

Parent Checklist For The First Day!!

___ \$40.00 Registration Fee (1 child), 2 children \$55.00, 3 children \$75.00,

4 children \$85.00

___ Shot Records

___ Birth Certificate

___ Physical w/in 30 Days

___ 2 Change of Clothes (Appropriate for Season)

___ Diapers or Pull-Ups (Must have pull apart sides)

___ 4 Packs of Wipes Per Month Per Child

___ Crib Sheet

___ Blanket (12 months and up)

___ Day Care Packet

___ Food Form/Copy of Families First Card (if applicable)

___ Tadpoles Sign Up Form

___ Rutgers Contract (if applicable)

___ Rutgers Swipe Card

___ 1st week copay/tuition

___ *Infants only* please have sleep sack/warm PJs

___ Early Intervention Documentation

___ Court Order Documentation

___ Family Information Form

___ Biting Policy

___ Free 3-year-old program

For Office Only

Allergies Yes ____ No ____

If yes, explain: _____

Formula _____

Date of Application _____

Registration Paid _____

Enrollment Date _____

Verified Immunization Record _____

Custody/Court Documents _____

Rate & Classification _____

Subsidy Program _____

Birth Certificate _____

Signature _____

Application for Day Care

Name of Child

Date of Birth

1. _____

2. _____

3. _____

Circle One: Mother Father Foster Parent Legal Guardian Other _____

Name _____

Address _____ City _____ Zip _____

Home Telephone Number _____ Cell Phone Number _____

Employer or School _____ Work/School Number _____

Call 1st (circle one) home, work, cell Call 2nd (circle one) home, work, cell

Circle One: Mother Father Foster Parent Legal Guardian Other _____

Name _____

Address _____ City _____ Zip _____

Home Telephone Number _____ Cell Phone Number _____

Employer or School _____ Work/School Number _____

Call 1st (circle one) home, work, cell Call 2nd (circle one) home, work, cell

****Please note any parent on the application can NOT be removed on the other parent's request.
Court documentation is required to do so.**

***Court documentation attached? Yes or No**

Total Number of Children in Family _____

Names & Ages of Child's brother(s) and/or sister(s)

1. _____ 2. _____

3. _____ 4. _____

Previous Caretaker of Child _____

Child will require day care services from _____ a.m. to _____ p.m.

Would you like to become a member of our Board of Trustees? **Yes or No (circle one)**

Emergency Lists

Should an emergency occur and the parent cannot be reached, list other person(s) who should be notified:

1. _____
Name Relationship to child Telephone (H, W, C)
2. _____
Name Relationship to child Telephone (H, W, C)
3. _____
Name Relationship to child Telephone (H, W, C)

Child's Doctor _____ Phone Number _____

Date of last examination, which must be within 30 days of enrollment. If 2 years old, within 15 days of enrollment _____.

COPY OF IMMUNIZATIONS MUST BE PROVIDED: Date received _____

DISEASE HISTORY	YEAR	OPERATIONS OR INJURIES
Chicken Pox	_____	Which might effect his/her activities
Convulsions	_____	_____
Asthma	_____	_____
Fifth Disease	_____	Other health information _____

Toilet trained? **Yes or No (circle one)**

How Long? _____

List every person, 18 years or older, who has the authority to visit your child at the center and/or take your child from the center. Every person **MUST** have photo ID present or they will be denied access to the child.

Name	Address	Telephone
_____	_____	_____
Name	Address	Telephone
_____	_____	_____
Name	Address	Telephone
_____	_____	_____
Name	Address	Telephone
_____	_____	_____
Name	Address	Telephone
_____	_____	_____

Is anyone denied permission to see the child? _____
Court Documentation must be provided.

Special conditions, Disabilities, Allergies, Medical Issues we should be aware of?

Would you like to be called for minor injuries? **Yes or No (circle one)**
(Examples of minor injuries could be a small scratch, bump, rug burn, etc.)

If an injury occurs on the head or facial area, a parent **MUST** be notified. Who should be called first for incidents?

Name _____ Phone number _____

*Please remember to keep all phone numbers updated.

Do you give permission for the following to be applied to your child for outdoor activities for the upcoming summer?

-Bug Spray? Yes or No

-Sun Block? Yes or No

Do you give permission for the following to be applied to your child as needed?

-A&D Ointment? Yes or No

-Destin? Yes or No

Do you give permission for MDCC to cut your child's fingernails? **Yes or No (circle one)**

Do you give permission for MDCC to take your child's photo? **Yes or No (circle one)**

Signature of Parent/Guardian _____

Date of Application _____

Parent Email _____

Help us get to know you and your child better

What are your expectations in choosing Millville Day Care Center? _____

Is your child outgoing or shy? _____

Is your child usually happy? _____

What does your child particularly enjoy? _____

What form of discipline is followed at home? _____

Do you have pets at home? If so, what kind? _____

What is your child's favorite food? _____

What is your child's least favorite food? _____

Is your child afraid of anything we should know about? _____

Any further information that might be helpful in understanding your child and providing for his/her welfare. _____

*Please send in family photos or books that may help your child feel more comfortable.

Millville Day Care Center
Rules and Regulations Agreement

Please check and sign below.

_____ I have read and understand ALL rules and regulations of Millville Day Care Center. I understand that failure to comply with any of these rules and regulations will result in compliant action and/or suspension/expulsion from the program.

Parent/Guardian Name (Print) _____

Signature _____ **Date** _____

Parent/Guardian Name (Print) _____

Signature _____ **Date** _____

Child's Name _____

Millville Day Care Center Waiver Relating to COVID-19

Assumption of the Risk and Waiver of Liability Relating to Coronavirus/COVID-19

Acknowledgment of Risk I, in my legal capacity as the parent/guardian of the minor named below, do hereby acknowledge and agree that participation in Millville Day Care Center comes with inherent risks.

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and is believed to spread mainly from person-to-person contact. Millville Day Care Center has put in place preventative measures to reduce the spread of COVID-19; however, Millville Day Care Center cannot guarantee that you will not become infected with COVID-19. Further, participation could increase your risk of contracting COVID-19.

READ CAREFULLY BEFORE SIGNING

By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that I may be exposed to or infected by COVID-19 by participation; and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 at Millville Day Care Center may result from the actions, omissions, or negligence of myself and others, including but not limited to, The Millville Day Care Center employees, volunteers, and program participants and their families.

I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to myself and as the parent/guardian of the minor enrolled at Millville Day Care Center, (including but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I may experience or incur in connection with COVID-19 and with my participation at Millville Day Care Center. On my behalf, I hereby release, covenant not to sue, discharge, and hold harmless Millville Day Care Center its employees, agents, and representatives, of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of Millville Day Care Center, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after attendance.

In the event that I file a lawsuit, I agree to do so in the state where Millville Day Care Center is located, and further agree that the substantive law of that state shall apply. I agree that if any portion of this agreement is found to be void or unenforceable, the remaining portions shall remain in full force and effect.

By signing this document, I agree that if I am exposed or infected by COVID-19 during my participation in this activity, then I may be found by a court of law to have waived my right to maintain a lawsuit against the parties being released on the basis of any claim for negligence.

I have read and understood this document and I agree to be bound by its terms.

If I have signed a separate general waiver of liability connected to my participation at Millville Day Care Center, I agree that the terms of that waiver are wholly incorporated into this document and that the terms of this document are incorporated into the separate general waiver.

In consideration of _____ (PRINT minor's names) being permitted to participate in this activity, I further agree to indemnify and hold harmless Releases from any claims alleging negligence which are brought by or on behalf of minor or are in any way connected with such participation by minor related to COVID-19.

Signature _____

Print Name _____

Address _____

City _____

State _____

Zip _____

Date _____



Individual Care Plan Family Information Form

Child:

Child's Date of Birth:

Teacher:

Family Member(s):

Date:

Arrival

What time will you usually arrive at the center? _____

What will help you and your child say good-bye to each other in the morning?

Diapering and Toileting

What type of diapers do you use? _____

How often do you change your child's diaper? When does your child usually need a diaper change?

Are there any special instructions for diaper changes?

Is your child beginning to use the toilet? If so, are there any special instructions for toileting?

Sleeping

How will we know that your child is tired and needs to sleep?

When does your child usually sleep? For how long does he or she usually sleep?

What helps your child to fall asleep?

We put babies to sleep on their backs. Is your baby used to sleeping on his or her back? Y / N

How does your child wake up? Does he or she wake up quickly or slowly? Does your child like to be taken out of the crib immediately or to lie alone in the crib for a few minutes before being held?

Individual Care Plan
Family Information Form, continued

Eating

Babies:

Are you breast-feeding or bottle-feeding your baby? _____

If breast-feeding, will you come to the center to breast-feed? ☐ Y / ☐ N

If so, at what time? _____

If not, will you send expressed breast milk? _____

If bottle-feeding,

What kind of formula do you use? _____

How do you prepare the bottles? _____

How much do you prepare at one time? _____

How much does your baby drink at one time? _____

Does your baby drink bottles of water during the day? ☐ Y / ☐ N

If so, when and how much? _____

Is your baby eating solid foods? ☐ Y / ☐ N

If so, which ones? _____

When? _____

How do you prepare your baby's solid foods? _____

How much does your baby eat at one time? _____

How is your baby used to being fed (in what position)? _____

Does your baby eat any finger foods? If so, which ones? _____

All Children:

What are some of your child's favorite foods? _____

What foods does your child dislike? _____

Is your child sensitive or allergic to any foods? If so, please list them.

Are there any foods that you don't want your child to eat?

Individual Care Plan
Family Information Form, continued

Dressing

Is there anything special that we should know about dressing and undressing your child?

Awake Time

How does your baby like to be held? What position does your baby prefer when awake?

In what language do you speak and sing with your child at home?

What language does your child use when talking and singing with family members?

What does your child like to do when awake?

How do you play with your child?

Departure

What time will you usually come to pick up your child? _____

What will help you and your child say hello to each other at the end of the day?

Tuition Rates

Tuition charges are based on a yearly fee, not the days of a particular week; therefore, each weekly payment is the same for your convenience. Credit cannot be given for occasional illness or vacations. Tuition will be charged for full-time session whether or not a child is present, for emergency closings, and holidays. You are not paying tuition for your child's attendance, but to keep a space available for him/her at Millville Day Care Center.

0-17 months \$255.00 per week ; \$51.00 per day

18-29 months \$230.00 per week ; \$46.00 per day

30+ months \$205.00 per week ; \$41.00 per day

AM Wrap \$100.00 per month

PM Wrap \$120.00 per month

AM & PM Wrap \$220.00 per month

We are closed two weeks for Winter recess and Spring break. There will not be a charge for these weeks, except for subsidy co-pays. Tuition is broken down into weekly payments for the entire year. You may pay for the entire year ahead of time and receive 10% off.

We also have a Military Discount of 25% off of your weekly tuition.

There is an enrollment registration fee of \$40 for one child, \$55 for two children, \$75 for three children, and \$85 for four children. This fee is non-refundable. There is no registration fee for the Abbott program.

Tuition is due every Friday for the following week. There will be a late fee added to your tuition if you do not pay by Monday or the first day the child attends. This fee will be \$25.00.

Wrap around tuition is due on the 1st of every month. You will be given until the 5th of every month to pay. If you do not pay by the 5th, you will be charged a \$25 late fee. If there is no payment, your child will not be able to attend during the wrap hours. Wrap cost is \$220.00 per month for AM & PM.

Child's Name _____

Parent/Guardian Name (Print) _____

Parent/Guardian Signature _____

Date _____

Early Intervention

Any child enrolled in early intervention must inform Millville Day Care Center staff what your child is receiving services for.

Please list below the following information:

Child's Name _____

Parent's name(s) _____

Phone Number _____

Date enrolled in Early Intervention _____

Programs enrolled in: (example speech, OT, behavioral)

Will therapists be coming to see your child during Millville Day Care Center hours? Yes or No (circle one)

If so, what days and times? _____

Will your child be attending Millville Day Care Center's 3 year old Abbott program? Yes or No

Any other things you feel Millville Day Care Center should know about Early Intervention services with your child? _____

MILLVILLE DAY CARE CENTER

911 Columbia Avenue
Millville, NJ 08332
Phone: (856) 825-9364
Fax: (856) 825-1148
mvdcnj@ccare.comcastbiz.net

PERMISSION SLIP

This permission slip is allowing your child's information to be inputted into the Tadpoles data base under Millville Day Care Center. We can assure you that all information is secure and safe. This app allows teachers to send videos, pictures, and notes to your email throughout the day.

_____ I give my child, _____, permission to be added to the Tadpoles database and allow pictures to be taken.

_____ **I DO NOT** give my child, _____, permission to be added to the Tadpoles database and I do not want pictures taken.

If you do consent, please provide us with an updated email and phone number.

EMAIL: _____

PHONE: _____

Print name: _____

Signature: _____ Date: _____

If you would like to add another person on along with you, please enter their information below.

EMAIL: _____

PHONE: _____

Print name: _____

Signature: _____ Date: _____

Child's Date Of Birth _____

*Your child's pin number will be their 2-digit month and 2-digit day of their birthday. If you have more than one child enrolled it will be your youngest child's birthday.

*Once you have downloaded the app, please upload your own photo under your name so teachers can associate each parent to their child.

Millville Day Care Center

Inspira Health Network -Vineland
Consent to Medical Treatment for Minors

Child's Name: _____

Age: _____ Birth Date: _____

Parents/Legal Guardians: _____

Address: _____ City: _____

State: _____ Zip: _____

Telephone: _____ Office Telephone: _____

Allergies: _____

Current Medications: _____

Special Medical History: _____

Choice of Specialists: _____

Family Physician: _____

Address: _____ Telephone: _____

Date of Tetanus: _____ or last DPT: _____

I authorize either of the following two adults to consent to any X-Ray, examination, anesthetic, medical or surgical diagnosis or treatment, and hospital care to be rendered to the above named child under the general or special supervision and on the advice of my physician or surgeon in attendance at SJ Regional Medical Center – Vineland, when the need for such treatment is immediate, and when efforts to contact me (us) are unsuccessful.

Names: Jennifer Golley/Alexandra Andrews

Names: Dayna Thompson/Toni Park

Millville Day Care Center
911 Columbia Avenue
Millville, NJ 08332

Millville Day Care Center
1001 Columbia Avenue
Millville, NJ 08332

Date _____

Date _____

Signature of Parent/Legal Guardian

Signature of Witness

MILLVILLE DAY CARE CENTER

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Millville, NJ 08332
Phone: (856) 825-9364
Fax: (856) 825-1148 (E)
Fax: (856) 506-8271 (W)
mvdcnj@ccare.comcastbiz.net

Dear Parent/Guardian,

During the school year, staff members and individuals associated with Millville Day Care Center may take photographs, videotapes, or recordings of students and school activities. These generally include newspapers and MDCC publications.

Please complete the form below to grant permission to include your child's name and photo for such uses.

Please note: When using a caption to describe a photo/video, we sometimes identify students by name, as well as including the school and teacher's name. When a name is printed to recognize an individual, such as for a particular achievement, we will not display a photograph unless parental consent is given.

Please remember, if this form is not completed and returned to the school your child's photo cannot be used. Once you have returned the form, it will be part of your child's school records, and it will remain in effect unless you notify the director in writing. If you have any questions, please contact our office 856-825-9364.

Please check one choice below.

☐ I grant permission for my child's name/picture to be used in MDCC publications, videos, and similar uses.

☐ I DO NOT grant permission for my child's name/picture to be used in MDCC publications, videos, and similar uses.

Child's Name: _____

Parent/guardian signature: _____ Date: _____

MILLVILLE DAY CARE CENTER

Termination Policy

Reasons for termination could be one of the following (but not limited to):

- Payments
 - Millville Day Care Center requires that all tuition and copay payments are due the Friday prior to services being rendered.
 - Any payment made after the due date will result in a \$25.00 late fee. Your child will be terminated if your account is 2 weeks delinquent.
 - Payments can be made in advance for future weeks.
- Rutgers (all subsidy programs) (*Does not apply until swiping is reinstated by Rutgers)
 - In order for your child to attend daily, you MUST successfully swipe your child in and take your approved receipt to your child's classroom teacher.
 - Teachers will deny access if you do not have a receipt or if your receipt was denied. (You may go to the front desk for assistance.)
- Late Fees
 - The center closes promptly at 5:00 PM. You will be charged \$5.00 for every 5 minutes late. The fee will be collected at the time of pickup or by the latest, the next morning. Your child will not be permitted to stay until the late fee is paid.
 - If your child is in the Abbott/Wrap program, they will not be permitted to stay for AM/PM Wrap ONLY.

The undersigned agrees to abide by this policy.

Signature of Parent/Guardian

Date

Signature of Witness

Date

MILLVILLE DAY CARE CENTER

Millville Day Care Center as an integral part of our regular curriculum takes enrolled children to:

- Nature Walks (around the daycare ONLY/Both buildings)
- Stroller Rides (Infants)
- Cornerstone Community Church (Both buildings/Evacuation drills/MDCC performances)

Please sign below:

I HEREBY STATE THAT I WISH MY CHILD TO BE INCLUDED IN THESE ACTIVITIES.

Child's Name

Signature of Parent/Guardian

Date

Millville Day Care Center
911 Columbia Avenue
Millville, NJ 08332
856-825-9364

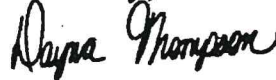
Dear Parents:

In keeping with New Jersey's child care center licensing requirements, we are obliged to you, as the parents 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 Hotline.

Please read this statement carefully and, if you have any questions, feel free to contact me at (856) 825-9364.

Sincerely,



Dayna Thompson
Executive Director

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

Name of Child _____

Name of Parent _____

I have read and received a copy of the Information to Parents Statement prepared by the Department of Children and Families Office of Licensing.

Signature _____ Date _____

Millville Day Care Center
911 Columbia Avenue
Millville, NJ 08332
856-825-9364

Dear Parents:

We are obliged to provide you, as the parents of a child enrolled at our center, with this informational statement.

The statement highlights, among other things: discipline should be considered a learning process rather than punishment; suspension and expulsion would be a last resort; suspension and expulsion will be in effect for children and/or parents.

Please read this statement carefully and, if you have any questions, feel free to contact me at (856) 825-9364.

Sincerely,



Dayna Thompson
Executive Director

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

Name of Child _____

Name of Parent _____

I have read and received a copy of the Suspension/Expulsion Policy for Millville Day Care Center.

Signature _____

Date _____

Home Language Survey/Family Information Form

Child's Name _____ Age _____

Country of Birth _____

What language does the child speak at home? _____

What other languages are spoken at home?

Please check one English Spanish Other

Mother (Guardian) _____

Father (Guardian) _____

Grandparent's _____

Brothers/Sisters _____

Friends _____

How shall we communicate with you? English Spanish (Circle One)

Do you need an interpreter? Yes or No (Circle One)

Does your child usually nap? _____ Time _____ How Long? _____

Does your child have any difficulty communicating with you or other family members? _____

Does your child enjoy looking at books? _____

Do you have books available in his/her home language? _____

Millville Day Care Center
911 Columbia Avenue
Millville, NJ 08332
Phone: 856-825-9364
Fax: 856-825-1148

Child's Name: _____

Parent or Legal Guardian: _____

Has your child shown any allergic symptoms to PEANUT PRODUCTS?

YES _____ NO _____

Has anyone in your family had a PEANUT allergy?

YES _____ NO _____

Has your child shown any allergic symptoms to DAIRY PRODUCTS?

YES _____ NO _____

Has your child show any allergic symptoms to ANY OTHER PRODUCTS?

YES _____ NO _____

Is yes what is the allergy _____

Parent or Legal Guardian Signature

Date

Millville Day Care Center

Receipt of Parent Handbook and signed forms

I have read, reviewed, and signed the following forms. I understand the policies and procedures at Millville Day Care Center.

1. Daycare application and child pick up list
2. Covid Waiver
3. Family Info Form
4. Early Intervention
5. Tadpoles Permission Slip
6. Medical Consent Form
7. Photo Permission Form (Policy on the Use of Technology and social media)
8. Termination Policy
9. Walking Activities
10. DYFS Information to Parents
11. Suspension/Expulsion Policy
12. Home Language Survey
13. Allergy Form (Asthma Treatment Plan if necessary)
14. Belonging Agreement
15. Rules and Regulations Agreement
16. Crib Sheet/Blanket
17. Food Form
18. Forbidden Items
19. Biting Policy

I have read and will take home the following information regarding the policies that I signed above.

1. Millville Day Care Center Policies and Procedures
2. Tadpoles
3. Policy on Communicable Diseases
4. Policy on Discipline Procedure for Misbehavior
5. Suspension/Expulsion Policy
6. DYFS Information to Parents
7. Termination Policy
8. Naptime Procedures
9. Medication Administration in Child Care Policy and Procedures
10. Toilet Readiness
11. Policy on the Release of Children
12. Policy on Methods of Parental Notification
13. Sneakers
14. Illness Log
15. Mission Statement
16. School Calendar

Child(ren)'s Name: _____

Parent/Guardian's Name: _____

Parent Signature _____ Date _____

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Attention Parents/Guardians:

If for any reason you terminate your child's enrollment at Millville Day Care Center, please make sure you collect all their belongings within 5 days of their termination. Once the 5 days is up, your child's belongings will be donated to Millville Day Care Center.

Print Name _____

Signature _____

Child's Name _____

Date _____

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Dear Parent/Guardian:

Please be aware that you will be charged \$2.00 per day if you do not provide a blanket and crib sheet for your child weekly. Your account will be charged every Friday for each day your child(ren) did not have a blanket and/or crib sheet. Please sign below to acknowledge that you are aware of this policy.

Parent Name (Print): _____

Parent Signature: _____

Date: _____

Child's Name: _____

All bills must be paid immediately!

Sincerely,



Dayna Thompson
Executive Director
Millville Day Care Center

MILLVILLE DAY CARE CENTER

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Forbidden Items

Do not allow your child to bring in candy, chewing gum, cough drops, lollipops, chap stick, any outside food, or toys to the center. Children in the East building are not permitted to wear any jewelry including earrings, rings, pins, bracelets, necklaces, small barrettes, watches and/or beads braided into their hair. We are trying to keep the center as safe as possible and all of these items present a hazard. Once your child is in the West building, these items are allowed (except outside food), only if your child is no longer in an oral fixation stage of development. Please ask West building staff if they feel your child is ready. Millville Day Care Center will NOT be held responsible for any lost items, this includes jewelry.

Please sign below agreeing that you understand this policy.

Child Name: _____

Parent/Guardian Name (Print): _____

Parent/Guardian Signature: _____

Date: _____

MILLVILLE DAY CARE CENTER

School Calendar

September 2022 – August 2023

<u>Month</u>	<u>Date</u>	<u>Day of Week</u>	<u>Event</u>
September	1&2 5	Thursday-Fri Monday	Teacher's Only Labor Day
October	7&10	Friday, Monday	Columbus Day
November	10&11 18, 21, 22 23 24&25	Thursday-Friday Friday, Monday, & Tuesday Wednesday Thursday-Friday	NJEA Conference Center Open 7:00-12:30 Parent Teacher Conference Center open 7:00-12:30 Thanksgiving
December	23 26-30	Friday Monday-Friday	Center open 7:00-12:30 Winter Recess
January	2 16	Monday Monday	Winter Recess MLK Birthday
February	20	Monday	President's Day
March	17	Friday	Staff Development
April	7-14	Friday-Friday	Spring Break
May	29	Monday	Memorial Day
June	16 19-23	Friday Monday-Friday	Juneteenth Summer Camp Prep
July	3&4	Monday-Tuesday	Independence Day
August	14-31	Monday-Thursday	Classroom Clean Up

FREE 3-YEAR-OLD PRESCHOOL PROGRAM

- Are you a Millville resident?
- Will your child be 3 years old on or before October 1st?

If you answered YES to both questions then your child is qualified to attend our FREE preschool program, regardless of your income!

Frequently Asked Questions

1. What is the difference between Millville Day Care Center's Abbott program and the Child Family Center's Abbott program?
 - ABSOLUTELY NOTHING! The programs are the exact same because they are both from the Millville Board of Education. MDCC is in a collaboration with the district.
 - We both use Creative Curriculum
 - Child Study Team services/IEP meetings (District staff WILL provide services for your child at MDCC if classified. This includes speech.
 - Teacher credentials are the exact same. (Bachelor's degree plus a Preschool – 3rd grade teaching certificate)
2. Does Millville Day Care Center Provide Transportation?
 - MDCC does not provide transportation from your home.
 - MDCC does use Millville's transportation for the 4-year-old wrap around program to and from the Child Family Center.
 - If you'd like your 4-year-old child to attend MDCC for before and after care, our staff will put your child on the bus @7:15am and get them off the bus @2:25pm.
3. Can my 3-year-old child just do before and after care at Millville Day Care Center, but attend the Child Family Center?

No, since MDCC has the exact same program as the Child Family Center for 3-year-old children, they can stay at MDCC for the entire day, MDCC does not allow for before and after care only.

- This service is only available for 4-year-old children since MDCC does not have a free 4-year-old program that is in collaboration with the district.
4. Does Millville Day Care Center go on Field Trips?
- Yes! This is a difference from the Child Family Center. MDCC tends to go on at least 8 trips during the school year because we are smaller. Child Family Center also goes on trips, but classes usually only attend 3-4 per school year.
5. Does Millville Day Care Center have stairs?
- No! MDCC is all on one floor.
6. Are meals provided at Millville Day Care Center like in the Millville Public Schools?
- Yes! MDCC provides breakfast, lunch and an afternoon snack to all children.
 - There is NO charge for any meals, unlike the Millville Public Schools.
 - MDCC does have you fill out a food form so that a reimbursement from the state can be made for your child's meals. Your income status does not get factored into a payment for meals.
7. Can I have a tour of the preschool classrooms?
- Yes! MDCC has an open house. You may come in during that time to visit our classrooms and talk to our teachers. You may bring your preschooler as well to see which class he/she tends to feel the most comfortable in. Once you decide on a room/teacher, MDCC will register your child in that class. The decision is entirely yours!

8. Does Millville Day Care Center have a graduation ceremony?

- Yes, complete with cap and gowns! MDCC goes all out to celebrate your preschool graduate! It is a full ceremony that your family/friends can attend. We ask families to decorate their cars to celebrate this special occasion.
- You will receive a yearbook full of your child's photos, a class ring, diploma, a sash with graduating year on it, a lawn sign for your family to display with your child's photo on it.
- MDCC is the only center that does this ceremony for their preschool 3 graduates!

Many of our children have been a part of our day care family from infancy. As they grow, we are always sad to see them go. We would love to have your child(ren) to stay for our FREE 3-year-old preschool program. They will be comfortable because they know they are truly loved. We will send them on to the "Big School" at age 4!

Please sign your name below if you would like your child to attend Millville Day Care Center's FREE 3-year-old preschool program.

Print Name of Child _____

Print Parent's Name _____

Parent's Signature _____

Date _____

Teacher of Interest _____

UNIVERSAL CHILD HEALTH RECORD

Endorsed by: American Academy of Pediatrics, New Jersey Chapter
New Jersey Academy of Family Physicians
New Jersey Department of Health

SECTION I - TO BE COMPLETED BY PARENT(S)					
Child's Name (Last)		(First)		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	
Date of Birth		/ /			
Does Child Have Health Insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, Name of Child's Health Insurance Carrier			
Parent/Guardian Name		Home Telephone Number () -		Work Telephone/Cell Phone Number () -	
Parent/Guardian Name		Home Telephone Number () -		Work Telephone/Cell Phone Number () -	
I give my consent for my child's Health Care Provider and Child Care Provider/School Nurse to discuss the information on this form.					
Signature/Date				This form may be released to WIC. <input type="checkbox"/> Yes <input type="checkbox"/> No	
SECTION II - TO BE COMPLETED BY HEALTH CARE PROVIDER					
Date of Physical Examination:		Results of physical examination normal? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Abnormalities Noted:		Weight (must be taken within 30 days for WIC)			
		Height (must be taken within 30 days for WIC)			
		Head Circumference (if <2 Years)			
		Blood Pressure (if ≥3 Years)			
IMMUNIZATIONS		<input type="checkbox"/> Immunization Record Attached <input type="checkbox"/> Date Next Immunization Due: _____			
MEDICAL CONDITIONS					
Chronic Medical Conditions/Related Surgeries • List medical conditions/ongoing surgical concerns:		<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached		Comments	
Medications/Treatments • List medications/treatments:		<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached		Comments	
Limitations to Physical Activity • List limitations/special considerations:		<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached		Comments	
Special Equipment Needs • List items necessary for daily activities		<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached		Comments	
Allergies/Sensitivities • List allergies:		<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached		Comments	
Special Diet/Vitamin & Mineral Supplements • List dietary specifications:		<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached		Comments	
Behavioral Issues/Mental Health Diagnosis • List behavioral/mental health issues/concerns:		<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached		Comments	
Emergency Plans • List emergency plan that might be needed and the sign/symptoms to watch for:		<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached		Comments	
PREVENTIVE HEALTH SCREENINGS					
Type Screening	Date Performed	Record Value	Type Screening	Date Performed	Note if Abnormal
Hgb/Hct			Hearing		
Lead: <input type="checkbox"/> Capillary <input type="checkbox"/> Venous			Vision		
TB (mm of Induration)			Dental		
Other:			Developmental		
Other:			Scoliosis		
<input type="checkbox"/> I have examined the above student and reviewed his/her health history. It is my opinion that he/she is medically cleared to participate fully in all child care/school activities, including physical education and competitive contact sports, unless noted above.					
Name of Health Care Provider (Print)			Health Care Provider Stamp:		
Signature/Date					

Instructions for Completing the Universal Child Health Record (CH-14)

Section 1 - Parent

Please have the parent/guardian complete the top section and sign the consent for the child care provider/school nurse to discuss any information on this form with the health care provider.

The WIC box needs to be checked only if this form is being sent to the WIC office. WIC is a supplemental nutrition program for Women, Infants and Children that provides nutritious foods, nutrition counseling, health care referrals and breast feeding support to income eligible families. For more information about WIC in your area call 1-800-328-3838.

Section 2 - Health Care Provider

1. Please enter the date of the physical exam that is being used to complete the form. Note significant abnormalities especially if the child needs treatment for that abnormality (e.g. creams for eczema; asthma medications for wheezing etc.)
 - **Weight** - Please note pounds vs. kilograms. If the form is being used for WIC, the weight must have been taken within the last 30 days.
 - **Height** - Please note inches vs. centimeters. If the form is being used for WIC, the height must have been taken within the last 30 days.
 - **Head Circumference** - Only enter if the child is less than 2 years.
 - **Blood Pressure** - Only enter if the child is 3 years or older.
2. **Immunization** - A copy of an immunization record may be copied and attached. If you need a blank form on which to enter the immunization dates, you can request a supply of Personal Immunization Record (IMM-9) cards from the New Jersey Department of Health, Vaccine Preventable Diseases Program at 609-826-4860. The Immunization record must be attached for the form to be valid.
 - "Date next immunization is due" is optional but helps child care providers to assure that children in their care are up-to-date with immunizations.
3. **Medical Conditions** - Please list any ongoing medical conditions that might impact the child's health and well being in the child care or school setting.
 - a. Note any significant medical conditions or major surgical history. **If the child has a complex medical condition, a special care plan should be completed and attached for any of the medical issue blocks that follow.** A generic care plan (CH-15) can be downloaded at www.nj.gov/health/forms/ch-15.dot or pdf. Hard copies of the CH-15 can be requested from the Division of Family Health Services at 609-292-5666.
 - b. **Medications** - List any ongoing medications. Include any medications given at home if they might impact the child's health while in child care (seizure, cardiac or asthma medications, etc.). Short-term medications such as antibiotics do not need to be listed on this form. Long-term antibiotics such as antibiotics for urinary tract infections or sickle cell prophylaxis should be included.

PRN Medications are medications given only as needed and should have guidelines as to specific factors that should trigger medication administration.

Please be specific about what over-the-counter (OTC) medications you recommend, and include information for the parent and child care provider as to dosage, route, frequency, and possible side effects. Many child care providers may require separate permissions slips for prescription and OTC medications.

- c. **Limitations to physical activity** - Please be as specific as possible and include dates of limitation as appropriate. Any limitation to field trips should be noted. Note any special considerations such as avoiding sun exposure or exposure to allergens. Potential severe reaction to insect stings should be noted. Special considerations such as back-only sleeping for infants should be noted.
 - d. **Special Equipment** - Enter if the child wears glasses, orthodontic devices, orthotics, or other special equipment. Children with complex equipment needs should have a care plan.
 - e. **Allergies/Sensitivities** - Children with life-threatening allergies should have a special care plan. Severe allergic reactions to animals or foods (wheezing etc.) should be noted. Pediatric asthma action plans can be obtained from The Pediatric Asthma Coalition of New Jersey at www.pacnj.org or by phone at 908-687-9340.
 - f. **Special Diets** - Any special diet and/or supplements that are medically indicated should be included. Exclusive breastfeeding should be noted.
 - g. **Behavioral/Mental Health issues** - Please note any significant behavioral problems or mental health diagnoses such as autism, breath holding, or ADHD.
 - h. **Emergency Plans** - May require a special care plan if interventions are complex. Be specific about signs and symptoms to watch for. Use simple language and avoid the use of complex medical terms.
4. **Screening** - This section is required for school, WIC, Head Start, child care settings, and some other programs. This section can provide valuable data for public health personnel to track children's health. Please enter the date that the test was performed. Note if the test was abnormal or place an "N" if it was normal.
 - For lead screening state if the blood sample was capillary or venous and the value of the test performed.
 - For PPD enter millimeters of induration, and the date listed should be the date read. If a chest x-ray was done, record results.
 - Scoliosis screenings are done biennially in the public schools beginning at age 10.

This form may be used for clearance for sports or physical education. As such, please check the box above the signature line and make any appropriate notations in the Limitation to Physical Activities block.
 5. Please sign and date the form with the date the form was completed (note the date of the exam, if different)
 - Print the health care provider's name.
 - Stamp with health care site's name, address and phone number.

**2023 NEW JERSEY CHILD AND ADULT CARE FOOD PROGRAM
ELIGIBILITY APPLICATION**

NAME(S) & AGE(S) OF ENROLLED PARTICIPANT			
(Name) _____		(Age) _____	
(Name) _____		(Age) _____	
OPTIONAL: RACIAL/ETHNIC IDENTITY OF PARTICIPANT			
Check one ETHNIC identity:		Mark one or more RACIAL identity (ies):	
<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino		<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American	
		<input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White	
Enrollment Information			
Check (✓) each day the above participant is enrolled for care, the hours of care each day, and the meal type(s) served:			
DAYS OF CARE: <input type="checkbox"/> MON <input type="checkbox"/> TUES <input type="checkbox"/> WED <input type="checkbox"/> THURS <input type="checkbox"/> FRI <input type="checkbox"/> SAT <input type="checkbox"/> SUN			
HOURS OF CARE: _____			
Swing / Rotating Shifts: (If Applicable) _____			
MEAL TYPES SERVED: <input type="checkbox"/> BREAKFAST <input type="checkbox"/> A.M. SUPPLEMENT <input type="checkbox"/> LUNCH <input type="checkbox"/> P.M. SUPPLEMENT <input type="checkbox"/> DINNER			

CHILD DAY CARE FOOD PROGRAM PARTICIPANTS ONLY	
OPTION 1A: BENEFICIARIES of Supplemental Nutrition Assistance Program (SNAP) (formerly Food Stamps), Temporary Assistance for Needy Families (TANF), or Food Distribution Program on Indian Reservations (FDPIR)	
If you are now receiving SNAP, TANF or FDPIR for this child, complete <u>one</u> of the following numbers:	
SNAP CASE # _____	OR TANF CASE # _____ OR FDPIR CASE # _____
OPTION 1B: FOSTER CHILD	
If you are applying for a foster child, check the box and list any personal income which has been identified by specific category such as clothing, school fees, allowances, etc.:	
FOSTER CHILD <input type="checkbox"/> INCOME \$ _____	

ADULT DAY CARE FOOD PROGRAM PARTICIPANTS ONLY	
OPTION 2: BENEFICIARIES of SNAP, FDPIR, SSI or Medicaid	
If you are now receiving SNAP, SSI, FDPIR or Medicaid complete <u>one</u> of the following numbers:	
SNAP # _____	OR FDPIR CASE # _____ OR SSI CASE # _____ OR MEDICAID CASE # _____

OPTION 3: HOUSEHOLD ELIGIBILITY - COMPLETE IF YOU DID NOT COMPLETE OPTION 1A, OPTION 1B, OR OPTION 2					
Complete the following information: Household Members, Social Security Numbers and Income.					
NAMES OF ALL OTHER HOUSEHOLD MEMBERS: (Related and Unrelated)	MONTHLY INCOME (Complete One Or More - Before Deductions)				
	MONTHLY (Gross Earnings) WAGES / SALARY	MONTHLY SOCIAL SECURITY PENSIONS RETIREMENT	MONTHLY UNEMPLOYMENT W OR KEN'S COMPENSATION	MONTHLY WELFARE CHILD SUPPORT ALIMONY	MONTHLY ANY OTHER INCOME
1.	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
2.	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
3.	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
4.	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
5.	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
6.	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
7.	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
8.	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
9.	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
10.	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
TOTAL NUMBER IN HOUSEHOLD (INCLUDE ENROLLED PARTICIPANT): _____					\$ _____
TOTAL GROSS HOUSEHOLD INCOME: _____					\$ _____

ADULT HOUSEHOLD MEMBER SIGNATURE and LAST FOUR DIGITS of SOCIAL SECURITY NUMBER: (See Privacy Act Statement below)	
An Adult Household Member must sign and date this form, and list the last four (4) digits of his or her Social Security Number.	
If you do not have a social security number, mark the box (X) - "I do not have a Social Security Number."	
PENALTIES FOR MISREPRESENTATION: I certify that all of the above information is true and correct and that the Food Stamp, TANF, SSI, or Medicaid Number of the enrolled participant is correct, or that all income is reported. I understand that this information is being given for the receipt of Federal funds issued to the day care center based on the information I provide. I understand that CACFP officials may verify this information; and that deliberate misrepresentation may result in the participant losing meal benefits, and I may be prosecuted under the applicable State and Federal laws. <i>An Adult Household Member must complete the following:</i>	
Signature: _____	Address: _____
Print _____	name: _____ City: _____ State: _____ Zip Code: _____
Date: _____	Phone Number: _____
Last four (4) digits of Social Security Number: * * * - * * - _____ <input type="checkbox"/> I do not have a Social Security Number	
PRIVACY ACT STATEMENT: The National School Lunch Act requires that, unless the participant's Case Number is provided, you must include the Social Security Number of the adult household member signing the application or indicate that the household member does not have a Social Security Number. Provision of a Social Security Number is not mandatory, but if a Social Security Number is not given or an indication is not made that the signer does not have such a number, the participant cannot be determined eligible for free or reduced priced meals. The Social Security Numbers may be used to identify you for verifying the correctness of information stated on the application. These verifications may include audits, investigations and may include contacting employers to determine income, contacting a Food Stamp or TANF office to determine current certification for receipt of Food Stamps or TANF benefits, contacting the State Employment Security office to determine the amount of benefits received and checking the documentation produced by household members to verify the amount of income received. These efforts may result in a loss or reduction of benefits, administrative claims or legal actions if incorrect information is reported. These acts must be told to all household members whose Social Security Numbers are reported on this form.	
TO BE COMPLETED BY DAY CARE AGENCY ONLY - DO NOT WRITE BELOW THIS LINE	
Determination: Free _____ Reduced _____ Paid _____	TOTAL MONTHLY INCOME \$ _____
Signature of Determining Official: _____	Conversion factors to figure monthly income: Weekly x 4.33
Date: _____	Twice a month x 2
	Every 2 weeks x 2.15

**2022-2023 CHILD AND ADULT CARE FOOD PROGRAM
LETTER TO PARENT/PARTICIPANT**

Dear Parent/Participant:

Our agency depends on Child and Adult Care Food Program funds to provide meals at no separate charge to all participants. Complete information is necessary in order to receive the maximum funds available through the United States Department of Agriculture. The information will serve as documentation that our enrolled participants are eligible for the Child and Adult Care Food Program. You may complete and submit one CACFP eligibility application for all participants from the same household that are enrolled for care with our agency.

Household members include everyone in your household (such as grandparents, other relatives, or friends who live with you) who share income and expenses. You must include yourself and all children who live with you. You also may include foster children who live with you. Once properly categorized for free or reduced price benefits, whether through income or by providing a current SNAP, FDIPIR, or TANF case number (SNAP, FDIPIR, SSI, or Medicaid case number for Adult Day Care Participants), you will remain eligible for those benefits for 12 months. You should notify us, however, if you or someone in your household becomes unemployed and the loss of income causes your household income to be within those eligibility standards.

The income that you report must be the total gross income received by all members of your household.

The "Eligibility Income Scale" for reduced-price meals is included in this letter for your information. If your income is less than or equal to these reduced-price standards, the participant is eligible for free or reduced-price meals from the Child and Adult Care Food Program, which means increased reimbursement for our center and increased nutritional benefits for the participant.

Please complete, sign and return the form so that our center may receive maximum reimbursement. We cannot approve a form that is not complete, so be sure to read the instructions carefully and fill out all required information. This form will be placed in our files and treated as confidential information. Your cooperation is vital and appreciated.

The Child and Adult Care Food Program is available to all eligible participants regardless of race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA. To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office. To request a copy of the complaint form, call (866) 632-9992. If you have questions about any of USDA's nutrition assistance programs, check the information on the FNS web site, <http://www.fns.usda.gov/cnd/>. USDA is an equal opportunity provider and employer.

Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

Millville Day Care Center
(Name of Day Care Center)

X Danya Thompson
(Signature of Day Care Center Representative)

TO APPLY, YOU MUST COMPLETE ONE OF THREE OPTIONS.

1. List the Name of the participant (First and Last Names).
2. Complete the Days, Hours of Care, and the meal types served to the enrolled participant. (One time requirement for Adult Day Care participants.)

Option 1A or 1B - CHILD CARE PARTICIPANTS ONLY:

If you receive SNAP, TANF, or FDIPIR benefits for the participant, list the SNAP, TANF or FDIPIR Case Number and Sign and Date the form.

If you are applying for a Foster Child who is under the legal responsibility of the welfare agency or court, Check the Box and Sign and Date the form.

A FOSTER CHILD'S PERSONAL USE INCOME is defined as follows:

- a) Funds received from a welfare agency, which can be identified for personal use of the child. Where funds provided by the welfare agency are specified by agency, i.e., funds for shelter and care; special needs funds; and funds for personal needs such as clothing, school fees, allowances, etc., only those funds that can be identified as personal use funds shall be considered as income.
- b) Money received in hand from any source. This includes, but is not limited to, funds received from trust accounts, monies provided by the child's family for personal use and earnings from employment other than occasional or part-time (e.g., paper routes, baby-sitting).

Option 2 - ADULT CARE PARTICIPANTS ONLY:

If you receive SNAP, FDIPIR, SSI or Medicaid benefits for the participant, indicate the SNAP, FDIPIR, SSI or Medicaid Case Number and Sign and Date the form.

Option 3 - CHILD CARE AND ADULT PARTICIPANTS:

If you do not receive SNAP, TANF, FDIPIR, SSI or Medicaid benefits for the participant, you must complete:

3. Names of all (Related or Unrelated) household members
4. List the household income (Monthly Gross Earnings) for each household member.
5. Total number in household (#1 + #3 above).
6. Total the gross income of all household members.
7. Sign, Print and complete the full address of the Adult Household Member signing the application.
8. Date the form and complete the telephone number of Adult Household Member signing the application.
9. List the last four (4) digits of the social security number for the Adult Household Member signing the application or indicate that the Adult Household Member signing the application does not possess a social security number.

ELIGIBILITY INCOME SCALE Effective from
July 1, 2022 to June 30, 2023

HOUSEHOLD SIZE	REDUCED		
	ANNUAL	MONTHLY	WEEKLY
1	\$17,668 - \$25,142	\$1,474 - \$2,096	\$ 341 - \$ 484
2	\$23,804 - \$33,874	\$1,985 - \$2,823	\$ 459 - \$ 652
3	\$29,940 - \$42,606	\$2,496 - \$3,551	\$ 577 - \$ 820
4	\$36,076 - \$51,338	\$3,008 - \$4,279	\$ 695 - \$ 988
5	\$42,212 - \$60,070	\$3,519 - \$5,006	\$ 813 - \$1,156
6	\$48,348 - \$68,802	\$4,030 - \$5,734	\$ 931 - \$1,324
7	\$54,484 - \$77,534	\$4,542 - \$6,462	\$1,049 - \$1,492
8	\$60,620 - \$86,266	\$5,053 - \$7,189	\$1,167 - \$1,659
Each Additional Family Member	+8,732	+728	+168