



Kids Ink Child Care Center

1450 Parkside Ave, Suite 18

Ewing, NJ 08638

609-771-6040

609-538-0033

609-771-6072 (Fax)

A "Hands-On" Approach to Childcare

Weekly Tuition Rates

(Effective 9/1/22)

Age	Weekly
Under 18 Months	\$215
18 Months - 2½ yrs	\$195
2½ yrs - 5 yrs	\$175
Summer Camp	\$175

Meals

Breakfast, Lunch, Afternoon Snacks, and Formula are provided.

No outside food is permitted.

Fees

Multiple-child discount is offered at a 10% Discount for Full Time Enrollment.

Late pick-up fee -- \$10 for every 15 minutes (or any part of 15 minutes).

Kids Ink is open year-round for infant to 5 years – 7:30 am – 5:30 pm.

School Age Program - Hours for Kindergarten to Age 10 years- summer, before and after school.

For additional information, please contact (609) 771-6040.

E-mail questions to KidsInkOffice@gmail.com

Mobile: 609-516-0011

Expulsion Policy

Unfortunately, there are sometimes reasons we must remove a child from our program either on a short term or permanent basis. We want you to know we will do everything possible to work with the family of the child(ren) to prevent this policy from being enforced. The following are reasons we may have to expel or suspend a child from the center:

IMMEDIATE CAUSES FOR EXPULSION

The child is at risk of causing serious injury to other children or himself/herself

Parent threatens physical or intimidating actions toward staff members

Parent exhibits verbal abuse to staff in front of enrolled children.

PARENTAL ACTIONS FOR CHILD'S EXPULSION

Failure to pay for routine lab tests in payments related to policies and procedures

Failure to complete required forms including the child's immunization records

Health care/negligence when picking up your child.

Verbal abuse to staff, children, or another parents

Negative ratings or feedback of any individual on the media and internet without speaking to the director

CHILD'S ACTIONS FOR EXPULSION

Failure of a child to adjust after a reasonable amount of time on uncontrolled tantrums, angry outbursts which can lead to injury to other classmates, teachers, or themselves

Ongoing physical or verbal abuse to staff or other children or excessive biting.

SCHEDULE OF EXPULSION

If after the remedial actions above have not worked, the child's parent/guardian will be advised verbally and in writing about the child's or parent's behavior warranting an expulsion. An expulsion action is meant to be a period so that the parent/guardian may work on the child's behavior or to come to an agreement with the center.

The parent/guardian will be informed regarding the length of the expulsion period.

The parent/guardian will be informed about the expected behaviors or changes required for the child or parent to return to the center.

The parent/guardian will be given a specific expulsion date that allows the parent sufficient time to seek a temporary (approximately one to two weeks) notice (depending on risk to other children's welfare or safety). Failure of the child/parent to satisfy the terms of the plan may result in permanent expulsion from the center.

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. 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 (OOL), 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 view a copy of the Manual of Requirements on the DCF website at www.state.nj.us/dcf/providers/licensing/laws/index.html or obtain a copy by sending a check or money order for \$5 made payable to the "Treasurer, State of New Jersey", and mailing it to: NJDCF, 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 OOL'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 OOL'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 OOL 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 provide reasonable accommodations for children and/or parents with disabilities and 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).

center is required, at least annually, to review the Consumer Product Safety Commission (CPSC), unsafe children's products list, ensure that items on the list are not at the center, and make the list accessible to staff and parents and/or provide parents with the CPSC website at www.cpsc.gov/cpsc.gov/cpsc/pub/prerel/prerel.html. Internet access may be available at your local library. For more information call the CPSC at (800) 638-2772.

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 Central Registry Hotline, toll free at (877) NJ ABUSE/ (877) 652-2873. 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.state.nj.us/DCF/ and select Publications.

KIDS INK COVID-19 POLICY

This COVID-19 policy (effective 3/7/22) was created by administration at our center and set in place for the knowledge and safety of our children and staff.

Face Masks

Gov. Phil Murphy recently announced that as of Monday, March 7, 2022, the "mandatory" masks mandate will no longer be in effect for most indoor facilities including public and private schools and that local school districts will now determine masking guidelines based on the current health conditions in their city. Kids Ink will continue to follow Trenton Public Schools recommendation and continue with mandatory masks

Staff are required to always wear masks, unless eating or drinking.

Children aged 2 and over shall continue to be taught to wear their mask while indoors. Masks are required for all children that fall into this age category.

All masks required shall be cloth or disposable non-woven material, cover both the mouth and nostrils, and fit securely under the chin and against the sides of the face.

Face shields or guards shall not be used as a substitute for masks but may be used in conjunction with masks to provide additional security.

Vented masks are not allowed to be used.

Screening and admittance

All parents should contact the pick-up line when arriving at school. This information is posted on the office and gate windows. All parents and children should be wearing a mask when arriving at the gate. Downstairs contact is (609) 516-0011 and upstairs contact is (609) 456-6429.

No parent is allowed admittance into the center for any reason. Drop off and pickup will be conducted entrance gate. Effective 12/13, no parent is permitted to come through the gate.

Parents and Staff should review the drop off questions below and state that they have reviewed these questions prior to drop off and all answers should be no. If any answer is yes, you should not come to the gate. Anyone answering yes will need to be excluded. Contact the director immediately.

- * Has your temp been 100.4 or higher?
- * Have you used fever reducing medication?
- * Have you had 2 of the following? (Chills, shivers, muscle aches, headache, sore throat, nausea/vomiting, diarrhea, fatigue, congestion/runny nose)
- * Have you had at least 1 of the following? (Cough, shortness of breath, difficulty breathing, new loss of taste or smell)
- * Have you had close contact (within 6 feet for at least 10 minutes) with a person confirmed covid-29 in the past 14 days?
- * Have you traveled to an area of high community transmission?



A "Hands-On" Approach to Child Care

Children's Enrollment Application

Date of Application _____ Date of Birth _____

Child's Name _____ Sex _____

Address _____
Street Address _____
City, State & Zip Code _____

Father's Name _____ Mother's Name _____

Home Address _____
Home Address _____

Home Phone _____ Home Phone _____

Cell Phone _____ Cell Phone _____

Father's Occupation _____ Mother's Occupation _____

Business Address _____
Business Address _____

Work Phone _____ Work Phone _____

Persons authorized to pick up child and/or contact in case of emergency if neither parent is available:

Name _____	Name _____
Relationship _____	Relationship _____
Address _____	Address _____
_____	_____
Phone # _____	Phone # _____

Custodial Information:

If a non-custodial parent is not included among those persons authorized by the custodial parent to pick up the child, please explain below and attach a copy of appropriate documents. (Court Order)

If a medical emergency occurs, I authorize KIDS INK, LLC to seek emergency medical care for my child as deemed necessary by the director or acting director.

Signature _____	Date _____
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I give permission for KIDS INK to administer Children's Tylenol for any fever that is 103 (102 under the arm) or higher.

Signature _____	Date _____
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I have received and read the Parent Handbook, Contract, and Emergency Evacuation Procedures.

Signature _____	Date _____
-----------------	------------

I give permission for my child's photo to be used for publicity and or advertisement.

Signature _____	Date _____
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I have received and read the Information to Parent's Statement, Expulsion Policy and Covid Rules.

Signature _____	Date _____
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For Center Use Only:

Date of Enrollment _____
Date of Enrollment Conference _____
Date of Withdrawal _____



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609-771-6040 (Abbott School)

609-538-0033 (Non-Abbott School)

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2022 - 23 Parent/Provider Contract

I, the undersigned, agree to enroll _____ and agree to abide by all the rules and Regulations for the center. This enrollment contract begins 9/1/2022 and ends 8/31/2023.

I agree that I am responsible for:

- A) Paying the center fee of \$ _____ per week, biweekly, regardless of any holidays, sickness, vacation, etc. Payment of \$25 will be charged for a late fee if payment is not received by the Wednesday of the current week. An additional \$25 bank fee will be charged on return checks, and future payments must be made in cash, money order or certified check.
- B) Picking up my child from the center contracted pick up time, or I understand that I will pay a late fee of \$10 for every fifteen minutes of any part of 15 minutes. NO warnings for late pick up are granted for any reason. By law, DCP must be contacted if there is no pickup.
- C) Providing diapers, wipes and a change of clothing for my child daily.
- D) Reacting immediately upon receiving emergency calls from the center.
- E) Updating my child's medical information whenever necessary.
- F) Renewing this agreement each year.
- G) Paying the center, a security deposit equal to two weeks' tuition. This deposit is to ensure that two weeks' notice is given prior to withdrawing my child from the program and is non-refundable.
- H) **Parents receiving assistance through a Child Care Connection subsidy may not be more than two weeks behind on their copay. Termination will occur immediately for non-payment. Inadequate attendance will not be funded by CCC in the event a child's unexcused attendance is more than 1 day per week. In this event, the parent will be held fully responsible to pay Kids Ink for the loss in payment for that month. Daily swiping of attendance MUST be completed daily. Termination will occur for non-compliance.**

I have read and agreed to the following policies and procedures in the Parent Handbook.

X _____ X _____
Parent/Guardian (Date) Director (Date)

PARENTAL AUTHORIZATION FOR EMERGENCY TREATMENT

CHILD'S NAME _____

Age _____ Date of Birth _____

Address _____

Parent(s) Name _____

Parent(s) Address _____

Emergency Phone Number(s) _____

CHILD'S MEDICAL INFORMATION

Medical problems _____

Allergies _____

Medicine(s) child is taking _____

Medicine(s) child is allergic to _____

Name of child's doctor _____ Phone # _____

CHILD'S INSURANCE

Company/HMO _____

Covered under _____

Group Number _____ ID # _____

I (We) state that we are the parent(s)/guardian(s) having legal custody of the above child and attest that the information above is correct. I (We) authorize the above child care center director or director's designee to obtain emergency treatment for my child. I (We) consent to an X-ray examination, anesthetic, medical or surgical diagnosis or treatment, and hospital care to be rendered to the minor at a recognized medical facility, under the general or special supervision of a licensed physician or surgeon.

The following steps will be followed in the event of an emergency:

1. The parent/guardian will be contacted immediately.
2. The child's physician will be contacted.
3. We will attempt to contact you through all of the emergency persons listed on the child's application form.
4. If we cannot contact you or your child's emergency contacts, we will do any or all the following:
 - a. Call for emergency first aid assistance and/or transportation to the hospital.
 - b. Have the child transported to the hospital in the company of a Kids Ink staff member.
 - c. Kids Ink will seek medical attention at the director/supervisor's discretion.

Parent Signature _____

Date of Signature _____ Date Permission Terminated _____

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 () -	
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. <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:	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">Weight (must be taken within 30 days for WIC)</td> <td></td> </tr> <tr> <td>Height (must be taken within 30 days for WIC)</td> <td></td> </tr> <tr> <td>Head Circumference (if <2 Years)</td> <td></td> </tr> <tr> <td>Blood Pressure (if >3 Years)</td> <td></td> </tr> </table>	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)	
Weight (must be taken within 30 days for WIC)									
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Head Circumference (if <2 Years)									
Blood Pressure (if >3 Years)									

IMMUNIZATIONS	<input type="checkbox"/> Immunization Record Attached <input type="checkbox"/> Date Next Immunization Due: _____
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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	