

**PARENTAL PERMISSION**

Child's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Grade in Sept '09: \_\_\_\_\_

*I hereby grant permission for.....*

- my child to use all of the play equipment at All Saints and to participate in all of the activities of the school.
- my child to leave the school grounds with a staff member for neighborhood walks and public bus lines within Hoboken, for field trips in the community. I understand that any trips outside Hoboken, or trips using private bus lines, will be handled by separate permission forms.
- the school to apply a generic brand of sunscreen to my child in the event that students will be outside in the sun for neighborhood walks, field trips or other outdoor activities. If my child is allergic to any of the ingredients in generic sunscreen, I agree to notify the school, in writing, and to provide the school with an adequate supply of sunscreen to be used on my child throughout the year.
- the name, likeness, quotes and or written or creative work of my child(ren), family and myself to be published in advertising, publicity or promotion material for All Saints Episcopal Day School. This permission is given voluntarily and with no requirement for monetary remuneration.
- the school to publish my family's name, address, e-mail address and phone number in the Parent Directory, to be distributed to school families at the beginning of the year.
- the Head of the School or her designee to take whatever steps may be necessary to obtain emergency medical care if warranted. These steps may include, but are not limited to, any or all of the following, as deemed appropriate:
  1. In an emergency, an ambulance or other medical emergency services will be called. A staff member will accompany the child until a parent can be reached.
  2. For any medical or other emergency situation, we will attempt to contact a parent.
  3. If a parent cannot be reached, we will further attempt to make contact through the individuals listed as Emergency Contacts.

Student accident insurance covers medical expenses incurred as a result of school-related accident or injury. Any other expenses incurred will be the responsibility of the child's family.

Granted:

Parent/Guardian #1 Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian #2 Signature \_\_\_\_\_ Date \_\_\_\_\_

**INDIVIDUAL PUPIL REQUEST FOR LOAN OF TEXTBOOKS**

Under the provisions of NJSA 18A: 58-37.1 et seq., I hereby request the Hoboken Board of Education to loan textbooks to All Saints Episcopal Day School, in which my child is currently enrolled. I certify that my child (named below) and I are residents of the State of New Jersey. I understand that the board of education of the public school district in which the nonpublic school is located is responsible for providing the loan of textbooks to nonpublic school students pursuant to law and regulations.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**STUDENT TRANSPORTATION INFORMATION**

New Jersey State law provides that if your child attends school in a community where busing is available, and your child is not using that bus service, you may be eligible for a transportation reimbursement. In order to request this reimbursement, you will need to fill out the Transportation Reimbursement Form for the city/town where you reside and return the form to the School office as soon as possible.

## CHILD CARE LICENSING STATEMENT LETTER

All Saints Episcopal Day School, in keeping with New Jersey's Child Care Center Licensing Requirements, is obliged to provide you, as the parent of a child enrolled at our school, with this informational statement:

Under provisions of the Manual of Requirements for Child Care Centers (N.J.I.A.C. 10: 122), every licensed child care center in New Jersey must provide to parents of enrolled children information on parent visitation rights, State licensing requirements, child abuse/neglect reporting requirements and other child care matters. The center may comply with this requirement: 1) by reproducing and distributing to parents this written statement, prepared by the Bureau of Licensing in the Division of Youth and Family Services (DYFS); or 2) informational materials. In keeping with this requirement, the school/center must secure every parent's signature attesting to his/her receipt of the information.

Our school is required by the State Child Care Center Licensing Law to be licensed by the Bureau of Licensing of the New Jersey Division of Youth and Family Services. A copy of our current license must be posted in a prominent location at our school/center. Look for it when you're in the school.

To be licensed, our school 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; program activities and equipment; health, food and nutrition; rest and sleep requirements; parent/community participation; administrative and record keeping requirements, among others.

Our school must have on the premises a copy of the Manual of Requirements 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 for Child Care, for a nominal fee, by writing to the Bureau of Licensing, Division of Youth and Family Services, C 717, Trenton, NJ 08625.

We encourage parents to discuss with us any questions or concerns about the policies and program of the school or the meaning, application or alleged violations of the Manual of Requirements. We will be happy to arrange a convenient opportunity for you to review and discuss these matters with us. If you suspect that the school may be in violation of licensing standards, you are entitled to report them to the Bureau of Licensing. Of course, we would also appreciate your bringing these concerns to our attention.

All Saints must have a policy concerning the release of children to parents or people authorized by the parent(s) to be responsible for the child. Please discuss with us your plans for your child's departure from the school.

All Saints must have a policy about dispensing medicine and the management of communicable diseases. Please speak with us about these policies so that we can work together to keep our children healthy.

Parents are entitled to review the school's copy of the Bureau of Licensing's Inspection/Violation Reports at the school/center, which are issued after every State Licensing Inspection of our school/center. If there is a licensing complaint investigation, you are entitled to review the Bureau's Complaint Investigation Summary Report, as well as any letters of enforcement or other actions taken against the school during the current licensing period. Let us know if you wish to review these documents and we will make them available for you.

All Saints must cooperate with all DYFS inspections/investigations. DYFS staff may interview both staff members and children.

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

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

All Saints must offer parents of enrolled children ample opportunity to participate in and observe the activities of the school. Parents wishing to participate in the activities or operations of the school should discuss their interest with the Head of School, who can advise them of what opportunities are available. Parents of enrolled children may visit the school at any time without having to secure prior approval from the Head of School or any staff member. Please feel free to do so when you can. We welcome visits from our parents.

All Saints must inform parents, in advance, of every field trip, outing or special event away from the school and must obtain prior written consent from parents before taking a child on any trip outside the Hoboken community.

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 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 Office of Child Abuse Control, Toll Free at (800) 792-8610, or to any District Office. 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, C717, Trenton, NJ 08625.

I have received the information to parents that explains licensing regulations.

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Parent Signature

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Date:

# STUDENT INFORMATION FORM

Child's Name: \_\_\_\_\_ Grade in Sept '09: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Country of Birth: \_\_\_\_\_

Parent/Guardian #1		Parent/Guardian #2
	Full Name	
	Home Address (if different than above)	
	Home Phone	
	Cell Phone	
	Work Phone	
	Preferred Email	
	Name of Employer	
	Work Address	

*If any of the above information changes, it is the parent's responsibility to notify the school.*

**PEOPLE AUTHORIZED TO PICK UP YOUR CHILD:** Under no circumstance will your child be released to anyone not listed here or without written permission. Parents are assumed authorized unless otherwise instructed in writing (legal documentation may be required to withhold assumed parental rights).

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship to Child \_\_\_\_\_

**PEOPLE TO BE CALLED IN CASE OF EMERGENCY:** (if parents/guardians not available)

Contact #1	Contact #2
Name: _____	Name: _____
Address: _____ _____	Address: _____ _____
phone(s): _____	phone(s): _____
Relationship to child: _____	Relationship to child: _____

Name of Pediatrician: \_\_\_\_\_ Phone #: \_\_\_\_\_