Care Provider \_\_\_\_\_ Telephone \_\_\_\_\_

#### CHILD'S HEALTH INSURANCE

Company \_\_\_\_\_

Group Number \_\_\_\_\_ Identification # \_\_\_\_\_

Subscriber's name on insurance card \_\_\_\_\_

List preference for transport arrangement in an emergency situation:

Hospital preference: 1<sup>st</sup> Choice \_\_\_\_\_ 2<sup>nd</sup> Choice \_\_\_\_\_

#### The following steps will be followed in an emergency:

1. The parent/guardian will be contacted immediately.
2. The child's health care provider will be contacted.
3. We will attempt to contact you through all of the emergency persons listed on the child's application form.
4. If we cannot contact you, your child's health care provider, or other emergency contacts, we will do any or all of the following:
  - (a) Call for emergency first aid assistance/transportation.
  - (b) Have the child transported to an emergency hospital in the company of a staff member.

#### **\*\*In cases of severe emergency, 911 will be the first action taken, followed by parent/guardian.**

I \_\_\_\_\_, as the parent/guardian having legal custody of \_\_\_\_\_, attest that the information given is correct. I authorize the Director or Director Designee to contact my child's health care provider to alert him/her to my child's situation. I also authorize the above child care center Director or Director's designee to obtain emergency treatment for my child if the condition is too serious or severe to be treated on site. I consent to an x-ray examination, anesthetic, medical or surgical diagnosis or treatment, and hospital care to be rendered to the minor at a medical facility, under the general or special supervision of a licensed physician or surgeon. I understand that I will be responsible for all charges not covered by insurance. I give consent for the emergency contact person listed above to act on my behalf until I am available.

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



# The Mine Hill Educational Foundation

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### 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 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 Center 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 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 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 Fees  
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.



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Parents are entitled to review the center's copy of the Office of Licensing'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 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 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 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 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 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 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: 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.



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**Information to Parents**

Dear Parent:

In keeping with New Jersey's child care center licensing requirements, we are obliged to provide you, as a parent of a child enrolled at our center, with this informational statement.

The statement 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 and Child Abuse Hotline.

Please read this statement carefully, and if you have any questions, feel free to contact me at (973) 366-1864.

Sincerely,

Bryna Hubert  
Director

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Please complete and this portion and return to the center.

Name of Child: \_\_\_\_\_

Name of Parent(s): \_\_\_\_\_

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

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



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**Photograph and Video Release Form**

The Mine Hill Educational Foundation often reproduces photographs and videos of children, parents, and staff members participating in our Canfield Kids Program. At Canfield Kids, some of these photos will be used in classroom/hallway displays, art projects, or gifts for family members. We may also reproduce these images for the purpose of promoting our program in marketing materials, news, and other publications and/or our web site. The Foundation may want to reproduce and use one or more of these photos and/or videos of Canfield Kids and would like your permission to include your child in these materials.

Thank you for your cooperation.

Sincerely,

Bryna Hubert  
Director

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Child's name: \_\_\_\_\_  
(please print)

Parent's name: \_\_\_\_\_  
(please print)

Please check one and sign below.

\_\_\_\_\_ I give my full permission to The Mine Hill Educational Foundation and Canfield Kids to use my child's photo/video for classroom/hallway activities and decoration, as well as for the purpose of promoting the program in materials, news, and other publications and/or web site.

\_\_\_\_\_ I give my permission to The Mine Hill Educational Foundation and Canfield Kids to use my child's photo/video for classroom/hallway activities and decoration **ONLY**.

\_\_\_\_\_ I **DO NOT** wish to allow the use of my child's picture/video for classroom/hallway activities and decoration or for the purpose of promoting The Canfield Kids program in materials, news, and other publications and/or web site.

X \_\_\_\_\_ Date \_\_\_\_\_



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**BLANKET PERMISSION FOR WALKING TRIPS**

I hereby give permission for my child (name) \_\_\_\_\_ to participate in walking trips in the neighborhood around Canfield Avenue School.

I understand that the walking route includes **no safety hazards** and that the walks will not involve entrance into any facility other than the **Civic Center** in case of an off site evacuation drill and/or real evacuation emergency.

Parent's Name: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_

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