



Bibi Sakina Daycare Registration Packet

Address: 45 Cedar Grove Lane Somerset, NJ 08873

Website: www.sadiqschool.com Email: info@sadiqschool.org Phone: [732-532-2030](tel:732-532-2030)

Registration Requirements

We welcome your child(ren) to Sadiq School’s Bibi Sakina Daycare. Please complete this document and return to us as soon as possible.

We will need the following to complete the registration of your child:

- Information to Parents Statement
- Parent Receipt of Information *
- Acknowledgement of receipt of parent handbook*
- Copy of updated immunization record *
- Universal Health Record Form - Physical/health history form- must be signed and stamped by your child’s physician and dated within 1 year *
- Permission to administer medication *
- Emergency Contact Form *
- Photo/Video release *
-

We have created a handbook for parents which has very important information about Daycare policies and requirements. Please visit <https://www.sadiqschool.com/> and under Daycare to see the parent handbook, calendar and registration packet.

***THESE REQUIREMENTS CAN NOT BE WAIVED EXCEPT WITH THE EXPRESSED PERMISSION OF THE CHIEF DAYCARE ADMINISTRATOR OR HIS DESIGNEE AFTER CONSULTATION WITH THE BOARD ATTORNEY.**

Sadiq School Daycare Registration Application Form

STUDENT'S NAME:

(Last) _____ (MI) _____ (First) _____

Date of Birth (M/D/Y) _____ Place of Birth: _____

Parent (Guardian) Name: _____

Address: _____

Telephone Number: Home _____ Work _____ Mobile: _____

Email: _____

Health History

Disease History	If yes, please note the type and year, If no, please note "None"	Disease History	If yes, please note the type and year, If no, please note "None"
Allergies		Convulsive d\Disorder	
Drug sensitivities		ADHD	
Lyme Disease		Diabetes	
Hepatitis		Heart Disease	
Neuromuscular Disease		Hearing Disorder	
Asthma		Vision Disorder	
Chicken Pox		Congenital Disease	

Operations/Injuries (please specify). If none please note "none"

1: _____ 2: _____ 3: _____

Department of Children and Families Office of Licensing

INFORMATION TO PARENTS

Under provisions of the *Manual of Requirements for Child Care Centers (N.J.A.C. 3A:52)*, 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 and staff this written statement, prepared by the Office of Licensing, Child Care & Youth Residential Licensing, in the Department of Children and Families. In keeping with this requirement, the center must secure every parent and staff member'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 (OOL), Child Care & Youth Residential Licensing, in the Department of Children and Families (DCF). 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 view a copy of the Manual of Requirements on the DCF website at <http://www.nj.gov/dcf/providers/licensing/laws/CCCmanual.pdf> or obtain a copy by sending a check or money order for \$5 made payable to the "Treasurer, State of New Jersey", and mailing it to: NJDCF, Office of Licensing, Publication Fees, PO Box 657, Trenton, NJ 08646-0657.

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 requirements, 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 concerns 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 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.

Parents are entitled to review the center's copy of the OOL's Inspection/Violation Reports on the center, which are available soon after every State licensing inspection of our center. If there is a licensing complaint investigation, you are also entitled to review the OOL'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 or you can view them online at <https://childcareexplorer.njccis.com/portal/>.

Our center must cooperate with all DCF inspections/investigations. DCF 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 OOL 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 provide reasonable accommodations for children and/or parents with disabilities and 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).

Our center is required, at least annually, to review the Consumer Product Safety Commission (CPSC), unsafe children's products list, ensure that items on the list are not at the center, and make the list accessible to staff and parents and/or provide parents with the CPSC website at <https://www.cpsc.gov/Recalls>. Internet access may be available at your local library. For more information call the CPSC at (800) 638-2772.

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 (877) NJ ABUSE/(877) 652-2873*. Such reports may be made anonymously. Parents may secure information about child abuse and neglect by contacting: DCF, Office of Communications and Legislation at (609) 292- 0422 or go to www.state.nj.us/dcf
OOL/Information to Parents/May 2019 Page 2 of 2

PARENT RECEIPT OF INFORMATION

Information to Parents Document

- Policy on the Release of Children (In Handbook)
- Policy on Methods of Parental Notification (In Handbook)

(Applicable only if a method other than a phone call is used to notify parents of an injury to a child’s head, a bite that breaks the skin, a fall from a height, or an injury requiring professional medical attention.)

- Policy on Communicable Disease Management Expulsion Policy (In Handbook)
- Policy on the Use of Technology and Social Media (In Handbook)

I have read and received a copy of the information/policies listed above.

Child(ren)’s Name: Parent/Guardian’s Name:

Signature Date

OOL/9.27.2017

ACKNOWLEDGEMENT OF RECEIPT OF PARENT HANDBOOK

I _____ (Parent / Guardian Name) have received and read the Parent Handbook of Bibi Sakina Daycare. I understand the policies and procedures given to me and agree to adhere to all school policies. Please note: Bibi Sakina Daycare’s policies and procedures are subject to change to reflect the needs of the program, children and families we serve. We may also make changes or modifications in our policies if and when required by our licensing agencies. Our leadership team will inform parents of changes taking place in timely manner.

Signature _____ Date _____

**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 (<i>Last</i>)	(<i>First</i>)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth / /
------------------------------	------------------	---	----------------------

Does the 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/Daycare 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 (<i>must be taken within 30 days for WIC</i>)	
	Height (<i>must be taken within 30 days for WIC</i>)	
	Head Circumference (<i>if <2 Years</i>)	
	Blood Pressure (<i>if ≥3 Years</i>)	

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>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/Daycare activities, including physical education and competitive contact sports, unless noted above.</i>				
Name of Health Care Provider (Print)			Health Care Provider Stamp:	
Signature/Date				

CH-14 OCT 17 Distribution: Original-Child Care Provider Copy-Parent/Guardian Copy-Health

EMERGENCY CONTACT FORM

STUDENT'S NAME:

(Last)

(MI)

(First)

Student date of birth: _____ Gender: M ___ F ___

Mailing Address: _____

Name of Mother/Step-Mother/Guardian (circle one) _____

Home Phone # _____ Cell Phone # _____ Work Number _____

Occupation

Name of father/Step-father/Guardian (circle one) _____

Home Phone # _____ Cell Phone # _____ Work Number _____

Occupation

Student primarily lives with: ___Both Parents ___Mother ___Father ___Parent/Step-Parent
 _____Guardian(s)

If the student's biological parents reside together, they are: ___Married ___Single/Living Together

If the student's biological parents do not reside together, they are: _____Separated _____Divorced
_____Single
_____Widowed

If you are this student's guardian, indicate your relationship to student _____

Are there custody or guardianship documents for this student? _____Yes __No

Please Note: If there are court documents regarding parental custody or guardianship, a copy must be on file with Sadiq Daycare. Please call 732-532-2030 for more information

EMERGENCY CONTACTS: PLEASE LIST PERSONS OTHER THAN YOURSELF WHO YOU AUTHORIZE TO RECEIVE PHONE CALLS OR PICK UP THIS STUDENT IN THE EVENT THAT YOU CANNOT BE REACHED. WE WILL NOT ALLOW PERSONS OTHER THAN THOSE ON THIS LIST FOR PICK UP FROM SADIQ DAYCARE. PLEASE MAKE SURE TO CALL THE DAYCARE AHEAD OF TIME IF THERE ARE ANY CHANGES TO THE REGULAR SCHEDULED PICKUP PERSONS. ALL NAMES AND IDS MUST MATCH.

Name Phone # Relationship to Student

Name Phone # Relationship to Student

Name Phone # Relationship to Student

Parent/Guardian Email Address

Family Physician

Phone #

In case of emergency, I hereby give permission for this student to be taken to the hospital for treatment, if necessary. Please provide a preferred hospital name and address, if desired.

Signature of Parent/Guardian

Date

Is this student covered by health insurance: Yes___ No___

Name of the insurance company: _____

NJ Family care provides free or low-cost health insurance for uninsured children and certain low-income parents. For more information, call 1-800-701-0710 or visit www.njfamilycare.org to apply online. I hereby give you permission to release my name and address to NJ Family Care

ADMINISTRATION OF MEDICATION, TREATMENTS OR USE OF MEDICAL EQUIPMENT IN DAYCARE

If your child requires medication at Daycare, please request for administration of medication, treatments or use of equipment in Daycare. Please remember Daycare personnel will not administer any medication without a signed document by the child's Physician **AND** parent/guardian's written approval. All medication administered at Daycare must be kept in the original container. Medications will be administered by Daycare supervisor, or designee. Non- prescription medicine will not be administered.

For Physician

The below named student must take prescribed medication during Daycare hours as it is required to be administered more than three times a day and cannot be given at home only.

Name of Student:

(LAST) _____ (FIRST) _____ (MI) _____

Diagnosis:

Medication prescribed:

Dosage required:

Time during Daycare day to be given:

Duration of medication:

Possible side effects/adverse reaction:

Physician's Name and Signature

Date: _____ Contact number: _____

Parent (guardian) name and signature: _____

PHOTOGRAPH/VIDEOTAPE RELEASE Form

Bibi Sakina Daycare may occasionally take pictures and videos of children enrolled. Such material may appear in the Daycare's printed materials such as brochures, teacher training videos, and/or on the New Jersey Department of Education's (NJDOE) Web site.

Please check one of the following:

- I authorize the reproduction of any photographs, videos, or slides of my child or their work for use by Sadiq Daycare and/or NJDOE.

- I do not authorize the reproduction of any photographs, videos, or slides of my child or their work for use by Sadiq Daycare and / or NJDOE.

Parent/Guardian

Signature:

Date:

Please add any other comments you may have that Daycare should know about your child.

For Office Use:

Date Application Received:

Deposit Received:

Registrar Signature: