

Sandman Consolidated School
838 Seashore Road
Cape May, NJ 08204
Telephone: (609) 884-9410
Fax: (609) 884-9412

LOWER TOWNSHIP ELEMENTARY SCHOOL DISTRICT
905 SEASHORE ROAD
CAPE MAY, NEW JERSEY 08204

Memorial School
2600 Bayshore Road
Villas, NJ 08251
Telephone: (609) 884-9430
Fax: (609) 886-0315

Maud Abrams School
714 Towbank Road
Cape May, NJ 08204
Telephone: (609) 884-9420
Fax: (609) 884-9421

TELEPHONE: (609) 884-9400

FAX: (609) 884-1821

Day Care Office: (609) 884-9430 ext. 5 Fax: (609) 898-9008

Email: daycare@lowertwpschools.com

Carl T. Mimick School
905 Seashore Road
Cape May, NJ 08204
Telephone: (609) 884-9470
Fax: (609) 884-9481

May 25, 2018

Dear Parents/Guardians:

Welcome to Lower Township Day Care Program. Our goal is to provide you with a safe, affordable, and enjoyable before and after school care facility for all of our students. In order to participate in our program you must be registered into our school district, fully potty-trained, and be at least 4 years old before October 1st. We are a state licensed center so we must follow all guidelines. Preschool students that attend our center must have an universal health care record form completed by their doctor (form is attached) and a copy of your child's immunization records in order to be registered into the program. Kindergarten through 6th grade will need to have a doctor's note stating they are able to participate in the program. Space is limited and a two week deposit is required to secure a space for your child.

Our program is supported financially only by the parents and guardians that utilize it. All payments are billed monthly and are due the first Monday of the month. All accounts must be paid in full at that time. Failure to do so will result in termination of service until all payments are made. If payments are not paid in an orderly time period, you will be asked to find other child care.

Our program hours are 7:00 am to 5:45 pm everyday, except for the day before Thanksgiving, Winter Break, and Spring Break. Day Care closes at 4:00 p.m. The last day of school our program closes at 2:30 pm. If lateness occurs more than 3 times, your child will be terminated from the program.

Once registered into our program, you will receive a Day Care Parent Handbook. The forms inside must be completed and returned in order for your child to participate in the program. If there are any custody agreements, we will need a copy on file in our Day Care Office. Since we are the Day Care Program, we do not have access to files brought to the main offices of the schools. These agreements must be submitted to the Day Care Office at Memorial School.

The registration form is online under Day Care or you may come to Memorial School during school hours to complete a registration. Please be aware during the summer months our Day Care Office is closed. We do check our mail, email and voice mail periodically. We will return on August 20, 2018. Our contact information is as follows:

Phone number: (609) 884-9430 ext. 5
Email: daycare@lowertwpschools.com
Mailing address: Lower Township Day Care Program
David C Douglass Memorial School
2600 Bayshore Road
Villas, NJ 08251

We look forward to seeing you in September!

Mrs. Shannon Basco, Day Care Supervisor

Mrs. Debi Douglass, Day Care Secretary

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FAX: (609) 884-1821
DAY CARE OFFICE (609) 884-9430 X 5 - FAX (609) 898-9008

Carl T. Mitnick School
905 Seashore Road
Cape May, NJ 08204
Telephone: (609) 884-9470
Fax: (609) 884-9481

2018 – 2019 School Year

Dear Parents/Guardians:

Welcome to Lower Township Elementary Day Care Program. Enclosed you will find:

Registration Form: This form must be completely filled in. Be sure to read the Parent/Guardian Agreement. When you have completed and read all the information on the form please sign and date it.

Attendance Contract: Please complete the attendance contract. Attendance must be 5 days per week. This record enables us to provide adequate coverage for the safety of your child and to provide accurate information to district personnel. You will note that the fees for service are also indicated.

Payment Envelope Instructions: All Day Care Fees are **due on the first Monday of each month**. The envelope will be completed with each month's anticipated fee due. Instructions for completing payment envelope are included in this packet. Any account **delinquent for two weeks** will result in termination from the Day Care Program. September's fees are due the first week of school. Make payments payable to: **LTES Day Care Program**. All cash payments will receive a receipt at the proper Day Care location.

Power of Attorney Form: Medical form in case of emergency.

Transportation: Day Care adheres to the district transportation guidelines. Daily changes **are not permitted**.

Unless you have completed a registration form, attendance contract and a two-week deposit (found on page 2 of form) sent in with this registration and applied to June 2019, your child will not be permitted to attend Day Care.

These forms are due in the Day Care Office by June 15, 2018. The start date for any registration received after June 15th will be September 10th as a First Come, First Serve Basis.

A completed Registration does not guarantee placement.

We are now State Licensed. Space is very limited!

Yours truly,

Debi Douglass
Day Care Secretary

Name _____
 Phone _____ Grade/School _____
 Teacher _____ Bus _____
 Program _____ Fees _____

***Payment is due on 1st Monday of month**

Month	Due	Paid	Office	Memo
9/4				
10/1				
11/5				
12/3				
1/7				
2/4				
3/4				
4/1				
5/6				
6/3				
Deposit				

Make checks payable to: LTES Day Care

PAYMENT ENVELOPE PROCEDURES

The **MONTH** column is self-explanatory. The dates shown are the first **Monday of each month** when payment is due.

Reminder: Any Day Care Fees **not** received by the 15th of each month **will** result in immediate termination from the Program.

The **DUE** column will be completed by the office. This will indicate the **anticipated** fees for each month. These are based on your requested Day Care needs.

Please Note: When you do not use the program according to your pre-paid needs (ie vacation, long-term illness, adjustments will be made only when a Monday through Friday absence occurs.)

The **PAID & OFFICE** column will be completed by the Day Care Office. It will note the amount paid, your check number or money order received. The initials in the **MEMO** column indicate payment has been received.

Parents are not to make any changes or write on the payment envelope.

When remitting your monthly fees in cash, **please** place it in the payment envelope, **DO NOT SEAL**, then place it in a larger, white envelope **marked "Day Care"** and be sure to **include your child's name and grade**, seal this envelope and give it to the Day Care Assistants.

It is **important** that you check your child's book bag regularly for the payment envelope and any notices of importance, if the Day Care Assistants, personally have not handed to you.

Any **ADJUSTMENTS**, due to inclement weather will be credited during the year.

Notify the Day Care Office of any vacations you will be taking during the school year with a phone call or note.

I hope this clearly explains the payment process.

**LOWER TOWNSHIP ELEMENTARY SCHOOL - DAY CARE PROGRAM
2018 - 2019**

**Day Care Phone 884-9430 X 5 - Fax: 898-9008
Email: daycare@lowertwpschools.com**

Start Date: _____

Child's Name _____ Birthdate _____ Grade _____ School _____

Child's Name _____ Birthdate _____ Grade _____ School _____

Child's Name _____ Birthdate _____ Grade _____ School _____

Mother's Name _____ Address _____ City _____

Email Address _____ Home # _____ Cell # _____

Place of Employment _____ Work # _____

Father's Name _____ Address _____ City _____

Email Address _____ Home # _____ Cell # _____

Place of Employment _____ Work # _____

Child living with: Mother/Father _____ Mother _____ Father _____ Guardian _____

Guardian Address _____ City _____ Cell # _____

****List ONLY people who have permission to pick up your child: (Excluding Parents)**

Please give names, relationship & phone number of those people who have permission to pick up your child or may be notified in case of emergency or illness, or if we are unable to reach you, the parent/guardian. These people should live in Lower Township. Please provide a telephone number where these people may be reached during program hours.

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Physician's Name _____ Phone _____

*Allergies: _____ Mild: _____ Moderate: _____ Severe: _____

*Health Conditions: _____ Mild: _____ Moderate: _____ Severe: _____

Office Use Only--Bus Stop/Time/Driver _____

Start _____ Program _____ Days _____ Fee _____ Deposit - CK/CA _____

Teacher _____ Grade/School _____ Bus _____ Envelope _____ POA _____

PARENT/GUARDIAN AGREEMENT

In case of accident or illness, I authorize the Day Care Program personnel to act in the best interest of my child.

I know that payment is required and agree to abide by the guidelines set forth in the Day Care Program Parent/Guardian Handbook.

- 1) Hours of operation: 7:00am until the start of school / Dismissal until 5:45pm* (Note: Exception – Half-days before holiday breaks students **must** be picked up by 4:00pm. *A late fee of \$15.00 is charged for pick up after our closing time of 5:45pm or 4:00pm.
- 2) Fees must be paid on the first Monday of each month. If not paid within two (2) weeks, termination will result.
- 3) It is the parent/guardian's responsibility to report any changes in pertinent information provided on the registration form, such as phone numbers, medical updates, emergency contacts and student release information. This information in the Day Care office and the child's school office must be identical.
- 4) **NO** Day Care will be provided on dates when school is not in session.
- 5) Day Care adheres to the district transportation guidelines. **Daily changes are not permitted.**
- 6) Day Care operates on a "three strikes and you're out" platform in terms of student behavior. Please see the Day Care Parent/Guardian Handbook for further details, as well as the Student Code of Conduct in the District Parent/Guardian Handbook.
- 7) **Must** submit **Immunization and Health Care Records** for Pre-School Student Enrollment.

Parent/Guardian Signature _____ Date _____

ATTENDANCE CONTRACT

For the safety of the students, Day Care transportation arrangements must be consistent. Students **may not** participate in Day Care less than five days a week and be transported home by the district on the other days. The schedule must be a permanent one **daily changes will not be honored.**

For students whose Day Care schedules vary from week to week, the student will be required to attend Day Care everyday and the parent/guardian will transport the student home from Day Care. **Bus transportation will not be provided.**

Circle the program desired below: Monday Thru Friday Only

KINDERGARTEN THRU 6TH GRADE

	Session	Hours	Cost/Week	Deposit due/Registration
Must be 5 days	AM		\$23.00	\$46.00
Must be 5 days	PM		\$46.00	\$92.00
Must be 5 days	AM/PM		\$69.00	\$138

NOTE: ALL DAY CARE FEES ARE SUBJECT TO CHANGE!

Vacation & long-term illnesses are not charged when absences occur during a **Monday through Friday week only**. **Parents must provide note or call the Day Care Office with dates.**

If a student requires 1:1 aide, parents/guardians will be responsible for the current hourly rate.

You may contact the **Day Care Office at 884-9430 X 5** with any questions.

Parent/Guardian Signature _____ Date: _____



CAPE REGIONAL MEDICAL CENTER
 Cape May Court House, New Jersey
 LOWER TOWNSHIP ELEMENTARY SCHOOLS
 Cape May, New Jersey

DAY CARE

POWER OF ATTORNEY FOR MEDICAL TREATMENT

Name of Student _____ Grade _____ Teacher's Name _____

Dear Principal/Supervisor: _____ / _____ / _____
 Student's Date of Birth

In the event that I cannot be contacted, I _____
Parent/Guardian's Name (PLEASE PRINT)

living at _____
Address (Please Print) City/State/Zip (PLEASE PRINT)

Phone Numbers: (Home) _____ (Work) _____ (Cell) _____

give permission for school authorities to act in my place as parent/guardian. In the event of a serious injury or illness requiring treatment, I understand that physicians at Cape Regional Medical Center or another medical facility will make such diagnosis and render such recommendations for treatment, as they deem reasonable and necessary under the circumstances.

ADDITIONAL EMERGENCY CONTACTS:

Name: _____ Relationship: _____ Phone #: _____
(Please Print) (Please Print)

Name: _____ Relationship: _____ Phone #: _____
(Please Print) (Please Print)

Known Allergies: _____

Medical Conditions/Serious Illnesses: _____

Medications and dosages being received: _____

Family Physician: _____ Phone Number: _____
(Please Print)

I understand that for the safety of my child, or to provide for their educational program, the school nurse may need to share information about my child with appropriate school staff. This will be done in a confidential manner. If I do not wish this information shared, I must request this in writing and file it with the school nurse.

I received a copy of this document for my records. If there are changes or additions to the above information, I understand it is my responsibility as the parent/guardian to inform the school in writing.

Please check one box, sign and date below:

I do give my POWER OF ATTORNEY to Lower Township School District.

Signature of Parent/Guardian Date

I do NOT give my POWER OF ATTORNEY to the Lower Township School District.

Signature of Parent/Guardian Date

Instructions for Completing the Care Plan for Children with Special Health Needs (CH-15)

This Care Plan template is designed to supplement the Universal Child Health Record (UCHR, CH-14). It should be used for children with special health needs (CSHN). The UCHR is designed to be concise and does not provide sufficient space for detailed instructions that a CSHN might need. Use this Care Plan when your instructions for the child's care cannot be fit on to the UCHR. This Care Plan should be utilized as a template that can be adapted as needed. Not all parts need to be completed for some children, but other children may require extra pages to be attached to fully explain the instructions for the child's care.

In order to facilitate communication between the health care provider and the parent, it may be best to complete this form with the parent/guardian present. Parents often have practical knowledge that is important to incorporate into the plan, such as techniques to get the child to cooperate with treatments and specifics about the child care site/school like the hours attended and the resources/limitations of the out-of-home care provider. There is room at the end for optional parent notes and signature that will give permission for communication between the health care provider and the child care provider or school nurse.

Specific Instructions:

1. Complete the Universal Child Health Record (UCHR, CH-14).
2. Attach a copy of immunization record.
3. As appropriate check off the box labeled "Special Care Plan Attached."
4. Complete the Care Plan for Children with Special Health Needs
 - Complete the demographic information.
 - The Primary Health Care Provider is the medical home where the child's complete health records are maintained.
 - Specialty providers and their contact information should be included if the specialists play a major role in the child's health care such as adjusting medication doses.
 - Diagnosis – Include major diagnoses (preferably using lay terminology as necessary).
 - Allergies – Include medication allergies and other significant environmental allergies.
 - Routine Care – Complete the medication information. Include important side effects that child care providers should be watching for both with medications administered at home as well as those given at child care.
 - Describe any Needed Accommodations to particular activities.
 - Describe special diets or feeding techniques which may be needed such as feeding pureed foods, maintaining upright positioning during feeds, following a restrictive diet, etc.
 - Classroom activities – List any modifications needed to allow the child to participate such as extra rest breaks, use of adaptive equipment, etc.
 - Outdoor Activities/Field Trips- List any special precautions needed for class trips such as emergency kits, mobile phones, special vehicles, etc.
 - Special Equipment/ Medical Supplies
 - List special equipment that may be needed such as nebulizers, peak flow meters, glucometers, braces, hearing aids, wheelchairs, apnea monitors, etc.
 - Emergency Care
 - Help the child care providers to understand which signs/symptoms merit calling the parents and which are more serious and indicate that EMS should be activated.
 - Describe interim measures that should be taken while waiting for parent or EMS arrival such as administering an asthma nebulizer treatment or an Epi-Pen.
 - Special Staff Training
 - Are there special trainings that staff should attend in order to care for the child such as medication administration training, first aid/CPR, etc.? Include who might be available to provide such training.

CARE PLAN FOR CHILDREN WITH SPECIAL HEALTH NEEDS

-To be completed by a Health Care Provider-

	Today's Date
Child's Full Name	Date of Birth
Parent's/Guardian's Name	Telephone No. ()
Primary Health Care Provider	Telephone No. ()
Specialty Provider	Telephone No. ()
Specialty Provider	Telephone No. ()

Diagnosis(es)

Allergies

ROUTINE CARE

Medication To Be Given at Child Care	Schedule/Dose (When and How Much?)	Route (How?)	Reason Prescribed	Possible Side Effects

List medications given at home:

NEEDED ACCOMMODATION(S)

Describe any needed accommodation(s) the child needs in daily activities and why:

Diet or Feeding: _____

Classroom Activities: _____

Naptime/Sleeping: _____

Toileting: _____

Outdoor or Field Trips: _____

Transportation: _____

Other: _____

Additional comments: _____

CARE PLAN FOR CHILDREN WITH SPECIAL HEALTH NEEDS
Continued

SPECIAL EQUIPMENT / MEDICAL SUPPLIES

1. _____
2. _____
3. _____

EMERGENCY CARE

CALL PARENTS/GUARDIANS if the following symptoms are present:

CALL 911 (EMERGENCY MEDICAL SERVICES) if the following symptoms are present, as well as contacting the parents/guardians:

TAKE THESE MEASURES while waiting for parents or medical help to arrive:

SUGGESTED SPECIAL TRAINING FOR STAFF

Health Care Provider Signature

Date

PARENT NOTES (OPTIONAL)

I hereby give consent for my child's health care provider or specialist to communicate with my child's child care provider or school nurse to discuss any of the information contained in this care plan.

Parent/Guardian Signature

Date

Important: *In order to ensure the health and safety of your child, it is vital that any person involved in the care of your child be aware of your child's special health needs, medication your child is taking, or needs in case of a health care emergency, and the specific actions to take regarding your child's special health needs.*