

Dear Parents:

As a licensed childcare facility, we are required to comply with legislation regarding the dispensing of medication. It is important that you are aware of the effects these regulations will have on you as a parent. Attached you will find the following 2 forms which need to be returned to school:

1. **Permission to Administer Over-the-Counter Topical Medications:**

This form must be completed by a parent in order for us to administer any over-the-counter topical medication. Please be aware that this form applies only to OTC Topical Medications, and is valid for 6 months.

2. **Medication Notification Agreement:**

Per regulations, we are required to document any instance when a child has been medicated or has received a treatment prior to coming to school.

Also attached you will find a **Written Medication Consent Form**. This form must be completed by a parent and licensed authorized prescriber in order for us to administer any prescription medication or over-the-counter medication (with the exception of OTC topical medications). This form must be updated every 6 months for all medication to be administered on an as-needed basis.

Finally, please be aware of the following regulations and procedures:

- All medication, along with the completed **Written Medication Consent Form** or **Permission Form** must be brought to the ECDP office by a parent.
- Medication will only be accepted in its original container. Over-the-counter medication must be labeled with the child's first and last name. prescription medication must contain the original pharmacy label with the child's name, medical provider's name, pharmacy name and telephone number, date prescription was filled, expiration date of the medication, dosage, how often to give the medication, and the date the medication should be discontinued or how many days the medication is to be given.
- Your child's medication (with the exception of OTC topical medications) will be administered in the ECDP office by a staff member who has received the training required by law to dispense medication.
- An individual health care plan will need to be developed for any child with special health care needs.

Please do not hesitate to contact us with any questions. Thank you in advance for your cooperation and compliance with these regulations.

## OVER-THE-COUNTER MEDICATION CHECKLIST

Please check off any over-the-counter topical medications that you may choose to bring for ECDP staff to administer for your child. If your child must use a specific brand of any of the products listed, please indicate the brand name of the product next to the category. If any brand is acceptable just check Yes or No beside the product.

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

Approval	Product	Does your child need to use a specific brand?	What is that brand? <i>These items must be supplied by the parent.</i>
Parent's Initial _____	Sunscreen	___ Yes ___ No	
Parent's Initial _____	Insect Repellent	___ Yes ___ No	
Parent's Initial _____	Diaper Cream	___ Yes ___ No	
Parent's Initial _____	Vaseline	___ Yes ___ No	
Parent's Initial _____	Antibacterial Hand Wipes	___ Yes ___ No	

Please check any of the following for which you give permission for ECDP to administer to your child in the event of a cut, scrape, or bite:

Approval	Product	Does your child need to use a specific brand?	What is that brand? <i>These items must be supplied by the parent.</i>
Parent's Initial _____	First Aid Cream/Spray	___ Yes ___ No	
Parent's Initial _____	Hydrogen Peroxide	___ Yes ___ No	
Parent's Initial _____	After Bite	___ Yes ___ No	
Parent's Initial _____	Calamine Lotion	___ Yes ___ No	
Parent's Initial _____	Bandage	___ Yes ___ No	

## OVER-THE-COUNTER MEDICATION PERMISSION

I, \_\_\_\_\_ give permission to the Early Childhood Development Program to apply topical over-the-counter medications to my child, \_\_\_\_\_, according to label directions. I understand that the stocked brand may be used unless I have indicated a specific brand above.

This permission will be in effect from \_\_\_\_\_ to \_\_\_\_\_.

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

Date \_\_\_\_\_

**THIS FORM MUST BE UPDATED EVERY 6 MONTHS.**

## AUTHORIZATION FOR MEDICAL TREATMENT OF MINORS

If your child needs medical, dental, health, or hospital services, you as the parent must give permission. It's the law.

What about times when you cannot be reached for permission? A child may be treated without parental consent when a physician determines the child needs immediate medical care and that an attempt to obtain parental consent would result in a delay which would increase the risk to the child's life or health.

Except in a true emergency, care may be ordinarily rendered to a child only with the consent of the parent or legal guardian. Sometimes a child may need unexpected care which is not, however, a true emergency. In such cases, making an effort to contact a parent for permission can delay treatment and create unnecessary anxious moments for the child.

You can prepare for unexpected care your children might need when you are away from home. To do this, make sure babysitters know how to reach you at all times. And when you know you will be hard to reach, you can give permission to other adults. They can then act for you by permitting your child to be treated if unexpected care is needed.

This is a legal document. With it, you may appoint relatives, friends, teachers, clergy, neighbors – anyone who is over 18 years of age – to be responsible for your children when you are away from them. It is especially important to prepare this form for the occasions when you know it will be hard to contact you.

Fill out this form carefully. Have your signature witnessed by an adult different from the person you are making responsible for your children. After you complete this form, give it to the adult(s) you have named to act on your behalf. If your child needs unexpected medical treatment, the responsible adult(s) should present this document to the appropriate person – physician, dentist or hospital representative.

Names of Minors	Birthdates	Identify Allergies or Special Conditions

I/We, being the parents(s) or legal guardian(s) of the above named minor(s), do hereby appoint:

**The Jewish Community Center**  
**Early Childhood Staff**  
 5655 Thompson Rd., Dewitt, NY 13214  
 315-445-2040 ext. 120

To act in my/our behalf in authorizing unexpected medical, dental, surgical care and hospitalization for the above named minor(s) during the period of my/our absence, from the dates of:

September 7, 2010 through June 24, 2011

This document shall be presented to a physician, dentist or appropriate hospital representative at such time as unexpected medical, dental, surgical care or hospitalization may be required.

Parent Signature	Date	Parent Signature	Date
Address		Address	
Witness Signature	Date	Witness Signature	Date
Address		Address	

## HOSPITALIZATION COVERAGE FOR ABOVE NAMED MINOR(S):

Insurance Company or Government Program	ID or Contract Number
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## FAMILY PHYSICIANS

Name	Phone Number
Name	Phone Number





**MEDICATION NOTIFICATION AGREEMENT**

I, \_\_\_\_\_, agree to notify my child care provider each time my child has been medicated or receives a treatment before coming to the Early Childhood Development Program. I will inform the Early Childhood Development Program of the name of the medication, the time it was given, and any side effects they should be aware of.

Child's Name

Parent Signature

Date

*This form should be filled out only if parents feel their child has some specific needs beyond those of normal development.  
It need not be filled out for all children.*

## CHILD'S INFORMATION (One Form per Child)

Last Name	First Name	Age as of June 2021 ____ Years ____ Months
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Days and Times Attending:

If your child is not scheduled to attend our program full time or the days/times that coincide with the class in which we feel we can best meet his/her needs, will you be willing to consider making necessary adjustments in those times?

\_\_\_\_ Yes      \_\_\_\_ No

## ISSUES (Please Check the Appropriate Box)

Please check if your child has exhibited a *significant delay* or need for remediation in any of the following areas of development. Note: if this was brought to your attention by a preschool, medical or other professional and any testing, assistance or treatment your child has or is currently receiving:

- |  |  |
|--|--|
| <input type="checkbox"/> Articulation<br><input type="checkbox"/> Fine motor skills<br><input type="checkbox"/> Discipline (fighting, self control, etc.)<br><input type="checkbox"/> Following instructions<br><input type="checkbox"/> Sustained shyness/hesitancy in groups<br><input type="checkbox"/> Academic skills (letter, number recognition)<br><input type="checkbox"/> General maturity (ex: late birthday) | <input type="checkbox"/> Language<br><input type="checkbox"/> Gross motor skills<br><input type="checkbox"/> Attention span<br><input type="checkbox"/> Other. Please explain: _____<br>_____<br>_____ |
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## KINDERGARTEN DELAY?

If your child was eligible to enter kindergarten September 2021 but is not, briefly highlight reasons for delaying entry:

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Preschool Attended Last Year:

## OTHER

Please share with us any other situations or characteristics of your child you feel would be helpful for us to know in order to meet his/her needs:

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# ECDP CHILDHOOD WING SECURITY

## SECURITY

Dear Parents:

To control access to the Early Childhood wing, the entry doors are kept locked.

Entry is by an individually coded KEY FOB which will grant parents access weekdays between 7:30 am and 6:00 pm.

There is a \$10.00 refundable deposit for each key fob issued.

Although both entrances are equipped with a buzzer/speaker system connected to the ECDP office, please be aware that there are times that the ECDP receptionist must be away from her desk. Without a FOB you will not have access to the ECDP wing until she returns. Therefore, we advise that you obtain a key fob for each person that drops off or picks up your child on a regular bases.

The system is 'user friendly', while at the same time affording another layer of security for the children in our care and the staff working with them. Our hallway cameras supplement it.

Please fill out the form below and return it with the \$10.00 refundable deposit for each key ordered to the Early Childhood Office. Your coded key fob(s) will be available for you to pick up (at the ECDP Office weekdays between 7:30 am and 6:00 pm) within 5 business days.

*Deposit is refundable up to 30 days after termination from school year.*

## ECDP KEY FOB DEPOSIT

Parent Name

Parent Name

Child's Name

## PAYMENT INFORMATION

Total Amount \$ \_\_\_\_\_

Method of Payment:  Cash  Check *(Sorry, we are unable to take credit cards for this expense)*

**CHILD'S INFORMATION (One Form per Child)**

Last Name	First Name	Birthdate	Age
Nickname		M / F	
Previous School or Camp Experience:			
_____			
_____			

**MARITAL STATUS OF PARENTS**

Mother/Guardian		Relationship of any other adults living in the home:	
Father/Guardian		Name	Relationship
Stepparent (s)			

**ALLERGIES**

Does child have any food or other allergies?    Yes    No    *(Please circle)*

Please list allergies:

\_\_\_\_\_

How do the allergies manifest themselves?

\_\_\_\_\_

Treatment?

\_\_\_\_\_

**MEDICAL CONDITIONS**

Please list any medical conditions:

\_\_\_\_\_

\_\_\_\_\_

**SPECIAL EVALUATIONS**

Has child had any special evaluations by speech/language therapist, psychologist or other special program?    Yes    No    *(Please circle)*

If 'yes', please explain briefly and then fill out Special Needs Questionaire.

\_\_\_\_\_

\_\_\_\_\_

**HEARING**

Any difficulty with hearing, ear infections or tubes in ears?    Yes    No    *(Please circle)*

If 'yes', please explain briefly.

\_\_\_\_\_

\_\_\_\_\_

**TOILET TRAINING**

Is child toilet-trained?	Yes    No	What does he/she say when needs to urinate?
At what age?		What does he/she say for a bowel movement?
Are reminders needed?	Yes    No	

**CHILD'S INFORMATION (One Form per Child)**

Last Name

First Name

**DRESSING**

Does child need help to dress/undress self?

Yes    No

**SPEECH**

Does child speak plainly so others beside those in family can understand?

Yes    No

List any 'special words' child uses for family, friends or favorite things:

**HABITS**

Does child suck thumb?

Yes    No

Does child usually appear happy?

Yes    No

Does child suck fingers?

Yes    No

Does child usually appear relaxed?

Yes    No

Does child bite nails?

Yes    No

Does child usually appear anxious?

Yes    No

Does child use a pacifier?

Yes    No

Does child usually appear fearful?

Yes    No

Is he/she right or left handed?

Right    Left

Does child appear to need more attention than average?

Yes    No

**RELATIONSHIPS**

Is child shy?

Yes    No

Is child relaxed with strange adults?

Yes    No

Is child outgoing?

Yes    No

Is child relaxed with other children?

Yes    No

How does child approach new situations?

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Is he/she cooperative in accepting suggestions?

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Describe child's general characteristics with other people:

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**FEARS**

Does child display any symptoms of fear or anxiety?

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Is there anything that has occurred in his/her life to help understand this??

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**EXPECTATIONS**

What are your expectations or goals for your child while in our program?

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## FINANCIAL AGREEMENT

### **Tuition**

*Tuition* is determined by the number of days/hours a child is in our care. It is calculated on an annual basis, computing the total number of days we are open and provide service. That total is divided into 10 equal monthly payments that begin with September's tuition. Extended-Day rates apply to any enrollment needs longer than our 6 ½ hour full-day option.

- In order to secure a place for a child turning 6 weeks after September 7, 2010, tuition must be paid for each month the space is held for that child even though he or she is not yet able to attend the program.

### **Discount**

Parents who pay the full year of tuition by October 16<sup>th</sup> receive a 5% discount on their "in full" cost. There is also a 5% sibling discount.

### **Schedule Changes**

*September tuition changes must be made in writing before August 15. If reductions/cancellations in enrollment are received at the ECDP office after August 15, 2009, you are responsible for September tuition.* This also applies to anyone registering after the August 15 confirmation date. *All reductions/cancellations must be in writing.* Once the school year begins, the JCC policy requires written notice to be given by the 15<sup>th</sup> of the month prior to the month in which you wish to reduce your child's schedule or withdraw from our program. Increases in services will be granted as space becomes available.

### **Absences**

We'll miss your child when he or she is not here, but please understand that we are unable to adjust the fees for absences due to a holiday falling on a particular day a child is scheduled to attend, family vacations or minor illnesses. We are also unable to "switch" days to provide individual make-up days. In the case of a long-term illness of three weeks or more, a 50% refund can be authorized with receipt of proper medical documentation.

### **Extra Care**

When you are unable to pick up your child on time or need an occasional extra day, the nonrefundable fee for each half hour is \$4.50. *Extra Time is granted on a pre-approved, space available basis and only intended for occasional use.* **EXTRA TIME CARE IS NOT AN OPTION AFTER OUR SCHEDULED 6:00 CLOSING.** Parents who neglect to pick up their child by 6:00pm will be charged twenty dollars (\$20) per half hour or any part thereof for which they are late. Repeated failures to comply may result in a requested withdrawal. The extra time option cannot be used to regularly extend either drop off /pick up time of our full day option.

### **Extras**

Throughout the school year, we schedule occasional field trips, special presentations, and holiday meals. Fees for such extras are not built into our tuition. The option is available to you to prepay many of these by the once-a-year "Activity Fee" before school begins. More information about this option is found in a separate sheet in your confirmation packet. (Not included in Toddler Level Packets)

### **Enrichment**

In addition to our ECDP childcare program, we offer optional, supplemental early afternoon mini-classes as well as gymnastics, dance, and sports. Please look over the wide array of these classes in the Fall Program Guide that will come directly to you in the mail.

### **Being a JCC Member**

All of our Early Childhood families are required to become center members at the non-fitness facility level. JCC Membership is a one-year commitment. As members, your family receives discounts on many of our programs, invitations to a number of members-only programs, as well as summer pool membership. Membership is non-refundable, and payment is due in full on receipt of the first billing, unless a payment plan has been approved in advance.

## SIGNATURES

Child's Name

Signature of Parent/Legal Guardian

Date

***This form must be returned by August 15 as it is a part of the enrollment process. \****

*\*or prior to the first day of attendance if child is enrolled after August 15.*

## CHILD'S INFORMATION (ONE FORM PER CHILD)

Last Name

First Name

Age as of June 2021 \_\_\_\_ Years \_\_\_\_ Months

Days and Times Attending:

## PUBLICITY RELEASE FORM

Occasionally pictures of children engaged in their daily activities are utilized in ECDP publicity or promotions such as press releases, brochures or flyers. I give permission for my son/daughter \_\_\_\_\_ to be used in any school/camp publicity or promotion.

- I DO give permission for my child's photograph to be used.
- I DO NOT give my permission for my child's photograph to be used.

Parent Signature

Date

## FAMILY DIRECTORY

There will be a Family Directory with parent phone numbers and addresses distributed for parents to send birthday invitations and to arrange play dates.

If you DO NOT wish to have your name/address/phone number included in this directory, please return this signed form to our office by August 13.

*Note: Room Parents will receive a complete list of all parent/child address and phone numbers.*

Parent Signature

Date

## FIELD TRIP INFORMATION (Pre-K Level Only)

I understand that I will be informed of the date, time and destination of each trip in advance. I further understand that since field trips are an integral part of our curriculum, ECDP is unable to provide alternative care during the time of the trip if I am late and arrive after the scheduled departure time or choose not to have my child participate.

- My child has my permission to go on scheduled field trips.
- I do not want my child to participate in any field trip and am aware there is no alternate care.
- My child is enrolled on the toddler level and therefore this does not apply.

Parent Signature

Date



# BABYSITTING AUTHORIZATION FORM

## BABYSITTING AUTHORIZATION *(This form is to be completed by the parent upon initial enrollment of each child.)*

The undersigned parent, custodian or other adult responsible for *(child's full name)* \_\_\_\_\_ understands and acknowledges the Early Childhood Development Program and the Jewish Community Center (JCC) of Syracuse are not responsible for *(child's full name)* \_\_\_\_\_'s care and welfare when the child is not in attendance. The Early Childhood Development Program and JCC are also not responsible for the actions of any JCC / Early Childhood Department staff member during any time other than such employee's scheduled work time at the early childhood program.

I further understand and acknowledge that all information accessed by a JCC / Early Childhood Department staff member as a direct or indirect result of his / her employment is considered privileged and confidential and is not to be discussed with anyone outside the Center. Failure to abide by this professional code of ethics may result in immediate dismissal of the employee and/or withdrawal of my child(ren) from the remainder of the program.

I hereby waive and release the JCC / Early Childhood Development Program from any and all liability claims, actions, rights or damages of whatever type arising from babysitting performance by a JCC / Early Childhood Department staff member.

Child's Name	Age
Parent Signature	Date

- This form is to be placed in the child's file.
- Parent must place the ECDP employee's name in the child's file as an authorized person to pick up the child if the staff member will be taking the child from the center.
- Final responsibility for the completion and return of this form rests with both parents and all ECDP employees to whom it applies.

## ACTIVITY FEE

Throughout the school year, the Early Childhood Program includes a number of special extras that are not included in the established tuition and require an additional fee from parents. These activities have been developed to expand the scope of our day-to-day programming and curriculum.

To allow for different budget needs of our families, three payment options are available:

- **One-time-fee** paid at the beginning of each school year.
- **Per-activity-fee** paid prior to each individual event or order.
- **Weekly Reader** only paid at the beginning of each school year.

For each age group level the following list indicates the one-time-fee and the scope of items included for the 2010-11 school year:

<b>Three Year Old Level . . . . . \$30.00</b>	<b>Pre-K Level . . . . . \$110.00</b>
<ul style="list-style-type: none"> <li>▪ Admission fees for 3 presentations</li> <li>▪ Thanksgiving Lunch</li> <li>▪ Passover Seder Lunch</li> </ul>	<ul style="list-style-type: none"> <li>▪ Bus transportation and admission fees for 8 field trips</li> <li>▪ One year subscription to <i>Scholastic Weekly Reader</i></li> <li>▪ Thanksgiving Lunch</li> <li>▪ Passover Seder Lunch</li> </ul>

Please check the option preferred on the form below and return to the ECDP Office no later than Friday, August 13, 2010.

## ACTIVITY FEE OPTION

- I am choosing the **one-time-activity-fee** options. Attached is my payment of \$ \_\_\_\_\_
- I prefer to **pay each time** prior to an activity or service.

Child's Name		Age Group Level	
Method of Payment <input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Credit		Total Amount Enclosed    \$ _____	
Cardholder Name		Signature of Cardholder	
MC/VISA #		Expiration Date	
<i>For Office Use Only</i>	<i>Date Received</i>	<i>Amount Paid</i>	<i>Child's Room #</i>