COMET CARE - REGISTRATION FORM
SCHOOL YEAR: 2017-2018

ENROLLEMENT DATE: ______________________________

<table>
<thead>
<tr>
<th>CHILD'S FULL NAME</th>
<th>AGE</th>
<th>DATE OF BIRTH</th>
<th>SCHOOL</th>
<th>GRADE</th>
<th>TEACHER</th>
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******You must fill out separate forms for each child that will be registered******

CHILD LIVES WITH: BOTH Parents _______ Mother _______ Father _______ Others (________)

PARENT/GUARDIAN INFORMATION

<table>
<thead>
<tr>
<th>PARENT/GUARDIAN INFORMATION</th>
<th>ADDRESS</th>
<th>PHONE</th>
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<tbody>
<tr>
<td>Mother:</td>
<td>Mother:</td>
<td>Mother:</td>
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<tr>
<td>Father:</td>
<td>Father:</td>
<td>Father:</td>
</tr>
<tr>
<td>Mother’s Place of Business</td>
<td>Address:</td>
<td>Phone:</td>
</tr>
<tr>
<td>Father’s Place of Business</td>
<td>Address:</td>
<td>Phone:</td>
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</table>

EMERGENCY PHONE CONTACTS: List individuals OTHER than the child's parents available DURING PROGRAM HOURS. Parents will always be contacted first.

<table>
<thead>
<tr>
<th>NAME</th>
<th>PHONE NUMBER(S)</th>
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</table>
THE FOLLOWING ADULTS HAVE PERMISSION TO PICK UP MY CHILD FROM COMET CARE (INCLUDE PARENTS’ NAMES):

<table>
<thead>
<tr>
<th>NAME</th>
<th>PHONE</th>
<th>RELATIONSHIP TO STUDENT</th>
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</table>

The below individuals are **NOT** permitted to pick up my child  
*(court documents must be provided)*

<table>
<thead>
<tr>
<th>NAME</th>
<th>RELATIONSHIP</th>
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</table>

COMET CARE PROGRAM
FINANCIAL OBLIGATION STATEMENT

By signing below, I accept full responsibility for all scheduled payments and fees incurred during participation in the Comet Care Program.

Printed Name: ___________________________  Date: ___________

Signature: __________________________________________

*If parents divide financial obligations for the enrolled child, the person signing above accepts responsibility for all fees and payments in total.*
COMET CARE- PROGRAM SELECTION FORM

REGISTRATION FEE: $50.00 single child or $75.00 per family (non-refundable)

List below each child’s FULL NAME and check the appropriate box for the program(s) your child is to be enrolled in.

<table>
<thead>
<tr>
<th>Child’s FULL NAME</th>
<th>AM ONLY</th>
<th>PM Only</th>
<th>FULL Program (AM &amp; PM)</th>
<th>DROP-IN SERVICE (Voucher Required)</th>
<th>HALF DAYS</th>
<th>What days during the week?</th>
</tr>
</thead>
<tbody>
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</table>

NOTE: IF your child enrolls in the AM, PM, or FULL program but needs additional child care on HALF DAYS (2.25 hours), check the appropriate box above labeled “+ Half Days.”

Rutgers Child Care Assistance Program (CCAP)

If you will be filing for child care subsidy assistance, your signature below authorized COMET CARE to provide CCAP with the necessary information for benefit amount determination. Also, you agree to comply with mandatory DAILU attendance procedures and be responsible for ALL scheduled tuition co-payments (if applicable) to the Comet Care Program.

Printed Name: ___________________________    Date: ___________

Signature: __________________________________________________

Completed registration forms along with a $50.00 (one child) or $75.00 (family) non-refundable, can be mailed in:

Comet Care
PO Box 631
Swedesboro, NJ 08085
Name: ____________________________________                     Grade:_______________

Date:__________________________ Sex:________ Birthdate: ______________

A. Medical History: Check ALL that apply to your child

<table>
<thead>
<tr>
<th>Condition</th>
<th>Condition</th>
<th>Condition</th>
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</thead>
<tbody>
<tr>
<td>Asthma</td>
<td>Frequent Nose Bleeds</td>
<td>Pneumonia</td>
</tr>
<tr>
<td>Hay Fever</td>
<td>Tubes in Ears</td>
<td>Tonsillitis</td>
</tr>
<tr>
<td>Diabetes</td>
<td>Rheumatic Fever</td>
<td>Frequent Sore Throats</td>
</tr>
<tr>
<td>Bleeder</td>
<td>Tires Easily</td>
<td>Frequent Ear Aches</td>
</tr>
<tr>
<td>Heart Disease</td>
<td>Frequent Headaches</td>
<td>Frequent Colds</td>
</tr>
<tr>
<td>Seizure or Spells</td>
<td>Frequent Stomach Aches</td>
<td>Hoarseness</td>
</tr>
<tr>
<td>Bone Disease</td>
<td>Poor Appetite</td>
<td>Mouth breather</td>
</tr>
<tr>
<td>Vision Problems</td>
<td>Frequent Urination</td>
<td>Speech Difficulty</td>
</tr>
<tr>
<td>Skin Problems</td>
<td>Clumsiness</td>
<td>Convulsions w/high fever</td>
</tr>
<tr>
<td>Eczema</td>
<td>Dental Problems</td>
<td>Fainting Spells</td>
</tr>
<tr>
<td>Hearing Problem</td>
<td>Color Blindness</td>
<td>Physical Handicap</td>
</tr>
</tbody>
</table>

B. Insect sting allergy _______YES _______NO
C. Food Allergy_______ YES _______NO *If YES, what food(s)?

Please describe the allergic reaction
___________________________________________________________________________

1. ____ Allergic reaction is a local one with swelling, requiring the application of ice.
2. ____ Allergic reaction is a severe local one with swelling requiring medical attention (In this case parent/guardian will be contacted).
3. ____ Allergic reaction is a life-threatening systemic reaction requiring immediate medical attention (In this case emergency care will be summoned, parent and guardian contacted.) Epi-pen will be administered if an anaphylactic reaction occurs, providing an Epi-pen and letter of permission to administer is provided by parents, along with a physician order to administer the Epic-pen.

I hereby give permission for child to be taken to ____________ hospital in case of emergency when unable to contact an authorized person or guardian.

Signature ____________________________________________ Date: ____________
MEDICAL DECLARATION STATEMENT FOR SCHOOL-AGED CHILD CARE

Child’s Name: ___________________________ Date of Birth: ________________

Is your child under any medical/physical restrictions: Yes_______ No_______

In order for our staff to assure your child a happy, meaningful experience at our program, please share any special needs your child may have (i.e. learning disabilities, limitations, etc.)
______________________________________________________________
______________________________________________________________
______________________________________________________________

Is your child taking any medications: Yes_________ No___________

If yes, please list:
______________________________________________________________
______________________________________________________________
______________________________________________________________

Has your child been under a doctor’s care or hospitalized within the last 3 years: Yes___ No_______
If yes, please explain:
______________________________________________________________
______________________________________________________________

Is your child allergic to any medications/foods/insect bites: Yes_________ No_______
If yes, please explain:
______________________________________________________________

As a parent/guardian of the above participating child, I certify that he/she is in good physical health, has no special needs, except as noted above, and may participate in all the activities of the Comet Care program. In the event of an emergency (accident/illness) during the Comet Care program that needs immediate treatment, I agree to my son/daughter to receive first aide and medical treatment from qualified staff members. I also authorize the transportation of my child by ambulance if necessary to ________________ or the nearest available medical facility.

PARENT/GUARDIAN SIGNATURE: ______________________________

DATE: __________________________________________
HEALTH CARE POLICY

MEDICAL ISSUES ADMINISTRATION OF MEDICATION

It is CC policy that staff generally may not administer any medication, either prescription or nonprescription. Exceptions will only be made in extraordinary cases of a chronic or life threatening nature, and only after adequate notice and thorough review of the circumstances with the Executive Director.

Parents/guardians sending a child to the program with medication for self-administration, and/or without following the proper procedure, will be called immediately to make alternate arrangements for administration of the medication.

If a child has an illness that is not chronic or life-threatening but requires a short or long-term course of medication, we ask that the dosage times be scheduled so that they may be administered at home or by the nurse during the regular school day. Please do not give medication to any CC staff member to give to the school nurse, nor give medication to your child to bring to the program or the nurse. We cannot take responsibility for lost or forgotten medication, or for the availability of the school nurse to dispense medication.

In the case of a child with a chronic or life threatening condition requiring immediate or ongoing medication (i.e., asthma or life-threatening allergy), parents/guardians must contact the Executive Director well in advance of the child’s first day of attendance to determine whether the program is equipped to handle the medical needs of the child, and/or the necessary medication and its administration. Parents/guardians must clear all medication with the Executive Director. Under no circumstances may medication be administered by an CC staff member, nor may a child self-administer, without prior discussion with and written approval of the Executive Director.

EMERGENCY MEDICAL PROCEDURES

In the event of a minor injury on site, the staff will administer basic first aid, and depending upon the degree of the injury, the parent/guardian may be called and an accident report may be given to the parent/guardian (or other pickup person with prior authorization to receive such reports) upon arrival.

In the case of a fall from a height, a possible head injury, or a bite which breaks the skin, parents/guardians will be notified immediately.
In the case of a serious injury, the Site Supervisor, in consultation with the Executive Director, may judge that additional medical care is needed. Every attempt will be made to contact the child's parent/guardian, physician, or other authorized person to discuss options for further care. CC maintains accident insurance secondary to the family’s own policy to cover injuries which occur at the program. Parents wishing to utilize this secondary insurance coverage should contact the Executive Director to request the appropriate claim forms.

**Communicable/Non-communicable disease**

The safety and health of children attending CC is of primary concern to the staff and children. The school buildings are maintained by the school district according to state rules and regulations. The parents can assist our health practices by planning for alternate care when your child is sick. CC’s health practices include:

- Exclusion of children and staff with infectious diseases until they no longer present a health problem for themselves or others. Students must be fever free (temp.<100) for a full 24 hours, without the use of fever reducing medicine before returning to Comet Care.
- Notification to families of any infectious diseases contracted by children and staff.
- Frequent hand washing by staff and children.
- Sound food-handling practices.

In the event of a child's illness during the program, any of the following actions may occur:

- An attempt will be made to notify the parent(s) regarding the situation. Parents will be given an indication of any action which may be taken and/or if there is a need for the child to be picked up early.
- The child will be isolated under the supervision of a staff member.
- In case of an emergency, the emergency squad (911) will be called.

If a child exhibits any of the following symptoms, he/she can’t attend the program. If such symptoms occur during program hours, the child will be removed from the group and must be picked up within the hour. Children can’t return to program until they are symptom free for 24 hours. A child who contracts any of the following diseases may not return to the program without a physician’s note stating that the child presents no risk to himself/herself or others:

**Respiratory Illnesses**

<table>
<thead>
<tr>
<th>Chicken Pox</th>
<th>German Measles</th>
<th>Hemophilus Influenza</th>
<th>Measles</th>
<th>Meningoccus</th>
</tr>
</thead>
<tbody>
<tr>
<td>Whooping Cough</td>
<td>Strep Throat</td>
<td>Tuberculosis</td>
<td>Mumps</td>
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</table>

**Gastrointestinal Illnesses**

<table>
<thead>
<tr>
<th>Giardia Lamblia</th>
<th>Hepatitis A</th>
<th>Salmonella</th>
<th>Shigella</th>
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**Contact Illnesses**

Impetigo, Lice Scabies
If your child is exposed to any excludable disease at the program, you will be notified in writing. In case of accident or illness, parents of the child will be called immediately. In serious cases, the child will be taken to the hospital by emergency vehicle for treatment and the parents will be called immediately. The staff child ratio shall be maintained according to the minimum Standards for Licensing for school age children to insure the safety of your child. Outdoor play will not be allowed when temperature (including wind chill) falls below 30 degrees Fahrenheit to insure the safety of your children.

**Arrival and Dismissal Procedures**

For the safety of the children, parents are responsible for escorting their child to the AM program in person. The parent or an authorized adult must accompany the child into the building and sign him/her in and remain until the supervisor sees them. Drop off will be located by the front entrance of the building. Please ring the doorbell labeled Comet Care.

Parents, or authorized adults (18 years of age or older), are responsible for picking up their children at the designated time for the afternoon session. The adult must sign the child out before leaving. Children will not be released to an unauthorized person. Pick up is located by the front entrance of the building. Please ring the doorbell labeled Comet Care.

**THIS PROCEDURE IS NECESSARY TO ASSURE ACCOUNTABILITY AND SAFETY OF THE CHILD. IF THIS PROCEDURE IS NOT FOLLOWED, YOUR CHILD WILL BE REMOVED FROM THE PROGRAM. THE COMET CARE PROGRAM PERSONNEL RESERVE THE RIGHT TO REQUEST PHOTO ID WHENEVER THE IDENTITY OF THE ADULT PICKING UP THE CHILD IS IN QUESTION. REMEMBER, BY REGISTERING YOUR CHILD WITH THE COMET CARE PROGRAM, YOU HAVE ASKED US TO BE RESPONSIBLE FOR HIM/HER.**

A late pick up fee will be assessed, if a parent arrives after program hours:

- 5-10 minutes late=$15.00
- 11-29 minutes late=$25.00
- 30-60 minutes late = $40.00
PARENTAL INFORMATIONAL STATEMENT

Dear Parent:

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

The statement highlights, among other things: your right to visit and observe our center at any time without having secure prior permission; the center’s obligation to be licensed and to comply with licensing standards; and the obligation of all citizens to report suspected child abuse/neglect/exploitation to the State Central Registry and Child Abuse Hotline.

Please read this statement carefully and, if you have any questions, feel free to contact me at: 609/922-9353

Sincerely,

Eileen Mission
Eileen Mission-Executive Director

LICENSING 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 the New Jersey must provide to parent 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 Office of Licensing, Child Care & Youth Residential Licensing, in the Department of Children and Families. 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 Office of Licensing, Child Care & Youth Residential Licensing, in the Department of Human Services (DHS). 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.
ADDITIONAL LICENSING INFORMATION TO PARENTS (cont.)

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 Office 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 Office 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 Office’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 DHS inspections/investigations. DHS 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 have about it.
Our center must post a listing or diagram of those rooms and areas approved by the Office for the children’s use. Please talk to us if you have any questions about the center’s space.

**ADDITIONAL LICENSING INFORMATION TO PARENTS (cont.)**

Our center must offer parents of enrolled children ample opportunity to assist the center in complying with licensing requirements; and 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 (ADA), 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).

Our center is required, at least annually, to review the Consumer Product Safety Commission (CPSC), unsafe children’s products list, ensure that items on the list are not at the center, and make the list accessible to staff and parents and/or provide parents with the CPSC website at www.nj.gov/health/cd. Internet access may be available at your local library. For more information, call the CPSC at (800) 638-2772.

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 an adult, whether working at the center or not, is required by State law to report the concern immediately to the State Central Registry and Child Abuse Hotline, toll-free at 1-(877) NJ ABUSE (652-2873). 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, NJ 08625-0717.
PARENTAL AGREEMENT FOR MEDICAL POLICY, RELEASE POLICY, AND THE INFORMATION TO PARENTS STATEMENT

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

By signing this you are stating that you read and understand each policy. If you have any questions, please call the main office at 609/922-9353 or email info@cometcare.com.

Parent name: _____________________________  Parent Signature: _______________________

Date:____________________________

PARENTAL AUTHORIZATION AND CONSENT

Photo/Video Consent: I consent that photographs and videos taken of my child are the property of the Comet Care and may be reproduced and publicized as the Comet Care desires, free of any claims on my part. If I do not wish for my child to be photographed or videotaped I will notify the business office in writing.

Medical Emergency: I give consent to have my child receive first aid by the child care staff, and, if necessary, be transported to receive emergency care. I authorize representatives from the Comet Care to give consent for any and all necessary emergency medical care for my child and I understand that I will be responsible for all charges not covered by insurance.

PARENTAL AGREEMENT

• I have received the Comet Care Parent Handbook and understand that it is my responsibility to follow Parent Handbook policies and to make sure my child understands the rules and regulations of the program.
• I understand that staff protects themselves and the Comet Care by agreeing not to be alone with Comet Care youth or program participants outside of Comet Care programs. This includes, but is not limited to, no babysitting, transporting children at any time, or having contact with Comet Care during non-program hours.
• I understand and agree that my child is not permitted to bring toys, playing cards, video games, or any non-school items to the Comet Care, and understand that if they do so, they will be taken and given to parents at the time of pick up.
• I understand that the Comet Care is not responsible for any personal belongings that are lost, stolen or damaged.
• I understand that my child care payments are due by the 20th of each month, and that payments received after the 25th will accrue a late fee charge. I understand that if payment is not received by the last day of the month, services for that month are treated as a withdrawal from the program. I understand that re-admittance into the program will require another registration fee.
• I understand that the Program must be provided a copy of all appropriate legal paperwork when
the custodial parent requests the Program not to release the child to the non-custodial parent.
• I understand that my child will not be admitted to the program until all required documents have
been received.

Authorized Parent’s Signature: _____________________________        Date: _______________

I attest that all of the information in this packet is accurate and that I have received, read and
understand the following policies listed in the parent handbook:
1. Information to Parents statement prepared by the Bureau of Licensing
2. Policy on the Release of Children
3. Policy on Discipline and Discipline Agreement (has been read and discussed with my child)
4. Policy on Administering Medicine/Health Care Procedures/Management of Communicable
   Diseases
5. Comet Care Code of Conduct (has been read and discussed with my child)
6. Policy on the Expulsion of Children from Enrollment
7. Late Pick-up Policy

Authorized Parent’s Signature: _____________________________        Date: _______________

Print Name: _____________________________   Child’s Name: _____________________________

If it becomes necessary for Swedesboro-Woolwich School District to close school early or cancel after school activities after the school day has begun
due to an emergency, Comet Care will also be cancelled. The district emergency phone system will activate. The following information will help
the school staff to dismiss your child in the appropriate manner to which you have requested.

• In the event of an early school closing, my child will:
  • _____________ Take their regular bus home.
  • _____________ Be picked up at the school by an authorize person.

Anyone picking up from school must enter the building to sign the child out and
must also be listed with the school as an authorized escort. If you are late, the
emergency contact number will be called.

Updated 5/1/2017