



Application for Admission

Mt. Olive Child Care & Learning Center

150 Wolfe Road

Budd Lake, NJ 07828

(973) 426-1525

FAX: (973) 347-1036

www.mtolivechildcare.org

[Feb 2020](#)



Please check (✓) the childcare & education program you are applying for:

Infant/Waddler (6 weeks up to 24 months) _____

Toddler (18-24 months up to 2 ½-3 years old) _____ (Toilet-Training)

Preschool (2 1/2 up to 5 years old) _____ (Toilet-Trained)

Before Kindergarten _____ (Age 5 before October 1st)

After Kindergarten _____ (Age 5 before October 1st)

Which Kindergarten session will your child attend (circle one): AM or PM

Before School (1st - 8th grade) _____

After School (1st - 8th grade) _____

Grade Entering (circle one): 1st 2nd 3rd 4th 5th 6th 7th 8th

Public School your child will be attending (circle one):

Tinc Road (K-5th grades)

Sandshore (K-5th grades)

Chester M. Stephens (CMS) (K-5th grade)

Mountain View (**ONLY** Before Kindergarten Care available)

Middle School (6th – 8th grades)

Desired Schedule:

Full Time: _____

Part Time: _____ Requested Days: _____

Start Date: _____

One Time Registration Fee: \$75 per child; \$100 MAX per family

1 Week Deposit: _____

1st Week's Tuition: _____

TOTAL Amount Due at Enrollment: _____

Child's Name: _____ **Date of Birth:** _____

CHILD'S NAME: _____ **DOB:** _____ **Sex:** _____

Parent #1's Name: _____

Parent #2's Name: _____

Address: _____

Address: _____

City: _____ State: _____ Zip: _____

City: _____ State: _____ Zip: _____

Home #: _____

Home #: _____

Cell #: _____

Cell #: _____

Email: _____

Email: _____

Employer: _____

Employer: _____

Work #: _____

Work #: _____

Names & Ages of all household members:

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Language(s) spoken at home: _____

Emergency Pick-ups, Contacts, & Persons authorized to assume responsibility for the child should the parent's above not be available. *AUTHORIZED PERSONS MUST BE 18 YEARS OF AGE & PROVIDE PHOTO I.D. UPON REQUEST.*

Name: _____

Address: _____

City, State, Zip: _____

Phone #: _____

Relationship: _____

Name: _____

Address: _____

City, State, Zip: _____

Phone #: _____

Relationship: _____

Name: _____

Address: _____

City, State, Zip: _____

Phone #: _____

Relationship: _____

Parent Signature: _____ : **Date:** _____

Parent Signature: _____ **Date:** _____

What are your care & education expectations of our Center?

DEVELOPMENT AND SOCIAL HISTORY (Fill out for Infant, Toddler, & Preschool Applications ONLY)

Does or has your child had any developmental delays &/or disabilities? _____

Answer the following questions to the best of your knowledge by circling your answer. Please specify as needed.

Is there any history of genetic or developmental disorders?

YES NO UNSURE Specify: _____

While mother was pregnant with child, did she have any difficulties: (bleeding, anemia, diabetes, toxemia, infections, rubella, emotional stress, medications, etc.?)

YES NO UNSURE Specify: _____

Was the child born within 2 weeks of his/her expected due date?

YES NO UNSURE Specify: _____

Were there any problems during the labor & delivery?

YES NO UNSURE Specify: _____

Were there any issues with the baby at birth?

YES NO UNSURE Specify: _____

What was the child's birth weight? _____ UNSURE

Please give us information about your child's habits & needs so we can better get to know him/her.

Allergies: _____

Special Health Conditions: _____

Special Interests & Abilities: _____

Comforting Needs: _____

Communication: _____

Naptime Habits: _____

What other information do you feel would help us to understand your child better?

My child is in good health and able to participate in all activities of Mt. Olive Child Care & Learning Center's Programs.

Parent Signature: _____

Date: _____

Parent Signature: _____

Date: _____

Child's Name: _____ Date of Birth: _____

**AUTHORIZATION AND AGREEMENT FOR EMERGENCIES & TO
CONSENT TO MEDICAL TREATMENT FOR A MINOR CHILD**

As a parent/guardian, I give consent for my child to receive first aid & CPR by the child care staff and if necessary to be transported by ambulance to receive emergency care.
I (we) authorize Mt. Olive Child Care & Learning Center & any staff persons - an adult who is employed at 150 Wolfe Rd, in the city of Budd Lake, County of Morris, State of New Jersey - to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment, and hospital care to be rendered to the minor, at a recognized medical facility, under the general or special supervision of a licensed physician or surgeon.

Parent's Name (print): _____
Signature: _____
Date: _____

Parent's Name (print): _____
Signature: _____
Date: _____

Witness' (Staff) Name (print): _____
Signature: _____
Date: _____

Child's Existing Medical Conditions: _____

Child's Allergies: _____

Medications Child is taking daily: _____

Child's Primary Care Physician: _____

Choice of Specialist: _____

Insurance Company: _____

Identification # _____ Group # _____

Last Tetanus Shot Date: _____

**THIS AUTHORIZATION WILL EXPIRE WHEN MY CHILD LEAVES
THE PROGRAM.**

Child's Name: _____ Date of Birth: _____

GENERAL PERMISSION SLIP

I hereby grant permission and authorization to the Mt. Olive Child Care & Learning Center, its employees, and agents' for the following purposes:

1. To take walks, with staff supervision, in the immediate neighborhood, no more than a few blocks from the Center.
2. To make arrangement for a dental, visual, & hearing screenings of my child and to see that this screening or examination is performed either at the Center or other reasonable location.
3. To photograph or authorize photographs to be taken of my child while attending the Center or activities sponsored by the Center and I permit, authorize, and consent to the publication of such photographs as an individual or part of a group with or without accompanying textural material for the purpose of promotion of the Center, it's activities or for the purpose of informing the community or potential financial contributors about the activities and programs of the Center, for editorial, illustration, advertising or non-profit promotional purposes as is at the sole discretion of the Mt. Olive Child Care & Learning Center, for editorial, illustration, advertising or non-profit promotional purposes as is at the sole discretion of the Mt. Olive Child Care & Learning Center deemed desirable. I also consent to the use of my name in connection therewith.
4. To allow my child to watch any G or PG rated movies deemed appropriate by the Staff of Mt. Olive Child Care & Learning Center. I understand that only those rated PG because of mild language will be shown.
5. For my son/daughter/ward I give permission to attend and/or participate in all activities, sponsored by Mt. Olive Child Care & Learning Center, its employees, associates and contributors. In further consideration of the benefits to be gained by my child, I covenant that I will never institute any action by law against Mt. Olive Child Care & Learning Center, its agents, servants and employees, on account of injury or other loss or damage sustained by my child's participation.

Parent's Name (print): _____

Signature: _____

Date: _____

Parent's Name (print): _____

Signature: _____

Date: _____

Child's Name: _____ **Date of Birth:** _____

PARENTAL PERMISSION FOR APPLICATION FOR TOPICAL OINTMENTS

Allergy? Yes or No	Topical Ointment	Reason for Application
	Hydrogen Peroxide	To clean any open wound to skin including: scrape, minor cut, abrasion, bite (human), etc.
	First Aid Cream	To apply to above open wounds to skin including: scrape, minor cut, abrasion, bite (human), burn, etc.
	Calamine Lotion	To apply to poison ivy, oak, & sumac, insect bite, and minor skin irritation to relieve itch and swelling.
	Sting-Kill (External Anesthetic)	To apply to bee stings for fast relief of pain and itch.
	Vaseline	To be applied to dry, chapped lips, nose, or cheeks (mainly in winter)
	Antiseptic Wipes	To clean any open wounds to skin including: scrape, minor cuts, abrasion, and bite (human), while on walks/outings/trips. (These are in Travel First Aid Kits)
	Insect Repellent	To prevent insect bites and/or discomfort and injury to areas of the body, arms, legs, head.

I give permission for my child to have any of the topical ointments listed above unless I have informed you above that my child is allergic to it.

I also understand that, when needed, the Program Manager, Director, or an authorized member of our staff will be administering the topical ointments.

Parent's Name (print): _____

Signature: _____

Date: _____

Parent's Name (print): _____

Signature: _____

Date: _____

Child's Name: _____ **Date of Birth:** _____

Dear Parent,

In keeping with recent amendments to New Jersey's child care center licensing requirements, we are obligated to provide you, as the 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's Division of Child Protection & Permanency (DCP&P).

Please read this Statement carefully and, if you have any questions, feel free to contact me at (973) 426-1525.

Sincerely,
Gail Reuther, M.A.
Executive Director

I have received the INFORMATION TO PARENTS sheet provided by the Office of Licensing.

Parent's Name (print): _____
Signature: _____
Date: _____

Parent's Name (print): _____
Signature: _____
Date: _____

Child's Name: _____ Date of Birth: _____

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Under provisions of the Manual of Requirements for Child Care Centers (N.J.A.C. 10:122), every licensed 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 (DHS). A copy of our current license must be posted in a prominent location in 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 toll-free at 1-877-667-9845. Of course, we would appreciate your bringing these to our attention, too.

Our center must have a policy concerning the release of children to parents or people authorized by parents to be responsible for the child. Please discuss with us your plans for your child's departure from the center.

Our center must have a policy about dispensing 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 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.

(OVER →)

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 question(s) you may have about it.

Or center must post a listing or diagram of those rooms and areas approved by the Office for 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 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 (ADA), P.L. 101 - 336 (42 U.S.C. 12101 et seq.). Anyone who believes the center is not in compliance with these laws may contact the Division on Civil Rights in the New Jersey Department of Law and Public Safety for information about filing an LAD claim at (609) 292-4605 (TTY users may dial 711 to reach the New Jersey Relay Operator and ask for (609) 292-7701), or may contact the United States Department of Justice for information about filing an ADA claim at (800) 514-0301 (voice) or (800) 514-0383 (TTY).

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 and Child Abuse Hotline, toll-free at 1-(877) NJ ABUSE (652-2873). Such reports may be made anonymously.

Parents may secure information about child abuse and neglect by contacting:
Community Education Office, Division of Child Protection & Permanency,
PO Box 717
Trenton, New Jersey 08625-0717



Parent Receipt of Information Checklist

- Parent Handbook
- Information to Parents Document (in application)
- Policy on the Release of Children (in parent handbook)
- Positive Guidance and Discipline Policy (in parent handbook)
- Policy on Methods of Parental Notification (in parent handbook)
- Policy on Communicable Disease Management (in parent handbook)
- Expulsion Policy (in parent handbook)
- Policy on the Use of Technology and Social Media (in parent handbook)

By checking all the boxes above, I acknowledge that I have read and fully understand the policies of Mt. Olive Child Care & Learning Center regarding, but not limited to, communicable diseases, the release of children to impaired persons, developmental assessments and screenings, late pick-ups, and the Center's termination policy.

I agree to abide by the policies & procedures described in the handbook and policies at all times.

Parent's Name (print): _____

Signature: _____

Date: _____

Parent's Name (print): _____

Signature: _____

Date: _____

Child's Name: _____ **Date of Birth:** _____