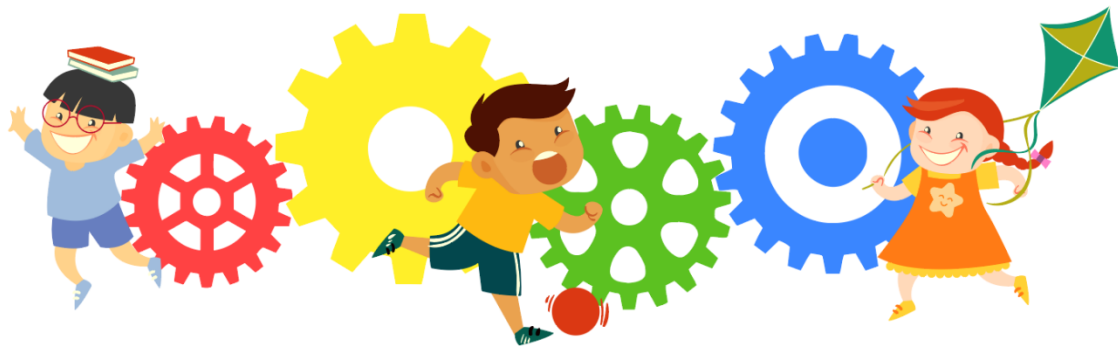


FIRST STEPS
TO
Success



LEARNING CENTER

PARENTS HANDBOOK



WELCOME TO FIRST STEPS TO SUCCESS
 7424 4th Ave, North Bergen, NJ 07047
 201-430-4277

STUDENT REGISTRATION APPLICATION

Child's Name/Nombre:	Date of Enrollment/Fecha de inscripcion:
Nickname/Apodo:	Gender/Genero: M / F
D.O.B/Fecha Nacimiento:	Potty Trained/Entrenado al baño: Y / N
Address/Direction:	Tel:
Any Siblings/Hermanos/a: Y / N If yes, how many/Cuantos: Names:	

PARENTS INFORMATION/INFORACION DE PADRES

Mother's Maiden Name/Nombre de mama:
Address/Direccion:
Home phone/Telefono de casa:
Occupation/Ocupacion:
Place of work/Lugar de trabajo:
Work address/Direccion de trabajo:
Work phone/telefono de trabajo:
Mobile/Celular:
E-mail address/Correo electronico:

Father's Name/ Nombre de papa:
Address/Direccion:
Home phone/Telefono de casa:
Occupation/Ocupacion:
Place of work/Lugar de trabajo:
Work address/Direccion de trabajo:
Work phone/telefono de trabajo:
Mobile/Celular:
E-mail address/Correo electronico:

Person(s) authorized to pick-up and assume responsibility for the child other than the parents/Personas autorizadas para recoger a su hijo/a

Name/Nombre:	Relationship to child/Relacion al nino/a:
Address/Direccion:	Phone/Telefono:
Name/Nombre:	Relationship to child/Relacion al nino/a:
Address/Direccion:	Phone/Telefono:
Name/Nombre:	Relationship to child/Relacion al nino/a:
Address/Direccion:	Phone/Telefono:
Name/Nombre:	Relationship to child/Relacion al nino/a:
Address/Direccion:	Phone/Telefono:



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CHILD'S DOCTOR INFORMATION/INFORMACION DEL DOCTOR

Name/Nombre:
Address/Direccion:
Phone/Telefono:
Insurance Name/Nombre del seguro:
ID:

CHILD'S ENROLLMENT SCHEDULE/HORARIO DE INSCRIPCION DE NINOS

Number of days per week for enrollment:	M T W TH F
Full days / Half days/dia complete o medio:	A.M. / P.M.
Time of child drop off/Hora de dejar :	Time of child pick-up/Hora de recoger:
Registration fee: \$100.00 pay upon registration (non-refundable)	

By signing, I attest to the following:

- That the above information is correct
- That in the event of a medical emergency, I authorize FSTS to seek emergency medical care for my child as deemed necessary by the Director
- I will respect and follow the school's policies on payments and in general
- I fully understand that tuition is due and paid in advanced. I can choose to pay in full on a weekly or monthly payment via cash, venmo or zelle
- The center is not liable or held responsible for any information withheld concerning the child's (e.g. physical, mental, social etc.)

Custodial Information:

If a non-custodial parent is not included among those person(s) authorized to pick up the child, please explain and provide proof of appropriate documentation such as a court order.

Signature

Date



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EMERGENCY INFORMATION FORM

The following information is needed to complete your record. It will be used in case of illness, accident or any other emergency.

Person(s) to be contacted:

Name	Address	Relationship	Phone

INDIVIDUAL PERMISSION FOR MEDICATION OR HEALTH CARE PROCEDURE

Name of Child: _____

Child's condition for administering medications:

- | | |
|-----------------------------------|--|
| <input type="checkbox"/> Cold | <input type="checkbox"/> Sore Throat |
| <input type="checkbox"/> Teething | <input type="checkbox"/> Ear infection |
| <input type="checkbox"/> Rash | <input type="checkbox"/> Injury |
| <input type="checkbox"/> Other | |

Name of medication/procedure: _____

- ☐ Prescription
☐ Non-prescription
☐ Doctor's approval required

Amount to be administered: _____

Times to be administered: _____

Dates to be administered: _____

Refrigeration necessary: Y / N

Special Instructions:

Possible adverse reactions:

I authorize the administration of medication to my child

Signature of Parent/Guardian: _____ **Date:** _____

FOR CENETER USE:

- ☐ Is all of the above information complete?
☐ Has the medication been made inaccessible to children?
☐ Is the medication in the original container with the prescription label on it?
☐ Is the child's name on the container?
☐ Is the date of the prescription current?
☐ Is the name of the drug/procedure, dose and schedule on the label the same instructions given by the parent?

Date(s) Administered:	Time(s) Administered:	Adverse Reactions Observed:	Staff Initials:



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PERMISSION TO GIVE MEDICATION IN CHILD CARE- (Mandatory to sign)

(Please use one form per medication)

The following information is to be completed by the child's health care provider:

Child's name: _____ Birthdate: _____ Weight: _____

Medication: _____ Allergies: _____

Dosage: _____ Routine: _____

Time of day medication is to be given: _____

Purpose of medication: _____

Special Instructions: _____

Possible side effects: _____

Start date: _____ End date: _____

Signature of Health Care Provider

Phone number

Date

The following is to be completed by the parent or guardian:

I hereby give permission for my child, _____
to receive the above medication, according to the listed directions and cautions, from the Child Care Director, or the
Child Care Director designee. I confirm that I have given at least one dose of the medication without any evidence
of side effects or adverse reactions. I understand that it is my responsibility to provide the medication in its original
container and labeled with my child's full name. I am also to supply the appropriate measuring device needed to
give the accurate dose of the medicine. I authorize the Director or Director Designee to contact the pharmacist or
health care provider for more information about this drug, if necessary. I also authorize the Director or the
Director's Designee to contact the health care provider regarding my child's health, if necessary.

I usually do the following to make giving the medication to my child easier:

Amount of medication brought to Child Care: _____

Date: _____

Signature of Parent/Guardian

Date & amount of medication return to Parent: _____

Signature of Director/Director Designee

Signature of Parent/Guardian



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BLANKET PERMISSION FOR WALKING TRIPS

I hereby give permission for my child (name): _____ to participate in walking trips in the neighborhood around the (center) First Steps To Success.

I understand that the walking route includes no safety hazards and that the walks will not involve entrance into any facility other than the following:

Parent/Guardian Signature

Date



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Model Letter to Parents-(Mandatory to sign)

Dear Parent:

In keeping with New Jersey's child care center licensing requirements, we are obliged 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 Central Registry Hotline (877) NJ ABUSE / (877) 652-2873.

Please read this statement carefully and, if you have any questions, feel free to contact me at:

201-543-8243 or rrobledo@fstsllearning.com

Sincerely,

Director

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

Name of child: _____

Name of parent(s): _____

I have read and received a copy of the Information to Parents statement prepared by the Office of Licensing, Child Care & Youth Residential Licensing, in the Department of Children and Families.

Signature: _____

Date: _____



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PARENT
RECEIPT OF INFORMATION:

- ☐ Information to Parents Document
- ☐ **Policy on late payments/pick-ups and 2 weeks' notice prior to removing child**
- ☐ Policy on the Release of Children
- ☐ Positive Guidance and Discipline Policy
- ☐ **Policy on Methods of Parental Notification**
(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
- ☐ Policy on the Use of Technology and Social Media
- ☐ Policy for Infection
- ☐ Policy for Food
- ☐ Policy for Outdoor: _____

Parents Signature

How did you hear about our center?

Google Referral Facebook Instagram

I have read and received a copy of the information/policies listed above and Parents Full Manual with all rules/regulations of the center.

Children's Name: _____

Parent/Guardian's Name: _____
(Print)

Signature: _____

Date: _____