



# KEAN UNIVERSITY CHILD CARE & DEVELOPMENT CENTER

## Enrollment Application

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

### General Information (PLEASE PRINT)

Child's Name

\_\_\_\_\_

Last	First	Middle
------	-------	--------

Gender: \_\_\_\_\_ Date Of Birth M/D/Y: \_\_\_\_\_

Are you: Mom  Dad  Guardian  Are you: Mom  Dad  Guardian

Name: \_\_\_\_\_ Name: \_\_\_\_\_

SS#: \_\_\_\_\_ SS#: \_\_\_\_\_

Home address: \_\_\_\_\_ Home address: \_\_\_\_\_

Home phone: \_\_\_\_\_ Home phone: \_\_\_\_\_

Cell phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Email: \_\_\_\_\_ Email: \_\_\_\_\_

Desired Admission Date: \_\_\_\_\_

**Please notify us if any change occurs in your name, address, or telephone number!**



### Affiliation(s)

Please check appropriate spaces:

Are you a:  Student\*  Faculty  Staff  Alumni  Other

{\*Students are required to provide a copy of their class schedule as proof of status}

If you are a Student, Faculty, Staff or Alumni please provide your

KEAN ID NUMBER: \_\_\_\_\_

If you are a student, will you be a:

Freshman  Sophomore  Junior  Senior  Graduate

What is your major? \_\_\_\_\_ Year of Graduation? \_\_\_\_\_

### Where to reach parents

Are you:  Mom  Dad  Guardian    Are you:  Mom  Dad  Guardian

Parent's Occupation: \_\_\_\_\_ Parent's Occupation: \_\_\_\_\_

Place of business: \_\_\_\_\_ Place of business: \_\_\_\_\_

Business phone: \_\_\_\_\_ Business phone: \_\_\_\_\_

### Emergency Contacts

Whom should we contact in case of an emergency? (Please list three contacts, besides parents)\*

\*Parents are automatically contacted first.

1. \_\_\_\_\_ Cell#: \_\_\_\_\_ Relation: \_\_\_\_\_

2. \_\_\_\_\_ Cell#: \_\_\_\_\_ Relation: \_\_\_\_\_

3. \_\_\_\_\_ Cell#: \_\_\_\_\_ Relation: \_\_\_\_\_



### **Pick up**

The following people may pick up my child/ren **(Photo identification will be required on pick-up).**

**I understand I must email the director/assistant director if someone other than those listed below will be picking up my child.**

1.	_____	_____	_____
	<b>Name</b>	<b>Relationship</b>	<b>Number</b>
2.	_____	_____	_____
	<b>Name</b>	<b>Relationship</b>	<b>Number</b>
3.	_____	_____	_____
	<b>Name</b>	<b>Relationship</b>	<b>Number</b>
4.	_____	_____	_____
	<b>Name</b>	<b>Relationship</b>	<b>Number</b>
5.	_____	_____	_____
	<b>Name</b>	<b>Relationship</b>	<b>Number</b>
6.	_____	_____	_____
	<b>Name</b>	<b>Relationship</b>	<b>Number</b>
7.	_____	_____	_____
	<b>Name</b>	<b>Relationship</b>	<b>Number</b>

**Child's Doctor:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_ **Phone:** \_\_\_\_\_

**Dentist to be called in case of emergency:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_ **Phone:** \_\_\_\_\_



**Custodial Information**

If a non-custodial parent is not included among those persons authorized by the custodial parent to pick up the child, please explain below and attach a copy of appropriate documents (court order, custody, arrangement):

**Treatment Authorization**

If the designated doctor or dentist is not available, the center is authorized to contact the closest licensed Doctor/Dentist?

Yes  No

The center must contact me (or emergency contact) before using an alternate medical professional.

Yes  No

In case of emergency (accident or acute illness) I authorize the child care center to arrange transportation for possible medical and/or surgical care at:

The closest hospital available \_\_\_\_\_ OR

The hospital of my choice: \_\_\_\_\_

It is understood that a conscientious effort must be made to notify me via

Email: \_\_\_\_\_ or on my cell phone \_\_\_\_\_

or the person/s I have designated as emergency contact \_\_\_\_\_

If it is impossible to locate me or the above-named contact, I understand that the uninsured expense of this service is my responsibility.

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

Date of Enrollment: \_\_\_\_\_

Office Signature: \_\_\_\_\_



# Kean University Child Care Center Developmental History

Child's Name: \_\_\_\_\_  
LAST FIRST

Date of Birth M/D/Y: \_\_\_\_\_

### Personal History

Type of Birth: Normal  Pre-mature  C-Section  Complications

Age he/she began: Sitting? \_\_\_\_\_ Crawling? \_\_\_\_\_ Walking? \_\_\_\_\_

Is he/she a good climber? \_\_\_\_\_ Does he/she fall easily? \_\_\_\_\_

Age he/she began talking? \_\_\_\_\_ Does he/she speak in words? \_\_\_\_\_ or  
Sentences? \_\_\_\_\_

Have you noticed any difficulty in your child's speaking? \_\_\_\_\_

Please describe: \_\_\_\_\_

Do you or your child speak another language besides English? \_\_\_\_\_

If so, what languages? \_\_\_\_\_

Please tell us any special words your child uses to describe his/her needs: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

What holidays or festivals, if applicable, does your family celebrate? Please describe:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



**Health History**

Doctor's name: \_\_\_\_\_ Phone#: \_\_\_\_\_

Address: \_\_\_\_\_

**Please check any communicable diseases your child has had:** Measles \_\_\_\_\_

Rubella (German measles) \_\_\_\_\_ Mumps \_\_\_\_\_ Chicken pox \_\_\_\_\_ Whooping cough \_\_\_\_\_

Scarlet fever \_\_\_\_\_ Impetigo \_\_\_\_\_ Pinworms \_\_\_\_\_ Head lice \_\_\_\_\_

COVID-19 \_\_\_\_\_

Describe any serious illness or hospitalization: \_\_\_\_\_

Any physical challenges? \_\_\_\_\_

**Any known allergies?** \_\_\_\_\_

How many colds has your child had this past year? \_\_\_\_\_ How does the child react to an elevated temperature? \_\_\_\_\_

List any special instructions should the child become ill: \_\_\_\_\_

Since we do not dispense any medication, we ask that you come to the center to administer medication to your child at the time of dosage.

Does your child regularly take any medications?  Yes  No

Please describe: \_\_\_\_\_

Has the doctor ever prescribed Aspirin \_\_\_\_\_ Tylenol \_\_\_\_\_ Other (Specify) \_\_\_\_\_

**Development**

Do you have concerns about the progress of your child's development?  Yes  No

If yes, please explain \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



Is your child currently receiving Early Intervention Services?  Yes  No

If yes, what type of service: 1. Speech Therapy

2. Physical Therapy

3. Other (Specify): \_\_\_\_\_

Has your child received Early Intervention Services in the past?  Yes  No

If yes, what type of service: 1. Speech Therapy

2. Physical Therapy

3. Other (Specify): \_\_\_\_\_

**Eating**

Is the child usually hungry at mealtime? \_\_\_\_\_ between meals? \_\_\_\_\_

What are your child's favorite foods? \_\_\_\_\_  
\_\_\_\_\_

What foods are refused? \_\_\_\_\_

Describe any problems your child has with eating: \_\_\_\_\_

**Any food allergies? \_\_\_\_\_ Please list: \_\_\_\_\_**  
\_\_\_\_\_

Does the child eat with a Spoon? \_\_\_\_\_ Fork? \_\_\_\_\_ Fingers? \_\_\_\_\_

Do you sit down to eat with your child at mealtimes? \_\_\_\_\_

**Toilet Habits**

Can the child be relied upon to indicate his/her bathroom needs? \_\_\_\_\_ What word or words does the child use for: Urination? \_\_\_\_\_

Bowel movement? \_\_\_\_\_

Does the child need to use the bathroom frequently? \_\_\_\_\_ Does the child have any fears in



the bathroom? \_\_\_\_\_ Does he/she have accidents? \_\_\_\_\_

How does the child react? \_\_\_\_\_ Does the child need help with toileting? \_\_\_\_\_

Does the child wet the bed during nap? \_\_\_\_\_ at night? \_\_\_\_\_

(Please provide easy-on/easy-off clothing for your child and extra clothes in case of accidents)

**Sleeping**

What time does your child get ready for sleep? \_\_\_\_\_ Go to bed? \_\_\_\_\_ Awaken? \_\_\_\_\_

Does your child have his/her own bed? \_\_\_\_\_ Own room? \_\_\_\_\_

Does the child walk, talk or cry out during the night? \_\_\_\_\_

Have nightmares? \_\_\_\_\_

Are there favorite bedtime toys, animals, or stories? \_\_\_\_\_

What is his/her mood upon awakening? \_\_\_\_\_

Does the child take naps? \_\_\_\_\_ From when to when? \_\_\_\_\_

Does the child tire easily? \_\_\_\_\_ Under what conditions? \_\_\_\_\_

Are there any special needs related to sleep (music, complete dark, back rub): \_\_\_\_\_

**Social Relationships**

Has your child had experience playing with other children? \_\_\_\_\_ In groups? \_\_\_\_\_

Is your child by nature: Friendly \_\_\_\_\_ Shy \_\_\_\_\_ Aggressive \_\_\_\_\_

Cautious \_\_\_\_\_ Withdrawn \_\_\_\_\_ Other \_\_\_\_\_

How does your child get along with their siblings? \_\_\_\_\_





**Please list all their siblings below:**

**Sibling's Name: Bro or Sis?** \_\_\_\_\_ **Age:** \_\_\_\_\_

**Sibling's Name: Bro or Sis?** \_\_\_\_\_ **Age:** \_\_\_\_\_

**Sibling's Name: Bro or Sis?** \_\_\_\_\_ **Age:** \_\_\_\_\_

**Sibling's Name: Bro or Sis?** \_\_\_\_\_ **Age:** \_\_\_\_\_

How does the child get along with other adults? \_\_\_\_\_

With what age does your child prefer to play? \_\_\_\_\_

Does your child know other children at the center? \_\_\_\_\_

Do you expect your child to adjust easily to the child care situation? \_\_\_\_\_

Does he/she enjoy playing alone? \_\_\_\_\_ How does your child relate to  
strangers? \_\_\_\_\_ Does your child require a lot of adult attention? \_\_\_\_\_

What makes your child angry or upset? \_\_\_\_\_

How does your child show his/her feelings? \_\_\_\_\_

Who does most of the disciplining? \_\_\_\_\_

What forms of discipline work? \_\_\_\_\_

What doesn't work? \_\_\_\_\_

Is the child frightened by any of the following? Animals \_\_\_\_\_ Tall people \_\_\_\_\_

Rough Children \_\_\_\_\_ Loud noises \_\_\_\_\_ The Dark \_\_\_\_\_

Anything else? \_\_\_\_\_

Favorite toys and activities at home: \_\_\_\_\_

Does the child enjoy being read to? \_\_\_\_\_ Favorite stories: \_\_\_\_\_



Favorite music: \_\_\_\_\_

Does he/she enjoy outdoor play? \_\_\_\_\_ Can your child ride a tricycle? \_\_\_\_\_

Catch a ball? \_\_\_\_\_ Hop on one foot? \_\_\_\_\_ Skip? \_\_\_\_\_ Jump? \_\_\_\_\_

Has your child had experience with: Clay \_\_\_\_\_ Scissors \_\_\_\_\_ Easel paint \_\_\_\_\_

Finger paint \_\_\_\_\_ Blocks \_\_\_\_\_ Water play \_\_\_\_\_ Cooking \_\_\_\_\_

**Comments:**

How comfortable is your child wearing a face mask?

\_\_\_\_\_

Does the child have a unique name that they use to refer to their face mask?

\_\_\_\_\_

In what particular ways can we help your child this year? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Briefly describe your child's personality, abilities, physical appearance \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



## Emergency Treatment Form

Please complete the form below and sign it in the presence of a **NOTARY PUBLIC** to verify your signature. With this form, you provide your consent that emergency treatment may be obtained for your child until you or your emergency contact can be reached.

Please print all parent home/work/cell numbers and at least one contact that can be used in case you are unavailable:

<b>Mother's Home #</b>	<b>Work #</b>	<b>Cell #</b>
------------------------	---------------	---------------

<b>Father/ other parent's home #</b>	<b>Work #</b>	<b>Cell #</b>
--------------------------------------	---------------	---------------

<b>Emergency Contact Name</b>	<b>Contact #</b>	<b>Relationship</b>
-------------------------------	------------------	---------------------

<b>Emergency Contact Name</b>	<b>Contact #</b>	<b>Relationship</b>
-------------------------------	------------------	---------------------

To Whom It May Concern: The bearer of this document has my permission to authorize any and all emergency treatment to my child \_\_\_\_\_

**Child's Full Name**

I certify that my child is in good health and can participate in the normal activities of the program:

Allergies? \_\_\_\_\_

Medical Problems? \_\_\_\_\_

Child's Blood Type, if known: \_\_\_\_\_

Physician's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

**NOTARY SEAL**

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

Name: \_\_\_\_\_

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

Witness: \_\_\_\_\_

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



## **Notary Services**

Kean University offers Notary services free of charge to students, faculty and staff for Kean related business only.

This service is offered Monday through Friday, during normal business hours, at the following campus locations:

- Certification Office — Henning's Hall, Room 214
- Financial Aid — Administration Building, 1st Floor
- Financial Services/Business Services — Administration Building, 2nd Floor
- Human Resources - Administration Building, 2nd Floor
- Nathan Weiss Graduate College — East Campus, Room 211
- Payroll - Administration Building, 2nd Floor
- President's Office - Kean Hall, 2nd Floor
- Purchasing — Maintenance Building, Room 134
- Registrar — Administration Building, 1st Floor
- Student Accounting - Administration Building, 3rd Floor

Those seeking Notary services must present a valid Kean University ID. Documents must be signed in the presence of the Notary. Please be advised that the decision to notarize a document is at the discretion of the Notary.

For more information, please contact JoAnn Pobuta at [jpobuta@kean.edu](mailto:jpobuta@kean.edu).



**KEAN UNIVERSITY'S CHILD CARE & DEVELOPMENT CENTER**

**HEALTH INSURANCE INFORMATION**

**Name of Child:**

\_\_\_\_\_

FIRST

MIDDLE

LAST

**Name of Health Insurance Carrier:**

\_\_\_\_\_

**Name of Insured:**

\_\_\_\_\_

**Policy Number:**

\_\_\_\_\_

\*\*\*\*\*

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

**Signature:** \_\_\_\_\_

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



**KEAN UNIVERSITY**  
Child Care Center

Agreement to participate in the Parent's Association

As a condition of my child's enrollment at the center, I agree to participate in the child care parent association, Child Care Families at Kean (CCFK). I will try to attend meetings, or participate in other ways to support fund-raising and special events.

CCFK meets monthly or as needed. Meeting times are determined by the President of the CCFK and Director of the Center, based on the consensus of the parents.

Although child care tuition is determined by the University for a three-year time frame, it is supplemented by the work of the parent's association. Through its efforts, special events, projects and field trips are added to enrich the curriculum. CCFK is also a place to meet other parents who are studying or working at the University or who reside in the surrounding community.

I agree to support CCFK by participating in fund-raising, field trips, committees and special events.

**Signature** \_\_\_\_\_

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



## KEAN UNIVERSITY CHILD CARE CENTER

### ATTENDANCE POLICY

**Please read and sign:**

Our program is based on early childhood educational practices, and as such the child's attendance must be regular and consistent. Although you may not have a class or need to be at work early, your child should be at the center for the whole day to enjoy the benefits of the preschool curriculum. We offer developmentally appropriate activities throughout the day.

I understand that:

1. My child must be at the center no later than **9:15 a.m.** in order to smoothly transition to their classroom. Late arrivals disrupt the flow of the morning and make it difficult for children to assimilate into the group.
2. My child **will not be permitted to enter the center after 9:30 am** unless s/he had a scheduled doctor's appointment of which written notice was provided to the center the day prior.
3. **My child will not be permitted to enter the center after 11:30 am for any reason.**
4. Regularity of attendance is important for the children and the program. Frequent absenteeism could result in dismissal.
5. I will be billed for 5 full days of service, but I have the option to have my child attend for any number of days within the week.
6. When your child is ill, not attending, or will arrive late due to extreme unforeseen circumstances, please inform the center before **9:00 a.m.** Call and leave a message on the answering machine and/or email the Director/Assistant Director.
7. Children in the day program (Mon. – Fri., September to May) must be picked up no later than **5:00 p.m.**
8. Children in the summer program (Mon. – Thurs., End of May to August) must be picked up no later than **5:30 p.m.**
9. Children in the evening program (Mon. – Thurs., September to May) must be picked up no later than **5:30 - 7:45 p.m.** **\*Time dependent on which evening care plan you are enrolled in.**

I have read and understand the above guidelines and agree to have my child attend according to these procedures.

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

**Parent Signature:** \_\_\_\_\_

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



## Kean University’s Child Care and Development

### Center 2024 – 2025 GENERAL POLICIES

1. The 2024-2025 Academic year runs from **September 3rd, 2024 through May 10th, 2025. Monday through Friday from 7:45am - 5:00 pm. Evening Care will be available Monday through Thursday at an additional cost from 5:00 pm - 7:45 pm.** (Late charges will apply for picks after schedule hours)
2. Our summer program runs from **May 19<sup>th</sup> 2025 through August 15<sup>th</sup> 2025, Monday through Thursday from 7:45 am to 5:30 pm.**
3. We do not provide drop in service for siblings or other children not enrolled in the daily program.
4. In the event of an emergency parents must be reachable. **Emergency contact numbers for parent(s) and at least 3 other trusted individuals are required.**
5. **Tuition payments must be made by the 1<sup>st</sup> of every month and no later than the 5<sup>th</sup>.**
6. **A registration fee of \$75.00 will be charged at first enrollment for Faculty/Staff/Private enrollees and \$50.00 for Student enrollees and for every other academic year the child is enrolled in the program.**
7. **To qualify as a Kean student, the parent will need to be enrolled in at least one (3 credit or higher) course for each semester their child is in attendance at the center. Proof of enrollment is required for each semester (Fall, Winter, Spring, including Summers - unless registered for the following Fall). If the Kean student withdraws from courses 30 days or less from the start of each semester the Child Care Center Tuition will be adjusted to reflect the appropriate rate/classification for the next billing cycle.**
8. **To qualify for the Faculty/Staff/Alumni category, the parent either needs to be actively employed by and/or graduated with a degree from Kean. Proof of either is required.**
9. **Late fee charges will be applied for tuition payments received after the 5<sup>th</sup> and for pick-ups that fall outside of the respective program hours (the rates and policy governing both late fees and tuition are subject to change at the discretion of the University).**

I have read and agree to the above policies.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

Office Notes:  
\_\_\_\_\_





**KEAN UNIVERSITY'S CHILD CARE CENTER**  
**PERMISSION FORM**

I understand that as a campus school, the child care center serves as a laboratory for students of various disciplines who need to observe children in educational settings. I give my permission for the following, knowing that the center requires those who observe or interact with the children need to sign a confidentiality agreement:

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

**Child's Birth Date:** \_\_\_\_\_

**Academic Year:** \_\_\_\_\_

1. I give permission for my child to participate in all main or east campus trips, planned by the center and/or the classroom teacher.
2. I give permission for my child to be photographed and/or videotaped as long as the materials are used by the students/faculty at the University.
3. I give permission for my child's photo, writings or artwork to be published on the Kean University Child Care website, including Facebook, Twitter or other social media, in accordance with the Kean University Web standards. This also includes photos to be shown on television monitors throughout the campus. Names will not be posted and my child's photo, writings or artwork will be removed upon request.
4. I give permission for my child's photo, writings or artwork to be included in the center's brochures, stationery, fliers, postcards, etc. Names will not be posted on my child's photo, writings or artwork and will be removed upon request.
5. I give permission for my child to be interviewed, observed or asked to perform simple tasks by students in fulfillment of their class assignments.
6. I give permission for my child's teacher to use my e-mail information to share classroom news and events
7. I give permission for the parents association, Child Care Families at Kean (CCFK), to share contact information for the Child Care Center and University communication ONLY.

**PARENT'S SIGNATURE:** \_\_\_\_\_ **Date:** \_\_\_\_\_



# KEAN UNIVERSITY

## Child Care Center

### Permission for class list information

I give permission for my name, address and child's birthdate to be included in the center's class lists. I understand that the list will be shared only with other parents for the purpose of facilitating communication among the University community.

**Name:** \_\_\_\_\_  
**Parent/Guardians**

**Address:**  
\_\_\_\_\_  
**Street**

\_\_\_\_\_  
**City State Zip Code**

**Home Phone #:** \_\_\_\_\_ **Cell Phone #:** \_\_\_\_\_

**Work Phone #:** \_\_\_\_\_ **Alt Phone #:** \_\_\_\_\_

**Child's birth date:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

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



## Kean University Child Care & Development Center

### Permission Slip for Sunscreen/Insect Repellent Application

By signing this form, I agree to the following statements:

1. The recommended sunscreen or sunblock will have UVB or UVA protection of SPF 15 or higher.
2. The recommended insect repellent will contain DEET.
3. I hereby give permission, when deemed necessary, for the Kean University Child Care and Development Center Staff, to apply sunscreen and insect repellent I have provided on my child according to the manufacturer's instructions.
4. I have labeled the containers with my child's first and last name.
5. I will apply sunscreen to my child every morning before drop off.
6. Staff will apply sunscreen to bare surfaces including the face, tops of ears and bare shoulders, arms, legs, and feet 15-30 min before outdoor activity.

#### Any special instructions:

---



---



---

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

Parent/Guardian Name \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_



**Kean University Child Care & Development Center**



**Brightwheel and ClassDojo Permission Slip**



Dear Families,

We'll be using the Brightwheel and ClassDojo app to keep you informed about your child's classroom and school updates. Brightwheel and ClassDojo have a few wonderful features such as:

**Electronic Check In/Out:** You will use Brightwheel to check your child in and out for the day. This app is required for all parents and approved emergency list contacts.

**Class Stories:** Allow the teacher to post class photos/videos of children participating in class/school activities. Only you and other parents connected to the apps will be able to view and comment on photos/videos that are posted in Class Stories.

**Messages:** Allow teachers and parents to communicate privately on matters pertaining to class announcements, reminders, school events, notification of changes to routines and one- on- one contact for general messages. All messages sent by parents through Messaging can only be viewed by the teacher. No other parent (even your child's other parent or guardians) can view your messages.

\*You can use the app for iOS and Android and also from a computer at: [www.classdojo.com](http://www.classdojo.com)

\* In order to set up a ClassDojo account from the website, iOS or Android, you'll need to have a student code for your child. Once you have your student code, you can get started.

Please fill out the form below and return it so that we can invite you to join the ClassDojo app. Our goal is to have parent involvement and engagement!

---

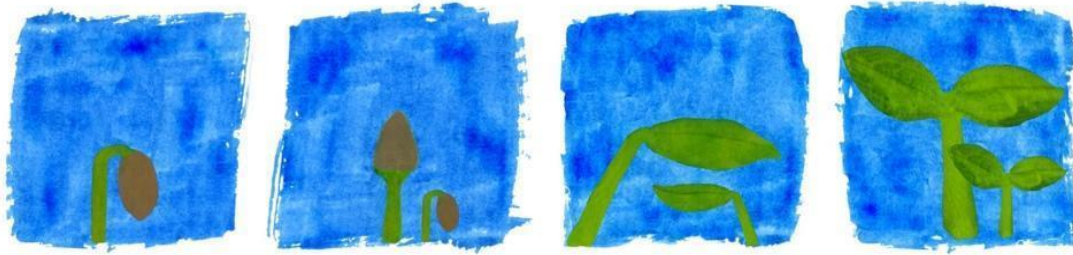
**Yes! I would love to receive photos from Brightwheel and ClassDojo.** You have my permission to include my child in Class and School Stories.

**No,** please don't include my child in Class and School Stories.

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

Parent/Guardian Name: \_\_\_\_\_

Parent Guardian Email: \_\_\_\_\_



## Kean University Child Care and Development Center

### Blanket Permission for Walking Trips

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

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

I hereby give permission for my child to participate in walking trips in the neighborhood around the center. I understand that the walking route is within the center's neighborhood, includes no known safety hazards, and that the walks will not involve entrance into any facility other than the following approved locations:

#### APPROVED DESTINATIONS:

- |  |  |
|--|--|
| <input checked="" type="checkbox"/> Harwood Arena Gymnasium                        | <input checked="" type="checkbox"/> Liberty Hall – Museum                  |
| <input checked="" type="checkbox"/> Harwood Arena (Outdoor track)                  | <input checked="" type="checkbox"/> Liberty Hall – Pumpkin/Pumpkin Picking |
| <input checked="" type="checkbox"/> Library (2 <sup>nd</sup> fl. Requires 3 staff) | <input checked="" type="checkbox"/> Basketball Court (Behind Library)      |
| <input checked="" type="checkbox"/> Wilkins Theatre                                | <input checked="" type="checkbox"/> Zen Garden (Behind Downs Hall)         |
| <input checked="" type="checkbox"/> Downs Hall Patio Area                          | <input checked="" type="checkbox"/> Turf Field (Behind Downs Hall)         |

\_\_\_\_\_  
Signature of Parent

\_\_\_\_\_  
Date



# KEAN

## Office of **University Relations**

### Media Release Form

I, \_\_\_\_\_, hereby consent to and authorize Kean University, its officers, agents and employees to:

- a) Record my likeness and voice on a video, audio, photographic, digital, electronic, print or any other medium. This includes self-recorded media that I submit to the University.
- b) Use my name in connection with these recordings.
- c) Use, reproduce, exhibit or distribute in any medium (e.g. print or web publications, video productions, news releases) these recordings for any purpose that Kean University, and those acting pursuant to its authority, deem appropriate, including promotional or advertising efforts.

I release Kean University and those acting pursuant to its authority from liability for any violation of any personal or proprietary right I may have in connection with such use. I understand that all such recordings, in whatever medium, shall remain the property of Kean University. I waive the right to inspect or approve the finished product wherein my likeness appears.

I acknowledge that my consent to the above conditions is fully voluntary, given without coercion or duress. I further acknowledge that I am 18 years of age or older and have read and fully understood the terms of this release. I understand that no monetary consideration is being paid to me for my appearance, likeness, statements or recordings.

\_\_\_\_\_  
*Print Name*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Phone/Email*

\_\_\_\_\_  
*Major/Est. Graduation Year*

#### Minor Release

I hereby certify that I am the **parent or guardian** of \_\_\_\_\_, named above, and do hereby give my consent without reservation to the foregoing on behalf of this person.

\_\_\_\_\_  
*Parent/Guardian Print Name*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Parent/Guardian Signature*

\_\_\_\_\_  
*Date*



## KEAN UNIVERSITY CHILD CARE & DEVELOPMENT CENTER

### Drop-Off and Pick-Up Policies

#### Hours of Operation

7:45 AM to 5:00 PM Monday to Friday. A \$15 late fee will be charged for pickups after 5:00 pm. Additionally, Evening Care is not available during summer months.

*\*The late fee cost is subject to change.*

#### Child Drop-Off occurs between 7:45 am and 9:15 am

1. Drop-off location will be at the lobby between 7:45 - 9:15 am.
2. **Children arriving after 9:30 am will not be allowed to enter the building** unless they had a pre-existing doctor's appointment and have informed the center in writing of this appointment the day prior.
3. **No child will be allowed to enter after 11:30 am regardless of circumstance.**
4. Children will wash their hands prior to entering the school building. This protocol is in line with safety measures practiced in other centers worldwide to mitigate the spread of infectious diseases.
5. **Any child with a temperature of 100.4 F or higher and/or with severe persistent symptoms that will increase contagion (like coughing) will not be allowed to stay.**
6. Once a child is screened and cleared to enter the school building, then:
  - Parents/guardians will sign their child(ren) in while in the lobby using the Brightwheel Kiosk or App.
7. A designated staff member will greet the parent and child in the classroom or in the lobby if arrival occurs between 9:15 to 9:30 am:
  - They will make a visual inspection of the child for signs of illness, which could include flushed cheeks, cough or shortness of breath, or extreme fussiness.
8. A classroom teacher will ensure that child(ren) washes their hands as soon as they enter the classroom.



**Child pick-up (between 2:30 pm and 5:00 pm):**

1. Parents/guardians are allowed to pick up their children at any time, but we recommend pick-up is done between 2:30 to 5:00 pm to prevent nap-time disruptions. If pick-up is done between 12:30 to 2:30 pm parents might be asked to wait in the lobby.

**\*Note:**

1. If you are picking up **before 2:30pm**, please notify us via a phone call, email, Brightwheel, or ClassDojo messaging.
  2. Ring the doorbell at the Center entrance in the event no one is at the front desk at the time of arrival.
2. On arrival, the office will inform child's teachers about the parent/guardian's arrival and then a staff member will prepare your child and their belongings for departure.
3. If you are going to have someone else pick up your child, then please email, call or message us through the apps a few hours in advance.

Please make sure that the person picking -up your child is on our school's Emergency Contact/Pick Up list and has a valid photo ID (e.g., Driver's License). We will not release your child to any individual whose name has not been authorized to pick up.

4. It is of utmost importance that you notify the director, assistant director and/or the teachers of any changes in phone numbers, mailing address and email for both yourself and the persons you have specified in your emergency/pick up contacts.

**ACKNOWLEDGEMENT**

I, \_\_\_\_\_ (print your name),  
 the parent/guardian of \_\_\_\_\_ (print child's name), hereby  
 acknowledge receipt of KUCCDC drop- off & pick-up Procedures and agree to adhere to them.

**\*Please be mindful that this procedure will be in place until further notice is given.**





## **Kean University Child Care & Development Center**

### **Meal Policy**

#### **All families are asked to pack**

- 1) **A healthy, nutritious, no-heat lunch**
- 2) **Two or Three simple snacks for their children in an**
- 3) **A water bottle.**

**Items mentioned above should be placed in an easy-to open reusable container**

*\*Please label your child's lunch box, lunch container and the water bottle with their name.*

#### **Some suggestions for a lunchbox may include:**

- **A reusable, lunch container**
- **An insulated, washable lunch bag**
- **A thermos container for hot foods**
- **A reusable, child-sized water bottle** (insulated water bottle is suggested, so your child's water stays cold).
- **An ice pack** to keep food cold.
- **child-sized cutlery** (If your child's snack or lunch requires).

1. If your child arrives at school between 7:45-8:30 a.m. they may eat breakfast in the classroom. Breakfast foods need to be prepared in advance and ready to be eaten upon arrival.

2. Directly drinking from the water fountain will be prohibited but the water bottle filling station will remain functional so that teachers may assist the children with refilling their water bottles throughout the day. Proper hygiene procedures will be maintained at all times.

3. Lunches and snacks will be served, utilizing our current health and safety policy while wearing gloves.

- Breakfast is offered at 8:30am
- Lunch is served between 12:30-1:00pm
- Afternoon snack is offered beginning at 3:15pm

*\* We strongly encourage simple, nutritious lunches that adhere to USDA's CACFP Meal standards as described in the following website.*

[https://fnsprod.azureedge.net/sites/default/files/cacfp/CACFP\\_childmealpattern.pdf](https://fnsprod.azureedge.net/sites/default/files/cacfp/CACFP_childmealpattern.pdf)



**Snack is served twice a day. Here are a few suggested snacks**

- Fresh, raw vegetables, cut into bite-size pieces
- Hard-cooked eggs
- Whole grain crackers, breadsticks, bread
- Popcorn, rice cakes, tortilla chips
- Yogurt
- Cheese
- pudding
- Fresh, seasonal fruit (please cut up fruits and vegetables into small pieces to be eaten safely)
- Water

*\*Candy is not allowed as a snack*

**\*Please refrain from sending foods that pose a choking hazard, such as; whole or round sliced hotdogs, whole grapes, raw peas, hard pretzels, chunks of raw carrots or meat larger than bite size.**

**\*Our school is a Nut-Free Facility; therefore, no child will be allowed to bring any nuts or its derivatives (paste, spreads, toppings, ingredient etc) into the classroom. Please check labels carefully before sending snacks to school.**

If you have any questions regarding our food policies here at the KUCCDC, please feel free to contact the center director via email; [flewis@kean.edu](mailto:flewis@kean.edu), or call 908-737-6140/6142.

ACKNOWLEDGEMENT

I, \_\_\_\_\_ (print your name), the  
parent/guardian of \_\_\_\_\_ (print child's name), hereby  
acknowledge receipt of KUCCDC updated meal policy and agree to adhere to it.

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

Thank you in advance for your cooperation.

# 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 _____	
<b><i>I give my consent for my child's Health Care Provider and Child Care Provider/School Nurse to discuss the information on this form.</i></b>			
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)	_____	

<b>IMMUNIZATIONS</b>	<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"/> <b><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/school activities, including physical education and competitive contact sports, unless noted above.</i></b>	
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](http://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](http://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.



## Online Tuition Payment System

Dear Parents,

Thank you for choosing Kean University's Child Care & Development Center. The following is a guide on how to make your monthly payments and fees. (*ex: registration, late fees*)

**The following is the URL address.**

**Type in:**        <https://www.kean.edu/offices/child-care-center/make-payment-child-care>

1. Once you see, "Make a Payment (Child Care)" on the screen, look for:
  - a. Student
  - b. Faculty-Staff-Alumni
  - c. Private Pay

Click/Select the status that best suits you (*for example, **Student** if you are a student at Kean University*)

2. The next page will give you the option of:
  - a. Child care
  - b. Evening care
  - c. Miscellaneous (**for SUMMER PROGRAM fees, late fees or extra time payments**)

Click the option that applies to you

3. On the next screen it will give you the following options  
(**This step is for STUDENTS ONLY. All other statuses should move to step 4**)
  - a. Fall/Spring/Summer
  - b. Registration

If your child is already registered please click the, "Fall/Spring/Summer" option to pay your monthly bill.

If paying the registration fee after handing in the "Full" application click the, "Registration" option



4. From the available options provided, select the item you would like to pay for
  - a. Registration for a Semester or the Full year (**The Semester payment options are discounted and only offered to students**)  
OR
  - b. How many days a week (**Select the enrollment package that suits you**)  
OR
  - c. If Miscellaneous was chosen, select “Late Fee” or “Miscellaneous Payment” (**All Summer Fee Payments should be made under the “Miscellaneous Payment” option. Specify “Summer program” in the details section and the month being paid for, ex. (“Summer Program – July”)**)
  
5. **Adjust the quantity of your item and don't forget to add the payment selection to your cart**
  - a. If you wish to add another item to your cart click the “Continue Shopping” button at the bottom of the screen and repeat steps 2 through 5.
  
6. When all your fees have been added click My Cart if needed and then the green Check Out button at the bottom of screen to proceed to pay your bill
  
7. Fill out all Information needed by the website (*Payer's name, Payer's Email, Child's name etc.*) then click “Continue”
  
8. Log into the system with your **Kean ID and Password**.
  - a. If you don't have a Kean ID, enter a valid email and click, “Continue Unregistered”
  
9. Follow the same steps for entering the credit card information on the screen and click, “Continue”
  
10. If all the information is correct it will bring you to the final page; The Confirmation Page  
**Make sure to keep a copy for your reference.**



## KEAN Child Care & Development Center Tuition Fee Rates for 2024 - 2025

### **Student Fee**

Kean students will need to be enrolled in at least one (3 credit or higher) course(s) for each semester their child attends the center to qualify. Proof of enrollment is required for each semester (Fall, Winter, Spring), including summers, unless registered for the following Fall. If the Kean student withdraws from courses 30 days or less from the start of the semester the Childcare Tuition will be adjusted to reflect the appropriate classification for the next billing cycle.

Full Time (5 days)	\$625/mth.
--------------------	------------

Registration: \$50.00 full year (two academic semesters)  
\$30.00 per semester

### **Faculty/Staff/Alumni**

To qualify for this category, you either need to be actively employed by and/or graduated with a degree from Kean. Proof of either is required.

Full Time (5 days)	\$915/mth.
--------------------	------------

Registration: \$75.00 Annually

### **Private Enrollee Fee**

Full Time (5 days)	\$1130/mth.
--------------------	-------------

Registration: \$75.00 Annually.

- A 2<sup>nd</sup> sibling who attends receives a 10% discount on their tuition.
- If you are interested in receiving information about a third-party subsidy or curious about how to utilize a subsidy you already have then please reach out to the Director, Fernetta Lewis at [flewis@kean.edu](mailto:flewis@kean.edu)