



1110 Harrison Street • Frenchtown NJ 08825  
Phone (908) 628-9639 • Fax (908) 996-9801 • [www.secretgardenmontessori.org](http://www.secretgardenmontessori.org)

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Dear families,

Welcome! We thank you for choosing Secret Garden Montessori. Enclosed you will find a comprehensive registration packet. To secure your child's placement in the program, please submit the following documents on or before the first day of school. Once these documents are received, an enrollment agreement will be generated for you to sign.

As a licensed childcare center in New Jersey, we are obliged to provide you, as the parent of a child enrolled at our center, with our Parent Handbook that includes the informational statement and our contagious disease, staff discipline & child suspension/expulsion policies.

The informational statement highlights the center's obligation to be licensed and to comply with licensing standards; and the obligation of all citizens to report suspected child abuse/neglect/exploitation to the State's Division of Youth and Family Services (DYFS).

Please read through the forms carefully and contact the office if you have any questions.

**Below is a checklist of included documents required for enrollment:**

1. Parental Authorization for Emergency Medical Treatment
2. Immunization records or letter of religious objection. \*Please note\* Children under 59 months of age are required to receive a flu shot annually between the months of September- December. Record of updated vaccination must be submitted as soon as the flu shot has been received. \*Due on or before the first day of school.
3. Universal Health Record completed and signed by your child's doctor. *Due on or before the first day of school.*
4. Receipt of Information to Parents form (*signature required after review of all Health and Safety documents and Parent Handbook*)

Thank you for choosing our school. We are glad to have you in the community!

Sincerely,

*Rosalie Adams*

Rosalie Adams  
Head of School

**RECEIPT OF INFORMATION TO PARENTS**

Name of child: \_\_\_\_\_  
Name of Parent/Guardians(s): \_\_\_\_\_

I have received and read the copy of the Information to Parents Statement prepared by the Office of Licensing in the Division of Youth and Family Services and included in the Secret Garden Montessori Parent Handbook. I have reviewed Secret Garden Montessori's 1. Contagious disease policy 2. Release of children policy 3. Discipline/suspension/expulsion policy as required by the Office of Licensing.

Signature of Parent: \_\_\_\_\_ Date \_\_\_\_\_

Additionally, I have received and read Secret Garden Montessori's 1. Health and Safety Plan 2. COVID-19 Travel Policy 3. Virtual Learning Plan 4. SGM COVID Close Contact Quarantine Policy and agree to comply with ALL health and safety protocols outlined for Secret Garden Montessori for the 2023-24 school year.

Signature of Parent: \_\_\_\_\_ Date \_\_\_\_\_

**AUTHORIZATION TO PHOTOGRAPH/RECORD**

I, \_\_\_\_\_, hereby authorize Secret Garden Montessori to freely use, reproduce, and/or publish photographs of my child and/or his/her work both while they are enrolled at the school and afterwards in the following: **(PLEASE check one or all that apply)** This authorization shall remain in place unless specifically rescinded later.

- press releases (shared with the public)
- brochures & other promotional materials (shared with the public)
- on the Secret Garden Montessori website (shared with the public)
- newsletter **(shared with current families to include extended families)**
- on social media (shared with the public)
- I do not wish for my child to be photographed.**

Name of child: \_\_\_\_\_

Signature of Parent: \_\_\_\_\_ Date: \_\_\_\_\_

I, \_\_\_\_\_, authorize the use of the application Zoom within the classroom for virtual teacher focused sessions, in the event that a child needs to transition to remote learning due to illness.

Signature of Parent: \_\_\_\_\_ Date: \_\_\_\_\_

**BLANKET PERMISSION SLIP FOR WALKS DURING SCHOOL DAY**

My child, \_\_\_\_\_, has permission to be escorted by Secret Garden's faculty/staff and parents on walks in the neighborhood, including but not limited to daily play/lunch at Old Frenchtown Field and visits to our flower garden.

Signature of Parent: \_\_\_\_\_ Date: \_\_\_\_\_

**PERMISSION TO ADMINISTER SUNBLOCK**

Please initial here to signify consent to teacher application of sunblock/lotion (supplied by parents) when deemed necessary during outdoor playtime:

Signature of Parent: \_\_\_\_\_ Date: \_\_\_\_\_

## PARENTAL AUTHORIZATION FOR EMERGENCY TREATMENT

Name Of Child:	Birthdate:	Enrollment Date:
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<b>PARENT/GUARDIAN INFORMATION</b>	<input type="checkbox"/> PARENT/GUARDIAN # 1		<input type="checkbox"/> PARENT/GUARDIAN # 2	
	Name:		Name:	
	Relationship:		Relationship:	
	Cell Phone:		Cell Phone:	
	Home Phone:		Home Phone:	
	Home Address:		Home Address :	
	Employer Name:		Employer Name:	
	Employer Phone:		Employer Phone:	
	E-Mail Address:		E-Mail Address:	

<b>EMERGENCY CONTACTS</b>	Persons authorized to pick up your child and/or contact in case of emergency if neither parent is available to assume responsibility for the child.					
	Contact Name #1:		Contact Name #2:		Contact Name #3:	
	Relationship:		Relationship:		Relationship:	
	Cell Phone:		Cell Phone:		Cell Phone:	
	Home Phone:		Home Phone:		Home Phone:	
	Employer Phone:		Employer Phone:		Employer Phone:	

<b>CUSTODY</b>	Name of person PROHIBITED from picking up your child:	
	If a non-custodial parent has been denied access, or granted limited access, to the child by a court order, please submit documentation to this effect for the center to maintain a copy on file, and to comply with the terms of the court order.	

<b>MEDICAL INFORMATION</b>	Child's Health Care Provider:	
	Health Care Provider Phone:	
	Health Care Provider Address:	
	Name Of Insurance Company/Hmo:	
	Group #:	
	Identification #:	
	Subscriber's Name On Insurance Card:	
	Known Allergies (including medication):	
	Medication My Child Is Taking:	
	List Special Conditions, Disabilities, Medical/Physical Restrictions, Medical Information For Emergency Situations:	

<b>AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT</b>	
As the parent(s)/ legal guardian(s) of the above named child, I (we) attest that the information above is correct. I (we) authorize the child care center staff to obtain emergency treatment for my child and understand that I (we) shall be promptly notified.	

Parent/Guardian Signature #1:	Date:	Parent/Guardian Signature #2:	Date:
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# UNIVERSAL CHILD HEALTH RECORD

*Endorsed by: American Academy of Pediatrics, New Jersey Chapter  
New Jersey Academy of Family Physicians  
New Jersey Department of Health*

## SECTION I - TO BE COMPLETED BY PARENT(S)

Child's Name (Last) (First)		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth / /
Does Child Have Health Insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, Name of Child's Health Insurance Carrier		
Parent/Guardian Name	Home Telephone Number ( ) -	Work Telephone/Cell Phone Number ( ) -	
Parent/Guardian Name	Home Telephone Number ( ) -	Work Telephone/Cell Phone Number ( ) -	
<b><i>I give my consent for my child's Health Care Provider and Child Care Provider/School Nurse to discuss the information on this form.</i></b>			
Signature/Date		This form may be released to WIC. <input type="checkbox"/> Yes <input type="checkbox"/> No	

## SECTION II - TO BE COMPLETED BY HEALTH CARE PROVIDER

Date of Physical Examination:	Results of physical examination normal? <input type="checkbox"/> Yes <input type="checkbox"/> No
Abnormalities Noted:	Weight (must be taken within 30 days for WIC)
	Height (must be taken within 30 days for WIC)
	Head Circumference (if <2 Years)
	Blood Pressure (if ≥3 Years)

### IMMUNIZATIONS

Immunization Record Attached  
 Date Next Immunization Due: \_\_\_\_\_

### MEDICAL CONDITIONS

Chronic Medical Conditions/Related Surgeries • List medical conditions/ongoing surgical concerns:	<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached	Comments
Medications/Treatments • List medications/treatments:	<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached	Comments
Limitations to Physical Activity • List limitations/special considerations:	<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached	Comments
Special Equipment Needs • List items necessary for daily activities	<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached	Comments
Allergies/Sensitivities • List allergies:	<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached	Comments
Special Diet/Vitamin & Mineral Supplements • List dietary specifications:	<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached	Comments
Behavioral Issues/Mental Health Diagnosis • List behavioral/mental health issues/concerns:	<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached	Comments
Emergency Plans • List emergency plan that might be needed and the sign/symptoms to watch for:	<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached	Comments

### PREVENTIVE HEALTH SCREENINGS

Type Screening	Date Performed	Record Value	Type Screening	Date Performed	Note if Abnormal
Hgb/Hct			Hearing		
Lead: <input type="checkbox"/> Capillary <input type="checkbox"/> Venous			Vision		
TB (mm of Induration)			Dental		
Other:			Developmental		
Other:			Scoliosis		

***I have examined the above student and reviewed his/her health history. It is my opinion that he/she is medically cleared to participate fully in all child care/school activities, including physical education and competitive contact sports, unless noted above.***

Name of Health Care Provider (Print)	Health Care Provider Stamp:
Signature/Date	



## General Guidelines for the Control of Outbreaks in School and Child Care Settings School Exclusion List

This chart provides information about some communicable disease that may occur in schools, day care centers, summer camps and other group settings for children. It is meant as a guide to answer questions frequently asked of persons responsible for groups of children. This is not an all-inclusive list of significant diseases or a comprehensive guide to all information about each disease or condition. More specific information about these and other diseases may be obtained by contacting your local health department or the New Jersey Department of Health, Communicable Disease Service.

Infection or Condition	Common Symptoms	Exclusion for School/Daycare Children	Exclusion for Child Care Provider and/or Food Handler	Note	Reportable to Health Department
<b>Acute Respiratory Illness (ARI)</b>	Fever (oral temperature 100°F or equivalent) <b>and</b> rhinorrhea, nasal congestion, sore throat, cough in absence of a known cause (e.g., seasonal allergies).	Until fever free for 24 hours without fever reducing medication.			Outbreaks/suspect outbreaks <sup>1</sup>
<b>Conjunctivitis, purulent</b>	Pink or red conjunctivae with white or yellow discharge, often with matted eyelids after sleep and eye pain or redness of the eyelids or skin surrounding the eye.	Until examined by a medical provider and approved for return.			Outbreaks/suspect outbreaks <sup>1</sup>
<b>Conjunctivitis, non-purulent</b>	Pink conjunctivae with a clear, watery eye discharge without fever, eye pain, or eyelid redness.	No exclusion.			Outbreaks/suspect outbreaks <sup>1</sup>
<b>COVID-19</b>	New or worsening cough, shortness of breath, difficulty breathing, new olfactory or taste disorder. Fever, chills, myalgia, headache, sore throat, GI, fatigue, congestion, rhinorrhea.	See <a href="#">school guidance</a> for current exclusion recommendations.			Outbreaks/suspect outbreaks <sup>1</sup>
<b>E. coli – Shiga toxin producing E. coli (STEC)</b>	Nausea, vomiting, bloody diarrhea, abdominal cramps.	Daycare: Symptom free and 2 negative stools <sup>2</sup> .  School: Symptom free.	Excluded from cooking, preparing and touching food until symptom free and have two negative stool tests. <sup>2</sup>	Stools of all childcare staff, attendees and household contacts with diarrhea, should be tested in outbreak situations.	Yes, individual cases and outbreaks <sup>3</sup>

Infection or Condition	Common Symptoms	Exclusion for School/Daycare Children	Exclusion for Child Care Provider and/or Food Handler	Note	Reportable to Health Department
<b>Fever (only)</b>	Oral temperatures >101° F (38°C), rectal temperatures >102°F (38.9°C), or axillary temperatures > 100°F (37.8°C) usually are considered to be above normal.	Fever free for 24 hours without fever reducing medication. When fever above normal is associated with behavior change or other signs of illness or the child is unable to participate, and staff cannot care for child without compromising ability to care for the other children in the group.		Signs of illness are anything (other than fever) that indicates that the child's condition is different from what is usual when the child is healthy.	
<b>Fifth Disease (Erythema infectiosum)</b>	Mild cold symptoms followed by rash, characterized by "slapped face" appearance.	No exclusion unless the child has an underlying blood disorder or a compromised immune system.		Pregnant women and immuno-compromised persons should seek medical advice.	Outbreaks/suspect outbreaks <sup>1</sup>
<b>Gastrointestinal Illness (organism/cause not identified or not yet determined)</b>	Frequent loose or watery stools, (2 above normal for that child), abdominal cramps/tenderness, and fever.  Vomiting more than 2 times in 24 hours.	<u>Diarrhea:</u> until stools are contained in the diaper or toilet-trained children no longer have accidents using the toilet and when stool frequency becomes less than 2 stools above normal frequency for that child.  <u>Vomiting:</u> more than 2 times in 24 hours and vomiting is not from a known condition.	Excluded from cooking, preparing and touching food until 24 hrs. after symptoms resolve.	Medical evaluation for stools with blood or mucus.  Exclude unless vomiting is determined to be caused by a non-communicable condition (i.e., reflux) and child is able to remain hydrated and participate in activities.	Outbreaks/suspect outbreaks <sup>1</sup>
<b>Hand Foot and Mouth (coxsackievirus)</b>	Fever, sore throat, malaise, ulcers in the mouth and blisters on hands and feet.	Daycare: Fever free and no longer drooling steadily due to mouth sores.  School: Fever free for 24 hours without fever reducing medication.		Most often seen in summer and early fall.	Outbreaks/suspect outbreaks <sup>1</sup>
<b>Head Lice</b>	Itching of skin where lice feed on the scalp, behind ears and nape of neck.	While NJDOH does not recommend exclusion after treatment, individual schools may have different policies. Refer to school policy.		Recommendation: Refer for treatment at the end of program day. Readmission on completion of treatment.	Outbreaks/suspect outbreaks <sup>1</sup>

Infection or Condition	Common Symptoms	Exclusion for School/Daycare Children	Exclusion for Child Care Provider and/or Food Handler	Note	Reportable to Health Department
<b>Hepatitis A</b>	Jaundice	1 week after onset of jaundice or illness and fever free (if symptoms are mild).	Excluded from cooking, preparing and touching food 1 week after onset of jaundice or illness and fever free (if symptoms are mild)		Yes, Immediately <sup>3</sup>
<b>Herpes Gladiatorum (“Wrestlers Herpes”)</b>	Cluster of blisters typically head neck and shoulders. Fever, sore throat, swollen lymph nodes, burning or tingling skin.	Wrestlers: All lesions healed with well adhered scabs <sup>5</sup> .  No new vesicle formation and no swollen lymph nodes near area involved.			Outbreaks/suspect outbreaks <sup>1</sup>
<b>Impetigo</b>	Small, red pimples or fluid-filled blisters with crusted yellow scabs.	Until treatment is initiated Sports: Exclude if lesions cannot be adequately covered until deemed non-infectious and adequately treated by HCP <sup>5</sup> Wrestlers <sup>5</sup> .		Found most often on the face but may be anywhere on the body. When possible, lesions should be covered until dry.	Outbreaks/suspect outbreaks <sup>1</sup>
<b>Influenza</b>	Sudden onset of fever, headache, chills, myalgia, sore throat, nasal congestion, cough, mild pinkeye, fatigue, abdominal pain.	Fever free for 24 hours without fever reducing medication.			Outbreaks/suspect outbreaks <sup>1</sup>
<b>Measles</b>	Initially characterized by fever, reddened eyes, runny nose, cough, followed by maculopapular rash that starts on the head and spreads down and out.	Through 4 days from rash onset.		Rash onset = day 0	Yes, Immediately <sup>3</sup>
<b>Meningitis, Bacterial (including Haemophilus influenzae)</b>	High fever, headache and stiff neck.	Until adequately treated, 24 hours after initiation of effective antimicrobial therapy.			Yes, Immediately <sup>3</sup>
<b>Meningitis, Viral</b>	High fever, headache and stiff neck.	Fever free for 24 hours without fever reducing medication.			Outbreaks/suspect outbreaks <sup>1</sup>
<b>Mononucleosis</b>	Fever, sore throat, swollen lymph nodes.	Fever free for 24 hours without fever reducing medication.		Medical note to resume physical activities.	Outbreaks/suspect outbreaks <sup>1</sup>

Infection or Condition	Common Symptoms	Exclusion for School/Daycare Children	Exclusion for Child Care Provider and/or Food Handler	Note	Reportable to Health Department
<b>MRSA (methicillin-resistant <i>staphylococcus aureus</i>)</b>	Red bumps that progress to pus-filled boils or abscesses.	If lesions cannot be adequately covered.  Sports: If lesions cannot be adequately covered or drainage cannot be contained by the bandage <sup>5</sup> .  Wrestlers <sup>5</sup>			Two or more non-household, culture-confirmed cases of MRSA that occur within a 14-day period and may be linked.
<b>Mumps</b>	Fever with swelling and tenderness of one or both parotid glands located below and in front of ears.	5 days after onset of parotid swelling.		Parotitis = day 0	Yes, individual cases Outbreaks/suspect outbreaks <sup>1</sup>
<b>Norovirus</b>	Nausea, vomiting, diarrhea, abdominal cramps. May also have low grade fever, chills, body aches, headache.	24-48 hrs. after symptoms resolve.	48-72 hrs. after symptoms resolve. Staff may perform duties not associated with food preparation 24 hrs. after symptoms resolve	Exclusion time on a case-by-case basis after consultation with the local health department.	Outbreaks/suspect outbreaks <sup>1</sup>
<b>Pertussis</b>	Initial stage begins with URI symptoms and increasingly irritating cough. Paroxysmal stage is characterized by repeated episodes of violent cough broken by high pitched inspiratory whoop. Older children may not have whoop.	After 5 days of appropriate antibiotic therapy completed. If untreated, through 21 days from cough onset.			Yes, Immediately <sup>3</sup>
<b>Rubella (German measles)</b>	Slight fever, rash of variable character lasting about 3 days; enlarged head and neck lymph nodes. Joint pain may occur.	6 days after onset of rash.			Yes, Immediately <sup>3</sup>
<b>Salmonella Typhi (typhoid fever)</b>	Fever, anorexia, lethargy, malaise, headache.	Daycare: Symptom free and three negative stool tests <sup>2</sup>  School: Symptom free.	Excluded from cooking, preparing and touching food until symptom free and three negative stool tests. <sup>2</sup>	Stools of all childcare staff, attendees and household contacts with diarrhea, should be tested in outbreak situations.	Yes, individual cases and Outbreaks/suspect outbreaks <sup>1</sup>



Infection or Condition	Common Symptoms	Exclusion for School/Daycare Children	Exclusion for Child Care Provider and/or Food Handler	Note	Reportable to Health Department
<b>Salmonella non-typhoid</b>	Fever, nausea, vomiting, non-bloody diarrhea, abdominal cramps.	Symptom free <sup>4</sup> .	Excluded from cooking, preparing and touching food until symptom free and have two negative stool tests. <sup>2</sup>		Yes, individual cases Outbreaks/suspect outbreaks <sup>1</sup>
<b>Scabies</b>	Itchy raised areas around finger webs, wrists, elbows, armpits, beltline, and/or genitalia. Extensive scratching.	Until after treatment has been given.  Wrestlers <sup>5</sup>		Refer for treatment at the end of school day and exclude until treatment has been started.	Outbreaks/suspect outbreaks <sup>1</sup>
<b>Shigella</b>	Nausea, vomiting, diarrhea (may be bloody, and abdominal cramps.	Daycare: Symptom free and 2 negative stools <sup>2</sup>  School: Symptom free.	Excluded from cooking, preparing and touching food until symptom free and have two negative stool tests. <sup>2</sup>	Stools of all childcare staff, attendees and household contacts with diarrhea, should be tested in outbreak situations.	Yes, individual cases Outbreaks/suspect outbreaks <sup>1</sup>
<b>Staphylococcal or streptococcal skin infections (not including MRSA &amp; Impetigo)</b>	Honey crusted draining lesions, skin lesions with a reddened base.	If lesions cannot be adequately covered.  Sports: If lesions cannot be adequately covered or drainage cannot be contained by the bandage <sup>5</sup>  Wrestlers <sup>5</sup>			Outbreaks/suspect outbreaks <sup>1</sup>
<b>Streptococcal pharyngitis (strep throat)</b>	Fever, sore throat, exudative tonsillitis or pharyngitis, enlarged lymph nodes. May also have a sandpaper-like rash.	Until at least 12hrs. after antibiotic treatment has been initiated and child able to participate in activities.			Outbreaks/suspect outbreaks <sup>1</sup>
<b>Tinea capitis (Ringworm of the scalp)</b>	Hair loss in area of lesions.	Until after treatment has been started. Wrestlers <sup>5</sup>		Refer for treatment at the end of school day and exclude until treatment has been started.	Outbreaks/suspect outbreaks <sup>1</sup>
<b>Tinea corporis (Ringworm of the body)</b>	Circular well demarcated lesion that can involve the face, trunk, or limbs. Itching is common.	Until after treatment has been started. Wrestlers <sup>5</sup>		Refer for treatment at the end of school day and exclude until treatment has been started.	Outbreaks/suspect outbreaks <sup>1</sup>

Infection or Condition	Common Symptoms	Exclusion for School/Daycare Children	Exclusion for Child Care Provider and/or Food Handler	Note	Reportable to Health Department
<b>Varicella (Chickenpox)</b>	Slight fever with eruptions which become vesicular. Lesions occur in successive crops with several stages of maturity at the same time.	Until all lesions have dried and crusted usually 6 days after onset of rash.			Yes, individual cases and outbreaks <sup>3</sup>

**Conditions Requiring Temporary Exclusion**

Temporary exclusion is recommended when the illness prevents the child from participating comfortably in activities as determined by the staff of the school or program; the illness results in a greater need for care than the staff of the program determine they can provide without compromising their ability to care for other children; the child has any of the following conditions, unless a health professional determines the child’s condition does not require exclusion, appears to be severely ill (this could include lethargy/lack of responsiveness, irritability, persistent crying, difficult breathing, or having a quickly spreading rash, fever (as defined above) and behavior change or other signs and symptoms (e.g., sore throat, rash, vomiting, and diarrhea).

<sup>1</sup>An outbreak may be occurring if: several children who exhibit similar symptoms are in the same classroom, same wing or attended a common event. There is an increase in school absences with report of similar symptoms. Two or more students diagnosed with the same reportable disease. A single case of a highly infectious disease exists or is suspected to exist.

<sup>2</sup> Negative stool specimens taken at least 24 apart and at least 48 hours after cessation of antibiotic treatment

<sup>3</sup> For specific reporting requirements refer to NJDOH Reporting Requirements <http://nj.gov/health/cd/reporting>

<sup>4</sup> During an outbreak negative stool specimens may be required before return to school and/or food handling

<sup>5</sup> Wrestling and other contact sports refer to <http://www.ncaapublications.com> (search “sports medicine handbook”) for exclusion guidance

**Sources:**

- A. American Academy of Pediatrics. Red Book 30<sup>th</sup> Edition
- B. NJDOH <http://nj.gov/health/cd/topics> Communicable Disease Chapters
- C. Centers for Disease Control and Prevention <http://www.cdc.gov>
- D. National Collegiate Athletic Association. NCAA 2014-15 Sports Medicine Handbook <http://www.ncaapublications.com>
- F. American Academy of Pediatrics. Managing Infectious Diseases in Child Care and Schools a Quick Reference Guide, 3rd Edition