

## Project LEAL

Department of Parks, Recreation and Community Services  
North Brunswick Government and Community Complex  
710 Hermann Road  
North Brunswick, NJ 08902  
Phone (732) 247-0922 x 475 Fax (732) 247-0979

Dear Parents:

Please take the time to carefully read your registration information for the 2009-2010 school year. A checklist has been provided. If forms are incomplete or missing information we will not process your registration and your spot will be relinquished. Refer to the Project LEAL information sheet to answer questions you may have about the program.

Registration forms are accepted by mail only, **postmarked no earlier than June 29th and accompanied by the September payment for each child.** In order for your child to begin Project LEAL on the first day of school all forms and payments must be received **no later than August 10<sup>th</sup>**. Children registered after August 10<sup>th</sup> will not be able to start LEAL until Monday, September 14<sup>th</sup>. Although every attempt is made to place all registrants, space is limited **in Project LEAL** and enrollment is on a first come, first served basis.

You will receive an enrollment confirmation in August and a Payment Coupon Book will be distributed on site the first week of school. **Please note that payments are now due one month in advance by the 10th. If registering mid-year a fee for the current month and the next month must be submitted.** All checks/money orders are made payable to **Township of North Brunswick – PROJECT LEAL**. We understand that children may have different last names than their parents, so place your child's full name on the memo line of the check. Also include a completed payment coupon with payments each month in order to process fees efficiently.

Monthly fees are based on a daily rate multiplied by 180 days and then averaged over a ten month period creating a fixed monthly rate. (Fees are not reduced for the shorter months nor are they increased for longer months.)

If you have any questions regarding Project LEAL or require assistance in completing any of the forms please call the DPRCS office at 247-0922 ext. 475. The staff and I look forward to celebrating our 27<sup>th</sup> year of quality childcare with your family.

Sincerely,



Giovanna Branciforte  
Recreation Program Coordinator

Child's name: \_\_\_\_\_

## 2009-10 CHECKLIST

It is the responsibility of the parent submitting these forms to send the monthly payments. If there are two parties making payments it is the responsibility of the primary parent to make arrangements with the second party.

**KEEP A COPY OF ALL INFORMATION FOR YOUR RECORDS.**

Parent's Initial	All items listed below must be completed and submitted with September's payment by August 10th or your registration will not be processed and your spot will be relinquished. No exceptions. OCTOBER'S PAYMENT IS DUE BY SEPTEMBER 10TH.
	<b>I have read and kept a copy of all information for my records.</b>
	I have enclosed a completed Registration Form/Transportation Form front & back for each child along with the September tuition (Visa/Mastercard or check made payable to <u>North Brunswick Township-Project LEAL</u> /wrote all credit card information on the form.)
	<b>If I withdraw my child from LEAL I must put it in writing or I will be responsible for any payments.</b>
	I have read, completed and enclosed the signed <u>Information to Parents Form</u> stating DYFS' role in the LEAL Program.
	I have read the Project LEAL Policies and LEAL Rules.
	I have read and enclosed the signed Discipline Policy and the Code of Conduct.
	I have read and enclosed the signed Expulsion Policy.
	I have read and enclosed the signed Policy of Release and Management of Communicable Diseases.
	I have enclosed a picture of each parent, each child and any person I allow to pick-up my child.
	I will send my child's school teacher the note indicating my child will be attending LEAL.

**Credit card payments must be submitted each month in order for a charge to be made on a credit card or you can sign up for Automatic Monthly Payment (Visa/Mastercard the form will be sent with the confirmation in August).**

### **E-mail it...**

**General information and changes can be sent to [aapplegate@northbrunswickonline.com](mailto:aapplegate@northbrunswickonline.com)  
Specific questions or concerns can be sent to [Gbranciforte@northbrunswickonline.com](mailto:Gbranciforte@northbrunswickonline.com)**

***If you have an outstanding balance for any program in our department, you will not be able to register for LEAL until the balance is paid or arrangements are made.***

In order to ensure that your child will start LEAL on the first day of school, September 9<sup>th</sup>, all of the enclosed forms must be completed and returned DPRCS no later than August 21<sup>st</sup> and include full payment for September. Please use this checklist to help successfully accomplish the registration process.

**All payments are due one month in advance by the 10<sup>th</sup> for the remainder of the year.**

**If registering mid-year a fee for the current month and the next month must be submitted.**

**INITIAL & RETURN**

## **North Brunswick Township Parks Recreation and Community Services**

Project LEAL and Summer Camp

710 Hermann Road

North Brunswick NJ 08902

Phone 732-247-0922 x 475 • Fax 732-247-0979

# **Frequently Asked Questions**

**(Part I)**

### **Are there any children whose needs would preclude participation in the program?**

Yes. Our program is not an educational institution nor are the staff trained to deal with severe behavioral problems. We offer a recreational program that takes the shape and format of a “day at camp” and to that end, our staff are able to provide the assistance for a child with mild special needs to participate in and enjoy the program activities. Any child whose behavior includes biting, throwing objects, hitting, kicking, pinching staff or participants or demonstrates any other behavior that would put themselves or others at risk would not be appropriate for the program. We do not have the skill or resources necessary to provide for their needs and maintain the safety of the staff and participants.

### **Are there any types of behavior that would force us to discontinue a child’s participation in the program?**

Yes. Biting, throwing objects, hitting, kicking, pinching staff or participants or demonstrates any other behavior that would put themselves or others at risk would not be appropriate for the program. Unfortunately, at the first instance where a dangerous behavior takes place, the participant will not be allowed to continue in the program.

### **With all the discussion over inclusion and main streaming, why should I consider sending my child to a program that is designated for children with special needs and not to North Brunswick Summer Camp or Project LEAL?**

Many children have not met success in “typical, mainstream programs” for a variety of reasons. A child’s recreation program should be stress-free, successful, and fun but should also build skills and prevent regression. Your child should be able to develop friendships during programs. If you find a typical, mainstream recreation program that can accommodate your child and deliver these expectations then that is great! Programs that we offer are the same type of programming as typical mainstream recreation programs.

### **What is the size of the group my child will be in?**

Summer Camp groups are (40) forty children with (4) four counselors. Project LEAL groups are (30) thirty children with (3) three counselors and they share space with another group of thirty children.

# North Brunswick Township Parks Recreation and Community Services

Project LEAL and Summer Camp

710 Hermann Road

North Brunswick NJ 08902

Phone 732-247-0922 x 475 • Fax 732-247-0979

## Frequently Asked Questions

### (Part II)

#### **Are there scholarships available?**

Residents needing financial assistance are encouraged to speak with the Coordinator of Camp/Project LEAL or call Catholic Charities for financial assistance (732) 324-4357. If your child is registered with the New Jersey Division of Development Disabilities there may be financial assistance available (note: not all children with special needs are eligible for DDD).

#### **Who are the staff?**

The Supervisors are a mixture of Adults beyond their thirties, Teachers and College Student/Graduates. Our Group Leaders are a mixture of College and High School Students/Graduates.

#### **Can you describe a typical participant?**

Children, who, regardless of their special education classification, would be able to function in a mainstream recreational program but due to minimal or moderate special needs, require activities to be adapted to his or her skill level.

#### **If a child requires medication during the program day, are there nurses on staff who will administer the medications?**

No. Our staff is not permitted to dispense any type of medication.

#### **If a child is a resident of North Brunswick Township, are they guaranteed admission into the program?**

No. Enrollment is limited and once the program has met maximum capacity a wait list will be created.

#### **Must the required fees as indicated on the registration form be submitted at the same time as the registration materials?**

Yes. We will not process any forms that are received without full payment. If your family has a balance for any other program within Parks, Recreation and Community Services you will not be permitted to enroll until that balance is paid.

#### **Do I pay less when the month is short?**

No, Monthly fees are based on a daily rate multiplied by 180 days and then averaged over a ten month period creating a fixed monthly rate. (Fees are not reduced for the shorter months nor are they increased for longer months.)



## Transportation Permission Form

Transportation and field trips are a traditional part of the after school program sponsored by Project LEAL. Both buses and vans are used to transport participants to a variety of programs and activities. Special events may entail walking trips close to the program site, or trips to local attractions or events throughout the tri-state area.

I understand every possible precaution will be exercised to assure the safety and welfare of my child while they are being transported by DPRCS. I will always be notified in advance of any special event or trip which differs from a daily schedule.

I hereby give my permission for my child to be transported by DPRCS and participate in any field trips or special events:

**Name of child:** \_\_\_\_\_ **School:** \_\_\_\_\_

**Signature of Parent/ Guardian:** \_\_\_\_\_ **Date :** \_\_\_\_\_

**List the full name, school and grade of each child you have enrolled in our program.**

Name	School	Grade	Name	School	Grade

### Medical Treatment Release

I hereby authorize emergency medical care for my child during attendance in the project LEAL program. If, in the judgment of the staff, treatment is required for an injury or illness, I also hereby authorize the administration of anesthetics and recourse to other procedures deemed necessary by the attending physician. I understand that whenever possible I will be notified prior to medical treatment of my child, or at the earliest possible time should prior notice prove impossible.

I further understand that I am financially responsible for any medical expenses or emergency transportation incurred on my child's behalf. **Name of child:** \_\_\_\_\_

**List any allergies:** \_\_\_\_\_

**List any medications your child is currently taking:** \_\_\_\_\_

**My child has the following physical/medical conditions or learning disability you should know about:**

(If your child has any special needs, please to notify us via phone or in person prior to registering so our program can better accommodate your family.)

**I prefer (circle one): St. Peter's Medical Center or Robert Wood Johnson University Hospital**

**The Physician of my choice is:** \_\_\_\_\_

**Doctor's Phone:** \_\_\_\_\_

I \_\_\_\_\_ verify to the best of my knowledge my child is in good health.  
(print parent/guardian name)

**Signature of Parent/ Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

For office use	Dates	Check#	Amount	Notes
Sept				

**COMPLETE, SIGN & RETURN**

**PROJECT LEAL**  
**Department of Parks, Recreation and Community Services**  
**North Brunswick Government and Community Complex**  
**710 Hermann Road**  
**North Brunswick, N.J. 08902**  
**Phone 732-247-0922 ext 475**

Dear Parent

In keeping with the New Jersey's child care licensing requirements, we are obliged to provide you, as a parent of a child enrolled at our center, with this informational statement.

This 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 or neglect or exploitation the State's Division of Youth and Family Services (DYFS).

[www.state.nj.us/humanservices/dyfs/child\\_care\\_manual\\_toc.html](http://www.state.nj.us/humanservices/dyfs/child_care_manual_toc.html)

Please read this statement carefully and, if you have any questions, feel free to contact me at Department of Parks, Recreation and Community Services, (732)247-0922 ext. 475.

Sincerely,



Giovanna Branciforte  
Recreation Program Specialist

**PLEASE PRINT NEATLY**, complete and return this form to the Project LEAL office. .

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1st Child's First Name:

Child's Last Name:

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2nd Child's First Name:

Child's Last Name:

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3rd Child's First Name:

Child's Last Name:

I have read and received a copy of the information to Parents Statement prepared by the Bureau of Licensing in the Division of Youth and Family Services.

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Parent's First Name:

Parent's Last Name:

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

**SIGN & RETURN**



**North Brunswick Township**  
**Department of Parks, Recreation and Community Services**  
**Project LEAL**  
**Information to Parents**

Under provisions of the Manual of Requirements for Child Care Centers (N.J.A.C. 10:122), 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 this written statement, prepared by the Bureau of Licensing in the Division of Youth and Family Services (DYFS). In keeping with this requirement, the center must secure every parent'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 Bureau of Licensing in the New Jersey Division of Youth and Family Services. 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 secure a copy of the Manual of Requirements by sending a check or money order for \$5 made payable to the "Treasurer, State of New Jersey", and mailing it to: State of New Jersey, Department of Human Services, Licensing Publication Fees, PO Box 34399, Newark, New Jersey 07189-4399.

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 standards, you are entitled to report them to the Bureau 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 parent (s) 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 Bureau of Licensing's Inspection/Violation Reports on the center, which are issued after every State licensing inspection of our center. If there is a licensing complaint investigation, you are also entitled to review the Bureau'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.

Our center must cooperate with all DYFS inspections/investigations. DYFS 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 Bureau 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 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 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, 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).

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 Division of Youth and Family Services' Office of Child Abuse Control, Toll-Free at: 1-(800) 792-8610, or to any DYFS District Office. Such reports may be made anonymously.

Parents may secure information about child abuse and neglect by contacting:  
Community Education Office, Division of Youth and Family Services, PO Box 717, Trenton, New Jersey 08625-0717.

## Project LEAL Policies

Take the time to read through the information below and keep for your reference

### AM LEAL

**SIGN IN** - All children must be walked in and signed in for AM LEAL. AM LEAL opens at 7:00 am. Do not arrive prior to 7:00 am and do not leave your children in the room if a staff member is not present. All children registered for 7:30 am, may only be signed in at that time.

**BREAKFAST** - The staff serves breakfast until 8:20 am. A snack bar/ Poptart will be provided to those that arrive after 8:20 am.

**DELAYED OPENING** - **If the BOE deems it necessary to have a delayed opening, AM LEAL is cancelled. For the safety of the staff and your family we do not host AM LEAL due to road conditions and the safeness of the school property. You may call any LEAL site for information regarding LEAL cancellation or school delayed opening/closing. When in doubt call John Adams 247-0211, Judd 297-6988, Livingston Park 214-1873 and Parson 247-9732 or check WCTC 1450 AM, Cable Channel 12 or 22, [www.nbtschools.org](http://www.nbtschools.org) and BOE 289-3000.**

### PM LEAL

**ABSENCES:** It is your responsibility to call the site to let the staff know that your child will not be at Project LEAL on a given day. This request is to ensure adequate supervision for the children on site that day, to avoid confusion during attendance time and to ensure your child is properly supervised.

**THE DISCIPLINE POLICY/PROJECT LEAL RULES/CODE OF CONDUCT: A copy of each has been provided. These forms outline our program's guidelines. Take the time to review the information with your child and be sure to reinforce these rules during the school year. Children will review the rules on site and sign them on the second day of school.**

**NOTICES & INFORMATION:** Calendars and other notices will be placed near the sign out sheet. It is your responsibility to take the information home and read through it.

**REGISTRATION CHANGE:** As always it is important for you to keep us updated regarding any changes in your child's registration information. This should be accomplished through the DPRCS office using a Registration Change form, which is in the back of the payment coupon book.

**REGISTRATION FEES:** Payments are due one month in advance by the 10<sup>th</sup>. A \$20 late fee will be applied to payments received after the 10<sup>th</sup>. Payments should be made by check, money order or credit card, payable to Township of North Brunswick-LEAL at the DPRCS office only. Each payment should be sent in with a completed coupon to ensure proper adjustments on your account and you should write your child's name on the check. Payment is the responsibility of the parent signing the child up for Project LEAL.

**EMERGENCY DISMISSALS:** **Occasionally there will be an emergency closing at LEAL due to weather or other instances where the BOE and DPRCS deems it unsafe for children to be on site. Parents are expected to cooperate 100% and pick up by the designated time. Failure to do so may result in a late fee or dismissal from our program.**

**SIGN-OUT** - A parent/an adult designated by the parent must pick up and sign out children attending PM LEAL. Late Pick up fee applies. After the third late pick, enrollment in our program enrollment is subject to termination.

**Children with Disabilities (ADA):** All DPRCS activities are accessible to the disabled. If your child has special needs, please notify us via phone or in person prior to registering so we can better accommodate your family.

Keep in mind that counselors are to provide supervision for all children. If there is a matter you wish to discuss be sure to approach the Supervisor of your child's group or the on-Site Supervisor.

# LEAL RULES

1. Remember to follow all SCHOOL RULES.
2. Be respectful to everyone.
3. Listen and think before you speak.
4. Use inside voices when speaking to each other.
5. Be Honest.
6. Be sure to always ask first and use Please & Thank You.
7. Be quiet during homework.
8. Be neat and CLEAN UP. Help others!
9. Be kind, be courteous and wait your turn.
10. Always keep your hands to yourself.

HAVE FUN!!!

*Remember: Treat others the way you wish to be treated.*

PARENTS,  
PLEASE SIGN COPY A AND RETURN TO DPRCS—710 HERMANN ROAD, NORTH BRUNSWICK, NJ 08902

**CODE OF CONDUCT-** The Department of Parks, Recreation & Community Services advocates and supports youth and adult programs in North Brunswick. The DPRCS staff prides itself in offering educational opportunities through leisure experiences. Participation in DPRCS programs is subject to the observance of DPRCS rules and procedures. The activities outline below are strictly prohibited. Any participant or staff member who violates this Code is subject to discipline, up to and including removal from the program.

- Abusive language towards a staff member, volunteer or another participant
- Possession or use of alcoholic beverages or illegal drugs on North Brunswick Township property or reporting to the program while under the influence of drugs or alcohol
- Bringing onto North Brunswick Township property dangerous or unauthorized materials such as firearms ,weapons or other similar items
- Discourtesy or rudeness to a fellow participant, staff member or volunteer
- Verbal, physical or visual harassment of another participant, staff member or volunteer
- Conduct endangering the life, safety, health, or well-being of others
- Failure to follow any Department of Parks, Recreation & Community Services policy or procedure
- Bullying or taking unfair advantage of any participant
- Failing to cooperate with adult supervisor / leader / mentor
- Failure to leave area in the condition in which you found it, including restrooms, gym, hallways and any other area used.

I have read and understand the Department of Parks, Recreation & Community Services Code of Conduct. I agree to

**SIGN & RETURN**

Child's name: \_\_\_\_\_

**Township of North Brunswick  
Department of Parks, Recreation and Community Services  
Discipline Policies & Procedures**

In an effort to formulate, adopt and disseminate a discipline policy for youth activity **PARTICIPANTS, PARENTS and STAFF**, The Township of North Brunswick Department of Parks, Recreation and Community Services have selected existing guides and ideas from other programs and agencies and, where necessary, adapted them for our local needs.

Definition: The dictionary states that discipline is “training that develops self-control, character or orderliness and efficiency.”

A serious disciplinary problem is one in which a child is hampering the smooth flow of the program by either requiring constant one-on-one attention; is inflicting physical or emotional harm on other children; is physically abusing staff or is otherwise unable to conform to the rules and guidelines of the program.

When conflicts over the rights of other people and property develop, it is our goal to work with the individual youths, listening to what each has to say and helping to resolve the conflict through effective communication.

When conflicts exist:

- **A child may not be allowed to participate in the particular activity where conflict exists for a period of time. A good rule of thumb is that a child should not sit out more than his/her age in total minutes per incident.**
- **If an unresolved conflict continues, the parent(s) may be asked to keep the youth at home for a number of sessions/days until the youth is ready to cooperate.**
- **If upon return the conflict still exists, parents will be expected to permanently remove the youth from the program.**

**Our program follows a strict no-contact policy. Be sure to reinforce our “keep you hands to yourself” motto while your child is attending any and all of our activities.**

\_\_\_\_\_  
Parent's Name (printed)

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

**SIGN & RETURN**

# **EXPULSION POLICY**

## **North Brunswick Township - DPRCS - Project LEAL**

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

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

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

Unfortunately, there are sometimes reasons we have to expel a child from our program either on a short term or permanent basis. We want you to know we will do everything possible to work with the family of the child/children in order to prevent this policy from being enforced. The following are reasons we may have to terminate or suspend a child from our program:

### **PARENTAL ACTIONS FOR CHILD'S EXPULSION**

- Failure to pay/habitual lateness in payments
- Failure to complete required forms including the child's immunization records.
- Habitual tardiness when picking up your child.
- Physical or verbal abuse to staff
- Other (Explain)

### **CHILD'S ACTIONS FOR EXPULSION**

- Failure of child to adjust after a reasonable amount of time.
- Uncontrollable tantrums/angry outbursts.
- Ongoing physical or verbal abuse to staff or other children.
- Excessive biting
- Other (explain)

### **PROACTIVE ACTIONS THAT WILL BE TAKEN IN ORDER TO PREVENT EXPULSION**

- Staff will try to redirect child from negative behavior.
- Staff will reassess classroom environment, appropriate of activities, supervision.
- Staff will always use positive methods and language while disciplining children.
- Staff will praise appropriate behaviors.
- Staff will consistently apply consequences for rules.
- Child will be given verbal warnings.
- A brief time-out will be given so child can regain control.
- Child may lose certain privileges (Explain)

**SIGN & RETURN**

# **EXPULSION POLICY**

## **North Brunswick Township - DPRCS - Project LEAL**

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

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

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

### **PROACTIVE ACTIONS THAT WILL BE TAKEN IN ORDER TO PREVENT EXPULSION**

- Child's disruptive behavior will be documented and maintained in confidentiality.
- Parent/guardian will be notified verbally.
- Parent/guardian will be given written copies of the disruptive behaviors that might lead to expulsion.
- The director, classroom staff, and parent/guardian will have a conference(s) to discuss how to promote positive behaviors.
- The parent will be given literature or other resources regarding methods of improving behavior.

### **SCHEDULE OF EXPLUSION**

- If after the remedial actions above have not worked, the child's parent/guardian will be advised verbally and in writing about the child's or parent's behavior warranting an expulsion. An expulsion action is meant to be a period of time so that the parent/guardian may work on the child's behavior or to come to an agreement with the center.
- The parent/guardian will be informed regarding the length of expulsion period.
- The parent/guardian will be informed about the expected behavioral changes required in order for the child or parent to return to the center.
- The parent/guardian will be given a specific expulsion date that allows the parent an adequate amount of time to seek alternate child care (approximately one to two weeks notice depending on risk to other children's welfare or safety)
- Failure of the child/parent to satisfy the terms of the plan may result in permanent expulsion from the center.

### **A CHILD WILL NOT BE EXPELLED**

- If a child's parent (s):
  - Made a complaint to the Office of Licensing regarding a center's alleged violations of requirements (1-877-667-9845)
  - Reported abuse or neglect occurring at the center. (1-877-652-2873)
  - Questioned the center regarding policies and procedures.
- Without giving the parent an adequate amount of time to make other child care arrangements

**SIGN & RETURN**

## **Policy on the release of children**

Each child may be released only to the child's parent(s) or person(s) authorized by the parent(s) to take the child from the center and to assume responsibility for the child in an emergency if the parent(s) cannot be reached.

If a non-custodial parent has been denied access, or granted limited access, to a child by a court order, the center shall secure documentation to that effect, maintain a copy on file, and comply with the terms of the court order.

If the parent(s) or person(s) authorized by the parent(s) fails to pick up a child at the time of the center's daily closing, the center shall ensure that:

- 1) The child is supervised at all times;
- 2) Staff members attempt to contact the parent(s) or person(s) authorized by the parent(s); and
- 3) An hour or more after closing time, and provided that other arrangements for the releasing the child to his/her parent(s) or person(s) authorized by the parent(s), have failed and the staff member(s) cannot continue to supervise the child at the center, the staff member shall call the Division's 24 hour Child Abuse Hotline (1-800-792-8610) to seek assistance in caring for the child until the parent(s) or person(s) authorized by the child's parent(s) is able to pick-up the child.

If the parent(s) or person(s) authorized by the parent(s) appears to be physically and/or emotionally impaired to the extent that, in the judgment of the director and/or staff member, the child would be placed at a risk of harm if released to such an individual, the center shall ensure that:

- 1) The child may not be released to such an impaired individual:
- 2) Staff members attempt to contact the child's other parent or an alternative person(s) authorized by the parent(s) and
- 3) If the center is unable to make alternative arrangements, a staff member shall call the Division's 24 hour Child Abuse Hotline (1-800-792-8610) to seek assistance in caring for the child

For school-age child care programs, no child shall be released from the program unsupervised except upon written instruction from the child's parent(s)

## Policy on the management of communicable diseases

If a child exhibits any of the following symptoms, the child should not attend the center. If such symptoms occur at the center, the child will be removed from the group, and parents will be called to take children home.

Severe pain or discomfort	Red eyes with discharge
Acute diarrhea	Infected, untreated skin patches
Episodes of acute vomiting	Difficult or rapid breathing
Elevated oral temperature of 101.5° F	Skin Rashes in conjunction with fever or behavior changes
Lethargy	Skin lesions that are weeping or bleeding
Severe Coughing	Mouth sores with drooling
Yellow eyes or jaundice skin	Stiff neck

Once the child is symptom-free, or has a health care provider's note stating that the child no longer poses a serious health risk to himself/herself or others, the child may return to the center.

## Table of excludable communicable diseases

A child who contracts any of the following diseases **may not** return to the center without a health care provider's note stating the child presents no risk to himself /herself or others.

<b><u>Respiratory Illnesses</u></b>	<b><u>Gastrointestinal Illnesses</u></b>	<b><u>Contact Illnesses</u></b>
Chicken pox**	Campylobacter *	Impetigo
German Measles*	Escherichia coli *	Lice
Hemophilus Influenza *	Giardia Lamblia *	Scabies
Measles *	Hepatitis A *	Shingles
Meningococcus *	Salmonella *	
Mumps *	Shigella *	
Strep Throat		
Tuberculosis *		
Whooping Cough *		

\*Reportable diseases that must be reported to the health department by the center.

\*\*Note: If a child has chicken pox, a health care provider note is not required for re-admitting the child to the center. A note from the parent is required, stating either that at least six days has elapsed since the onset of the rash, or that all the sores have been dried and crusted.

If a child is exposed to the excludable disease at the center, parents will be notified in writing.

# family photo gallery

Place a current picture of your child and any persons permitted to pick up your child. ID Photo only (School/individual pictures the size of an ID photo will also be accepted). No Copies. Photo cannot be larger than box provided.

***YOUR REGISTRATION WILL NOT BE PROCESSED IF THE PHOTO GALLERY FORM IS MISSING.***

photo cannot be larger than this box.

**tape photo here**

\_\_\_\_\_  
NAME - PRINT

\_\_\_\_\_  
Relationship - PRINT

photo cannot be larger than this box.

**tape photo here**

\_\_\_\_\_  
NAME - PRINT

\_\_\_\_\_  
Relationship - PRINT

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Relationship - PRINT

photo cannot be larger than this box.

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NAME - PRINT

\_\_\_\_\_  
Relationship - PRINT

**PICTURES MUST BE SUBMITTED WITH THE REGISTRATION INFORMATION AND THE ENTIRE SEPTEMBER PAYMENT.**

**COMPLETE & RETURN**



PROJECT LEAL  
Department of Parks, Recreation and Community Services  
North Brunswick Government and Community Complex  
710 Hermann Road  
North Brunswick, N.J. 08902  
Phone 732-247-0922 ext 475  
Fax 732-247-0979

2009-10

Dear Teacher:

My child will be attending the after school program, Project LEAL beginning \_\_\_\_\_  
\_\_\_\_\_. Please send him/her to the cafeteria on the days indicated and do not  
dismiss my child as a walker or to take the bus. Please pass this information along to any teacher  
that may dismiss my child from another classroom.

My child goes to LEAL on the days circled below, unless I send a note indicating otherwise.

Child's Name: _____				
Monday	Tuesday	Wednesday	Thursday	Friday

In the event of an emergency early closing LEAL will be cancelled. Department of Parks,  
Recreation and Community Services will contact all LEAL parents and will place staff on site  
until parents have arrived.

Parent/Guardian name: \_\_\_\_\_  
(print)

Parent/Guardian signature: \_\_\_\_\_

**This note is to be sent to your child's school teacher on the 1st day of school.  
DO NOT SEND THIS NOTE BACK WITH YOUR REGISTRATION INFORMATION.**