STELLAR ACADEMY

A PRIVATE PRESCHOOL FOR YOUR TALENTED CHILD

(908)252-1166 Fax (908)252-9119 ■ 757 US Highway 202/206, Bridgewater, NJ 08807 ■
(908)255-4247 Fax (908)252-9119 ■ 51 Route 206 Hillsborough, NJ 08844 ■

What happens when a mother of four (one of which is a preschool teacher), with a Ph.D. in Education driven by a passion for teaching children, gets together with a mother of three, who is a former chief-operating officer dedicated to providing her clients with the best possible product and service? A dream is born. This dream has become a reality with Stellar Academy, a cutting-edge early learning center. Stellar Academy was designed and built to provide the ultimate environment for a child's growth and development. An environment in which children establish a firm foundation for future success and happiness!

If you have read our literature or visited our website, you are familiar with Stellar Academy's philosophy to nurture the 'whole' child (social, emotional, intellectual and physical). Our *Learning Zones* ensure that each child is nurtured and challenged in a fun-filled atmosphere that is unique in child care. Staffed by caring and knowledgeable professionals, Stellar Academy is a premier child care learning center. You have made the best choice possible for your little one and we would like to welcome you into our family.

Included you will find forms that need to be completed and returned to us.

These items in **RED** must be returned ASAP to secure placement:

1. **Financial Agreement**
2. **Tuition Express Form** (if you wish to utilize a credit card for Tuition Express, please add 2.5% to the monthly tuition rate)
   - There is a $100 Registration Fee Per Child

These items should be **returned** at least one week prior to your child's start date.

1. **Registration Form**
2. **Receipt of Information Consent Form**
3. If you want to use our caterer**, Menu**
4. NJ's **Universal Child Health Record** with a copy of your child's latest **Immunization Record**

PLEASE NOTE:

If your child has **Allergies** please ask the office for a:
- **Special Care Plan - Severe Allergy Plan**

If your child has **Asthma** or **Reactive Airway Disease** please ask the office for a:
- **Special Care Plan – Asthma Treatment Plan**

These items are for your information only. There is no need to return:

1. **SmugMug Instructions**
2. **Food Facts**
3. **Things to Bring**
4. **School Calendar**

Thank you again for choosing Stellar Academy. Our motto is true! "Stellar Academy - *Learning Zones* where intelligence thrives!"

Please feel free to contact us if you have any questions or comments. See you soon!

STELLAR ACADEMY

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Registration Form

RETURN TO OFFICE

DATE OF ENROLLMENT: _____

Child's Name _____ Gender M ☐ F ☐ Birthdate _____

Address _____

City, State _____ Home Phone _____

Guardian 1 Cell _____ Email _____

Guardian 2 Cell _____ Email _____

FIRST GUARDIAN INFORMATION

First Guardian's Name _____ Legal Guardian–Relationship _____

Employer _____ Address _____

Work Phone _____

SECOND GUARDIAN INFORMATION

Second Guardian's Name _____ Legal Guardian–Relationship _____

Employer _____ Address _____

Work Phone _____

OTHER INFORMATION

Child lives with: Both Parents ☐ Mother/Father Mom Legal Guardian ☐ Name/ages of other children living at home _____

If parents are divorced legal guardian(s) Mother ☐ Father ☐ Other ☐ Is divorce or legal guardian paperwork decree on file? YES ☐ NO ☐

MEDICAL INFORMATION

Family Doctor _____ Address _____ Phone _____

My child has **ALLERGIES**: **NO** ☐ **YES** ☐ List **ALLERGIES**: _____

EPI PEN required: NO ☐ YES ☐ **(If YES –physician must complete SEVERE ALLERGY PLAN- see office for a copy.)**

MEDICAL NEEDS/CONCERNS: **NONE**: _____ List **MEDICAL NEEDS/CONCERNS**: _____

FOOD RESTRICTIONS: NONE: _____ List **FOOD RESTRICTIONS**: _____

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Registration Form

RETURN TO OFFICE

Child's Name _____ **Nickname** _____

EMERGENCY MEDICAL TREATMENT

I, (name of parent) _____ **Agree to the administration of emergency medical treatment to my child, (name of child)** _____**, by a duly qualified health practitioner in my absence.**

I authorize STELLAR ACADEMY **to arrange for such emergency medical treatment until such time as I can be present.**

Any expenses incurred for the above will be my responsibility.

Signature _____ **Date** _____

EMERGENCY/ALTERNATE PICK UP PERSONS

Child will most frequently be picked up by (Circle all that apply) GUARDIAN 1 / GUARDIAN 2 / BOTH PARENTS

Others authorized to pick up are:

1) Name _____ Relationship _____
   Phone _____ They can act "as a parent" in receiving information & making decisions concerning my child YES ☐ NO ☐

2) Name _____ Relationship _____
   Phone _____ They can act "as a parent" in receiving information & making decisions concerning my child YES ☐ NO ☐

3) Name _____ Relationship _____
   Phone _____ They can act "as a parent" in receiving information & making decisions concerning my child YES ☐ NO ☐

4) Name _____ Relationship _____
   Phone _____ They can act "as a parent" in receiving information & making decisions concerning my child YES ☐ NO ☐

Automated Payment Processing
Safe – Convenient – Easy

We are excited to offer the safety, convenience and ease of Tuition Express®—a payment processing system that allows secure, on-time tuition and fee payments to be made from either your bank account or credit card.

ELECTRONIC FUNDS TRANSFER AUTHORIZATION FOR BANK ACCOUNT and CREDIT CARD

I (we) hereby authorize (business name) Stellar Academy to initiate credit card charges to the below-referenced credit card account **(Section A)** OR, initiate debit entries to my (our) checking or savings account, indicated below **(Section B).** To properly affect the cancellation of this agreement, I (we) are required to give 10 days written notice. Credit union members: please contact your credit union to verify account and routing numbers for automatic payments. Check with the center for accepted credit card types.

COMPLETE ONE SECTION ONLY

SECTION A (Credit Card)

Cardholder Name _____ Phone # _____

Cardholder Address _____ City _____ State _____ Zip _____

Account Number _____ Expiration Date _____

Cardholder Signature _____ Date _____

SECTION B (Bank Account)

Your Name _____ Phone # _____

Address _____ City _____ State _____ Zip _____

Bank or Credit Union Name _____ Bank or Credit Union Address _____ City _____ State _____ Zip _____

Routing Transit Number (see sample below) _____ Account Number (see sample below) _____ ☐ Checking ☐ Savings

Authorized Signature _____ Date _____

For Official Use Only

Date Received
Employee Signature

A service of

procare SOFTWARE®

MEDIA RELEASE ACKNOWLEDGMENT

From time to time, photographs or videos may be taken. Special events and classroom learning time are excellent ways to create and capture memories, and we may post photos around the classroom and/or center. We use these photographs and videos primarily for displaying classroom projects and experiences but occasionally, photographs and videos are used for promotional purposes, including (but not limited to): interior branding, website, Facebook or other social media platforms, promotional videos, brochures, and portfolios/memory books.

Please indicate below whether you give permission for your child's picture to be taken or to be recorded.

- ☐ I give permission for my child to be photographed or video recorded for the purpose of displaying classroom projects or experiences, interior branding, website, Facebook or other social media platforms, promotional videos, brochures, and portfolios/memory books. Additionally, I understand that pictures of my child may be sent to me through the center's parent communication app platform.

- ☐ I do not give permission for my child to be photographed or video recorded for the purpose of displaying classroom projects or experiences, interior branding, website, Facebook or other social media platforms, promotional videos, brochures, and portfolios/memory books. Additionally, I understand that pictures of my child may be sent to me through the center's parent communication app platform.

Primary Parent or Guardian Full Name *(please print)*

Child Name(s) *(please print)*

Primary Parent/Guardian Signature **Date**

Provider Signature **Date**

ACKNOWLEDGMENT OF RECEIPT

Please read this handbook carefully and refer any questions you may have to your Center Director.

After you have read this handbook, please complete this acknowledgment, and return it to your Center Director on or before your child's first day.

I have read and fully understand the guidelines and procedures set forth in the Family Handbook. I have a copy of this handbook for my personal reference.

Primary Parent or Guardian Full Name *(please print)*

Child Name(s) *(please print)*

Primary Parent/Guardian Signature

Date

STELLAR ACADEMY

EXCELLENCE IN EARLY EDUCATION

Receipt of Parent Handbook

I acknowledge that I have received a copy of the Stellar Academy Parent Handbook and have read it thoroughly. I agree that if there is any policy or provision in the Parent Handbook that I do not understand, I will seek clarification from the appropriate management personnel.

Office of Licensing Receipt of Information

1. Information to Parents Document *(See Registration Packet)*
2. Policy on Methods of Parental Notification (*See Family Handbook. Page 24)*
3. Positive Guidance and Discipline Policy *(See Registration Packet)*
4. Policy on Dismissal/Expulsion *(See Family Handbook. Page 21)*
5. Policy on Diaper Ointment/Sunscreen *(See Registration Packet)*
6. Policy on the Management of Communicable Diseases *(See Family Handbook. Page 14)*
7. Policy on Media Usage (Computers, Photographs, & Social Media) *(Parent Handbook page 18)*
8. Policy on the Release of Children *(See Family Handbook. Page 18)*

I have read and received a copy of the information/policies listed above. These policies and other important information regarding my child's enrollment at Stellar Academy can be found in the Parent Handbook.

Child/Children Name(s): _____

Child/Children Classes: _____

Parent Name: _____

Parent Signature: _____

Date: _____

PLEASE RETURN THIS FORM TO THE OFFICE

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. 3A:52), 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 and staff 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 and staff member'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 http://www.nj.gov/dcf/providers/licensing/laws/CCCmanual.pdf 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 available soon 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 or you can view them online at https://data.nj.gov/childcare_explorer.
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).

Our 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 https://www.cpsc.gov/Recalls. 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/.

Department of Children and Families
Office of Licensing

GUIDELINES FOR POSITIVE DISCIPLINE

Handling discipline is an excellent opportunity for a child to learn and practice appropriate behavior. Discipline is always handled in a positive manner and is never humiliating to the child.

The ABCD's of Positive Discipline is an explicit teaching method written by Dr. Buley that allows children to understand and take control of inappropriate behavior. Children will understand fully what behavior is inappropriate, what behavior is needed to succeed, and are given the opportunity to choose and carry out the appropriate actions. Children then receive affirmations and encouragement for making good choices.

A = awareness of action **B** = behavior needed **C** = change direction with choice **D** = deliver encouragement

Example:
Mary, when you do not clean up when asked, you are not being a good helper (AWARENESS OF ACTION). I need you to help (BEHAVIOR NEEDED). Do you want to clean up the blocks or put away the puzzles? (CHOICE) Good choice – thank you, Mary, for helping and putting away those puzzles! (DELIVER ENCOURAGEMENT)

Problems between peers are also an excellent opportunity to instruct children on appropriate behavior. Stellar Academy's staff has been trained in The Problem Solving Method of conflict resolution. There are six basic steps to the process. Sometimes these steps flow into each other, and sometimes the information given covers more than one step at a time. Nevertheless, all six steps are part of the process.

Step 1. Initiate mediation: begin problem-solving **Step 2.** Gather data: get information **Step 3.** Define the problem: find out what each child wants
Step 4. Brainstorm ideas: generate alternative solutions **Step 5.** Agree on a solution **Step 6.** Follow-through: bring closure and monitor

GUIDELINES FOR POSITIVE DISCIPLINE – (Office of Licensing Policy)

Positive discipline is a process of teaching children how to behave appropriately. Positive discipline respects the rights of the individual child, the group, and the adult. Methods of positive discipline shall be consistent with the age and developmental needs of the children, and lead to the ability to develop and maintain self-control. Positive discipline is different from punishment. Punishment tells children what they should not do; positive discipline tells children what they should do. Punishment teaches fear; positive discipline teaches self-esteem.

You can use positive discipline by planning ahead:

- *Anticipate and eliminate potential problems.*
- *Have a few consistent, clear rules that are explained to children and understood by adults.*
- *Have a well-planned daily schedule.*
- *Plan for ample elements of fun and humor.*
- *Include some group decision-making.*
- *Provide time and space for each child to be alone.*
- *Make it possible for each child to feel he/she has had some positive impact on the group.*
- *Provide the structure and support children need to resolve their differences.*
- *Share ownership and responsibility with the children. Talk about our room, our toys.*

You can use positive discipline by intervening when necessary:

- *Re-direct to a new activity to change the focus of a child's behavior.*
- *Provide individualized attention to help the child deal with a particular situation.*
- *Use time-out -- by removing a child for a few minutes from the area or activity so that he/she may gain self-control. (One minute for each year of the child's age is a good rule of thumb).*
- *Divert the child and remove from the area of conflict.*
- *Provide alternative activities and acceptable ways to release feelings.*
- *Point out natural or logical consequences of children's behavior.*
- *Offer a choice only if there are two acceptable options.*
- *Criticize the behavior, not the child. Don't say "bad boy" or "bad girl." Instead you might say "That is not allowed here."*

You can use positive discipline by showing love and encouragement:

- *Catch the child being good. Respond to and reinforce positive behavior; acknowledge or praise to let the child know you approve of what he/she is doing.*
- *Provide positive reinforcement through rewards for good behavior.*
- *Use encouragement rather than competition, comparison or criticism.*
- *Overlook small annoyances, and deliberately ignore provocations.*
- *Give hugs and caring to every child every day.*
- *Appreciate the child's point of view.*
- *Be loving, but don't confuse loving with license.*

Positive discipline is NOT:

- *Disciplining a child for failing to eat or sleep or for soiling themselves*
- *Hitting, shaking, or any other form of corporal punishment*
- *Using abusive language, ridicule, humiliating treatment or any other form of emotional punishment of children*
- *Engaging in or inflicting any form of child abuse and/or neglect*
- *Withholding food, emotional responses, stimulation, or opportunities for rest or sleep*
- *Requiring a child to remain silent or inactive for an inappropriately long period of time*

Positive discipline takes time, patience, repetition and the willingness to change the way you deal with children. But it's worth it, because positive discipline works.

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TOPICAL OINTMENT & SUNSCREEN PERMISSION FORM

Parents/guardians must authorize staff to apply over-the-counter topical ointments or gel, insect repellents, lotions, creams, and powders. Sunscreen and baby lotion are examples. Only accept items in their original containers and clearly labeled with the child's full name. Expired products cannot be used. All items must be kept out of reach of children.

Child's Name:		D.O.B.	
Parent's Name:		Date:	

PERMISSION IS GIVEN TO APPLY THE FOLLOWING PRODUCTS TO THE CHILD LISTED ABOVE.

Product Name:		**Expiration Date:**	
Permission Valid From:	Date TO Date	*Permission may be given for up to 12 months or until the expiration date of the medication.*	
Amount:	☐ pea size ☐ dime size ☐ quarter size ☐ other:		
Where to Apply:	☐all exposed skin ☐ face only ☐ diaper area		
When to Apply:	☐ before outdoor play ☐ after each diaper change ☐ after a bowel movement ☐ other:		
Describe how to apply:			

Product Name:		**Expiration Date:**	
Permission Valid From:	Date TO Date	Permission may be given for up to 12 months or until the expiration date of the medication.	
Amount:	☐ pea size ☐ dime size ☐ quarter size ☐ other:		
Where to Apply:	☐ all exposed skin ☐ face only ☐ diaper area ☐ other:		
When to Apply:	☐ before outdoor play ☐ after each diaper change ☐ after a bowel movement ☐ other:		
Describe how to apply:			

Parent/Guardian Name		
Parent/Guardian Signature:	**Date:**	

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Prevention of Shaken Baby Syndrome and Abusive Head Trauma Policy and Procedure

Purpose

Shaken Baby Syndrome/Abusive Head Trauma is the name given to a form of physical child abuse that occurs when an infant or small child is violently shaken and/or there is trauma to the head. Shaking may last only a few seconds but can result in severe injury or even death. We believe that preventing, recognizing, responding to, and reporting shaken baby syndrome and abusive head trauma (SBS/AHT) is an important function of keeping children safe, protecting their healthy development, providing quality childcare, and educating families.

Policy

To provide care that is in the best interest of each child, Premier Early Childhood Education Partners will do the following:

- Allow for staff who feel they may lose control to have a short, but relatively immediate break away from the children.
- Provide support when parents/guardians are trying to calm a crying child and encourage parents to take a calming break if needed.
- Provide information regarding brain development and best practice.
- Mandated Reporters are required by state law to immediately report to a local law enforcement agency any suspicions that a child has been, or is being subjected to, any form of:
    *Physical neglect
    *Physical abuse
    *Emotional/Psychological Abuse and Neglect

Prohibited Behaviors

Behaviors that are prohibited include (but are not limited to):

- shaking or jerking a child
- tossing a child into the air or into a crib, chair, or car seat pushing a child into walls, doors, or furniture
- Quickly picking up a child or setting them down harshly

Procedure

Premier Early Childhood Education Partners is committed to providing the best possible care and education for the children and families we serve. Premier Early Childhood Education Partners will do the following procedures:

Recognizing:

- Children are observed for signs of abusive head trauma including irritability and/or high-pitched crying, difficulty staying awake/lethargy or loss of consciousness, difficulty breathing, inability to lift the head, seizures, lack of appetite, vomiting, bruises, poor feeding/sucking, no smiling or vocalization, inability of the eyes to track and/or decreased muscle tone. Bruises may be found on the upper arms, rib cage, or head resulting from gripping or from hitting the head.

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Responding to:

- If SBS/ABT is suspected, staff will:
  - If the child has stopped breathing, trained staff will begin pediatric CPR.
  - Call 911 immediately upon suspecting SBS/AHT and inform the director.
  - Call the parents/guardians.

Reporting:

- Instances of suspected child maltreatment in childcare are reported to the Regional Director.
- Follow the Urgent Issues policy and procedures.
- Instances of suspected child maltreatment in the home are reported to the county Department of Social Services. Phone number: ____1-877-NJ ABUSE___

Prevention strategies to assist staff in coping with a crying, fussing, or distraught child.
Staff first determine if the child has any physical needs such as being hungry, tired, sick, or in need of a diaper change. If no physical need is identified, staff will attempt one or more of the following strategies:

- Rock the child, hold the child close, or walk with the child.
- Stand up, hold the child close, and repeatedly bend knees.
- Sing or talk to the child in a soothing voice.
- Gently rub or stroke the child's back, chest, or tummy.
- Offer a pacifier or try to distract the child with a rattle or toy.
- Take the child for a ride in a stroller.
- Turn on music or white noise.
- Other _____

Strategies to assist staff members understand how to care for infants:
Staff reviews and discusses:

- The five goals and developmental indicators in the 2013 North Carolina Foundations for Early Learning and Development, ncchildcare.nc.gov/PDF_forms/NC_Foundations.pdf
- How to Care for Infants and Toddlers in Groups, the National Center for Infants, Toddlers and Families, www.zerotothree.org/resources/77-how-to-care-for-infants-and-toddlers-in-groups
- Including Relationship-Based Care Practices in Infant-Toddler Care: Implications for Practice and Policy, the Network of Infant/Toddler Researchers, pages 7-9, www.acf.hhs.gov/sites/default/files/opre/nitr_inquire_may_2016_070616_b508compliant.pdf

Strategies to ensure staff members understand the brain development of children up to five years
All staff take training on SBS/AHT within first two weeks of employment. Training includes recognizing, responding to, and reporting child abuse, neglect, or maltreatment as well as the brain development of children up to five years of age. Staff review and discuss:

- Brain Development from Birth video, the National Center for Infants, Toddlers and Families, www.zerotothree.org/resources/156-brain-wonders-nurturing-healthy-brain-development-from-birth
- The Science of Early Childhood Development, Center on the Developing Child, https://developingchild.harvard.edu/resources/inbrief-science-of-ecd/

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Parent web resources

- The American Academy of Pediatrics: www.healthychildren.org/English/safety-prevention/at-home/Pages/Abusive-Head-Trauma-Shaken-Baby-Syndrome.aspx
- The National Center on Shaken Baby Syndrome: http://dontshake.org/family-resources
- The Period of Purple Crying: http://purplecrying.info/
- Child Help www.childhelp.org

Application

This policy applies to children up to five years of age and their families, operators, early educators, substitute providers, and uncompensated providers.

Communication

Staff

- Within 30 days of adopting this policy, the childcare facility shall review the policy with all staff who provide care for children up to five years of age.
- All current staff members and newly hired staff will be trained in SBS/AHT before providing care for children up to five years of age.
- Staff will sign an acknowledgement form that includes the individual's name, the date the center's policy was given and explained to the individual, the individual's signature, and the date the individual signed the acknowledgment.
- The child care facility shall keep the SBS/AHT staff acknowledgement form in the staff member's file.

Parents/Guardians

- Within 30 days of adopting this policy, the child care facility shall review the policy with parents/guardians of currently enrolled children up to five years of age.
- A copy of the policy will be given and explained to the parents/guardians of newly enrolled children up to five years of age on or before the first day the child receives care at the facility.
- Parents/guardians will sign an acknowledgement form that includes the child's name, date the child first attended the facility, date the operator's policy was given and explained to the parent, parent's name, parent's signature, and the date the parent signed the acknowledgement.
- The child care facility shall keep the SBS/AHT parent acknowledgement form in the child's file.

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Parent or Guardian Acknowledgment Form

I, the parent or guardian of _____ (child's name) acknowledges that I have received and read a copy of the center's Shaken Baby Syndrome/Abusive Head Trauma Policy

Date policy given/explained to parent/guardian	**Date of child's enrollment**

Print name of parent/guardian

Signature of parent/guardian	**Date**

Safe Sleep Practices/Policy

Sudden Infant Death Syndrome (SIDS) is the unexpected death of a seemingly healthy baby for whom no cause of death can be determined based on an autopsy, an investigation of the place where the baby died and a review of the baby's clinical history. In the belief that proactive steps can be taken to lower the risks of SIDS in child care and that parents and child care providers can work together to keep babies safer while they sleep, this facility will practice the following safe sleep policy.

Safe Sleep Practices

1. We train all staff, substitutes, and volunteers caring for infants aged 12 months or younger on how to implement our Infant/Toddler Safe Sleep Policy.
2. We always place infants under 12 months of age on their backs to sleep, unless:
   - **the infant is 6 months or younger** and a signed ITS-SIDS Alternate Sleep Position Health Care Professional Waiver is in the infant's file and a notice of the waiver is posted at the infant's crib.
   - **the infant is 6 months or older** (choose one)
     - ❑ We do not accept the ITS-SIDS Alternate Sleep Position Parent Waiver.

   We retain the waiver in the child's record for as long as they are enrolled.
3. We place infants on their back to sleep even after they are able to independently roll back and forth from their back to their front and back again. We then allow the infant to sleep in their preferred position.
   - ❑ We document when each infant is able to roll both ways independently and communicate with parents. We put a notice in the child's file and on or near the infant's crib.
4. We visually check sleeping infants every 15 minutes and record what we see on a Sleep Chart. The chart is retained for at least one month.
5. We maintain the temperature between 68-72°F in the room where infants sleep.
   - ❑ We further reduce the risk of overheating by not over-dressing infants
6. We provide infants supervised tummy time daily. We stay within arm's reach of infants during tummy time.

Safe Sleep Environment

7. We use Consumer Product Safety Commission (CPSC) approved cribs or other approved sleep spaces for infants. Each infant has his or her own crib or sleep space.
8. We do not allow pacifiers to be used with attachments.
9. Safe pacifier practices:
   - ❑ We do not reinsert the pacifier in the infant's mouth if it falls out.
   - ❑ We remove the pacifier from the crib once it has fallen from the infant's mouth.
10. We do not allow infants to be swaddled.
    - ❑ We do not allow garments that restrict movement.
11. We do not cover infants' heads with blankets or bedding.
12. We do not allow any objects other than pacifiers such as, pillows, blankets, or toys in the crib or sleep space.
13. Infants are not placed in or left in car safety seats, strollers, swings, or infant carriers to sleep.
14. We give all parents/guardians of infants a written copy of this policy before enrollment. We review the policy with them and ask them to sign the policy.
    - ❑ We encourage families to follow the same safe sleep practices to ease infants' transition to child care.
15. Posters and policies:
    - ❑ We also post a safe sleep practices poster in the infant sleep room where it can easily be read.
16. All staff will participate in *Responding to an Unresponsive Infant* practice drill twice each year. In April and in October, in conjunction with fire drills.

Communication

17. We inform everyone if changes are made to this policy 14 days before the effective date.
    - ❑ We review the policy annually and make changes, as necessary.

Effective date:_____ Review date(s):_____ Revision date(s): _____

I, the parent/guardian of_____(child's name), received a copy of the facility's Infant/Toddler Safe Sleep Policy. I have read the policy and discussed it with the facility director/operator or other designated staff member.

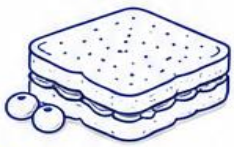
Child's Enrollment Date:_____ Parent/Guardian Signature:_____Date:_____

Facility Representative Signature:_____Date: _____

STELLAR ACADEMY

LUNCH MENU

♥ Please select ONE option for your child each day. ♥

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
— MAIN ENTREE —	— MAIN ENTREE —	— MAIN ENTREE —	— MAIN ENTREE —	— MAIN ENTREE —
☐ Pizza	☐ Meatballs with Breadstick	☐ Chicken Nuggets	☐ Bowtie Alfredo with chicken	☐ French Toast
				
♥ Fresh Fruit ♥ Fresh Veggies	♥ Fresh Fruit ♥ Fresh Veggies	♥ Fresh Fruit ♥ Fresh Veggies	♥ Fresh Fruit ♥ Fresh Veggies	♥ Fresh Fruit ♥ Fresh Veggies
CONTAINS DAIRY	CONTAINS DAIRY, BEEF/PORK & EGGS	CONTAINS DAIRY	CONTAINS DAIRY	CONTAINS DAIRY
— ALTERNATE OPTION —	— ALTERNATE OPTION —	— ALTERNATE OPTION —	— ALTERNATE OPTION —	— ALTERNATE OPTION —
☐ Chicken Soup	☐ Pasta Marinara	☐ Mac & Cheese	☐ Sunbutter & Jelly Sandwich	☐ Bagel Bag
				
♥ Fresh Fruit ♥ Fresh Veggies	♥ Fresh Fruit ♥ Fresh Veggies	♥ Fresh Fruit ♥ Fresh Veggies CONTAINS DAIRY	♥ Fresh Fruit ♥ Fresh Veggies	♥ Fresh Fruit ♥ Fresh Veggies

CHILD'S NAME: _____ CHILD'S CLASS: _____

COST: **$5.00** PER LUNCH

WE DO NOT CREDIT FOR ABSENCES.

Thank you for helping us provide healthy and delicious meals!

UNIVERSAL
CHILD HEALTH RECORD

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

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	

****

ACTION NEEDED

****

Dear Parents,

To complete the enrollment process Stellar Academy must be provided with a current copy of your child's

IMMUNIZATION RECORD

This record must be provided within 7 days of your child's enrollment.

PLEASE CHECK WITH YOUR CHILD'S PHYSICIAN TO MAKE SURE ALL VACCINATIONS ARE UP-TO-DATE AND REFLECTED ON YOUR CHILD'S IMMUNIZATION FORM!

You may submit this record with your child's paperwork or if it is easier, your physician can FAX your child's most recent immunization record to us. Our fax number is:

908-252-9119 **FAX – Bridgewater**
908-252-9119 **FAX - Hillsborough**

Please be aware that failure to submit your child's immunization record may result in suspension from his/her program.

Thank you for your help in this matter.

*******IMPORTANT NOTICE*******

The Department of Health requires that your child receive an annual physical exam.

Please ask your child's physician to complete the following:

UNIVERSAL CHILD HEALTH RECORD

If your child has an ALLERGY the physician must complete the:

SEVERE ALLERGY PLAN

If your child has ASTHMA or REACTIVE AIRWAY DISEASE the physician must complete the:

ASTHMA TREATMENT PLAN

Please see the office for the Severe Allergy and Asthma Treatment Plan paperwork.

If you need additional forms, or your child develops an allergy or asthma during the school year, please see the office for the necessary paperwork.

STELLAR ACADEMY

A PRIVATE PRESCHOOL FOR YOUR TALENTED CHILD

Expertly Designed . . . Lovingly Taught . . . Exceedingly Rewarding

(908)252-1166 FAX (908)252-9119 ■ 757 US HIGHWAY 202/206, BRIDGEWATER, NJ 08807 ■
(908)255-4247 FAX (908)252-9119 ■ 51 ROUTE 206 HILLSBOROUGH, NJ 08844 ■

*******IMPORTANT NOTICE*******

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If you need additional forms, or your child develops an allergy or asthma during the school year, please see the office for the necessary paperwork.

STELLAR PHOTOS APPLICATION PROCESS

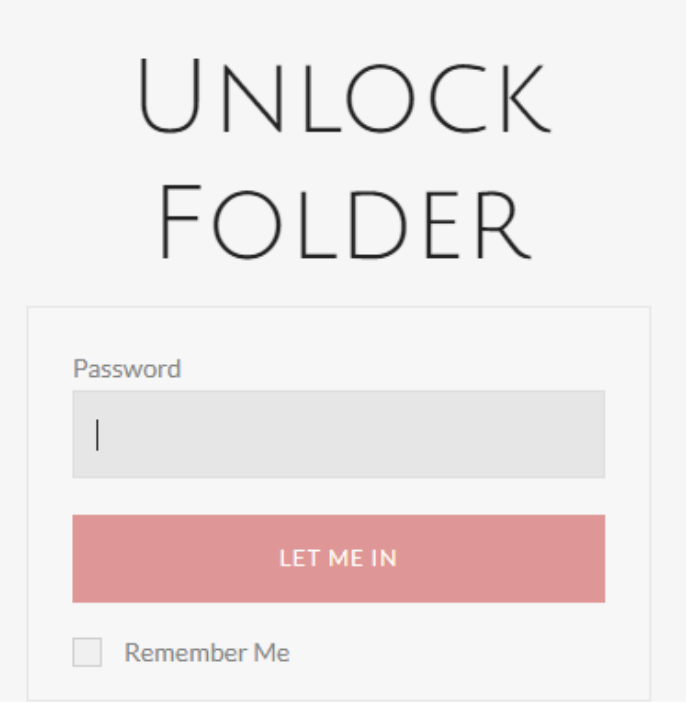
HOW TO VIEW STELLAR ACADEMY PHOTOS

We are continuing our process to let our families view the pictures taken at Stellar Academy. After looking at our options, we decided to use SmugMug as our photo album viewer and storage site. This allows us to host a Photo Album Page. From this site, you can browse photos taken at Stellar Academy and even download the photos you'd like for personal use.

To access the Photo Page, you need to have a password to view photos from each school.

Below are instructions on how to access the photos.

1) Start by going to **stellaracademy.smugmug.com**
2) Then click the school your child attends.
3) You will be asked type in a password



4) **Please ask the office for the current password**

From here you can view the photos by class which are then sorted by date.

If you have any questions or need help accessing the site, please feel free to email me!

Mr. Dave
Dbuley@stellaracademy.com

STELLAR ACADEMY
A PRIVATE PRESCHOOL FOR YOUR TALENTED CHILD

FOOD FACTS

Stellar Academy will provide two daily snacks, one in the morning and the other in the afternoon. Snacks will consist of:

- Drink (water)
- Snack (crackers, non-sugared cereal, raisins, etc.)

Lunch is provided by the parent (there is a refrigerator in every room) or can be purchased from our caterer, Enrico's Pasta (see MENU). Lunch costs $5.00 per day. If your child arrives at school with no lunch, a cheese sandwich lunch will be purchased for them and the cost added to your bill

There is no credit given for uneaten lunches due to absence other than notified vacations.

STELLAR ACADEMY IS A PEANUT SAFE CENTER

Due to the extreme nature of allergic reactions to peanuts and products containing peanuts in some children, Stellar Academy prohibits peanuts and/or foods containing peanut products on Stellar Academy property, and/or at Stellar Academy sponsored events. These peanut allergies can be so severe that exposure to peanuts can result in an anaphylactic reaction. An allergic child can have a reaction from simply smelling peanuts on someone's breath, or touching peanut oil residue left on a counter top, not only from consuming peanuts or peanut products.

Parents are responsible for providing foods that are peanut and peanut product safe for their child's lunch. There are many acceptable food items that are peanut and peanut product safe in stores. **The important thing to remember is to read the label of every food item you send to school with your child**. Many foods which we do not think of as containing peanuts or peanut products have in fact been made in the same factories as peanut containing foods and are therefore considered to be contaminated. When reading the label, look at not only the ingredients listed, but for statements such as, "**may contain traces of peanuts."** For example, Plain Chocolate M & M's have this statement on the label.

STELLAR ACADEMY

A PRIVATE PRESCHOOL FOR YOUR TALENTED CHILD

What your child needs to bring……

Infants:

- Crib bedding (porta-crib size 37”x24”x3”)
- Extra clothing
- 2 or 3 onesies
- Diapers
- Wipes
- Desitin or any ointment needed
- Receiving blankets
- Bibs
- Labeled Bottles with name and date
- Food for the day
- Feeding Schedule
- Bowl and spoon, if necessary
- Extra pacifiers, if necessary

Toddlers & Up

- Mat sheet (a crib sheet will do)
- Light Blanket
- An extra set of clothes (will be kept at school for emergencies)
- Several extra underwear & bottoms (if potty learning)
- Personal cup with sip lid (toddlers)
- Diapers/Pull Ups, if necessary
- Wipes, if necessary
- Desitin or any ointment, if necessary
- Food for the day (if restricted)
- Lunch (if not purchasing)

Please mark all items with your child’s name or initials.

STELLAR ACADEMY | 2026-2027 CALENDAR

1 Tuition Express

7 CLOSED: Labor Day

23 Back to School Night
BWTR & HILLS

SEPTEMBER 2026

S	M	T	W	Th	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30			

OCTOBER 2026

S	M	T	W	Th	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

1 Tuition Express

30 HALLOWEEN Trunk or Treating Event

2 Tuition Express

26-27 CLOSED: Thanksgiving

NOVEMBER 2026

S	M	T	W	Th	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30					

DECEMBER 2026

S	M	T	W	Th	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

1 Tuition Express

2 BWTR Winter Concert
10 HILLS Winter Concert

24 CLOSED: Christmas Eve
25 CLOSED: Christmas
31 CLOSED: New Year's Eve

1 Tuition Express

1 CLOSED: New Year's Day
18 CLOSED: MLK Day

JANUARY 2027

S	M	T	W	Th	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

FEBRUARY 2027

S	M	T	W	Th	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28						

1 Tuition Express

15 CLOSED: Presidents' Day
Teacher In-Service

1 Tuition Express

26 CLOSED: Good Friday
29 CLOSED: Easter

MARCH 2027

S	M	T	W	Th	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

APRIL 2027

S	M	T	W	Th	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	

1 Tuition Express

3 Tuition Express

12 BWTR Spring Concert
20 HILLS Spring Concert

31 CLOSED: Memorial Day

MAY 2027

S	M	T	W	Th	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

JUNE 2027

S	M	T	W	Th	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30			

1 Tuition Express

24 HILLS Kindergarten Graduation

1 Tuition Express

5 CLOSED: Independence Day

JULY 2027

S	M	T	W	Th	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

AUGUST 2027

S	M	T	W	Th	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

2 Tuition Express

27 CLOSED: Teacher Work Day