Dear Parent(s)

Welcome to J-Max & Friends! We are excited to partner with you in providing a safe, fun, and nurturing environment for your child. This contract outlines the expectations and responsibilities of both the provider and the parent(s)/guardian(s). Please read carefully and keep a copy for your records.

J-MAX & FRIENDS REGISTRATION

1.Parent(s)/Guardian(s) Information:

Full Name(s):
Address:
Phone Number(s):
Email Address:

2. Child's Information:

Child's Full Name:
Date of Birth:

3. Childcare Schedule:

Arrival Time:-- Pickup Time:--
Care Days:☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday

4. Authorized Individuals for Emergency and/or Regular Pick up:

For the safety of all children, I _____authorize the individuals listed above to pick up my child. I understand that my child **will not be released** to anyone **not listed** unless I provide prior written or verbal consent. A valid photo ID will be required to confirm identity.

1. Name: _____
Relationship to Child: _____
Phone Number: _____

2. Name: _____
Relationship to Child: _____
Phone Number: _____

Parent's Signature: _____ **Date:**_____

Print Name: _____

Enrollment Agreement: Payment Terms, Attendance Policies, and Care Consent

5. Payment Methods and Fees:

The weekly tuition fee for full-time attendance (5 days) is $_____, payable in advance every Friday. Please note that **payment must be received by the due date** to secure your child's spot for the following week. If payment is not received on time, **your child will not be permitted to attend on Monday**.

For part-time attendance:

- 4 days/week: $_____
- 3 days/week: $_____
- 2 days/week: $_____

We accept the following forms of payment: **cash, personal checks, debit/credit cards, and money orders.** A **$30 fee** will be applied to all returned checks. After **two returned checks, Only cash** will be accepted moving forward.

Please Note: Our childcare program is tuition-based, not pay-as-you-go. Tuition is charged based on the **childcare spot reserved for your child**, not on daily attendance. Once a schedule is agreed upon (full-time or part-time), that spot is held exclusively for your child. Because enrollment is limited by licensing regulations, unused days cannot be filled by another child.

6. NORWESCAP Subsidy (If Applicable):

If enrolled in the NORWESCAP program, families are responsible for any amount not covered by the program.

Payment policy under NORWESCAP: _____
Amount covered by the program: _____

7. Early & Late Pick-up Policy:

Early drop-off (before business hours) requires at least 48 hours' advance approval and is billed at $20 per hour; without prior notice, the rate is $30 per hour. **Late pick-up** is billed at $1 per minute past closing time. After a total of three (3) late pick-up occurrences, the fee increases to $25 for the first 15 minutes, plus $1 per minute thereafter.

8. Holidays & Vacation Policy:

J-Max & Friends will remain open on most Holidays (We are closed on Thanksgiving, Christmas Eve, Christmas Day, New Year's Eve, and New Year's Day). All children must be picked up by 3:00 PM. If your child is not picked up by the designated time, a late fee of $45 will be applied for the first 15 minutes, and $2 for every minute after that due to the Holiday.

Please Note: Parents are required to provide a minimum of two weeks' written notice for any planned absences or vacations. Additionally, regular weekly payments are still required during these absences to maintain your child's spot.

9. Termination Procedures:

Either party may terminate this contract with two weeks' written notice. Parents are still required to pay the full tuition amount for the final two weeks, regardless of whether the child attends during that time or not. The provider reserves the right to terminate care immediately if payment is not made promptly.

10. Meal and Snack Consent:

At J-Max & Friends, your child's health and well-being are our top priorities. To ensure each child receives proper nourishment and hydration throughout the day, please review the options below and indicate your preferences regarding meals and snacks. Additionally, please let us know if you would like to purchase our meal plan at an additional cost.

Please check all that apply:

◯ Yes ◯ No. I give permission for my child to receive snacks provided by J-Max & Friends.

◯ Yes ◯ No. I will provide my child's meals and snacks from home.

◯ Yes ◯ No. I give permission for my child to enjoy occasional treats during special events or holidays (e.g., cupcakes, cookies, pizza).

◯ Yes ◯ No. I want to purchase the J-Max & Friends meal plan at an additional cost.

11. Food Allergies or Dietary Restrictions:

Please list any food allergies, intolerances, or dietary restrictions your child has:

_____

_____

_____

Important: If your child has a severe food allergy, please specify if an EpiPen is required and provide one to the provider.

12. Illness Policy Consent & Stay-Home Policy

To protect the health and safety of all children and staff, we require that children stay home if They exhibit any of the following symptoms:

- Fever of **100.4°F (38°C)** or higher
- Vomiting or diarrhea within the last **24 hours**
- Persistent coughing or difficulty breathing
- Rash that has not been diagnosed or may look like measles
- Eye discharge or pink eye (conjunctivitis)
- Head lice or nits
- Any contagious illness (e.g., flu, COVID-19, strep throat)
- Fatigue or irritability that prevents participation in normal activities

13. Return to Care

Children may return to J-Max & Friends Daycare when they have been symptom-free for at least 24 hours without the use of medication (e.g., Tylenol, Motrin), or with a doctor's Note clearing them to return.

Please Note: Payment is still required for days missed due to illness or no-shows without notice.

14. Hygiene

In the event of a toileting accident (e.g., bowel movement or excessive soiling), the provider
may need to **bathe the child** to ensure proper hygiene and prevent irritation or infection. Additionally, parents may permit the provider to:

◯ Yes ◯ No. Apply body lotion or diaper cream (Desitin) as needed.
◯ Yes ◯ No. Gently comb and style the child's hair (girls).
◯ Yes ◯ No. I give permission for my child to be bathed if needed after an accident.

15. Short Nails, Safe Hands

At **J-Max & Friends**, your little one's safety is our priority! We gently keep each child's nails trimmed short to:

✓ Prevent accidental scratching
✓ Promote cleanliness
✓ Support healthy nail growth

Our caring team ensures this is done with love, hygiene, and comfort in mind because tiny hands deserve the best care.

By signing below, I acknowledge and agree to follow the illness policy above and will keep my child home when they show signs of illness. I understand that this policy is in place to protect all children and staff in the program. Also, I acknowledge and consent to the provider performing a gentle bath, applying body lotion, diaper cream, styling hair, and trimming nails if necessary.

Parent's Signature: _____ Date: _____

Print Name: _____

Health Records and Immunization Policy

16. To ensure the health and safety of all children in our care, J-Max & Friends requires that each child:

- Has an up-to-date physical examination on file, completed by a licensed healthcare provider.
- Is current on all age-appropriate immunizations, as recommended by the New Jersey Department of Health.
- Submits a completed Universal Child Health Record (UCHR) before enrollment and annually thereafter.

By signing this agreement, I acknowledge that my child must have a current physical and be up-to-date on all required vaccinations to attend J-Max & Friends Childcare. I agree to provide all necessary health records and update them as needed.

Parent's Signature:_____ Date: _____

Print Name: _____

APPENDIX H

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 ☐ Male ☐ Female	Date of Birth / /

Does Child Have Health Insurance? ☐Yes ☐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 ( ) -

I give my consent for my child's Health Care Provider and Child Care Provider/School Nurse to discuss the information on this form.

Signature/Date	This form may be released to WIC. ☐Yes ☐No

SECTION II - TO BE COMPLETED BY HEALTH CARE PROVIDER

Date of Physical Examination:	Results of physical examination normal? ☐Yes ☐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)*	

IMMUNIZATIONS	☐ Immunization Record Attached ☐ Date Next Immunization Due: _____

MEDICAL CONDITIONS

Chronic Medical Conditions/Related Surgeries • List medical conditions/ongoing surgical concerns:	☐ None ☐ Special Care Plan Attached	Comments
Medications/Treatments • List medications/treatments:	☐ None ☐ Special Care Plan Attached	Comments
Limitations to Physical Activity • List limitations/special considerations:	☐ None ☐ Special Care Plan Attached	Comments
Special Equipment Needs • List items necessary for daily activities	☐ None ☐ Special Care Plan Attached	Comments
Allergies/Sensitivities • List allergies:	☐ None ☐ Special Care Plan Attached	Comments
Special Diet/Vitamin & Mineral Supplements • List dietary specifications:	☐ None ☐ Special Care Plan Attached	Comments
Behavioral Issues/Mental Health Diagnosis • List behavioral/mental health issues/concerns:	☐ None ☐ Special Care Plan Attached	Comments
Emergency Plans • List emergency plan that might be needed and the sign/symptoms to watch for:	☐ None ☐ 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: ☐ Capillary ☐ Venous			Vision		
TB (mm of Induration)			Dental		
Other:			Developmental		
Other:			Scoliosis		

☐ ***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.***

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 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 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 heath 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.

EXPULSION POLICY

17. At J-Max & Friends, our goal is to create a safe, nurturing, and respectful environment for all children, families, and staff. While we strive to support every child and family, there may be rare circumstances that require the suspension or expulsion of a child. Please know we are committed to working closely with families to avoid such situations whenever possible.

IMMEDIATE CAUSES FOR EXPULSION:
- Child poses a risk of serious injury to themselves or others.
- Parents engage in physical or threatening behavior toward staff.
- Parents use verbally abusive or inappropriate language toward staff, especially in front of children.

PARENTAL ACTIONS THAT MAY LEAD TO EXPULSION:
- Repeated failure to pay tuition on time.
- Failure to submit required documentation, including immunization records.
- Habitual lateness in picking up your child.
- Verbal abuse or disrespect toward staff or any child under our care.
- Other serious concerns (will be discussed on a case-by-case basis).

CHILD'S BEHAVIOR THAT MAY LEAD TO EXPULSION:
- Difficulty adjusting to the program after an appropriate adjustment period.
- Persistent tantrums or angry outbursts.
- Ongoing verbal or physical aggression toward staff or children.
- Excessive biting, kicking, and/or hitting.
- Other disruptive or dangerous behaviors (to be evaluated individually).

SCHEDULE OF EXPULSION:
If repeated attempts to address the issue are unsuccessful, the parent/guardian will receive both verbal and written notice explaining the concern and the required changes. A temporary suspension (expulsion action) may be issued to allow:
- The child to receive additional support.
- The family to partner with J-Max & Friends in making improvements.
- A plan to be developed and followed before returning.

A specific timeline will be provided (typically 1–2 weeks' notice) to allow the family to seek alternate care if necessary. Failure to meet the terms of the plan may result in permanent expulsion.

PROACTIVE STEPS TO PREVENT EXPULSION:
- Redirect negative behavior.
- Assess daily routines, supervision, and classroom strategies.
- Use positive language and praise good behavior.
- Apply rules and consequences consistently.
- Offer the child verbal cues and time to self-regulate.
- Document concerns and maintain confidentiality.

Parent's Signature: _____ **Date:** _____

Print Name: _____

J-MAX & FRIENDS DAYCARE

CHILD PHOTO / VIDEO CONSENT FORM

18. Please complete this form to establish permission to take photos of your child and use these in our printed and online publicity.

I ◯ give / ◯ Do not give J-Max & Friends, LLC and/or its agents permission to take photographs and / or video of my child.

I ◯ grant / ◯ Do not grant J-max & Friends, LLC full rights to use the images resulting from the photography/video filming, and any reproductions or adaptations of the images for fundraising, publicity or other purposes to help achieve the group's aims. This might include (but is not limited to), the right to use them in their printed and online publicity, social media, press releases and funding applications.

Name of child:
Parent's Name:

Parent's Signature _____ Date _____

Parent Supply Checklist

19. Please label all items with your child's name. Parents are responsible for bringing and regularly restocking the following:

For Infants (0–12 Months):

- ☐ Diapers (enough for the week)
- ☐ Wipes
- ☐ Diaper cream (with signed permission)
- ☐ Extra outfits
- ☐ Bottles (pre-filled with formula or breast milk enough for the week)
- ☐ Pacifiers (if used)
- ☐ Bibs and burp cloths
- ☐ Blanket for nap-time
- ☐ Sleep sack or swaddle (if used)
- ☐ Any medication (with signed authorization form)
- ☐ Diaper bag or container for belongings

For Toddlers (1–3 Years):

- ☐ Wipes
- ☐ Diapers or pull-ups (if not yet potty trained)
- ☐ Diaper cream (with signed permission)
- ☐ Lunch and Snacks (if meal plan not purchased through J-Max & Friends)
- ☐ Extra outfits (including socks and underwear)
- ☐ Sippy cups or water bottles
- ☐ Bibs
- ☐ Blanket and small pillow for nap-time
- ☐ Seasonal outerwear (Jackets, sweater, raincoat, gloves, scarf or hat)
- ☐ Any medication (with signed authorization form)

For Preschoolers (4-6 Years):

- ☐ Wipes
- ☐ Pull-ups (if not yet potty trained)
- ☐ Extra clothes
- ☐ Reusable water bottle (Labeled with child's name)
- ☐ Lunch and snacks (If meal plan not purchased through J-Max & Friends)
- ☐ Seasonal outerwear (Jackets, sweater, raincoat, gloves, scarf or hat)
- ☐ Nap/rest items (small blanket and pillow)
- ☐ Towel (in case a bath is necessary due to bowel movement accidents)

J-Max & Friends Healthy Meal Plan Packages

20. At **J-Max & Friends**, we believe that **good nutrition fuels bright minds and happy hearts**. That's why our meal plans are carefully designed to support your child's growth, focus, and energy throughout the day.

Each meal is prepared with fresh, balanced ingredients—rich in whole grains, lean proteins, fruits, and vegetables. Just wholesome, nourishing food kids love.

For our children 2 years old or younger who are not yet able to chew, we offer the option of blended vegetables with added protein such as lentils, beans, meat, and/or chicken.

Meal Plan Options

1) ☐ **Two-Week Plan (10 Days) – $150**
Includes breakfast, lunch, two snacks, water, and juice.
Perfect for parents who want flexibility and consistent, healthy meals for their child.

2) ☐ **Four-Week Plan (20 Days) – $285**
Includes breakfast, lunch, two snacks, water, and juice.
Perfect for families who want peace of mind knowing their child is eating well every day.

Why Nutrition Matters

- Boosts brain development and learning
- Supports strong immunity and growth
- Encourages positive eating habits for life
- Improves focus and behavior in the classroom

Parent Signature: _____ Date: _____

Print Name: _____

Getting to Know Your Child

Basic Information
1. What is your child's full name and nickname (if any)? _____
2. What is your child's date of birth and age? _____
3. What language(s) does your child speak or understand**?** _____

Development & Behavior
4. How would you describe your child's personality? _____
5. Are there any behavioral concerns we should know about? _____
6. How does your child express frustration or anger? _____
7. What comforts your child when upset? _____

Daily Routine
8. What is your child's typical daily schedule (wake-up, naps, bedtime)?
_____
9. What time does your child usually nap, and for how long? _____
10. Are there any special routines you would like us to follow?
_____

Feeding & Nutrition
11. What is your child's favorite and least favorite foods? _____
12. Are there any allergies or food restrictions? _____
13. Does your child drink milk, juice, or water—how often? _____
14. Do they eat independently or need help? _____

Toileting & Diapering
15. Is your child potty trained, in training, or in diapers? _____
16. How often should we check/change their diaper? _____
17. Any special words your child uses for toileting? _____

Comfort Items & Habits
18. Does your child have a favorite toy, blanket, or pacifier? _____
19. Are there any habits we should be aware of (thumb sucking, rocking, etc.)?
_____

Health & Safety
20. Does your child take any medication regularly? _____
21. Are there any known medical conditions, allergies, or emergency concerns?
_____
22. Who should we contact in case of an emergency? _____

Social & Learning
23. Has your child been in daycare or with other children before? _____
24. How does your child interact with other kids and adults? _____
25. What activities does your child enjoy (reading, music, playing outside)?
_____

AUTHORIZATION FOR TRANSPORTATION

I,_____will / will not permit **J-Max & Friends**

to transport my child(ren) _____

By private automobiles. I understand the law regarding the use of child passenger restraint systems, and the possession of a valid driver's license and inspection sticker will be observed.

Parent's Signature:_____ Date: _____

Print Name: _____

AUTHORIZATION TO LEAVE PREMISES

I,_____will / will not permit my child(ren) _____ to leave **J-Max & Friend Daycare** for the following purpose(s):

_____

On the following schedule: _____

Parent's Signature _____ Date: _____

Print Name: _____

CHILD'S INFORMATION FORM

Date Enrolled_____ Date Terminated_____
Child's Name: _____Birthdate _____ Age_____Sex_____
Parent's Name: _____ Phone #:_____
Parent's Address: _____

Mother's Employer, Address, Phone #:

_____
_____

Father's Employer, Address, Phone #:

_____
_____

Emergency Contact Person #1, Name, Address, Phone #, Relationship:

_____
_____

Emergency Contact Person #2, Name, Address, Phone #, Relationship:

_____
_____

Child's Physician's Name, Address, Phone #:

_____
_____

Hospital Preference:

1) _____ 2) _____

Medical Insurance Information

Plan Name: _____ Plan ID # _____

In case of emergency or serious illness, I request that the provider contact me. If I cannot be reached, I authorize the provider to arrange for emergency medical treatment. I consent to having my child receive first aid and/or CPR from the provider, and if necessary, to be transported to receive emergency care.

- Please list any chronic or handicapping problems that your child has (seizures, asthma, diabetes, heart disease, respiratory illness, drug reactions, allergies, medication). etc**.**

Parent's Signature_____ Date: _____

Medication Authorization Form

Child's Information

- Full Name: _____ Date of Birth: _____

Authorization Agreement

I, _____ the undersigned parent/guardian, authorize **J-Max & Friends Daycare** (or its staff) to administer prescribed or over-the-counter medication to my child as directed. I understand that the daycare staff will make every effort to give the medication at the appropriate time and dosage, but I release them from liability for any adverse reactions that may occur.

I acknowledge that all medication must be supplied in its original container, clearly labeled with my child's name and the correct dosage. I understand that a new authorization form must be completed and signed each time medication is needed. I will provide clear written instructions on the exact dosage and method of administration to ensure my child's safety.

Parent/Guardian Information

- Full Name: _____
- Phone Number: _____

Parent's Signature: _____ **Date**: _____