Leaders of Tomorrow Preschool

The following documents MUST be submitted with your completed application:

- **The child's birth certificate.**
- **The child's updated immunization record and physical exam.**
- **Two (2) current proof of address which includes (Bank statement, cell/landline phone bill, utility bills, health insurance bill, car insurance bills, credit card bills, WIC or welfare letter, etc.).**
- **WE DO NOT ACCEPT LEASE AGREMENTS!**
- **Parent's ID (Passport, driver's license and state ID).**

Phone:201-332-9281 **leadersoftomorrowjc@gmail.com** **Fax: 201-332-9232**

Leaders of Tomorrow Preschool

144 Bartholdi Avenue
Jersey City, NJ 07305
Phone: (201)332-9281Fax: (201) 332-9232
EMAIL: leadersoftomorrowjc@gmail.com WEB: www.leadersoftomorrowjc.com

CHILD APPLICANT INFORMATION												
Last Name		First		M.I.	D.O. B		Gender: Female Male					
Street Address						Apt/Unit#						
City		State		ZIP								
PARENT/GUARDIAN INFORMATION-MOTHER												
Last Name		First		M.I.								
Street Address					Apt/Unit	D.O.B.						
City		State		ZIP								
Home Phone		Cell Phone & Phone Carrier		Email Address								
Occupation		Business Name			Business Phone							
Business Address			City		State		ZIP					
PARENT/GUARDIAMNFORMATZON FATHER												
Last Name		First		M.I								
Street				Apt/Unit#	D.O.B.							
City		State		ZIP								
Home Phone		Cell Phone & Phone Carrier		Email Address								
Occupation		Business Name			Business Phone							
Business Address			City		State		ZIP					
CHILD'S PRIMARY DOCTOR INFORMATION												
Last Name		First										
Street Address			City		State							
ZIP		Phone#										
Parent's Signature				Date								

CHILD DEVELOPMENTAL INFORMATION

EATING HABITS

Is your child right-handed or left-handed?	RIGHT-HANDED ☐	LEFT-HANDED ☐

	YES	NO	SOMETIMES	IF SO, WHEN
Does your child take bottle?				
Can your child feed him/herself?				
Does your child's use utensils?				
Does your child's have trouble chewing solid food?				
Does your child have a good appetite?				

TOILETING HABITS

	YES	NO	SOMETIMES	IF SO, WHEN
Is your child potty trained?				
Does your child know how to clean self after toileting?				
Will your child inform tie teacher if he/she has wet/soiled?				
If your child is a boy, will he urinate standing up?				

What word(s) doe your child use for urination?		Bowel Movements?	
Does your child have any difficulties regarding toileting (fears, constipation)? If so, please explain.			

SLEEPING HABITS

Doe your child nap daily?		At what time?	
Does your child sleep at naptime?			
Does child usually take anything to bed with him/her?			
Does your child sleep in a crib?		Own bed?	Parent's bed?
Does your child have any difficulties regarding sleeping (nightmares, fears)? If so, please explain.			

SOCIAL RELATIONSHIPS

At what age did your child begin to walk?		Talk?	
Does your child stutter?	YES ☐	NO ☐	
Does your child use words?		Phrases?	Sentences?
Has your child had experiences in playing with other children?	YES ☐	NO ☐	
By nature, is your child friendly?		Aggressive?	Shy? / Withdrawn?
Does your child get along with his/her siblings?			Other Adults?

FALL PRESCHOOL HOURS OF OPERATION

3:00 PM-5:30 PM

FREE PART OF THE DAY

8:30AM-2:30PM

Leaders of Tomorrow Preschool is open from 8:30 am to 5:30 pm, Monday through Friday, from the months of September thru June ONLY. Free breakfast, lunch, and snack are provided daily.

The Preschool Instructional hours are from **8:30am to 2:30pm** and are free to students who are enrolled in our preschool program. In addition, we offer aftercare for parents who need extended hours, which requires a fee. The aftercare hours are from 3:00pm to 5:30pm. Prices for the aftercare program are as follows: **Our rate is $175.00 per week, or $35.00 dollars a day as needed per child. Parents utilizing daily the aftercare program must notify the center 24 hours in advance to secure their child's space.**

It is important that your child be at the center **by 8:30am** for breakfast. Classroom activities begin promptly at **8:45am**; therefore, your child must be at the center on time to transition and participate in the daily routines and activities. Your child will be marked tardy **after 9:00am**. Habitual lateness will result in your child being withdrawn from out preschool program.

Any child picked up after their scheduled time as per their signed agreement will be charged a late fee as outlined below. In addition, as required by New Jersey state law, the CP&P (Child Protection and Permanency) must be called when a child is not picked up an hour after the program's closure without notification by the parent caregiver.

If the parent(s) or other authorized person(s) fail to pick up or is late in picking up a child at the time of the center's closing:

1. Any children not picked up by closing time will be supervised by two staff members.

2. The staff persons scheduled to work the late shift will be responsible for the supervision of children present past 5:30 pm. They will notify CP&P.

3. Every effort will be made by the center's staff to contact the custodial parent and/ or other persons authorized by the parents to care for the child.

4. A late fee of **$5.00 per minute** will be charged for late pick up, i.e., **5 minutes late will result in a $25.00-dollar late charge**. The late fee shall be paid at the time of pick-up. This fee is charged to encourage parents to pick up their children on time. Please arrange your schedules accordingly or find an alternate person **(18 years or older)** to pick up your child in a timely manner.

5. Whenever the parent or other person(s) authorized by the parent fails to pick up the child after an hour **(6:30 pm)** or more after closing time, and provided that Leaders staff members have been unable to make other arrangements for returning the child to his/her parent, a staff member shall call Child Protection and Permanency **(CP&P) 24 hour Child Abuse Hot Line (1-800-982-7396)** to seek assistance in caring for the child until his/her biological parent are available to care for the child.

I further understand I must drop off my child, _____, by **8:30 am** and pick him/her up by **2:45 pm** daily unless my child participates in the aftercare program beginning at 3:00 pm and ending at 5:30pm. In addition, I agree to pay **$5.00 per minute** if my child is not picked up by 3:00 pm or 5:30 pm, by myself or an alternate person. **The (CP&P) Hot Line will be called by a staff member if I am late more than 30 minutes.**

Parent/Guardian Signature: _____ Date: _____

CUSTODY AND COURT ORDERS

(CORT ORDER MUST BE ATTACHED IF THIS SECTION IS SIGNED BY THE GUARDIAN)

If a biological parent is not included among those persons authorized by the **LEGAL GUARDIAN** to pick up the child, please sign below and attach a copy of appropriate documents. Please note: Without the proper documentation **(COURT ORDER),** Leaders of Tomorrow, legally must release the child their biological parent.

Parent/Guardian Signature: _____ Date: _____

LATENESS & BREAKFAST

Breakfast is served at 8:30 am and ends promptly at 8:45 am. Teachers CANNOT stop their greeting and morning message to save late children breakfast. Unfortunately, it disrupts the teacher and the students when children walk in late. If you want your child to participate in breakfast, they must be in class by 8:30 am.

Please note: Unhealthy sweets and fast-food breakfast items from outside will not be permitted.

Unhealthy Meals and Snacks:

- Dunkin Donuts
- McDonalds
- Honey buns
- Cookies
- Chips
- Candy
- Sugar drinks

Healthy Choices to consider:

- Fresh fruit/fruit cups
- Cheese sticks and Wheat Crackers
- Yogurt
- Graham Crackers and Raisins
- Wheat Cereals
- Honest Kids Juice Box

The HighScope Daily Routine offers children the consistency of a predictable yet flexible sequence of events. The routine is designed of several components with one of the most important beginnings at breakfast along with: a plan-do-review sequence, small and large group times, outside time, transition times and times for eating and resting. These components provide children with a range of active learning experiences and a balance between adult and child-initiated activities. The children are used to a consistent routine which helps their transitions from one activity to the other run much smoothly.

I hope that we can work together as we prepare our children for the Pre-K 3 & Pre-K 4 program at their nearest Jersey City Public School. If you have any question, please feel free to contact me anytime.

I thank you in advance for your consideration and understanding regarding this matter.

Parent's Name: _____

Parent/Guardian Signature: _____ Date: _____

ABSENTEEISM POLICY AND PROCEDURE

Parents must call to inform the school when the child is ill and will be absent from school.

If a child does not return to school on the date anticipated, the Family Worker Liaison, will call the parent to ascertain why the child has not returned and to confirm the new date that he/she will return. **A doctor's note is required if the child is absent for three (3) consecutive days.**

If a child accrues **five (5) incidental absences** in one month, (a pattern of absences), the Jersey City Board of Education (JCBOE) Early Childhood Social Worker will visit the family to ascertain the reason for these absences and assist the family in addressing the problem. If this pattern continues, the family will be required to meet with the Supervisor of the Early Childhood Program to create an attendance improvement plan for the child to continue in the 3- and 4-year-old program for the remainder of the year.

If a child is absent for **ten (10) consecutive days** of school, the child shall no longer be enrolled and Leaders WILL fill the slot with another child.

I have read Leaders of Tomorrow's Attendance Policy and will abide by these requirements.

Child's Name: _____

Parent's Name: _____

Parent/Guardian Signature: _____ Date: _____

VOLUNTARY WITHDRAWAL POLICY

To withdraw your child from our program, Leaders requires a thirty (30) days notification in writing. It is important to inform Leader's administration that your child will no longer be attending our program, as we will need to recruit a new student as soon as possible.

Parent/Guardian Signature: _____ Date: _____

PARENT PARTICIPATION POLICY

Parent participation at Leaders is necessary to help us achieve our goals in providing the best possible care for your child. It is important for us to know what your values are for your child, and we would like to share our plans and experiences with you. We do this through daily informal talks and periodic individual conferences that may be requested at any time, but are routinely scheduled three times a year, in December, March, and June. Parent Workshops are held every other month during the school year.

Parents are encouraged to participate by:

- Offering your special talents such as; singing, dancing, photography, graphic arts, story-telling, etc.
- Sharing cultural experiences with your child's classmates.
- Reading books to the children.
- Attending Workshops.
- Performing clerical or technology work.
- Helping the teachers with special projects such as The Week of the Young Child (WOYC) & Read Across America/Dr.Seuss Week.
- Being a Guest speaker to talk to the children about your occupation.

While we understand that work schedules limit the amount of time you are available, we encourage each parent to become involved in some way with their child's program. We welcome extended family members to volunteer and visit our center. All events will be announced in the class monthly newsletter or on the parent bulletin board located in each classroom.

Please contact your child's teacher, family worker or director if you have any questions regarding parent participation.

I have read the Leaders of Tomorrow Parent Participation Policy and agree to participate in my child's program.

Child's Name: _____

Parent/Guardian Name: _____

Parent/Guardian Signature: _____ Date: _____

POLICY FOR SICK CHILDREN

1. The child's condition will be evaluated.

2. If we feel it is necessary, we will notify parents.

3. If we cannot reach the parent or guardian, we will call emergency contacts. Please update contact information periodically (every 3 months or sooner) as changes occur.

4. In case of a very high fever, accident, or any illness we feel needs immediate attention, we will take the child to the hospital indicated on your emergency form and continue to try and reach the parent, guardian or emergency contacts.

5. If your child has a fever of **100.4-degree Fahrenheit or higher,** diarrhea and/or vomiting, we will expect the child to be taken home within the hour. The child must remain at home for at least a twenty-four-hour period (without medication) and is able to return to school once the temperature returns to 98.6. Leaders of Tomorrow does not have a "Sick Room" and our facilities are limited to handle all but the most routine problems. The child will be sent back home, if he/she returns within a **24-hour period.**

6. Medicine will be given according to guidelines on the Medication Administration Policy, and as per child pediatrician.

7. Children with contagious illnesses, rashes, ringworm, conjunctivitis (pink eye), lesions, of any kind must return with a note from a physician.

8. Absences of **three (3)** or more days require a physician's note to return to the center.

If is necessary to follow these guidelines to control the spread of illness and to keep all children as healthy and safe as they can possibly be at this learning center.

Parent/Guardian Signature: _____ Date: _____

POLICY FOR ADMINISTERING MEDICATION

As a help to the parents, Leaders of Tomorrow will dispense medication to children as long as certain guidelines are met:

1. Medication shall be administered only after receipt of written approval from your child's doctor.
2. Parent must complete a Medication Administration Form before staff can administer medication.
3. Only medication prescribed and dated for current illness will be administered.
4. Prescription medication must be in its original container, labeled by the pharmacy with your child's name, name of the medication, date prescribed or updated and directions for administration. Please be sure you have the proper measuring devise (medicine cup or dropper).
5. Unused medication will be returned to parent (s) when no longer administered.
6. Antihistamines, decongestants, cough suppressants, or topical skin ointment, eye or eardrops and antibiotics may be administered when prescribed by a physician.
7. Medication will not be administered rectally.
8. Leaders will not dress or treat burns, wounds, open sores, skin lesions, etc.
9. Nebulizer treatments should have the doctor's orders with directions for administration and the length of time the treatment should be given.
10. If Nebulizer treatments are to be mixed, proper doctor's specifications are needed.
11. The parent should provide nebulizer machine.
12. The parents should notify school administration and teachers of any medication or food allergies before child begins school.
13. If a child has an Epi-Pen for severe allergic reactions to food or insects, a doctor's prescription is needed. Two Epi-Pens must be kept in school.
14. If a child has any severe allergic reactions, allergy medications must be prescribed by the child's physician.

Parent/Guardian Signature: _____ Date: _____

JEWERLY POLICY

Unfortunately, it is NOT possible for Leaders staff to keep track of your child's jewelry in the event it gets lost, damaged or stolen. Please refrain from bringing your child to school wearing jewelry as Leaders of Tomorrow WILL NOT be responsible for the replacement of any lost, stolen, or damage jewelry.

Parent/Guardian Signature: _____ Date: _____

BLANKET PERMISSION FOR WALKING TRIPS & PLAYGROUND

I hereby give permission for my child _____ to participate in walking trips around the neighborhood and playing at the park.

I understand that the walking route includes no safety hazards, and that the walks will not involve entrance into any facility.

Parent/Guardian Signature: _____ Date: _____

VIDEO/PHOTO RELEASE POLICY

I, _____, hereby consent that Leaders of Tomorrow, may take photographs of my child _____ and may use photos in whatever manner it deems appropriate for educational purpose including Leaders of Tomorrow website to promote the program.

Parent/Guardian Signature: _____ Date: _____

VIDEOS/PHOTO PUBLICITY POLICY

Leaders of Tomorrow, may sometimes participates in informational and educational publicity activities. Please read the "Authorization for Publicity" statement below and sign if such permission is granted. Parents will be notified again directly before publication occurs.

Permission is hereby granted to Leaders of Tomorrow, to take photographs, video type or television pictures, or otherwise record, preserve. Reproduce, or depict the activities, voice, and likeness of my child to use in any and all of the same publication, including television release and theater viewing, without compensation to said person, or to the undersigned on his/her behalf, or individually.

Parent/Guardian Signature: _____ Date: _____