

Hello and Welcome!

We would like to extend a warm welcome to you from Jolly Toddlers Early Education Center and thank you for choosing us to care for your child(ren). We have been serving Southampton and surrounding communities since 1984 and look forward to having you and your child(ren) become a part of our loving and caring family.

Jolly Toddlers has been Keystone Stars 4 STAR Center since 2005 and involved with Keystone Stars since its inception. This means that our Center has achieved the highest level that Pennsylvania recognizes based on cleanliness, classroom design, and the manner in which our teachers speak with the children. Our classrooms are designed to promote of socio-emotional, physical, and intellectual development. All rooms, including the infant rooms have furniture and toys designed in "centers" to encourage decision making and independence. The room design and use of the "centers" does actually work and all the children can learn as they play!

All of the staff is trained in infant and child CPR as well as first aid. We have teachers who have been with us for over 23 years, those who have attained MA's, BA's, and specialized certifications through the benefits of our center, as well as those who have just begun their careers and education! Not only are our teachers educated and certified, they continue to grow and learn through continuing education courses and seminars. Most importantly though, our teachers love children! The director/owner, Nancy Thompson is an RN, teacher, and a counselor. She commits herself to the children, their development and education, the center, and her staff.

We incorporate the PA Learning Standards in each of our classrooms, which prepares our students for their entrance into elementary school. These are the same standards utilized by the Pennsylvania public school system. The idea is that the children become used to, and are comfortable with, this way of teaching which helps them enter school with a sense of confidence and familiarity! Specifically in the Pre-K room the children engage in this type of learning. Jolly Toddlers also incorporates Creative Curriculum into the classrooms.

Additionally, our center utilizes Ages & Stages. Ages & Stages is an age-appropriate assessment tool designed to guide parents and teacher to the areas that a child need guidance, is on track, or excels. The tool is helpful because the teachers and parents are able to work together to develop a plan to best benefit the child. The teachers can use this in the classroom to design the curriculum to incorporate all the students' different abilities within an developmental theme and bring them to where they need to be when entering "the big schools"!

Sincerely,
The Jolly Toddlers Staff

CHILD HEALTH REPORT

(55 PA CODE §§3270.131, 3280.131 AND 3290.131)

Parent/Provider fill in this part.

CHILD'S NAME: (LAST)	(FIRST)	PARENT/GUARDIAN:
DATE OF BIRTH:	HOME PHONE:	ADDRESS:
CHILD CARE FACILITY NAME:		
FACILITY PHONE:	COUNTY:	WORK PHONE:
D I authorize the child care staff and my child's health professional to communicate directly if needed to clarify information on this form about my child.		
PARENT'S SIGNATURE:		

Parents may write immunization dates; health professional should verify and complete all data.

DO NOT OMIT ANY INFORMATION This form may be updated by a health professional. Initial and date any new data. The child care facility needs a copy of the form.						
HEALTH HISTORY AND MEDICAL INFORMATION PERTINENT TO ROUTINE CHILD CARE AND DIAGNOSIS/TREATMENT IN EMERGENCY (DESCRIBE, IF ANY): D NONE						
DESCRIBE ALL MEDICATION AND ANY SPECIAL DIET THE CHILD RECEIVES AND THE REASON FOR MEDICATION AND SPECIAL DIET. ALL MEDICATIONS A CHILD RECEIVES SHOULD BE DOCUMENTED IN THE EVENT THE CHILD REQUIRES EMERGENCY MEDICAL CARE. ATTACH ADDITIONAL SHEETS IF NECESSARY. D NONE						
CHILD'S ALLERGIES (DESCRIBE, IF ANY): D NONE						
LIST ANY HEALTH PROBLEMS OR SPECIAL NEEDS AND RECOMMENDED TREATMENT/SERVICES. ATTACH ADDITIONAL SHEETS IF NECESSARY TO DESCRIBE THE PLAN FOR CARE THAT SHOULD BE FOLLOWED FOR THE CHILD, INCLUDING INDICATION OF SPECIAL TRAINING REQUIRED FOR STAFF, EQUIPMENT AND PROVISION FOR EMERGENCIES. D NONE						
IN YOUR ASSESSMENT, IS THE CHILD ABLE TO PARTICIPATE IN CHILD CARE AND DOES THE CHILD APPEAR TO BE FREE FROM CONTAGIOUS OR COMMUNICABLE DISEASES? D YES D NO IF NO, PLEASE EXPLAIN YOUR ANSWER:						
HAS THE CHILD RECEIVED ALL AGE APPROPRIATE SCREENINGS LISTED IN THE ROUTINE PREVENTIVE HEALTH CARE SERVICES CURRENTLY RECOMMENDED BY THE AMERICAN ACADEMY OF PEDIATRICS? (SEE SCHEDULE AT WWW.AAP.ORG) D YES D NO			NOTE BELOW IF THE RESULTS OF VISION, HEARING OR LEAD SCREENINGS WERE ABNORMAL. IF THE SCREENING WAS ABNORMAL, PROVIDE THE DATE THE SCREENING WAS COMPLETED AND INFORMATION ABOUT REFERRALS, IMPLICATIONS OR ACTIONS RECOMMENDED FOR THE CHILD CARE FACILITY.			
			VISION (subjective until age 3)			
			HEARING (subjective until age 4)			
			LEAD			
RECORD DATES OF IMMUNIZATIONS BELOW OR ATTACH A PHOTOCOPY OF THE CHILD'S IMMUNIZATION RECORD						
IMMUNIZATIONS	DATE	DATE	DATE	DATE	DATE	COMMENTS
HEP-B						
ROTAVIRUS						
DTAP/DTP/TD						
HIB						
PNEUMOCOCCAL						
POLIO						
INFLUENZA						
MMR						
VARICELLA						
HEP-A						
MENINGOCOCCAL						
OTHER						
MEDICAL CARE PROVIDER:				SIGNATURE OF PHYSICIAN, CRNP OR PHYSICIAN'S ASSISTANT		
ADDRESS:						
Date of Last Physical:				PHONE:		LICENSE NUMBER: DATE FORM SIGNED:

EMERGENCY CONTACT/ PARENTAL CONSENT FORM

55 PA CODE CHAPTERS 3270.124(a)(b), 3270.181 & 182; 3280.124(a)(b), 3280.181 & 182; 3290.124 (a)(b), 3290.181 & 182

CHILD'S NAME		BIRTHDATE
ADDRESS		
MOTHER'S NAME/ LEGAL GUARDIAN		HOME NUMBER
ADDRESS		CELL NUMBER
BUSINESS NAME	EMAIL ADDRESS	WORK NUMBER
FATHER'S NAME/ LEGAL GUARDIAN		HOME NUMBER
ADDRESS		CELL NUMBER
BUSINESS NAME	EMAIL ADDRESS	WORK NUMBER
EMERGENCY CONTACT PERSON(S)		PHONE NUMBER WHEN CHILD IS IN CARE
1		
2		
3		
PERSON(S) TO WHOM CHILD MAY BE RELEASED	ADDRESS	PHONE NUMBER
1		
2		
3		
NAME OF CHILD'S PHYSICIAN/ MEDICAL CARE PROVIDER		PHONE NUMBER
PROVIDER ADDRESS		
SPECIAL DISABILITIES (IF ANY)	ALLERGIES (INCLUDING MEDICATION REACTIONS)	
MEDICAL/ DIETARY INFO NECESSARY IN EMERGENCY SITUATION	MEDICATIONS/SPECIAL CONDITIONS	
ADDITIONAL INFORMATION ON SPECIAL NEEDS OF CHILD		
HEALTH INSURANCE COVERAGE FOR CHILD or MEDICAL ASSISTANCE BENEFITS		POLICY NUMBER (REQUIRED)
PARENT SIGNATURE IS REQUIRED FOR EACH ITEM BELOW TO INDICATE PARENTAL CONSENT		
OBTAINING EMERGENCY MEDICAL CARE	ADMIN. OF MINOR FIRST AID PROCEDURES	
WALKS AND TRIPS	SWIMMING	
TRANSPORTATION BY FACILITY	WADING	

SIGNATURE OF PARENT OF GUARDIAN

DATE

SIGNATURE OF PARENT OF GUARDIAN

DATE

VERBAL REQUEST FOR RELEASE OF CHILD

55 PA CODE CHAPTERS 3270.117(c) and 3280.117(c) and 3290.116(c)

**THIS FORM MUST BE COMPLETED TO DOCUMENT THE VERBAL REQUEST BY A PARENT FOR THE
RELEASE OF A CHILD TO A PERSON(S) NOT INDICATED ON THE AGREEMENT**
(CHAPTERS 3270.123(a)(5), 3270.124(b)(7); 3280.123(a)(5), 3280.124(b)(7); 3290.123(a)(5), 3290.124(b)(7)).

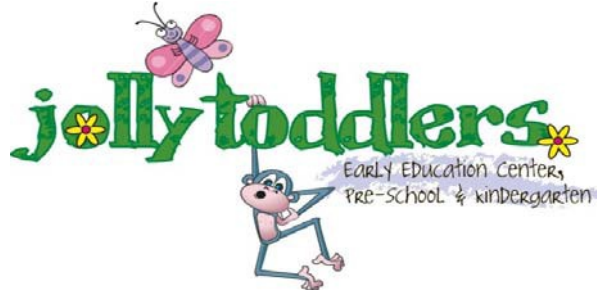
NAME OF CHILD	DATE	TIME
NAME OF REQUESTING PARENT	TELEPHONE NO. FROM WHICH PARENT IS CALLING	
NAME OF INDIVIDUAL TO WHO THE CHILD IS TO BE RELEASED		
TAKING THE CALL: NAME OF STAFF PERSON		

CALL THE ENROLLING PARENT BACK TO CONFIRM THE INFORMATION IF POSSIBLE

CONFIRMING PARENT	DATE
NAME OF STAFF PERSON CONFIRMING INFORMATION	TIME

_____ NAME OF STAFF PERSON RELEASING CHILD	_____ DATE
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**BE SURE TO ASK FOR IDENTIFICATION WHEN THE INDIVIDUAL ARRIVES
TO PICK UP THE CHILD**



Child Care Agreement

This is a contract between _____ (herein called Parent(s)) and Jolly Toddlers Early Childhood Education Center (herein called Provider).

1. Services.

- a. Services will be provided by Jolly Toddlers for (name of child) _____ based on the following schedule:

	Monday	Tuesday	Wednesday	Thursday	Friday
Drop-off					
Pick-up					

- b. If there are any changes to be made to the hours or days provided above, two weeks written notice and approval is required before such changes may go into effect.
- c. Parent agrees to provide 2-week written notice of termination of the Childcare Contract. Parent(s) agree(s) that if the 2-week written notice is not given to Provider prior to withdrawal of the child from Jolly Toddlers, the fees for the final two weeks of services shall remain payable to Provider.

2. Fees.

- a. Jolly Toddlers accepts, cash, check, money orders, cashier's checks, MasterCard and Visa.
- b. A non-refundable \$65.00 registration fee and (1) one week security deposit are due upon registration.
- c. An annual \$50.00 activities fee shall be is due upon each September.
- d. The tuition for childcare for your child/ren will be \$_____per week payable on the Friday prior to service being provided.
- e. Tuition must be paid regardless of absence, for any reason, including illness or an extended vacation.
- f. If your tuition payment is not made by the Friday prior to service being provided, a ten dollar (\$10.00), per day, late fee will be assessed to your account. After two (2) late tuition payments, Jolly Toddlers reserves the right to charge your credit card for the total amount past due, including late fees, and any convenience fees in accordance with the attached Credit Card Payment Authorization Form.
- g. All cash payments must be put into the tuition lock box. Your account will not be credited until your payment has formally been acknowledged and entered into the Jolly Toddlers tuition records. If you require a receipt, please indicate your request on your payment. All receipts will be available (1) one week after your written request for a receipt has been received.
- h. If tuition is made via check and such check is returned for insufficient funds there will be a forty-five (45) dollar late fee. After two (2) late tuition payments, Jolly Toddlers reserves the right to refuse to accept check payments and to charge your credit card for the total amount past due, including late fees, insufficient check fees, and any convenience fees in accordance with the attached Credit Card Payment Authorization Form.

- i. If the 2-week written notice of termination of the Childcare Contract, as required in Section 1.c. above, is not given to Provider prior to withdrawal of the child from Jolly Toddlers, the fees for the final two weeks of services shall remain payable to Provider. Should Parent(s) fail to pay such fees, Jolly Toddlers reserves the right to either (1.) keep all or a portion of the security deposit paid upon registration, and/or (2.) charge your credit card for the total amount payable, including late fees and convenience fees in accordance with the attached Credit Card Payment Authorization Form.
 - j. Parent agrees that if 7 days passes without payment made, childcare services may be terminated and the collection's process begun. Parent agrees to pay all costs associated with collection of any unpaid debt to Provider.
 - k. Parent agrees to provide all supplies requested by Provider. Parent understands if required items are not supplied, they may be purchased by Jolly Toddlers and Parent will reimburse Provider for the full cost.
3. Holidays.
- a. Jolly Toddlers will observe various holidays per year, which will be paid holidays, including, but not limited to: New Year's Eve and/or New Year's Day, Independence Day, Labor Day, Memorial Day, Thanksgiving Day and the day after Thanksgiving, Christmas Eve and/or Christmas Day, the Friday before Easter, as well as, various paid In Service Days.
 - b. Each family will be permitted to take a non-paid vacation week per school year (September – September), provided that (i) the child(ren) are attending full time (i.e., five (5) full days per week, including summers), (ii) tuition is paid in accordance with this Agreement, (iii) two week written notice is provided, and (iv) the child(ren) have been enrolled full time and attending Jolly Toddler continuously for no less than 6 (six) months.
4. General
- a. Parent agrees to complete all forms required and given by Jolly Toddlers. Parent agrees to update personal information as it occurs. Parent understands that child cannot remain in care without proper documentation on file.

Parent Signature_____Date_____

Parent Signature_____Date_____

Provider Signature_____Date_____

AGREEMENT

55 PA CODE CHAPTERS 3270.123 &.181(c); 3280.123 &.181(c); 3290.123 &.181(c)

NAME OF CHILD		
FEE AMOUNT \$	PER-DAY-WEEK	DAY PAYMENT TO BE MADE
Services to be provided as part of the day care fee (examples; transportation, care, meals, etc.)		
CHILD'S ARRIVAL TIME	CHILD'S DEPARTURE TIME	PERSON(S) DESIGNATED BY PARENT TO WHOM CHILD MAY BE RELEASED
LATE FEE \$	PER MIN-HR	
Extra services to be provided at an additional fee if applicable		

I, the parent/guardian;

☐ received complete written program information at the time of enrollment (§ 3270.121, 3280.121, 3290.121)

☐ agree to update the emergency contact/parental consent form information whenever changes occur or every 6 months at a minimum. (§ 3270.124, 3280.124, 3290.124)

SIGNATURE-OPERATOR

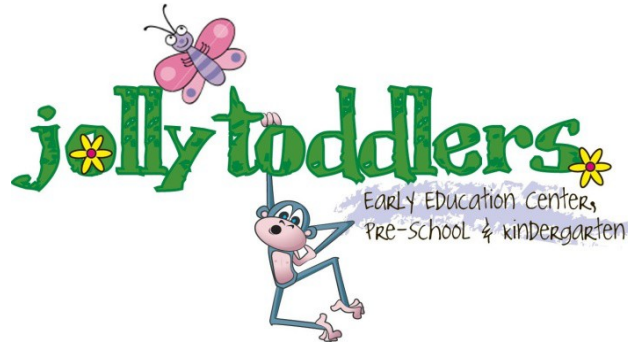
DATE

SIGNATURE-PARENT OR GUARDIAN

DATE

DATE OF CHILD'S ADMISSION
DATE OF WITHDRAWAL

PERIODIC REVIEW	
<p>_____ SIGNATURE-PARENT OR GUARDIAN</p>	<p>_____ DATE</p>



Credit Card Payment Authorization Form

Here's How Pre-Authorized Payments Work:

You pre-authorize charges to your Visa or MasterCard card for the total amount due of weekly tuition, late fees, plus 3% if such payment is not made on time (the Friday before of the week of attendance). A receipt will be printed and made available for your pick-up and the charge will appear on your statement. You agree that no prior-notification will be required.

Please complete the information below:

I, _____ authorize Jolly Toddlers Early Education Center to charge my credit card indicated below each week for the payment of weekly tuition, late fees, plus 3% if such payment has not been made in full on the Friday prior.

Billing Address _____ Phone # _____

City, State, Zip _____ E-mail _____

Account Type: ☐ Visa ☐ MasterCard

Cardholder Name _____

Account Number _____

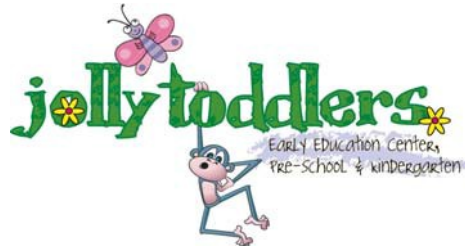
Expiration Date _____

CVV (3 digit number on back of Visa/MC) _____

SIGNATURE _____

DATE _____

I authorize the above named business to charge the credit card indicated in this authorization form according to the terms outlined above. If the above noted payment dates fall on a holiday, I understand that the payments may be executed on the next business day. I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify the business in writing of any changes in my account information or termination of this authorization at least 7 days prior to the next billing date. This payment authorization is for the type of bill indicated above. I certify that I am an authorized user of this credit card and that I will not dispute the scheduled payments with my credit card company provided the transactions correspond to the terms indicated in this authorization form.



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“GETTING TO KNOW YOU”

We are asking that parents and children involved in our programs participate in a brief survey and questionnaire that will help us create a better understanding of your child, your family and your expectations of our program. We respect and understand your right to privacy and the purpose of this survey is to ensure that your children are receiving the best care possible for each individual child. Please answer the questions honestly and know that your responses will only be reviewed by the director and staff directly involved with the care of your child. Please feel free to contact us to discuss any information you may not be comfortable answering on the survey. If you would prefer to discuss the survey in person with the director and staff, an appointment can be arranged at your convenience.

The first section is general information about your family and life at home. The second section is for you to do with your child. This section will allow us to better understand your child's likes and dislikes which will aid us in designing a program better suited to the preferences of the children within the group. The third section pertains to your child's educational experiences, possible limitations, health and safety issues and general well-being. The information you provide here will aid us in providing the most effective environment, learning experiences and appropriate atmosphere for your child to spend their out of school time.

We thank you in advance for your cooperation and the time dedicated to completing the survey. Please return to the office upon completion.

Thank you,
Jolly Toddlers

Child's Name_____ **Date**_____

Section 1 – Family Information and Special Situations

Please tell us about your household. (neighborhood, who lives with you, names and relationships to child)

Does your child have any parents who do not live in the home?	Yes	No
Does your child visit this parent?	Yes	No
Are there any custody issues that we need to be aware of?	Yes	No
If Yes, please explain:		

Does your child have any siblings?	Yes	No
If Yes, please list names and ages:		

Does your family have any pets?	Yes	No
If Yes, please list types and names:		

Does your child respond to any nicknames?	Yes	No
If Yes, please list:		

Does your child have any nicknames for family members?	Yes	No
If Yes, please list:		

Is there any other information about your family's composition that you would like to share?	Yes	No
If Yes, please explain:		

Does your family have a religious faith?	Yes	No
If Yes, please state religion:		

Is there anything about your family's culture, ethnicity, language or religion that is important for us to know?	Yes	No
If Yes, please explain:		

Section 2 – Child’s Interests

What is your favorite toy?

What is your favorite game to play (board or card game)?

What is your favorite outside activity to play?

Do you have any imaginary friend?

Yes No

If Yes, what is their name? _

What kind of music do you like best?

What is your favorite food?

What is your least favorite food?

What is your favorite cartoon or TV show?

What is your favorite movie?

What is your favorite holiday?

What is your favorite animal?

Is there anything else about you that you would like us to know?

Section 3 – Child Education, Health and Safety

Does your child have any allergies? Yes No

Food allergies: _

Environmental allergies: _

Allergies to medicines: _

Are there any other medical needs we need to be aware of? Yes No

If Yes, please explain:

Are there any special problems or fears that we should know about? Yes No

If Yes, please explain:

Does your child do any of the following?

Nail biting Yes No

Thumb sucking Yes No

Stuttering Yes No

Are there any special needs?
(medical, developmental, social, mental health) Yes No

Do any of these special needs require special care by our teachers? Yes No

If Yes, please explain:

Does your child have an Individualized Education Plan (IEP) or
Individualized Family Service Plan (IFSP)? Yes No

What programs or individuals work with your child in regard to these special needs?

Parent/Teacher meeting requested Yes No

Child/Teacher meeting requested Yes No

Consent for Child Care Program Activities

Name of Facility: _____

Address of Facility: _____

Name of Child: _____

Consent is given for the items initialed below:

WALKING TRIPS

_____ Walking trips to the following locations: _____

MOTOR VEHICLE TRANSPORTATION

_____ Trips by the program in _____ to _____ the following locations:
(vehicle)

_____ Daily transportation by the program in: _____
(vehicle)

From: _____ to _____
(location) (location)

Children will be restrained during vehicular transport by use of: _____

Special needs of the child during transport:

SWIMMING

_____ Swimming and/or wading at: _____
(location)

OTHER ACTIVITIES (e.g. trips to neighborhood playgrounds, special trips)

_____ (specify activity)

Signature of Parent/Guardian

Date

**INDIVIDUALIZED EDUCATION PLANS (IEP) AND
INDIVIDUALIZED FAMILY SERVICE PLANS (IFSP)
INFORMATION SHEET**

Because of the diverse set of needs of the children in our program, it is important to gather as much information about the best ways to educate each child. IEP's and IFSP's are created by service providers working with children with special needs and include this information. The Keystone STARS Performance Standards therefore require each early learning provider to request copies of IEP's and IFSP's for the children in their care. Because of the importance of the IEP/IFSP to a child's learning, the program should have a copy before the child begins to attend, if possible.

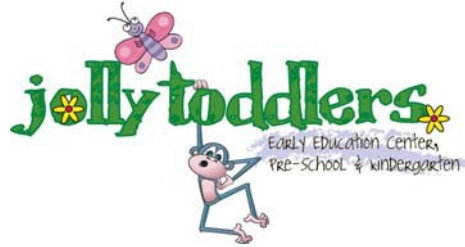
The information found on an IEP/IFSP is protected by privacy laws including the Health Insurance Portability and Accountability Act (HIPPA). Releases of information may also be required to speak to members of a child's treatment team. Professional development regarding privacy issues, and HIPPA in particular, is highly recommended.

Your child's growth and development is measured with developmental assessments. If your child currently has an IEP/IFSP, it would be beneficial to share a copy of this plan with us so we can work together to ensure that the guidelines are put into practice. You do not have to provide this information if you do not wish to do so.

- ☐ I am providing a copy of my child's IEP or IFSP.
- ☐ I am not providing a copy of my child's IEP or IFSP.
- ☐ This is not applicable to my child.

Parent/Guardian Signature _____

Printed Name _____ Date _____



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Civil Rights Compliance

TO: Parents, Legal Guardians, Students, and Clients
FROM: Nancy A. Thompson
SUBJECT: Civil Rights Compliance

In accordance with applicable Federal and State Civil Rights laws and regulatory requirements, you as a resident of this agency, have the right:

1. To be provided services at this agency and to be referred for services of other agencies without regard to your race, color, religious creed, disability, ancestry, national origin, age or sex.
2. To file a complaint of discrimination if you feel you have been discriminated against on the basis of your race, color, religious creed, disability, ancestry, national origin, age or sex.

Complaints of discrimination may be filed with any of the following:

Jolly Toddlers Early Education Center
275 2nd Street Pike
Southampton, PA 18966

Department of Public Welfare
Bureau of Equal Opportunity
Room 223 Health & Welfare Building
625 Forster
Harrisburg, PA 17120

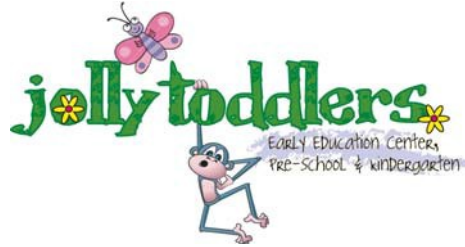
Commonwealth of Pennsylvania
DPW/ Bureau of Equal Opportunity
Southeast Regional Office
801 Market Street, Suite 5034
Philadelphia, PA 19107

U.S. Department of Health and Human Services
Office for Civil Rights – Suite 372
Public Ledger Building
150 S. Independence Mall West
Philadelphia, PA 19106-91111

PA Human Relations Commission
110 North 8th Street
Suite 501
Philadelphia, PA 19107

Parent/Guardian Signature _____ Date _____

Staff Signature _____ Date _____



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Photo Permission Form & Jolly Toddler Release

I, _____ (parent and/or legal guardian) hereby grant to Jolly Toddlers, its heirs legal representatives and assigns and those acting with its authority the irrevocable and unrestricted right and permission to take, copyright in its own name or otherwise, and use, reuse and republish photographic portraits or picture _____ of _____ my child, or in which my child may be included in whole or part, or composite or distorted in character or form without restriction as to changes or alterations, in conjunction with my own or a fictitious name, or reproductions thereof in color or otherwise, made through any medium at his studios or elsewhere, and in any or all media now or hereafter known for illustration, promotion, art editorial, advertising, trade, stock sales, or any other purpose whatsoever, without further compensation. I also consent to the use of any published matter in conjunction therewith.

I hereby waive any right that I may have to inspect or approve the finished product or products and the advertising copy or other matter that may be used in conjunction therewith or the use to which it may be applied.

I hereby release, discharge and release Jolly Toddlers, its heirs, legal representatives and assigns, and all persons acting under its permission or authority or those for whom Jolly Toddlers is acting, from any liability by virtue of any blurring, distortion, alteration, optical illusion, or use in composite form, whether intentional or otherwise, that may occur or be produced in the taking of said photograph or in any subsequent processing thereof, as well as any publication thereof, including without limitations any claims for libel or invasion of privacy.

I hereby warrant that I am of legal age and have the right to contract in my name. I have read the above authorization, release, and agreement, prior to its execution, and am fully familiar with the contents thereof. This release shall be binding upon me and my heirs, legal representatives, and assigns.

☐ I Agree

☐ I Disagree

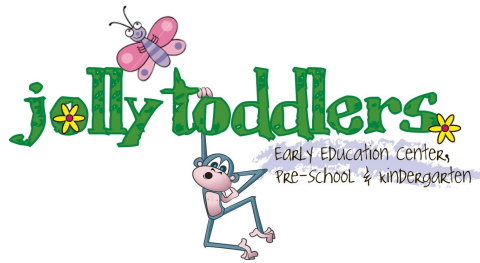
Child's Name

Date

Parent/Guardian Name Parent/Guardian

Signature

Witness



Photograph & Video Release Form

I, _____ hereby grant permission to the rights of my child _____'s image, likeness and sound of his/her voice as recorded on audio or video tape without payment or any other consideration. I understand that my child's image may be edited, copied, exhibited, published or distributed and waive the right to inspect or approve the finished product wherein his/her likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of his/her image or recording. I also understand that this material may be used in diverse educational settings within an unrestricted geographic area.

Photographic, audio or video recordings may be used for the following purposes:

- conference presentations
- educational presentations or courses
- informational presentations
- on-line educational courses
- educational videos
- social medias
- HI MAMA
- JT Website

By signing this release I understand this permission signifies that photographic or video recordings of my child may be electronically displayed for public educational purposes.

I will be consulted about the use of the photographs or video recording for any purpose other than those listed above.

There is no time limit on the validity of this release nor is there any geographic limitation on where these materials may be distributed.

This release applies to photographic, audio or video recordings collected as part of the sessions listed on this document only.

By signing this form I acknowledge that I have completely read and fully understand the above release and agree to be bound thereby. I hereby release any and all claims against any person or organization utilizing this material for educational purposes.

☐ I Agree

☐ I Disagree

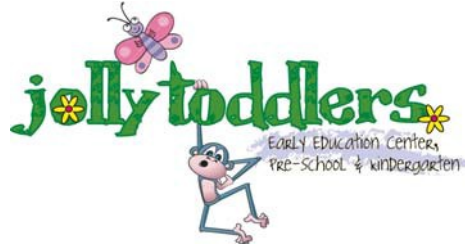
Child's Name

Date

Parent/Guardian Name

Parent/Guardian Signature

Witness



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Medical/Allergy Permission Form

Dear Parents,

In order to post medical/allergy information about children, staff must obtain written permission from the parent.

Please sign this form stating that Jolly Toddlers has permission to post your child's name on our medical/allergy posting.

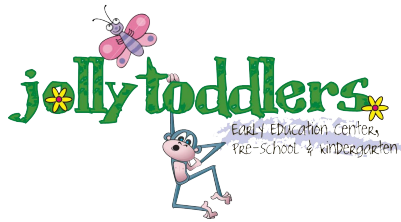
Thank you,
Jolly Toddlers

Child's Name _____

Allergy/Medical
Condition _____

Parent/Guardian Signature _____

Date _____



Food Experience Permission Form

I give permission for my child _____ to participate in food related activities.

Please check one of the following:

_____ My child DOES NOT have a food allergy or dietary restriction.

_____ My child DOES have a food allergy or dietary restriction. He or she may participate, but may not eat or handle the following items (please list below)

_____ My child DOES have a food allergy or dietary restriction. He or she may not participate in activities.

*Fill one out for each child. If your child DOES have an allergy we will also have you fill out a FARE (Food Allergy & Anaphylaxis Emergency Care Plan) Form.

Family Signature

Date

Name: _____ D.O.B.: _____

Allergic to: _____

 Weight: _____ lbs. Asthma: ☐ **Yes (higher risk for a severe reaction)** ☐ **No**

**PLACE
PICTURE
HERE**

NOTE: Do not depend on antihistamines or inhalers (bronchodilators) to treat a severe reaction. USE EPINEPHRINE.

Extremely reactive to the following allergens: _____

THEREFORE:

- ☐ If checked, give epinephrine immediately if the allergen was **LIKELY** eaten, for **ANY** symptoms.
- ☐ If checked, give epinephrine immediately if the allergen was **DEFINITELY** eaten, even if no symptoms are apparent.

FOR **ANY** OF THE FOLLOWING:

SEVERE SYMPTOMS



LUNG

Shortness of breath, wheezing, repetitive cough



HEART

Pale or bluish skin, faintness, weak pulse, dizziness



THROAT

Tight or hoarse throat, trouble breathing or swallowing



MOUTH

Significant swelling of the tongue or lips



SKIN

Many hives over body, widespread redness



GUT

Repetitive vomiting, severe diarrhea



OTHER

Feeling something bad is about to happen, anxiety, confusion

**OR A
COMBINATION**
of symptoms
from different
body areas.

1. **INJECT EPINEPHRINE IMMEDIATELY.**
2. **Call 911.** Tell emergency dispatcher the person is having anaphylaxis and may need epinephrine when emergency responders arrive.
 - Consider giving additional medications following epinephrine:
 - » Antihistamine
 - » Inhaler (bronchodilator) if wheezing
 - Lay the person flat, raise legs and keep warm. If breathing is difficult or they are vomiting, let them sit up or lie on their side.
 - If symptoms do not improve, or symptoms return, more doses of epinephrine can be given about 5 minutes or more after the last dose.
 - Alert emergency contacts.
 - Transport patient to ER, even if symptoms resolve. Patient should remain in ER for at least 4 hours because symptoms may return.

MILD SYMPTOMS



NOSE

Itchy or runny nose, sneezing



MOUTH

Itchy mouth



SKIN

A few hives, mild itch



GUT

Mild nausea or discomfort

**FOR MILD SYMPTOMS FROM MORE THAN ONE
SYSTEM AREA, GIVE EPINEPHRINE.**

**FOR MILD SYMPTOMS FROM A SINGLE SYSTEM
AREA, FOLLOW THE DIRECTIONS BELOW:**

1. Antihistamines may be given, if ordered by a healthcare provider.
2. Stay with the person; alert emergency contacts.
3. Watch closely for changes. If symptoms worsen, give epinephrine.

MEDICATIONS/DOSES

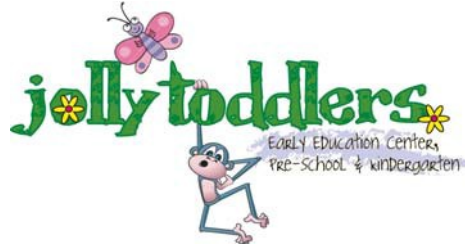
Epinephrine Brand or Generic: _____

Epinephrine Dose: ☐ 0.1 mg IM ☐ 0.15 mg IM ☐ 0.3 mg IM

Antihistamine Brand or Generic: _____

Antihistamine Dose: _____

Other (e.g., inhaler-bronchodilator if wheezing): _____



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Nondiscrimination in Services

TO: Parents, Legal Guardians, Students, and Clients
FROM: Nancy A. Thompson
SUBJECT: Nondiscrimination in Services

Admissions, the provision of services, and referrals of clients shall be made without regard to race, color, religious creed, disability, ancestry, national origin, age or sex. Program services shall be made accessible to eligible persons with disabilities through the most practical and economically feasible methods available. These methods include, but are not limited to, equipment redesign, the provisions of aides, and the use of alternate service delivery locations. Structural modifications shall be considered only as a last resort among available methods.

Any parent and/or their guardian, who believes they have been discriminated against, may file a complaint with any of the following:

Jolly Toddlers Early Education Center
275 2nd Street Pike
Southampton, PA 18966

Department of Public Welfare Bureau
of Equal Opportunity
Room 223 Health & Welfare Building
625 Forster
Harrisburg, PA 17120

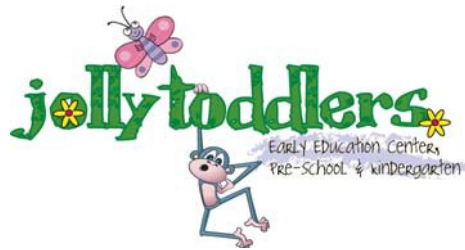
U.S. Department of Health and Human
Services Office for Civil Rights - Suite 372
Public Ledger Building
150 S. Independence Mall West
Philadelphia, PA 19106-91111

Commonwealth of Pennsylvania
DPW/ Bureau of Equal Opportunity
Southeast Regional Office
801 Market Street, Suite 5034
Philadelphia, PA 19107

PA Human Relations
Commission 110 North 8th
Street
Suite 501
Philadelphia, PA 19107

Parent/Guardian Signature _____ **Date** _____

Staff Signature _____ **Date** _____



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Date: _____

TO: Parents, Legal Guardians, Students, and Clients
FROM: Nancy A. Thompson

Re: Day Care Emergency Operations Plan

Dear Parent(s)/Guardian(s):

This letter is to assure you of our concern for the safety and welfare of the students and staff at Jolly Toddlers Early Education Center. Our Emergency Operations Plan provides you with the responses to the various types of emergencies. Depending on the circumstance(s) of the emergency, we will use one of the following protective actions:

1. Immediate Evacuation – Students are evacuated to a safe area on the grounds of the facility in the event of a fire, etc.;
2. In-place Sheltering – Sudden occurrences, weather or hazardous materials related, may dictate that remaining indoors and taking cover within the facility structure is the best immediate response;
3. Evacuation – The evacuation of the facility, including evacuation from the grounds of the facility, may become necessary if there is a danger proportionate to such response. In such a case, it is intended that the children will be removed to a site and location determined at the time of the causal event, by and under the authority of Upper Southampton Township officials;
4. Modified Operation – Modified Operation may include cancellation/postponement or rescheduling of normal activities. These actions are normally taken in case of a winter storm or building operation problem that makes it potentially unwise for students to be at the site.

Please listen to Channels 6 and 10 on your television for announcements relating to emergency action such as those listed above. Please follow us on Facebook @jollytoddlers1984 for JT announcements. All announcements will also be posted to HI MAMA.

We ask that you not call during an emergency in order keep our main telephone line free for emergency calls and to relay information to and/or from emergency assistance/response organizations. We intend to contact you and let you know that we have taken a protective action if and when safety for all students and staff has been assured. We will alert you when the situation generating the action taken has been resolved advise you of when you may safely pick up your child(ren).

Attached is a form for you to complete and return to us. On this form you will designate persons you will allow to pick up you child(ren). This form will be used when releasing your child(ren) following appropriate resolution of conditions noted in this letter.

The staff and I urge you not to attempt to make different arrangements during an emergency. Doing so will only create additional confusion and divert staff from their assigned emergency duties.

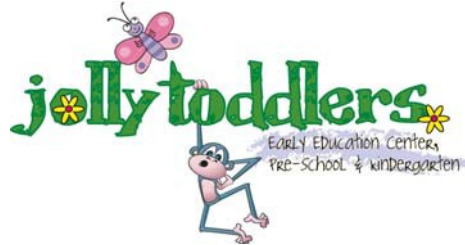
Your cooperation and understanding are necessary for the safety of all involved, and I will thank you in advance for providing this to us. Should you have any questions on this matter, please feel free to contact me.

Sincerely,

Nancy Ann Thompson
Registered Nurse, Pennsylvania, Professional Counselor, Pennsylvania,
N.C.C., N.C.S.C., M.S./School Counseling, B.S. Ed. /Elementary and Early Childhood

Parent/Guardian

Signature _____ Date _____



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Emergency Management Child Pick-Up Authorization Form

I, _____ authorize JOLLY TODDLERS to release my
child(ren) to the person(s) designated below. This is in consonance with the CHILD CARE EMERGENCY
OPERATIONS POLICY PLAN OF JOLLY TODDLERS.

Student's Name

Designated Custodian(s) Name & Relationship

Your Signature

Relationship

Date

Print Name

Address

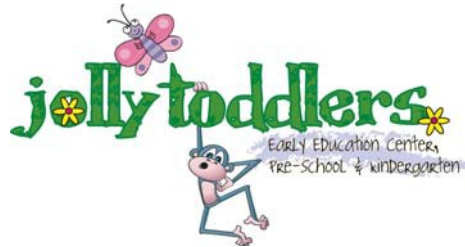
Address

(Home Phone)

(Work)

(Cell)

**Note: Parents and Guardians should designate themselves as designated custodians. Friends,
neighbors and other relatives may also be designated.
PLEASE PRINT CLEARLY.**



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Jolly Toddlers Child Care Center's Health Care Policy

Jolly Toddlers understands that it is difficult for a parent to leave or miss work, therefore it is suggested that alternative arrangements be made for occasions when children must remain at home or be picked up due to illness.

If your child has any of the following conditions or symptoms, we will contact you as soon as possible to pick up your child from the center. Please do so (within 1-1 1/2 hrs) in order prevent contagion of other children and staff and to provide comfort to your child.

- Fever accompanied by other symptom (temperature of 100F taken by mouth, 99F under the arm, or 101F taken by ear using "rectal" equivalent.)
- Any rash suspicious of contagious childhood disease.
- Vomiting accompanied by other symptoms (fever, rash, diarrhea, crankiness, etc.....)
- Diarrhea accompanied by other symptoms (fever, rash, diarrhea, crankiness, etc.....) or uncontrolled diarrhea (stool runs out of diaper or child unable to get to toilet in time.)
- Any skin rash, lesion or wounds with bleeding or oozing of clear fluid or pus.
- Conjunctivitis also called "pink eye" with white or yellow discharge.
- Mouth sores with drooling.
- Any condition preventing the child from participating comfortably in unusual program activities.
- Any illness or condition requiring one-on-one care.
- Scabies, head lice, or other infestations.
- Constant, uncontrolled nasal discharge or constant uncontrolled productive cough (raising phlegm).
- Any contagious illness which is reportable** to the Department of Public Health.

After a child was excluded for any of the above reasons, in order to return to the program following conditions must be met:

- A child must be free from fever, vomiting, and diarrhea (without symptoms) for a **full** 24 hours.
- Any child prescribed an antibiotic for a current bacterial infection must take the prescription for a **full** 24 hours before returning.
- A child must be able to participate comfortably in all usual program activities, including outdoor time.
- The child must be free of open oozing skin conditions unless:
 1. A health care provider signs a note stating that the condition is not contagious, &
 2. A bandage without seepage or draining through the bandage can cover the involved area(s).

- A child excluded because of lice, scabies, or other infestation may return 24 hours after treatment has begun with a note from the doctor* stating that the child is larvae or nit free.
- If a child was excluded because of a reportable** contagious illness, a doctor's* note stating that the child is no longer contagious is required for readmission.

* The note must be from a physician who is not related to the child.

**Each state publishes a listing of communicable disease (such as measles, tuberculosis, whooping cough, etc)which must be reported to the Department of Public Health upon diagnosis.

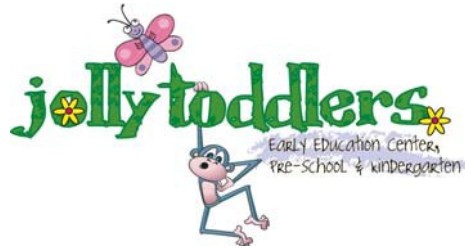
A final decision whether to exclude a child from the program is made by the childcare center.

Parent/ Guardian Signature

Date

Administration Signature

Date



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TRANSITION POLICY

We support the development of the whole child and of individuality among children. It is expected, therefore, that the rate and pattern of development in young children will vary as they grow and develop. Jolly Toddler's teachers adapt their instruction to each child's learning ability. Children are placed according to developmental progress and may continue in a placement or repeat that placement if their developmental needs warrant such a decision. Appropriate continuation procedures and forms are used when recommending that a child repeat a program level and decisions are discussed with parents.

Transition planning is a collaborative, extensive and dynamic series of conversations and activities that begins when first meeting the family. Transition must be viewed as a process rather than a specific event. The process begins early to promote and ensure continuity of service and reduce family interruptions while preparing children for their program placements. At Jolly Toddlers this process begins with a completed questionnaire from the Parent Welcome Packet which provides information about the child. Additionally, a follow up meeting called Getting to Know You Meeting will take place within forty-five (45) days of a transition.

"Change has a considerable psychological impact on the human mind. To the fearful it is threatening because it means that things may get worse. To the hopeful it is encouraging because things may get better. To the confident it is inspiring because the challenge exists to make things better." Whitney King Jr.

SO WE WILL BEGIN WITH THE END IN MIND!

The lead teacher in each classroom will be responsible for giving the individual parent or guardian the Transition Letter and answering any questions the parents or guardians may have. Parents or guardian will be provided ten (10) to fifteen (15) minutes to go over any information regarding the transition and/or the Transition Letter. If further time or information is needed the parent or guardian can request a conference during a time that is convenient to the parent or guardian and the teacher.

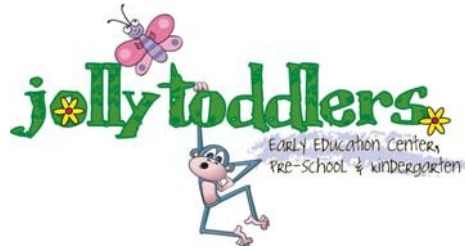
The parents or guardians will receive the transition letter and copy of the lesson plan, some transitional activities that are age appropriate, as well as the child's developmental progress report. This information will allow the parent or guardian to review concrete examples of what their child can expect in the new environment so that the child, parent and teacher will be ready for the new transition. The lead teacher will also provide an orientation to the new learning environment. Some children require a slower transition which will be determined by the collaboration of the lead teacher and the parent or guardian. There is information at the Health and Human Services, Wellness, Nutrition and Fitness Center located in the entryway bookcase at the front desk. Jolly Toddlers welcome any suggestions on how to facilitate a smoother transition for a child.

If your child will be moving into a new classroom within our building during the school year, you are also encouraged to visit that classroom. Prior to an in-house transfer, you will be given a letter as to when the transition will occur and a time when you will be able to speak individually with the new teacher. During this meeting, please bring any "Ages and Stages" assessments you have for your child so that there can be an exchange of communication and discussion surrounding your child(ren)'s developmental progress.

Jolly Toddlers may invite certain individuals for local schools such as teachers, principals, bus drivers and students to speak to the children and provide them with information they may need in order to ease their transition. Anytime there is a special event or article, that may be helpful to children or parents regarding transitions or community participation, we will provide reasonable notice through our newsletter, website, teacher-parent communication or our many bulletin boards. If you hear of any event or find an article please share it with a staff member at Jolly Toddlers so that we may share it with the school community as well.

Additionally, should you and your child find it helpful to meet and speak to bus district depots, crossing guards, teachers, school nurses, principals, or children and parents in higher grades, we will gladly help in assisting with developing these connections.

Parent/Guardian Signature _____ **Date** _____



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HEALTH AND HUMAN SERVICES, WELLNESS, NUTRITION AND FITNESS POLICY

Often there are signs indicating that a child could benefit from outside help. If there are any uncharacteristic behaviors and/or warning signs, listed below, it is important to document such behavior in the observations and assessment and bring such observation to the Director/Owner, Nancy Thompson, R.N. to provide her with the information. While these signs listed below are not a sign of an absolute problem, it is important that such behavior be brought to attention of the Director/Owner Nancy Thompson, R.N. to provide her with the information. Nancy Thompson will evaluate the observation and assessment, as well as the behavior and will determine if the behavior needs to be communicated to the parents and how such information should be communicated to the parents. The behavior may need to be discussed with a physician or community/county health specialist.

This list is only a few examples and is not a complete list of the signs that something may be wrong:

- repeated injuries that are not properly treated or adequately explained
- unusual ways ranging from disruptive and aggressive to passive and withdrawn
- disturbed sleep during naptime
- loss of appetite, overeats, or may report being hungry
- a sudden lack of participation in activities
- failure to pay close attention to details or makes careless mistakes in schoolwork or other activities
- trouble sustaining attention during tasks or play
- not listening when directly spoken to
- leaving seat in the classroom or in other situations where remaining seated is expected
- runs or climbs excessively when it's not appropriate
- talks excessively
- blurts out the answers before questions have been completely asked
- difficulty waiting his or her turn
- interrupts or intrudes on others by butting into conversations

If a parent or guardian requests a referral for any behavior, social, educational, or health specialist discuss the behavior and concerns that the parent or guardian may have and refer them to the Health and Human Services, Wellness, Nutrition and Fitness Center located in the entryway bookcase at the front desk. Document the conversation with the parent regarding the behavior in addition to any observations and assessments you may have and bring to the Director/Owner Nancy Thompson, R.N. to provide her with the information. Nancy Thompson will evaluate the information as well as the behavior. A parent-teacher conference will be scheduled and Nancy will either discuss the information directly with the parents, or guide the teacher on how such information should be communicated to the parents. **IN A CASE OF ABUSE AND NEGLECT, THE DIRECTOR WILL REPORT THE INCIDENT TO THE LOCAL AUTHORITIES AS REQUIRED BY LAW.**

- any behavioral, social, educational or health issues should be reported to the Director as soon as possible

- Jolly Toddlers has a large network of specialists that can be referred who will be of assistance for any Health and Human Services, Wellness, and Nutrition and Fitness concern.
- Jolly Toddlers can provide names and phone numbers of organizations for any Health and Human Services, Wellness, and Nutrition and Fitness concerns.
- Names of organizations for any Health and Human Services, Wellness, Nutrition and Fitness concern are located in the bookcase at the front desk.

Jolly Toddler's recommends the following websites where articles and information can be found which may be helpful for parents regarding Health and Human Services, Wellness, Nutrition and Fitness, such as:

www.ecels.org for health information;

www.bornlearning.org for everyday learning activities for parent and child; and

www.lenapedhauken.org or www.culturefocus.com for diversity and multicultural information.

We have information on the Social, Emotional, Mental Health, Educational, and Medical Services in our neighborhood. If you would like more information on any subject, we will be happy to look into it for you. Please ask you classroom teacher.

Parent/Guardian Signature _____ Date _____



Rollins Center for Language & Literacy

TALK WITH ME: *Sharing My Language with You* *Supporting Dual Language Learners*

Welcome to our classroom! We are looking forward to teaching and caring for your child, and to working together with you to bring the worlds of school and home closer. To make your child feel more at home, please share with us how you say these words and phrases in your home language so we may learn and use at school, too!

Child's Name _____ Home language _____

ENGLISH	HOME LANGUAGE
Hello, good bye	
Good morning	
See you tomorrow!	
Please, thank you	
Mommy, Daddy	
Brother, Sister, Grandma, Grandpa	
Teacher	
Friend	
Eat	
Drink	
Play	
More	
Book	
Bathroom	
Does it hurt?	
Do you need my help?	
Are you hungry?	
Are you thirsty?	
Are you tired?	
Are you sleepy?	
Come sit with me	
Let's wash your hands	
It's time to go outside	
Let's clean up	
It's rest time (nap time)	
Mommy will be back soon	
Let's read this book together	



Read Right
from the Start

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