

July 2019

Dear Parent/Guardian,

Best Time, LLC. Registration forms are now on my website at www.besttimellc.com for you to complete for Hamilton School's before and after school programs for the 2019-2020 school year. My name is Barbara Andresen; I am the owner of Best Time, LLC.

I also make sure I get to know every parent. I think it is important to greet them by name and give them an opportunity to get to know me as well. I feel this enables them to feel relaxed knowing their children are in good hands and promotes open lines of communications. Please feel free to call 908 966-1480 if you have any questions. I look forward to hearing from you.

Sincerely,
Barbara Andresen
Best Time, LLC

Please note: before and after school pricing has included the Board of Education Fees to the monthly tuition.

Please don't email your child's registration. It has to be mailed to the address on the registration no later than August 1, 2019.

Please send back only the pages you filled out. Keep registration for information about the program.

It is imperative that these forms be filled out completely and I am requiring each parent to contact me, Barbara Andresen at 908 966-1480, prior to the start of the school year to inform me whom your child's teacher is, whether your child/children are attending Best Time, LLC. on the first day of school. It is very important to send a note to your child's teacher the first day of school informing them the days they will be attending Best Time and if they are coming the first day of school.

The Before Care program will be open the first day of school.

Best Time will be charging \$1.00 per minute you are late picking up your child beginning the first day of school. The program is over at 6:00 p.m., no exceptions.

***NEW TO THE PROGRAM?* For additional information about the program, please contact Barbara Andresen at 908-966-1480 or via email at besttimellc@gmail.com.**

BEST TIME, LLC
MISSION STATEMENT

My goal for Best Time, LLC is to provide a safe, happy and creative environment for the children in my before and after school programs.

Innovative Programming

Over twenty-eight years of experience in childcare has afforded me the opportunity to recognize needs and wishes of parents and their children and prompted my response with new and innovative programs.

I would work closely with the educational and custodial staff to promote an atmosphere of cooperation for the mutual benefit of all parties.

Affordable Alternative

Rates are competitive with other programs in all districts.

Program Specifics for the Before and After School Program

Before Care Program - arts and crafts, coloring, drawing, reading, and unfinished homework.

AFTER School Program

Snack: Juice and a choice of snack are provided on a daily basis.

Homework Room:

Counselor supervised homework sessions

Extra help and 1 to 1 attention as needed.

Sports Activities:

Diverse sports equipment is provided.

Closely supervised group activities are conducted daily in a fun and non-competitive atmosphere.

Arts & Crafts: A variety of arts & craft materials are provided.

Daily Available Activities:

Inside:

Lego sets, classic board games, Nok hockey

Army men, helicopters, tanks

Markers, pencils, crayons, beads, yarn, colored paper etc.

Outside: (weather permitting)

Provide equipment and supervision for group games (i.e., kick ball, basketball, 4-square, wiffle ball etc).

Supervised use of playground equipment

Hamilton School
BEST TIME, LLC
RULES AND REGULATIONS
BEST TIME, LLC CELL NUMBER
908 966-1480

Please note: on site school number will
be available soon.

I. PURPOSE:

The purpose of the BEST TIME, LLC is to provide the children with a varied and loosely structured program. The Program will encompass physical activities, and may include other activities or subjects that are desired by the children. Our goal is to provide a safe, happy, and creative environment for our children before the school day begins and after the school day ends.

II. PROGRAM HOURS:

1. BEST TIME LLC operates **Morning 7:00 AM to 8:25AM Afternoon 2:45PM. to 6:00 PM.** on scheduled school days.
2. **BEST TIME, LLC is closed during all school holidays.**
3. **BEST TIME LLC After School Program is canceled when the school has closed due to inclement weather or early dismissals.** If weather conditions deteriorate after Best Time, LLC. has opened the staff will start making phone calls to the parents, if parents can't be reached Best Time, LLC. will use the emergency numbers provided on the emergency form to come pick up the children. Please keep your emergency numbers updated it is very important to Best Time, LLC.
4. Snow Emergencies: Due to the unpredictable nature of snowfall, strict guidelines will be enforced and are included in the registration package.
5. **Best Time, LLC** Before Care Program does not open when the school has delayed opening.
6. Best Time, LLC will be open on all half days

III. FEES:

1. Tuition payments must be made by the **FIRST** of the month according the Fee Schedule.
2. Late payments will be assessed a late fee (see Fee Schedule). If payments are overdue more than 30 days, your child will not be allowed to attend the program.
3. The Fee Schedule is set by the Governing Body to ensure the financial viability of BEST TIME, LLC and may be modified as necessary.

IV. ATTENDANCE:

1. Children must be registered for a minimum of two (2) days per week on a per month basis only. Children cannot be registered for part of a month. Only registered children will be allowed to attend BEST TIME, LLC
2. Missed days can only be made up during the same week. Days cannot be carried over to the following weeks or months. There will be no refund or reduction in tuition due to missed days or illness, vacation, snow days or early dismissal.

3. Daily attendance is recorded by BEST TIME, LLC All **children must be signed in for before care and signed out for after care by the parent or authorized adult.**
 4. Sick children should not attend BEST TIME, LLC Children who attend the program sick will be evaluated according to the guidelines attached (BEST TIME, LLC Illness/Communicable Disease Policy) and their parent or guardian will be notified to provide immediate pick-up.
- V. IN CASE OF EMERGENCY:** The Emergency Form must be completed and signed by the parent or guardian. BEST TIME, LLC must have current phone numbers where you can be reached in an emergency. **WE DO NOT HAVE ACCESS TO THE SCHOOL'S RECORDS**
- VI. GENERAL:**
1. The TAX ID for BEST TIME, LLC - 43-2088244.
 2. Parents should secure school insurance if their own insurance is inadequate. BEST TIME, LLC is not responsible for medical expenses incurred due to injury while your child is attending the program.
 3. Employees of BEST TIME, LLC will not transport any children.
 4. Medication will not be administered to any child unless in an emergency situation and a parent has been notified (i.e., asthma medications).
 5. **Discipline at BEST TIME, LLC is handled on a case-by-case basis and will always be positive and consistent with the age and development needs of the child being disciplined. Discipline will strive to lead to the child's ability to maintain self-control. If further discipline is required, it will consist of a time-out being taken for an appropriate length of time based on the infraction. The staff member initiating the discipline will determine time-out length**

NOTE:

Parents of children with chronic discipline problems will be notified in writing by BEST TIME, LLC Continued discipline problems will result in dismissal from the program. Physical abuse of one child toward another child or staff member will not be tolerated at any time. Parents of both parties will be immediately notified and the abusive child will be removed from the program for as long as necessary to correct the behavior. Any repeat abuse will result in dismissal of the abusive child from the program.

Best Time, LLC has permission to go on walks on school property and in case of an emergency evacuation to leave school property.

Date: _____
Parent's Name: _____
Child's Name: _____
Parent's Signature: _____

Teacher's Name: _____
Coming first Day of School _____

BEST TIME, LLC.

The registration packet will be on our website www.besttimellc.com . Please read all of the information and keep the Rules and Regulations for reference.

PLEASE BE SURE TO COMPLETE AND SIGN ALL SECTIONS ON PAGES 4, 9,10, 15,16,18,19 AND 20 ACCURATELY AND COMPLETELY, INCOMPLETE FORMS WILL DELAY YOUR REGISTRATION. IF PAYMENT IS NOT RECEIVED BY 8/1/19 YOUR CHILD CANNOT ATTEND BEST TIME, LLC. ON THE FIRST DAY OF SCHOOL.

Registration Form with completed Allergy/Medical Condition Section and a \$20 Registration fee **per child** PLUS SEPTEMBER'S TUITION DUE by 8/1/19.

The total number of school days is divided into ten (10) equal payments; therefore the fee is the same each month regardless of the actual number of school days in the month. No refunds or reduction in tuition will be given for missed days due to holidays, illness or vacations. No tuition will be due only if the entire month will be missed.

PLEASE MAIL THE COMPLETED FORMS TO BEST TIME, LLC:
(We encourage you to register as early as possible.)

**Best Time, LLC
304 Porter Way West
Bridgewater, NJ. 08807**

Checks for September's tuition plus \$20 registration fee per child should be made payable to Best Time, LLC.

For additional information on the program, please contact Barbara Andresen at (908) 966-1480.

**PLEASE SEE A “BEGINNING OF THE YEAR”
CHECKLIST AND OTHER HELPFUL INFORMATION.**

Drop-In Rates: If your child has not registered with Best Time, LLC. the fee is as follows:

\$20.00 for Before care – along with a completed registration form and notification via phone or text to Best Time, LLC, 908-966-1480, the teacher and main office prior to drop off.

\$20.00 for After Care along with a completed registration form and notification via phone or text to Best Time, LLC, 908-966-1480 and the main office prior to drop off.

\$40.00 Half Days along with a completed registration form and notification via phone or text to Best Time, LLC, 908-966-1480, the teacher and the main office prior to drop off.

If you are registered in Best Time, LLC two or more days pers week and would like to drop in before care, the fee is \$10.00. If you are registered in Best Time, LLC two or more days and would like to drop in after care, the fee is \$20.00

BEST TIME, LLC
BEGINNING OF THE YEAR CHECKLIST

Complete registration and emergency forms:

- Check for completeness
- Check for signatures
- Include September's tuition (check or money order only)

First Day of School:

The first day of school BEST TIME, LLC is OPEN. If you are up to date on your payments and your registration and emergency forms are completely filled out, your child may attend on the first day if **he/she is registered for that day of the week.**

You must send in a note with your child on the first day:

1. **Note to the child's teacher** – your child's teacher will have a list of all children in his/her class that will attend BEST TIME, LLC on a regular basis and on what days. You need to send a note on the first day to let the teacher know whether to send your child to BEST TIME, LLC or send him/her home on the bus if they will be attending the After School Program. Also, please indicate to the teacher on what days your child is expected to stay at the program.

If your child will not be attending Best Time, LLC on the first day of school, which is a day of the week that they will normally be attending the afterschool program, then a second note is required.

2. **Note to BEST TIME, LLC**– you need to let BEST TIME, LLC know whenever your child will NOT be at the program on his/her scheduled days (except for illness – BEST TIME, LLC gets a list of absent children from the office). The note should be addressed to “BEST TIME, LLC” and placed in the BEST TIME, LLC mailbox in the office.

OTHER HELPFUL INFORMATION:

- Until the BEST TIME, LLC staff is familiar with you or whoever picks up your child from the program, please be prepared to show identification when arriving at the program. REMEMBER, this is for your child's safety and protection!
- If your child has any allergies – that you have indicated on the registration form – please include this information, as a precautionary measure, with your first day note to BEST TIME, LLC this will alert the staff once more to be sure that the allergy is not overlooked during the first few days of getting settled.
- Any circumstances (e.g., divorce, custody issues, etc.) should be indicated in a note to BEST TIME, LLC on the first day of school.

BEST TIME, LLC
HAMILTON SCHOOL FEE SCHEDULE

After School Program Only DAYS PER WEEK Please note Board of Education fee is included in monthly tuition

	2	3	4	5	
ONE CHILD	\$205	\$220	\$230	\$240	Per month
TWO CHILDREN	\$310	\$320	\$330	\$340	Per month
THREE CHILDREN	\$415	\$425	\$435	\$445	Per month

Before School Program Only DAYS PER WEEK Please note Board of Education fee is included in monthly tuition

	2	3	4	5	
ONE CHILD	\$120	\$130	\$140	\$150	Per month
TWO CHILDREN	\$190	\$200	\$210	\$220	Per month
THREE CHILDREN	\$280	\$290	\$300	\$310	Per month

Before & After School Program DAYS PER WEEK Please add Board of Education fee is included in monthly tuition

	2	3	4	5	
ONE CHILD	\$315	\$325	\$335	\$345	Per month
TWO CHILDREN	\$465	\$475	\$485	\$495	Per month
THREE CHILDREN	\$660	\$670	\$680	\$690	Per month

1. Payments are due on the **FIRST** of each month beginning in **September**.
2. The total number of school days is divided into ten (10) equal payments; therefore the fee is the same each month regardless of the actual number of school days in the month. **No refunds or reduction in tuition will be given for missed days due to holidays, illness or vacations. No tuition will be due only if the entire month will be missed.**
3. If payment is thirty (30) days overdue, the child will be dismissed from the program upon a week's notice in writing. A late fee will be assessed as follows: Up to ten (10) days late - \$5.00; Up to thirty (30) days late - \$15.00.
4. Overtime will be assessed at \$1.00 per minute. ***THIS PROGRAM IS OVER AT 6:00 PM AND THE ROOM MUST BE VACATED BY 6:00 PM. This rule DOES NOT apply during SNOW EMERGENCIES. DURING SNOW EMERGENCIES, ALL CHILDREN MUST BE PICKED UP EARLY – SEE SNOW EMERGENCY POLICY IN SECTION II OF RULES & REGULATIONS.**
5. Checks should be made payable to **BEST TIME, LLC**. During the school year checks may be dropped off at the program OR mailed to the BEST TIME, LLC 304 Porter Way West, Bridgewater, NJ. 08807.
6. **RETURNED CHECK POLICY:** Anyone submitting a check that is returned unpaid will be notified and a replacement check that is issued immediately will be accepted. However, if more than one check is returned unpaid during the school year, then payment from then on until the end of the school year will only be accepted in the form of cash or money order. Cash must be delivered in person to BEST TIME, LLC and a receipt will be issued. If payment is not received on time, then we will be required to dismiss the child from the program upon a week's notice in writing.

BEST TIME, LLC. REGISTRATION FORM

Part 1 (Children Information): **HAMILTON SCHOOL**

NAME OF CHILD TO ATTEND	GRADE	BIRTHDATE	ALLERGIES*
1)			
2)			
3)			

(*ALLERGIES: List any medicines or foods your child is allergic to as well as any other allergies; if your child has no allergies, please write "none")

Part 2 (Days/Times Needed): **Please circle before / after or both**

Circle the days that your child(ren) will be in attendance Before/After school (minimum 2 days)	MON	TUES	WED	THU	FRI	Every Day

Part 3 (Home Address and Phone # of Children):

CHILDREN'S HOME ADDRESS:	
CHILDREN'S HOME TELEPHONE:	

Part 4 (Parent Information: if same as child indicate "same"):

MOTHER'S NAME:		FATHER'S NAME:	
Home Address:		Home Address:	
Home Phone:		Home Phone:	
Cell Phone:		Cell Phone:	
Pager/Beeper:		Pager/Beeper:	
EMPLOYER:		EMPLOYER:	
Address:		Address:	
Work Phone:		Work Phone:	
Email Address:		Email Address:	
Hours of Work:		Hours of Work:	

Part 5 (Emergency Medical Treatment Authorization):

In case of emergency, I understand every effort will be made to contact me. In the event I cannot be reached, I hereby give my permission to the physician named below or to the emergency room physician of Robert Wood Johnson Medical Center to administer emergency treatment to my child.	PARENT'S SIGNATURE: _____ DATE: _____
NAME OF PRIMARY PHYSICIAN:	
NAME OF GROUP:	
ADDRESS:	
PHONE NUMBER:	

Part 6 (Agreement):

Your signature acknowledges that:

- 1) You have read, understand, and agree to abide by the by-laws of BEST TIME, LLC.
- 2) You have read and agree to the Statement of Discipline Policy in the by-laws.
- 3) You have received and signed a copy of the Licensing Information Statement as required by DYFS.
- 4) You certify that your child(ren) is in good health and able to attend BEST TIME, LLC with no restrictions other than those listed above.
- 5) You agree to notify Mrs. Andresen immediately of any changes to your home or employer addresses, telephone numbers and emergency contact numbers of the persons listed on your emergency form.
- 6) Best Time, LLC has permission for walks and emergency evacuations.

PARENT'S SIGNATURE: _____

DATE: _____

BEST TIME, LLC
EMERGENCY CONTACT AND CHILD RELEASE AUTHORIZATION

The people listed below are authorized to sign my child(ren) out of the program. Children can only be released to those listed on this form or the emergency form unless a written note is presented to the program staff or a personal phone call to the staff is made by a parent or guardian. If there are special requirements we should be aware of (e.g., restraining order), we require a copy of the document.

NAME	Relationship	Phone Number

In the event of an emergency or early closing of BEST TIME, LLC due to inclement weather, if parent cannot be reached, the following people have my permission to sign my child(ren) out of the program:

ORDER IN WHICH TO CALL:	NAME	RELATIONSHIP	PHONE NUMBER
1 ST EMERGENCY CONTACT			
2 ND EMERGENCY CONTACT			
3 RD EMERGENCY CONTACT			

PARENT'S
SIGNATURE: __

DATE: _____

BEST TIME, LLC
ILLNESS/COMMUNICABLE DISEASE POLICY

As a child care center which serves well children, BEST TIME, LLC shall not permit a child who has any of the illnesses or symptoms of illness specified below to be admitted to the center on a given day unless medical diagnosis from a licensed physician, which has been communicated to BEST TIME, LLC in writing, or verbally with a written follow-up, indicates that the child poses no serious health risk to himself or to other children. Such illnesses or symptoms or illnesses shall include, but not be limited to, any of the following:

- a) Severe pain or discomfort.
- b) Acute diarrhea, characterized as twice the child's usual frequency of bowel movements with a change to a looser consistency within a period of 24 hours.
- c) Two or more episodes of acute vomiting within a period of 24 hours
- d) Elevated oral temperature of 101.5 degrees Fahrenheit or over, or auxiliary temperature of 100.5 degrees Fahrenheit or over in conjunction with behavioral changes
- e) Sore throat or severe coughing
- f) Yellow eyes or jaundiced skin
- g) Red eyes with discharge
- h) Infected, untreated skin patches
- i) Difficult, rapid breathing
- j) Skin rashes lasting more than one day
- k) Weeping or bleeding skin lesions that have not been treated by a physician or nurse
- l) Swollen joints
- m) Visibly enlarged lymph nodes
- n) Stiff neck
- o) Blood in urine

Once the child is symptom-free, or a licensed physician indicates that the child poses no serious health risk to him/herself or to other children, the child may return to the program.

If a child attending the program manifests any of the illnesses or symptoms of illness specified above, BEST TIME, LLC shall remove the child from the group of well children to a separate room or area until 1) he or she can be taken from the center, or 2) the owner has communicated verbally with a licensed physician who indicates that the child poses no serious health risk to himself or to the children, at which time the child may return to the group.

BEST TIME, LLC shall not permit a child or staff member with excludable communicable disease, as specified in table below, to be admitted to, or remain, at the center until:

1. A note from the child's or staff member's licensed physician which states that the child, or staff member, has been diagnosed and presents no risk to him/herself or others; or
2. BEST TIME, LLC has contacted the State Department of Health's Communicable Disease Program or local health department pediatric health consultants and is told the child or staff member poses no health risk to others.

TABLE OF EXCLUDED COMMUNICABLE DISEASES			
Chicken Pox	Hepatitis A	Meningococcus	Shigella
German Measles	Impetigo	Mumps	Strep Throat
Giardia Lamblia	Lice	Salmonella	Tuberculosis
Hemophilus	Influenza Measles	Scabies	Whooping Cough

During any outbreak of an excludable disease at BEST TIME, LLC, each parent whose child may have been exposed to the disease shall receive a written notice of the outbreak.

BEST TIME, LLC will admit a child known to be infected with HIV, the virus that causes Acquired Immuno Deficiency Syndrome (AIDS). A child will not be excluded from BEST TIME, LLC solely because he or she lives with, or is related to, a person known to be infected with HIV. The owner will maintain the confidentiality of any child or staff member known to be infected with HIV. BEST TIME, LLC shall not require the routine medical screening of children or staff members to detect the presence HIV.

Best Time LLC **Policy on the Release of Children**

A: As per the State of NJ

Each child may be released only to the child's custodial parent(s) or person(s) authorized by the custodial parent(s), to take the child from the center and to assume responsibility for the child in an emergency if the custodial parent(s) cannot be reached;

The provision that a child shall not be visited by or released to a non-custodial parent unless the custodial parent specifically authorizes the center to allow such visits or release in writing. This written authorization, including name, address, and telephone number shall be maintained in the file.

If a non-custodial parent has been denied access to a child by a court order, the center shall secure documentation to the effect and maintain a copy in the file.

B: As per the State of NJ

Written procedures to be followed by staff member(s) if the parent(s) or person(s) authorized by the parent(s), as specified in (A) above, fails to pick-up child at the time of the center's daily closing. The procedure shall require:

1. The child is supervised at all times
2. Staff members attempt to contact the parent(s) or person(s) authorized by the parent(s)
3. An hour or more after closing time, and provided that other arrangements for releasing the child to their parent(s) have failed and the staff member(s) cannot continue to supervise the child at the center, the staff member shall call the Division's 24-hour state registry hotline 1-877-NJ-ABUSE 1-877-652-2873 to seek assistance in caring for the child until the parent(s) or person(s) authorized by the child's parent(s) is able to pick up the child

C: As per the State of NJ

The child may not be released to such an impaired individual who appears to be physically and/or emotionally impaired to the extent that, in the judgement of the director and/or staff member the child would be placed at risk of harm if released to such an individual, the center shall ensure that:

1. Staff members attempt to contact the child's other parent or person(s) authorized by the parent(s)

If the center is unable to make alternative arrangement, a staff member shall call the Division's 24-hour state registry hotline 1-877-NJ-ABUSE 1-877-652-2873 to seek assistance in caring for the child.

For school-aged child care programs, no child shall be released from the program unsupervised except upon written instruction from the child's parent and/or guardian.

**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 (DCF). 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, 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 secure a copy of the Manual of Requirements by sending a check or money order for \$5 made payable to the "Treasurer, State of New Jersey", and mailing it to: NJ Dept. of Children and Families, Office of Licensing, Publication Fees, P.O. Box 657 Trenton, NJ. 08646-0657.

We encourage parents to discuss with us any questions or concerns about 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 Office of Licensing'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 entitled to review the Office'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 Office 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 is required 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 of Civil Rights in the NJ Dept. of Law and Public Safety for info. about filing an LAD claim at (609) 292-4605 (TTY users may dial 711 to reach the NJ Relay Operator and ask for (609) 292-7701), or may contact the United States Dept. of Justice for info. about filing an ADA claim at (800) 514-0301 (voice) or (800) 514-0383 (TTY).

Our center is required to periodically review the Dept. of Law and Public Safety (DLPS), Division of Consumer Affairs (DCA), unsafe children's products list, make the list accessible to staff and parents, and ensure that items on the list are not at the center. The list is available at www.state.nj.us/ps/ca/recall/recalls.htm. Internet access may be available at your local library.

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, neglect, ridicule, harsh, humiliating or frightening treatment or any other kind of child abuse, neglect or exploitation by an adult, whether working at the center or not, is required by State law to report the concern immediately to the State Child Abuse Hotline, toll free at 1 (877) NJ ABUSE. Such reports may be made anonymously or go to www.nj.gov/DCF.com.

BEST TIME, LLC

Dear Parent/ Guardian:

In keeping with New Jersey's child care center licensing requirements, we are obligated to provide you, as the parent of a child enrolled at our center, with this informational statement.

The statement highlights, among other things; your right to visit and observe our center at any time without having to secure prior permission; 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 Child Abuse Hotline 1 (877) NJ ABUSE.

Please read this statement carefully and, if you have any questions, feel free to contact me at (908) 966-1480.

Sincerely
Barbara Andresen

Please complete and return this portion to Best Time, LLC. (Please print)

Name of Child: _____

Name of Parent/Guardian(s): _____

I have read and received a copy of the information to parent's statement prepared by the Office of Licensing, Child Care & Youth Residential Licensing, in the Department of Children and Families.

Signature: _____ Date: _____

Best Time LLC
Expulsion Policy

Name of Center: Best Time, LLC.

Name of Child: _____

Signature of Parent/Guardian: _____

Unfortunately, there are reasons we have to expel a child from our program either on a short term or permanent basis. We want you to know that we will do everything possible to work with the family of the child(ren) in order to prevent this policy from being enforced. The following are reasons we may have to expel a child from this 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/habitual lateness in payments.
- Failure to complete required forms including the child's immunization records.
- Habitual tardiness when picking up your child.
- Verbal abuse to staff.
- Other (explain)

Child's Actions for Expulsion:

- Failure of child to adjust after a reasonable amount of time.
- Uncontrollable tantrums/angry outbursts.
- Ongoing physical or verbal abuse to staff or other children.
- Excessive biting
- Other (explain)

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 of time 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 behavioral changes required in order 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 and seek alternative child care (approx. 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.

A Child Will Not Be Expelled:

If a child's parent(s):

- Made a complaint to the Office of Licensing regarding a center's alleged violations of the licensing requirements.
- Reported abuse or neglect occurring at the center.
- Questioned the center regarding policies and procedures.
- Without giving the parent sufficient time to make other arrangements.

Proactive Actions That Can Be Taken In Order To Prevent Expulsion:

Staff will try to redirect child from negative behavior

Staff will reassess classroom environment, appropriate of activities, supervision.

Staff will always use positive methods and language while disciplining children.

Staff will praise appropriate behavior.

Staff will consistently apply consequences for rules.

Child will be given a verbal warning.

Child will be given time to regain control.

Child's disruptive behavior will be documented and maintained in confidentiality.

Parent/Guardian will be notified verbally.

Parent/Guardian will be given written copies of the disruptive behaviors that might lead to expulsion.

Recommendations of evaluation by professional consultation on premises.

Recommendations of evaluation by local school district child study team.

YOUTH WAIVER AND RELEASE OF LIABILITY

In consideration of being allowed to participate in any way in the Best Time, LLC After School Program, related events and activities, the undersigned:

1. Agree that the parent(s) and/or legal guardian(s) of the participant should inspect the facilities and equipment to be used, and if the parent or guardian believes anything is unsafe, he or she should immediately advise supervisor (advisor, manager, etc.) of such condition(s) and refuse to participate.
2. Acknowledge and fully understand that each member/participant will be engaging in activities that involve risk of serious injury, including permanent disability and death, and severe social and economic losses which might result not only for their own actions, inactions, or negligence but the action, inaction, and negligence of others, or the condition of the premises or of any equipment used. Further, that there may be other risks not known to us or not reasonably foreseeable at this time.
3. Assume all the foregoing risks and accept personal responsibility for the damages following such injury, permanent disability or death.
4. Release, waive, discharge and covenant not to sue Best Time, LLC. , it's affiliated clubs, their respective administrators, directors, agents, and other employees of the organization, other members/participants sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors or premises used to conduct the event, all of which are hereinafter referred to as "releases", from any and all liability to each of the undersigned, his or her heirs and next of kin for any and all claims, demands, losses or damages on account of injury, including death and damage to property, caused or alleged to be caused in whole or in part by the negligence of the releases or otherwise.

I HAVE READ THE ABOVE WAIVER AND RELEASE, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT AND SIGN IT VOLUNTARILY.

Name of Member/Participant (print): _____

Name of Parent/Guardian (print): _____

Parent/Guardian Relationship (print): _____

Signature of Parent/Guardian: _____

Address of Member/Participant: _____

Telephone Number of Parent or Guardian: _____

Best Time LLC

Policy regarding the use of Technology while attending the before and/or after school programs

Best Time LLC allows children to bring in cell phones, tablets and iPads with the permission from the child's parent/guardian.

Best Time LLC does not allow any child/children to use social media.

It is the parent/guardian's responsibility to use parental locks on all electronic devices.

Parent/Guardian signature _____

Date _____

Email address of Mother _____

Email address of Father _____

Cell Phone of Mother _____

Cell Phone of Father _____

Emergency Contact _____

The above information you supplied will be used to keep all parent/guardians updated on any and all news, emergencies, upcoming events and weather related conditions via www.Remind.com for Best Time LLC's usage as well as the State of New Jersey office of Licensing.

Best Time LLC
Parent
Receipt of Information

- Positive Guidance and Discipline Policy Pages 3 and 4 of the Registration Packet
- Policy on Methods of Parental Notification Pages 9 and 10 of the Registration Packet
- Policy on Communicable Disease Management Page 11 of the Registration Packet
- Policy on the Release of Children Page 12 of the Registration Packet
- Information to Parents Document Pages 13 and 14 of the Registration Packet
- Licensing Information Statement Page 15 of the Registration Packet
- Expulsion Policy Pages 16 and 17 of the Registration Packet
- Youth Waiver Page 18 of the Registration Packet
- Policy on the Use of Technology and Social Media Page 19 of the Registration Packet

I have read and received a copy of the information/policies listed above

Child(ren)'s Name

Parent/Guardian's Name

Signature

Date



Sign up for important updates from Mrs. B. Andresen.

Get information for **Hamilton School** right on your phone—not on handouts.

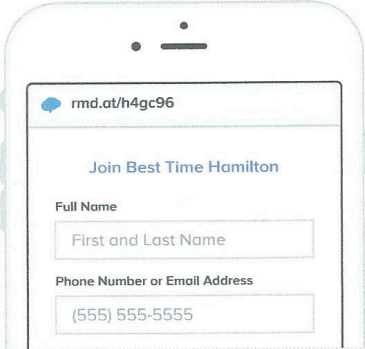
Pick a way to receive messages for **Best Time Hamilton**:

A If you have a smartphone, get push notifications.

On your iPhone or Android phone, open your web browser and go to the following link:

rmd.at/h4gc96

Follow the instructions to sign up for Remind. You'll be prompted to download the mobile app.




B If you don't have a smartphone, get text notifications.

Text the message [@h4gc96](https://t.me/h4gc96) to the number 81010.

If you're having trouble with 81010, try texting [@h4gc96](https://t.me/h4gc96) to (704) 684-9938.

* Standard text message rates apply.



Don't have a mobile phone? Go to rmd.at/h4gc96 on a desktop computer to sign up for email notifications.