

Dear Families:

The Department of Social Services and our national accreditation organization require the following forms to be included in each child's file. Please fill out these forms and return to them to our office.

Also if you have not received summer update emails from Rabbi Meir please let our office know so you can be put on our email list.

Thank you,

Preschool students (Infants through K)

- Immunization form (not enclosed – to be obtained from Health Department or private physician. The form can be faxed directly to our office 782-5605).
- Non-corporal punishment form (this is met through signing that you read the handbook)
- DSS form 2900
- Pick up form
- Family information sheet
- Photo permission form
- Terms of Tuition
- Copy (front and back) of Medical Insurance Card
- Check here if you do **not** have medical insurance
- Check here if your medical insurance has **not** changed from the previous year
- Medical waiver and emergency contact are filled out in our registration form. If you do not have a registration form on file you will be supplied one in the next week.

Elementary students (1st grade through 5th)

- Immunization form (not enclosed – to be obtained from Health Department or private physician. The form can be faxed directly to our office 782-5605).
- Non-corporal punishment form (this is met through signing that you read the handbook)
- Pick up form
- Photo permission form
- Terms of Tuition
- Wooded Area Form (4th and 5th grades only)
- Medical waiver and emergency contact are filled out in our registration form. If you do not have a registration form on file you will be supplied one in the next week.

Non-corporal punishment form

This is to certify that _____ has read the CJDS handbook on _____ it includes all information on medication, health and discipline issues.

Behavior management:

The focus of the Columbia Jewish Day School's child guidance policy is on building self worth, increasing social competence and enhancing the dignity of each child. All guidance and discipline techniques used at the school shall be in accordance with this positive emphasis. We believe that children who are given the techniques to solve social problems themselves will gain in self-regulation and social skills.

Steps in addressing behaviors:

Occasional challenging behavior

Staff will implement classroom techniques while remaining calm and respectful to the child and while providing safety for the child and the other children in the room.

- Redirection (or guiding children) is recommended to model and show children acceptable social, communication and emotional skills.
- Classroom modifications may be implemented when necessary. These can include changes to the environment, activities or teaching strategies.
- Positive role modeling
- Proactive intervention
- Teacher directed problem solving
- Removal from group time
- Discussion with director

Teacher will maintain records to assist in behavior modification and parents will be contacted when deemed appropriate.

Continued challenging behavior

- Parents will be contacted by phone or note. A behavior modification plan will be set up with the parents during a conference.
- Continued records will be maintained (including positive behavior).
- Dean of students will be alerted and attend conference if deemed appropriate.
- Director will be alerted and can be requested to child meeting.

When behavior does not change

- Observation by the director
- Meeting with parents, teaching staff, dean of students, and director to develop a plan of action.
- Teaching assistant will monitor child.
- Progress updates will be created by the teacher and sent to all stakeholders
- Regular meetings will occur to monitor progress of the situation.

The following are examples of discipline techniques not permitted:

- Corporal punishment or physical force is never allowed.
- A child is never to be deprived of food, water, a nap or rest or bathroom facilities.
- A child is never to be physically restricted in any way unless his or her actions would bring harm to self or others.
- An adult shall never address a child harshly, with intimidation or ridicule.
- Unsupervised isolation of a child is never allowed. If a child must be isolated from the group, he/she must be attended by a member of the teaching team. The length of the separation shall be appropriate to the age of the child and the individual circumstances (ex- age 3-4, three minutes or age 4-5 five minutes). Use of a timer can help the child monitor the length of time.

Adults are never to discuss a child's behavior with another adult in the presence of other children or other parents. Written or verbal reports to parents regarding conflicts or disagreements between children shall not include the name of the child who acted in an aggressive manner.

South Carolina Department of Social Services
Child Care Regulatory Services

**GENERAL RECORD AND STATEMENT OF CHILD'S HEALTH FOR ADMISSION
TO CHILD CARE FACILITY**

This form is to be completed for each child at the time of enrollment in the child care facility, updated as needed when changes occur, and maintained on file at the facility.

GENERAL INFORMATION: (to be completed by Parent or Guardian)

Name of Facility: _____ County: _____ Select County ...

Address: _____
Street Address – no Post Office Boxes City, State, Zip

Child's Name: _____
Last First Middle Initial Nick Name

Date of Birth: _____ Enrollment Date: _____

Child's Current Home Address: _____
Street Address City, State, Zip

Parent/Guardian's Full Name: _____

Home Phone: _____ Work Phone: _____ Other Phone: _____

Parent/Guardian's Full Name: _____

Home Phone: _____ Work Phone: _____ Other Phone: _____

You must have two individuals who have the authority to obtain emergency medical treatment for the child.

1. Person responsible if parent/guardian unavailable for emergency medical services:

Full Name Relationship
Address: _____
Street Address City, State, Zip
Telephone Number(s): _____ Family Code Word(s): _____

2. Person responsible if parent/guardian unavailable for emergency medical services:

Full Name Relationship
Address: _____
Street Address City, State, Zip
Telephone Number(s): _____ Family Code Word(s): _____

Is Child currently enrolled in school? (5K up to 6 years old) Yes No

My Child will regularly attend this facility **FROM** _____ am/pm **TO** _____ am/pm

If Child is a drop-in, indicate hours of care: **FROM** _____ am/pm **TO** _____ am/pm

Check all days Child will regularly attend this facility: Mon Tue Wed Thurs Fri Sat Sun

Check all meals Child will receive daily: Meals are not offered Breakfast Morning Snack Lunch
 Afternoon Snack Dinner Evening Snack

HEALTH INFORMATION: (to be completed by Parent or Guardian)

Family Physician or Health Resource: _____
Name

Street Address City, State, Zip Telephone

Emergency Care Provider: _____
Emergency Facility Name

Street Address City, State, Zip Telephone

Dental Care Provider: _____
Name

Street Address City, State, Zip Telephone

Health Insurance Provider: _____

Certificate of Immunization: Yes No N/A Please explain: _____

My child has the following health conditions such as allergies, asthma, diabetes, epilepsy, etc., and/or takes the following medications on a regular basis:

Additional Comments: _____

I certify that to the best of my knowledge _____
Child's Name

is in good mental and physical health and able to participate in the child care program at

Name of Child Care Facility

Signature: _____ Date: _____
Parent or Guardian

Signature: _____ Date: _____
Director/Operator/Staff Designee

Pick Up Authorization Form

The people listed below have my authorization to pick up my child from the Columbia Jewish Day School.

I understand that if a person not listed comes to pick up my child, and the school cannot verify whom the person is, then my child will not be released from school.

Students Name _____

People who have permission to pick up my child:

Family Information Sheet

NAEYC 1.A.02

Name _____ Date _____

This information is requested in order to help teachers gain a better understanding of your child and family. Please feel free to add any additional information, which you think, might be helpful. Thank you!

General Information

Child's name _____ Child goes by _____

Describe your child's personality.

Has your child shown fear of anything?

Family

What is the main language spoken in your home? Are there other languages spoken in your home?

Please supply any information that you choose to share regarding your family's race and/or culture?

Do you have any interests, talents, cultural information that you feel comfortable sharing with the school children?

Family structure

Are student's parents together? ____ Divorced ____ Other _____

With whom does the child live during the school week? _____

Describe any custody arrangements that should be known by the school?

Routines

Eating

Does your family follow special dietary guidelines, if yes, what?

Napping

Do you plan on having your child take a nap in school?

Health

Health Insurance coverage required for treatments in emergency.

Please supply the name of your health insurance coverage, the company phone number and your group number

I give the following people permission to access my child's health information:

- Rabbi Meir Muller
- Ms. Kelly Stanton
- After care staff
- Staff that directly works with my child
- All Staff

Thank you for your time in filling out this form!

Photo Release Permission Form

2017/2018

The Columbia Jewish Day School has my permission to publish my child's name and photograph for purposes of general publicity and information, as the school may deem appropriate. Publications may include newspapers, brochures, the school website, Facebook and other media.

Photographs with first and last names will never appear together without obtaining additional permission from parents or guardians for each occurrence.

Student's Name _____ Date _____

Teacher's Name _____ Grade Level _____

Parent/Guardian's Name _____
PLEASE PRINT

Parent/Guardian's Signature _____

Terms of Tuition

1. If a child is withdrawn after July 1st a third of the tuition is due, after Nov. 1st two thirds of the tuition is due, and after Feb. 1st all tuition is due.
2. No admin fee refunds will be made if a family decides to give up their spot.
3. If legal action becomes necessary due to default of my payment at the specified times, I will pay all court fees and attorney's fees associated with this case and all other fees associated with this collection.
4. Transcripts and grade reports will be withheld for students with outstanding balances.
5. All requests for cancellation of enrollment must be submitted in writing.
6. I understand that students may be required to withdraw from CJDS because of disregard for major rules and regulations, violations of the law, personal maladjustment, prolonging academic deficiency, or lack of parental maladjustment, prolonged academic deficiency, or lack of parental cooperation.

Signatures of each parent or custodial parent:

Name (please print)	Signature	Date
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Name (please print)	Signature	Date
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MEDICATION POLICY:

CJDS follows South Carolina law and policies set by South Carolina DSS and DHEC Laws, including the following guidelines:

- A family member or legal guardian must sign the CJDS medical consent form.
- Medication must be in its original prescription bottle with the correct, up-to-date dosage on the bottle.
- If the doctor changes the dosage, he/she must change the prescription or provide a note on the physician's letterhead with new directions and an original signature.
- The prescription must be written for the child to whom it is to be given.

We cannot administer medication at school under the following circumstances:

- It is sent in a baggie or any container other than the original prescription bottle. (This includes any over the counter medications such as cough drops.)
- We do not have a CJDS medical consent form signed by the appropriate family member or legal guardian.

Procedures:

- Office staff or the Principal's designee administers medications on a daily basis.
- Those administering medication receive training in this area.
- The person administering the medications signs a daily medication log kept with the medication.
- If a child fails to come to the office to take medication, he/she will be called to the office.
- Administration checks the medication log once a month.
- All medication is locked up at all times according to South Carolina law and DHEC regulations.

DSS regulations state as follows:

1. Written, signed and dated family consent is required prior to the administration of any prescription or over the counter medication or administration of special medical procedures:
 - a. All medications shall be used only for the child for whom the medication is labeled.
 - b. Medications shall not be given in excess of the recommended dose; and
 - c. Prescribed special medication procedures ordered for a specific child shall be written, signed, and dated by a physician or other legally authorized healthcare provider.
2. Storage of Medication
 - a. All medications shall be kept in their original labeled containers and have child protective caps. The child's first and last name shall be on all medication.
 - b. All medications shall be stored in a separate locked containers under proper conditions of sanitation, temperature, light and moisture and
 - c. Discontinued and expired medication shall not be used and shall be returned to the family or disposed in a safe manner.
3. Medication error
 - a. Any medication error, e.g. failure to administer medication at the prescribed time, incorrect dosage or wrong medication, is recorded in the child's records and families are immediately notified verbally and in written form. (NAEYC 5.A.11, 10.B.08)

Family Member Signature

Date