SECRET GARDEN MONTESSORI

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

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 Due on or before the first day of school.
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 Parent signature required after review of Parent Handbook and Health and Safety Documents.

Thank you for choosing Secret Garden Montessori. 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 Health and Safety Documents and agree to comply with ALL health and safety protocols outlined for Secret Garden Montessori for the 2024-25 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 each bullet to authorize consent.)** 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)**
- through the Brightwheel App (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: _____

Secret Garden Montessori

PARENTAL AUTHORIZATION FOR EMERGENCY TREATMENT

Name Of Child:	Birthdate:	Enrollment Date:

PARENT/GUARDIAN INFORMATION

☐ PARENT/GUARDIAN # 1		☐ 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:	

EMERGENCY CONTACTS

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:	

CUSTODY

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.

MEDICAL INFORMATION

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:	

AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

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:

General Guidelines for the Control of Outbreaks in School and Childcare 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**. Outbreaks and suspect outbreaks of illness are immediately reportable to the Local Health Department where the school is located.**[1]

Fever is defined as a body temperature ≥ 100.4 F (38°C) from any site.

Infection or Condition	Common Signs and Symptoms	Exclusion for School/Daycare Children	Exclusion for Childcare Provider and/or Food Handler	Notes	Individual Cases Reportable to Health Department
Acute Respiratory Illness (ARI)	Fever ≥ 100.4°F **and** rhinorrhea, nasal congestion, sore throat, or cough in absence of a known cause.	Until fever free for 24 hours without fever reducing medication and symptoms are improving.[2]			
COVID-19	New or worsening cough, shortness of breath, difficulty breathing, new olfactory or taste disorder. Fever, chills, myalgia, headache, sore throat, GI, fatigue, congestion, rhinorrhea	Until fever free for 24 hours without fever reducing medication **AND** symptoms are improving.		Once individuals return to normal activities, they should take additional precautions for the next five days.[2]	
Diarrhea Unspecified (organism/cause not identified or not yet determined)	Defined by stool that is occurring more frequent or is less formed in consistency than usual in the child and not associated with changes of diet.	Exclude children whose stool frequency exceeds 2 above normal per 24 hours for that child. Exclude diapered children whose stool is not contained in the diaper and toilet-trained	Exclude from cooking, preparing and touching food until 24 hrs. after symptoms resolve.	See norovirus Medical evaluation for stools with blood or mucus.	

Infection or Condition	Common Signs and Symptoms	Exclusion for School/Daycare Children	Exclusion for Childcare Provider and/or Food Handler	Notes	Individual Cases Reportable to Health Department
		children if diarrhea is causing "accidents". Until diarrhea has ceased for 24 hours (e.g., last episode Monday at noon, child may return on Wednesday).			
E. coli – Shiga toxin producing E. coli (STEC)	Nausea, vomiting, bloody diarrhea, abdominal cramps.	Daycare: Symptom free and two negative stools[3,4]. School: Symptom free.	Exclude from cooking, preparing and touching food until symptom free and have two negative stool tests.[3,4]	Stools of all childcare staff, attendees and household contacts with diarrhea, should be tested in outbreak situations.	Yes[5]
Fever (only)	Elevation of normal body temperature. Body temperature ≥ 100.4° F (38°C) from any site	Until fever free for 24 hours without fever reducing medication.			
Fifth Disease (Erythema infectiosum)	Mild cold symptoms followed by rash, characterized by "slapped face" appearance.	No exclusion.		Pregnant women and immuno- compromised persons should seek medical advice.	
Hand Foot and Mouth (coxsackievirus)	Fever, sore throat, malaise, ulcers in the mouth and blisters on hands and feet.	Daycare: Fever free for 24 hours without fever reducing medication 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.	

Infection or Condition	Common Signs and Symptoms	Exclusion for School/Daycare Children	Exclusion for Childcare Provider and/or Food Handler	Notes	Individual Cases Reportable to Health Department
Hepatitis A	Jaundice	1 week after onset of jaundice or illness and fever free (if symptoms are mild).	Exclude from cooking, preparing and touching food 1 week after onset of jaundice or illness and fever free (if symptoms are mild).		Yes, immediately[5]
Herpes Gladiatorum ("Wrestlers Herpes")	Cluster of blisters typically head neck and shoulders. Fever, sore throat, swollen lymph nodes, burning or tingling skin.	Sports: All lesions healed with well adhered scabs and no new vesicle formation and no swollen lymph nodes near area involved.[6]		Athletes with direct skin to skin contact with infected individual must be excluded from contact activity[6]	
Impetigo	Small, red pimples or fluid-filled blisters with crusted yellow scabs.	Until treatment is initiated Sports: Exclude until deemed non-infectious and adequately treated by HCP[6]		Found most often on the face but may be anywhere on the body. When possible, lesions should be covered until dry.	
Influenza[1]	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.			
Measles	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[5]
Meningitis, Bacterial (including Haemophilus influenzae)	High fever, headache and stiff neck.	Until adequately treated, 24 hours after initiation of effective antimicrobial therapy.			Yes, immediately[5]
Meningitis, Viral	High fever, headache and stiff neck.	Fever free for 24 hours without fever reducing medication.			

Infection or Condition	Common Signs and Symptoms	Exclusion for School/Daycare Children	Exclusion for Childcare Provider and/or Food Handler	Notes	Individual Cases Reportable to Health Department
MRSA (methicillin-resistant *staphylococcus aureus*)	Red bumps that progress to pus-filled boils or abscesses.	If lesions cannot be adequately covered. Sports: Exclude until deemed non-infectious and adequately treated by HCP[6]			Two or more non-household, culture-confirmed cases of MRSA that occur within a 14-day period and may be linked.
Mumps	Fever with swelling and tenderness of one or both parotid glands located below and in front of ears.	Until 5 days after onset of parotid swelling and fever free for 24 hours without fever reducing medication.		Parotitis = day 0	Yes[5]
Norovirus	Nausea, vomiting, diarrhea, abdominal cramps. May also have low grade fever, chills, body aches, headache.	Until 24-48 hrs. after symptoms resolve and fever free for 24 hours without fever reducing medication.	Exclude from cooking, preparing and touching food 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 (i.e., during an outbreak).	
Pink Eye (conjunctivitis)	May affect one or both eyes. 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.	Symptom-free, which means redness and drainage are gone OR approved for return by HCP.		There are several types of conjunctivitis including; bacterial, viral, allergic and chemical. Sometimes will occur early in the course of a viral respiratory infection that has other signs or symptoms.	

Infection or Condition	Common Signs and Symptoms	Exclusion for School/Daycare Children	Exclusion for Childcare Provider and/or Food Handler	Notes	Individual Cases Reportable to Health Department
Pertussis	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[5]
Rubella (German measles)	Slight fever, rash of variable character lasting about 3 days; enlarged head and neck lymph nodes. Joint pain may occur.	Through 7 days from rash onset			Yes, immediately[5]
Salmonella Typhi (typhoid fever)	Fever, anorexia, lethargy, malaise, headache.	Fever free for 24 hours without fever reducing medication AND Daycare: Symptom free and three negative stool tests[3] School: Symptom free.	Exclude from cooking, preparing and touching food until symptom free and three negative stool tests.[3]	Stools of all childcare staff, attendees and household contacts with diarrhea, should be tested in outbreak situations.	Yes[5]
Salmonella non-typhoid	Fever, nausea, vomiting, non-bloody diarrhea, abdominal cramps.	Symptom free[4] Fever free for 24 hours without fever reducing medication.	Exclude from cooking, preparing and touching food until symptom free and have two negative stool tests.[3]		Yes[5]
Scabies	Itchy raised areas around finger webs, wrists, elbows, armpits, beltline, and/or genitalia. Extensive scratching.	Until after treatment has been given. Contact Sports[6]		Refer for treatment at the end of school day and exclude until treatment has been started.	
Shigella	Nausea, vomiting, diarrhea (may be bloody, and abdominal cramps.	Daycare: Symptom free and 2 negative stools[3] School: Symptom free.	Exclude from cooking, preparing and touching food until symptom free and have two negative stool tests.[3]	Stools of all childcare staff, attendees and household contacts with diarrhea, should be tested in outbreak situations.	Yes[5]

Infection or Condition	Common Signs and Symptoms	Exclusion for School/Daycare Children	Exclusion for Childcare Provider and/or Food Handler	Notes	Individual Cases Reportable to Health Department
Staphylococcal or streptococcal skin infections (not including MRSA & Impetigo)	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[6]			
Streptococcal pharyngitis (strep throat)	Fever, sore throat, exudative tonsillitis or pharyngitis, enlarged lymph nodes. May also have a sandpaper-like rash.	Until at least 12-24 hrs. after antibiotic treatment has been initiated and child able to participate in activities AND Fever free for 24 hours without fever reducing medication.		Exclusion time may vary on a case-by-case basis after consultation with the local health department (i.e., during an outbreak).	
Tinea capitis (Ringworm of the scalp)	Hair loss in area of lesions.	Until after treatment has been started. Contact Sports[6]		Refer for treatment at the end of school day and exclude until treatment has been started.	
Tinea corporis (Ringworm of the body)	Circular well demarcated lesion that can involve the face, trunk, or limbs. Itching is common.	Until after treatment has been started. Contact Sports[6]		Refer for treatment at the end of school day and exclude until treatment has been started.	
Varicella (Chickenpox)	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 5 days after onset of rash.			Yes[5]
Vomiting	Children with vomiting from an infection often have diarrhea and sometimes fever.	If vomiting more than 2 times in the previous 24 hours and is not from a known non-communicable condition (e.g., gastroesophageal reflux).	Exclude from cooking, preparing and touching food until 24 hrs. after symptoms resolve.	See Norovirus	

Infection or Condition	Common Signs and Symptoms	Exclusion for School/Daycare Children	Exclusion for Childcare Provider and/or Food Handler	Notes	Individual Cases Reportable to Health Department
		Until at least 24 hours after last episode (e.g., last episode Monday at noon, child may return on Wednesday).			
Yersiniosis	Fever, abdominal pain, diarrhea (sometimes bloody).	Until diarrhea has resolved.	Exclude from cooking, preparing and touching food until diarrhea has resolved and they have one negative stool test.[3]		Yes[5]

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).

[1] 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.

[2] See Respiratory Virus Guidance for K-12 Schools, Youth Camps, and Early Care and Education Programs at https://www.nj.gov/health/cd/topics/schoolhealth.shtml

[3] Negative stool specimens taken at least 24 apart and at least 48 hours after cessation of antibiotic treatment

[4] During an outbreak negative stool specimens may be required before return to school and/or food handling

[5] For specific reporting requirements refer to NJDOH Reporting Requirements http://nj.gov/health/cd/reporting

[6] Wrestling and other contact sports refer to NJDOH School Health (search "Guidelines for Skin Infections in Contact Sports") for exclusion guidance

Sources:

A. American Academy of Pediatrics. Red Book 31st 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
E. American Academy of Pediatrics. Managing Infectious Diseases in Child Care and Schools a Quick Reference Guide, 5th Edition

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 ☐ Male ☐ Female	Date of Birth / /

Does Child Have Health Insurance? ☐Yes ☐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 ( ) -

I give my consent for my child's Health Care Provider and Child Care Provider/School Nurse to discuss the information on this form.

Signature/Date	This form may be released to WIC. ☐Yes ☐No

SECTION II - TO BE COMPLETED BY HEALTH CARE PROVIDER

Date of Physical Examination:	Results of physical examination normal? ☐Yes ☐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:	☐ None ☐ Special Care Plan Attached	Comments
Medications/Treatments • List medications/treatments:	☐ None ☐ Special Care Plan Attached	Comments
Limitations to Physical Activity • List limitations/special considerations:	☐ None ☐ Special Care Plan Attached	Comments
Special Equipment Needs • List items necessary for daily activities	☐ None ☐ Special Care Plan Attached	Comments
Allergies/Sensitivities • List allergies:	☐ None ☐ Special Care Plan Attached	Comments
Special Diet/Vitamin & Mineral Supplements • List dietary specifications:	☐ None ☐ Special Care Plan Attached	Comments
Behavioral Issues/Mental Health Diagnosis • List behavioral/mental health issues/concerns:	☐ None ☐ Special Care Plan Attached	Comments
Emergency Plans • List emergency plan that might be needed and the sign/symptoms to watch for:	☐ None ☐ 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: ☐ Capillary ☐ 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	