



# LML Compass Care

## Registration Form 2018-19

*Please complete one form for each child if more than one is enrolling per family.*

### **Student Information:**

Child First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Gr. Entering: \_\_\_\_\_  
Gender : \_\_\_\_\_ Birthday: \_\_\_\_\_

### **Student's Interests:**

**Special interests or favorite activities of your child:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### **Parent/Guardian #1**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Contact Ph Number: \_\_\_\_\_ Email: \_\_\_\_\_  
Employer: \_\_\_\_\_

### **Parent/Guardian #2**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Contact Ph Number: \_\_\_\_\_ Email: \_\_\_\_\_  
Employer: \_\_\_\_\_

### **Emergency Contact #1**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Contact Ph Number: \_\_\_\_\_

### **Emergency Contact #2**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Contact Ph Number: \_\_\_\_\_

### **Authorized Individuals to Pick Up Your Child(ren)**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

*Any changes in persons allowed to pick up your child must be put in writing.*

# LML Compass Care

Please complete one form for each child if more than one is enrolling per family.

I will be enrolling my child in: (check all that apply)

\_\_\_\_ Before School Care (6:00-8:00 AM)      \_\_\_\_\_ Full      \_\_\_\_\_ P/T      \_\_\_\_\_ Daily Rate

\_\_\_\_ After School Care (3:00-6:00 PM)      \_\_\_\_\_ Full      \_\_\_\_\_ P/T      \_\_\_\_\_ Daily Rate

## PARENT/GUARDIAN RESPONSIBILITIES

Responsibilities and Agreements—Please initial each of the following to indicate that you have read and understand each item.

- \_\_\_\_ 1. My child is not allowed to come and go freely from the LML Compass Care Program.
- \_\_\_\_ 2. I understand that I am committing to having my child attend Compass Care for the time I have selected above. **I am responsible for paying the rate that goes with my selection until I change that status in writing to [jjohnston@letmelearn.org](mailto:jjohnston@letmelearn.org).**
- \_\_\_\_ 3. I will inform the LML Compass Care Program Director of any changes or concerns that may arise relevant to my child.
- \_\_\_\_ 4. I must notify the LML Compass Care Program Director in writing of any early departure changes.
- \_\_\_\_ 5. **I understand that if I do not pay the monthly fee within 5 days of the due date, my child will not be able to attend Compass Care.**
- \_\_\_\_ 6. If a medical emergency arise, the LML Compass Care Program will first attempt to contact me. If I cannot be reached, the LML Compass Care Program will call the emergency contact person or my child's doctor. If the emergency is such that immediate hospital attention is necessary, the LML Compass Care Program staff will take measures to see my child is transported to the hospital. I will be responsible for all costs incurred.
- \_\_\_\_ 7. The LML Compass Care Program will operate from 6:00-8:00 AM and from the close of school to 6:00 PM each school day.
- \_\_\_\_ 8. It is my responsibility to see that my child is picked up by the designated closing time of 6:00 PM.

**I understand and agree to abide by the above parent responsibilities.**

**I understand that this is a legal contract and I agree to the rules set above.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**YOUR CHILD CANNOT START AT COMPASS CARE WITHOUT THIS PAGE SIGNED AND A COMPLETED PACKET SUBMITTED.**

# LML Compass Care

Please complete one form for each child if more than one is enrolling per family.

## MONTHLY RATES

### Full-time Monthly Rates

Before School Care (only): \$150.00	(\$135.00 for sibling)
After School Care (only): \$175.00	(\$158.00 for sibling)
Before and After School: \$275.00	(\$248.00 for sibling)

### Part-Time (up to 3 days a week) Monthly Rates:

Before School Care (only): \$110.00	(\$99.00 for sibling)
After School Care (only): \$120.00	(\$108.00 for sibling)
Before and After School: \$205.00	(\$185.00 for sibling)

### Daily Rate:

Before School: \$15.00	After School: \$20.00
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### Rutgers Families

- We are paid only when your child comes to Compass Care.
- We base our staffing on the anticipated attendance of your child.
- Therefore it is very important that your child attend Compass Care on the days it is offered.
- If your child does not come, we reserve the right to terminate your Rutgers agreement with us.

### Automatically Pay Your Monthly Bill

Compass Care now has the ability to process your monthly bill automatically. To participate, please fill out the required information below.

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Card Number

CSV

Exp Date

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Name on the Card

**I understand and agree to have Let Me Learn (LML Compass Care)  
process my card on the first of the month.**

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Signature

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Date

# LML Compass Care

Please complete one form for each child if more than one is enrolling per family.

## PARENT/GUARDIAN PAYMENT RESPONSIBILITIES AND PROCEDURES

Responsibilities and Agreements—Please initial each of the following to indicate that you have read and understand each item.

- \_\_\_\_\_ 1. I will pay the monthly fee on the 1st day of the month. If the 1st day of the month falls on a Saturday or Sunday, I will pay the monthly fee on the first Monday of the month.
- \_\_\_\_\_ 2. I will inform the LML Compass Care Program Director immediately if the registration status of my child changes (for example, from full-time to part-time or vice versa) in the Compass Care program.
- \_\_\_\_\_ 3. **I understand that if I do not pay the monthly fee within 5 days of the due date, my child will not be allowed to attend Compass Care.**
- \_\_\_\_\_ 4. I understand that if my child is not allowed to attend Compass Care, **he or she will be sent home on the bus and I am responsible for picking him or her up at the bus stop.**
- \_\_\_\_\_ 5. I agree to pay a \$10 late fee for every 15-minute block of time after 6 pm that my child is not picked up. **I understand this fee is due at the time of pick up.**
- \_\_\_\_\_ 6. I understand that the monthly price remains the same regardless of holidays or Spring Break because it is an average cost over the course of the whole school year.

### **For Rutgers Families:**

- \_\_\_\_\_ 1. It is my responsibility to swipe my child in the morning or out in the afternoon.
- \_\_\_\_\_ 2. I understand that if I have a card and I fail to swipe my child's attendance more than 3 times in a week, Compass Care will report this to Rutgers **and** Compass Care **may** refuse to permit my child to participate in the program.

**I understand and agree to abide by the above payment responsibilities. I understand that this is a legal contract and I agree to the rules set above.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**YOUR CHILD CANNOT START AT COMPASS CARE WITHOUT THIS PAGE SIGNED AND A COMPLETED PACKET SUBMITTED.**

**To submit this registration, bring it or mail it to: Compass Academy Charter School  
c/o LML Compass Care, 23 W Chestnut Ave, Vineland, NJ 08360 Or Fax it to 856-431-7971**

# LML COMPASS CARE

## MEDICAL HISTORY

Failure to return or complete information  
may delay your registration.

**To the Parents of Participants:** Please complete this form carefully. Information supplied will become a part of your child's health record. All health records are confidential.

Camper's Name: (Last) (First) (MI) (Preferred)

Street Address:

City: State: Zip:

Home Phone: SS#: Sex:

Date of Birth: Height: Weight:

Name of Family Physician: Phone:

### REPORT OF MEDICAL HISTORY

Does your child have any allergies? Yes \_\_\_ No \_\_\_ If yes, specify:

Aspirin \_\_\_ Penicillin \_\_\_ Codeine \_\_\_ Bee Stings \_\_\_ Molds/Fungi \_\_\_

Eggs \_\_\_ Sulfa \_\_\_ Tetanus Toxoid \_\_\_ Other \_\_\_

**❖ IMPORTANT NOTE: IMMUNIZATION RECORD REQUIRED PRIOR TO REGISTRATION.  
(PLEASE ATTACH PROOF OF ALL VACCINATIONS.)**

Has your child ever had any of the following? Comment below on all "Yes" answers.

YES	NO		YES	NO		YES	NO		YES	NO	
		Measles (Red)			Hay Fever/Asthma			Chest Pain / Pressure			Jaundice
		German Measles			DES Exposure			Chronic cough			Mononucleosis
		Mumps			Appendectomy			Palpitation (Heart)			Gallbladder Trouble
		Chicken Pox			Tonsillectomy			Rheumatic Fever			Stomach Ulcers
		Malaria			Hernia repair			High Blood Pressure			Recurrent Diarrhea
		Anemia			Other Surgery (Note Below)			Heart Murmur			Recent Weight Gain
		Gum / Tooth Trouble			Insomnia			Heart Disease			Veneral Disease
		Sinusitis			Recurrent Headache			Joint Disease			Dizziness, Fainting
		Eye Problems			Recurrent Bladder Infection			Arthritis			Weakness, Paralysis
		Ear Problems			Kidney Disease			Back Problems			Diabetes
		Recurrent Colds			Head Injury/Unconsciousness			Seizure/Convulsions			Recent Weight Loss
		Tumor, Cancer, Cyst			Shortness of Breath			Tuberculosis			Hypoglycemia

Remarks or additional information on all "YES" answers, drug allergies, and any other infectious diseases not listed.

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-Please Turn Over-

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Please list all medications your child is currently taking.

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Is your child presently under treatment for any physical or emotional problem?

\_\_\_\_\_ YES

\_\_\_\_\_ NO

Diagnosis:

**Parental Statement and Consent / Liability Waiver**

I hereby certify that the medical history I have provided is accurate and complete to the best of my knowledge. In the event that I or my authorized physician cannot be reached in an EMERGENCY, and immediate observation or treatment is urgent in the judgement of the LML Compass Care Program Director, I hereby grant permission for the LML Compass Care staff to arrange for transport of my child to a local hospital for treatment if such transport is deemed by them in the best interest of my child's welfare.

I / we, the undersigned, for ourselves, our heirs, executors and administrators, waive and release any and all rights and claims for damages I may have against the LML Compass Care or Compass Academy Charter School and its respective agents, representatives successors and assignees, for any and all injuries which may be suffered by my child in connection with the LML Compass Care program. Furthermore, I attest and verify that I have full knowledge of the risks associated with an activities camp of this nature. I also understand that responsible care will be exercised in the supervision of these activities.

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Custodial Parent or Guardian

Phone

Date

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Custodial Parent or Guardian

Phone

Date

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If unable to reach the above signed, in case of an emergency please contact:

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Name

Phone

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Relationship

**Please Return Health Form to:**

**LML Compass Care**

**23 W Chestnut Ave**

**Vineland, NJ 08360**

**Phone (856) 899-5570**

**Fax (856) 431-7971**

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Center: LML Compass Care

ID: 110400170

I have received the following documents:

- Information to parents
- Communicable disease policy
- Policy on release of children
- Expulsion policy
- Guidelines for Positive Discipline
- Photo release form

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Signature of Parent/Guardian

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Print Name

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Name of Child

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Date

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**Department of Children and Families**  
**Office of 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 New Jersey must provide to parents of enrolled children written information on parent visitation rights, State licensing requirements, child abuse/neglect reporting requirements and other child care matters. The center must comply with this requirement by reproducing and distributing to parents this written statement, prepared by the Office of Licensing, Child Care & Youth Residential Licensing, in the Department of Children and Families (DCF). 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 Children and Families (DCF). A copy of our current license must be posted in a prominent location at our center. Look for it when you're in the center.

To be licensed, our center must comply with the Manual of Requirements for Child Care Centers (the official licensing regulations). The regulations cover such areas as: physical environment/life-safety; staff qualifications, supervision, and staff/child ratios; program activities and equipment; health, food and nutrition; rest and sleep requirements; parent/community participation; administrative and record keeping requirements; and others.

Our center must have on the premises a copy of the Manual of Requirements for Child Care Centers and make it available to interested parents for review. If you would like to review our copy, just ask any staff member. Parents may secure a copy of the Manual of Requirements by sending a check or money order for \$5 made payable to the "Treasurer, State of New Jersey", and mailing it to: NJ Department of Children and Families, Office of Licensing, Publication Fees, PO Box 657, Trenton, NJ 08646-0657.

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 requirements, 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 parents 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 DCF inspections/investigations. DCF staff may interview both staff members and children.

Our center must post its written statement of philosophy on child discipline in a prominent location and make a copy of it available to parents upon request. We encourage you to review it and to discuss with us any questions you may have about it.

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

Our center must offer parents of enrolled children ample opportunity to 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 to periodically review the Department of Law and Public Safety (DLPS), Division of Consumer Affairs (DCA), unsafe children's products list, make the list accessible to staff and parents, and ensure that items on the list are not at the center. The list is available at [www.state.nj.us/lps/ca/recall/recalls.htm](http://www.state.nj.us/lps/ca/recall/recalls.htm). Internet access may be available at your local library. For more information call the DLPS, DCA, toll-free at 1(800) 242-5846.

Anyone who has reasonable cause to believe that an enrolled child has been or is being subjected to any form of hitting, corporal punishment, abusive language, ridicule, harsh, humiliating or frightening treatment, or any other kind of child abuse, neglect, or exploitation by any adult, whether working at the center or not, is required by State law to report the concern immediately to the State Child Abuse Hotline, toll free at 1 (877) NJ ABUSE. Such reports may be made anonymously. Parents may secure information about child abuse and neglect by contacting: DCF, Office of Communications and Legislation at (609) 292-0422 or go to [www.nj.gov/dcf](http://www.nj.gov/dcf) and select Publications.

10:122-7.11 Information to parents regarding the management of communicable diseases  
To be distributed to parents

## POLICY ON THE MANAGEMENT OF COMMUNICABLE DISEASES

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

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

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

## EXCLUDABLE COMMUNICABLE DISEASES

A child or staff member who contracts an excludable communicable disease may not return to the center without a health care provider's note stating that the child presents no risk to himself/herself or others. These diseases include respiratory, gastrointestinal, and contact illnesses such as Impetigo, Lice, Scabies, and Shingles.

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

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

## COMMUNICABLE DISEASE REPORTING GUIDELINES

Some excludable communicable diseases must be reported to the health department by the center. The Department of Health's Reporting Requirements for Communicable Diseases and Work-Related Conditions Quick Reference Guide, a complete list of reportable excludable communicable diseases, can be found at [http://www.nj.gov/health/cd/documents/reportable\\_disease\\_magnet.pdf](http://www.nj.gov/health/cd/documents/reportable_disease_magnet.pdf).

# Quick Reference



## Reporting Requirements for Communicable Diseases and Work-Related Conditions



To protect public health, certain diseases and conditions are required to be reported in a timely manner by specific health care providers, administrators, and laboratory directors (see New Jersey Administrative Code Title 8, Chapters 57 and 58).

**Health care providers required to report:** physicians, advanced practice nurses, physician assistants, and certified nurse midwives.

**Administrators required to report:** persons having control or supervision over a health care facility, correctional facility, school, youth camp, child care center, preschool, or institution of higher education.

**Laboratory directors:** For specific reporting guidelines, see NJAC 8:57-1.7.

### CONFIRMED or SUSPECT CASES TELEPHONE IMMEDIATELY to the LOCAL HEALTH DEPARTMENT

- Anthrax
- Botulism
- Brucellosis
- Diphtheria
- Foodborne intoxications (including, but not limited to, ciguatera, paralytic shellfish poisoning, scombroid, or mushroom poisoning)
- *Haemophilus influenzae*, invasive disease
- Hantavirus pulmonary syndrome
- Hepatitis A, acute
- Influenza, novel strains only
- Measles
- Meningococcal invasive disease
- Outbreak or suspected outbreak of illness, including, but not limited to, foodborne, waterborne or nosocomial disease or a suspected act of bioterrorism
- Pertussis
- Plague
- Poliomyelitis
- Rabies (human illness)
- Rubella
- SARS-CoV disease (SARS)
- Smallpox
- Tularemia
- Viral hemorrhagic fevers (including, but not limited to, Ebola, Lassa, and Marburg viruses)

Cases should be reported to the local health department where the patient resides. If patient residence is unknown, report to your own local health department. Contact information is available at: [localhealth.nj.gov](http://localhealth.nj.gov).

If the individual does not live in New Jersey, report the case to the New Jersey Department of Health and Senior Services at: 609-826-5964.

In cases of immediately reportable diseases and other emergencies - if the local health department cannot be reached - the New Jersey Department of Health and Senior Services maintains an emergency after hours phone number: 609-392-2020.

### REPORTABLE WITHIN 24 HOURS OF DIAGNOSIS to the LOCAL HEALTH DEPARTMENT

- Amoebiasis
- Animal bites treated for rabies
- Arboviral diseases
- Babesiosis
- Campylobacteriosis
- Cholera
- Creutzfeldt-Jakob disease
- Cryptosporidiosis
- Cyclosporiasis
- Diarrheal disease (child in a day care center or a foodhandler)
- Ehrlichiosis
- *Escherichia coli*, shiga toxin producing strains (STEC) only
- Giardiasis
- Hansen's disease
- Hemolytic uremic syndrome, post-diarrheal
- Hepatitis B, including newly diagnosed acute, perinatal and chronic infections, and pregnant women who have tested positive for Hep B surface antigen
- Influenza-associated pediatric mortality
- Legionellosis
- Listeriosis
- Lyme disease
- Malaria
- Mumps
- Psittacosis
- Q fever
- Rocky Mountain spotted fever
- Rubella, congenital syndrome
- Salmonellosis
- Shigellosis
- *Staphylococcus aureus*, with intermediate-level resistance (VISA) or high-level-resistance (VRSA) to vancomycin only
- Streptococcal disease, invasive group A
- Streptococcal disease, invasive group B, neonatal
- Streptococcal toxic shock syndrome
- *Streptococcus pneumoniae*, invasive disease
- Tetanus
- Toxic shock syndrome (other than Streptococcal)
- Trichinellosis
- Typhoid fever
- Varicella (chickenpox)
- Vibriosis
- Viral encephalitis
- Yellow fever
- Yersiniosis

### REPORTABLE DIRECTLY to the NJ DEPARTMENT OF HEALTH AND SENIOR SERVICES

**Hepatitis C**, acute and chronic, newly diagnosed cases only  
Written report within 24 hours

**HIV/AIDS**  
609-984-5940 or 973-648-7500  
Written report within 24 hours

- AIDS
- HIV infection
- Child exposed to HIV perinatally

**Sexually Transmitted Diseases**  
609-826-4869  
Report within 24 hours

- Chancroid
- Chlamydia, including neonatal conjunctivitis
- Gonorrhea
- Granuloma inguinale
- Lymphogranuloma venereum
- Syphilis, all stages and congenital

**Tuberculosis** (confirmed or suspect cases)  
609-826-4878  
Written report within 24 hours

**Occupational and Environmental Diseases, Injuries, and Poisonings**  
609-826-4920  
Report within 30 days after diagnosis or treatment

- Work-related asthma (possible, probable, and confirmed)
- Silicosis
- Asbestosis
- Pneumoconiosis, other and unspecified
- Extrinsic allergic alveolitis
- Lead, mercury, cadmium, arsenic toxicity in adults
- Work-related injury in children (< age 18)
- Work-related fatal injury
- Occupational dermatitis
- Poisoning caused by known or suspected occupational exposure
- Pesticide toxicity
- Work-related carpal tunnel syndrome
- Other occupational disease

# STUDENT DROP-OFF AND PICK UP INFO

**Morning Drop Off Times:** Anytime between 6:00 and 8:00 am.

**Afternoon Pick Up Times:** Anytime between 3:00 and 6:00 pm.

## **Drop off and pick-up Process:**

1. Park in the parking lot behind Compass Academy Charter School.
2. Accompany your child through the back loading dock doors (where parent pick up and drop off is for the normal school day) during the designated drop-off and pick-up times.
3. Please drive through the area behind the school slowly and watch for other traffic, including buses when coming around to the front of the school.

## **Important for Pick-Up Only**

1. Every person picking up must be on the authorization list and sign out the child they are picking up.

You will be asked to show proper identification to pick up your child at any time of the day. If you do not have proper ID and/or are not on the authorization list, you will not be allowed to pick up your child. Every effort will be made to call all persons on the child's authorization list for clearance and verification. If we are unable to reach anyone at that time, the child will remain with us.

2. An authorized list will be created that will allow certain individuals to pick up your child from LML Compass Care. Both parents will be on the list unless court documents state that custody is different. Please be sure our office has a completed copy of that form or fill one out prior to camp. If at any time you need to make deletions or additions please contact our camp office.

## **Authorization for Pick-Up and Custody Issues**

For the safety of your child, we must have on file, a written authorization/permission from the legal parent/guardian, of all persons permitted to pick-up your child. Please complete the form provided; you may add or delete names in writing at any time. If there are any legal issues we should be aware of, please provide us with an updated court document stating such. We will abide by legal documents only when dealing with children and custody issues. Otherwise either parent has equal rights to their child(ren) and the information regarding them such as invoices, medical records, and camp schedules.



**LML Compass Care**

**Criteria for Expulsion**

A student may be suspended or expelled from the Compass Academy Charter School based on criteria determined by the Board of Trustees, which are consistent with the provisions of N.J.S. 18A: 37-2, and approved by the commissioner as part of the school’s charter. The Principal, after teacher consultation, may recommend student expulsion.

Extreme violations or multiple lesser violations of the Board approved Code of Conduct will be considered grounds for expulsion. The Compass Academy Charter School will apply disciplinary action for conduct infractions in situations related to school activities and/or attendance and occurring on school property, including school buses. The Compass Academy Charter School will adopt the N.J.S.A 18A: 37-2, causes for expulsion of pupils, conduct, which shall constitute cause for expulsion.

Teachers will refer to the Principal students with serious violations or repeated minor violations. The Principal will then arrange a meeting between the parents, student and Principal to determine disciplinary action. Though expulsion is the ultimate “last resort,” it will be applied consistently to ensure that the behavior does not impede the ability of the other children to function successfully or safely.

Violations deemed serious or habitual will be addressed with expulsion if the Principal determines that all other options have been exhausted without the desired effect, or the expulsion is mandated by law. A hearing will be arranged with the Board President, the Principal, the parents and the student. The hearing could result in a recommendation to the Board for student expulsion. The Board has the final authority for expulsion decisions.

I understand LML Compass Care will be following the expulsion policy of Compass Academy Charter School (see above).

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Printed Name

## GUIDELINES FOR POSITIVE DISCIPLINE

Positive discipline is a process of teaching children how to behave appropriately. Positive discipline respects the rights of the individual child, the group, and the adult. Methods of positive discipline shall be consistent with the age and developmental needs of the children, and lead to the ability to develop and maintain self-control.

Positive discipline is different from punishment. Punishment tells children what they should not do; positive discipline tells children what they should do. Punishment teaches fear; positive discipline teaches self-esteem.

You can use positive discipline by planning ahead:

- Anticipate and eliminate potential problems.
- Have a few consistent, clear rules that are explained to children and understood by adults.
- Have a well-planned daily schedule.
- Plan for ample elements of fun and humor.
- Include some group decision-making.
- Provide time and space for each child to be alone.
- Make it possible for each child to feel he/she has had some positive impact on the group.
- Provide the structure and support children need to resolve their differences.
- Share ownership and responsibility with the children. Talk about our room, our toys.

You can use positive discipline by intervening when necessary:

- Re-direct to a new activity to change the focus of a child's behavior.
- Provide individualized attention to help the child deal with a particular situation.
- Use time-out -- by removing a child for a few minutes from the area or activity so that he/she may gain self control. (One minute for each year of the child's age is a good rule of thumb).
- Divert the child and remove from the area of conflict:
- Provide alternative activities and acceptable ways to release feelings.
- Point out natural or logical consequences of children's behavior.
- Offer a choice only if there are two acceptable options.
- Criticize the behavior, not the child. Don't say "bad boy" or "bad girl." Instead you might say "That is not allowed here."

You can use positive discipline by showing love and encouragement:

- Catch the child being good. Respond to and reinforce positive behavior; acknowledge or praise to let the child know you approve of what he/she is doing.
- Provide positive reinforcement through rewards for good behavior.
- Use encouragement rather than competition, comparison or criticism.
- Overlook small annoyances, and deliberately ignore provocations.
- Give hugs and caring to every child every day.
- Appreciate the child's point of view.
- Be loving, but don't confuse loving with license.

Positive discipline is NOT:

- Disciplining a child for failing to eat or sleep or for soiling themselves
- Hitting, shaking, or any other form of corporal punishment
- Using abusive language, ridicule, harsh, humiliating or frightening treatment or any other form of emotional punishment of children
- Engaging in or inflicting any form of child abuse and/or neglect
- Withholding food, emotional responses, stimulation, or opportunities for rest or sleep
- Requiring a child to remain silent or inactive for an inappropriately long period of time

Positive discipline takes time, patience, repetition and the willingness to change the way you deal with children. But it's worth it, because positive discipline works.

## Filosofía De Disciplina

Los niños aprenden los comportamientos que ven de la otra gente en su mundo. La meta del centro de guardería Happy Face será ayudar al niño a desarrollar su propia motivación para ser un miembro cooperativo del grupo. Los profesores trabajan con el niño para ayudarlo a ser único e independiente, El niño desarrolla una base sana del comportamiento apropiado, después ese comportamiento se enseña y se modela. Los niños experimentarán el comportamiento previsto de una manera estructurada y apacible que será de acuerdo a la edad de desarrollo del niño,

El centro cuidado Happy face refuerza el comportamiento positivo. Si un niño está haciendo algo inaceptable volvemos a dirigir su actividad en las normas del comportamiento previstas. Se da la alabanza cuando el niño se está comportando apropiadamente, aunque cuando ocurre un comportamiento inadecuado, este comportamiento será ignorado segura y totalmente cuando sea posible. La alabanza y la aprobación de trabajos hechos, son una práctica común y conducen a desarrollar un comportamiento apropiado.



## LML Compass Care Photo Release Form

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Child Name

- LML Compass Care may use my child's image and first name in videos, publications, and the website.
- LML Compass Care may use my child's image, but **not** first name in videos, publications, or the website.
- LML Compass Care may **not** use my child's image or name in videos, publications, or the website.

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Parent or Legal Guardian Signature

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Date