

## Monmouth Day Care Center

9 Drs. James Parker Boulevard • Red Bank, New Jersey 07701-1503

Telephone: 732-741-4313 • Fax: 732-741-4341

E-Mail: monmouth.daycare@verizon.net

### Volunteer Application

Date: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Are you at least 14 years of age? \_\_\_\_\_ Social Security #: \_\_\_\_\_

Experience working with children: \_\_\_\_\_

Hobbies/Activities: \_\_\_\_\_

Reasons for wanting to volunteer at MDCC: \_\_\_\_\_

<u>Education</u>	<u>School</u>	<u>Dates Attended</u>	<u>Degree</u>
High School:	_____	_____	_____
College:	_____	_____	_____
Graduate School:	_____	_____	_____
Other:	_____	_____	_____

References: (At least two people are required from former employers or other persons who have knowledge of your personal or professional experience or education, non-family members)

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Complete Address: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Complete Address: \_\_\_\_\_  
\_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Complete Address: \_\_\_\_\_  
\_\_\_\_\_

Have you ever been convicted of a crime? \_\_\_\_ Yes \_\_\_\_ No  
If yes, please describe: \_\_\_\_\_  
\_\_\_\_\_

Allergies to food, medications, etc.: \_\_\_\_\_  
\_\_\_\_\_

Health Problems: \_\_\_\_\_  
\_\_\_\_\_

Hospital of Choice: \_\_\_\_\_

Emergency Contacts:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

I have received and read the "Information to Parents" statement. \_\_\_\_ Yes

I have received and read the center's philosophy on the disciplining of  
children. \_\_\_\_ Yes

I authorize Monmouth Day Care Center to seek background information  
from references provided: \_\_\_\_ Yes

In case of emergency, I authorize Monmouth Day Care Center to provide  
medical care. \_\_\_\_ Yes

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**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 Department of Children and Families, 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 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 also 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 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 <http://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.nj.gov/dcf](http://www.nj.gov/dcf) and select Publications.

OOL1/29/14

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Staff signature

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Date

**CHILD ABUSE RECORD INFORMATION (CARI) CONSENT FORM**  
**STATE OF NEW JERSEY**  
**DEPARTMENT OF CHILDREN AND FAMILIES**  
**OFFICE OF LICENSING**

**CHILD CARE CENTER**

**Indicate Reason for CARI by Checking Appropriate Box:**

- ☐ New Center  
☐ Renewing Center  
☐ New Staff Member Hired at a Licensed Center (Not Renewing)  
Date of Hire \_\_\_\_\_

**Please Check Only If You Are:**

- ☐ Sponsor (Owner) or Sponsor Representative

**DO NOT SUBMIT PHOTOCOPY OR FAX A COMPLETED FORM.**

<b>Center Name:</b>	<b>Monmouth Day Care Center, Inc.</b>		
<b>Site Address:</b>	<b>9 DRS. JAMES PARKER BLVD</b>		
	<b>RED BANK NJ 07701</b>	<b>County: Monmouth</b>	<b>Fee: \$10.00</b>
<b>Mailing Address:</b>	<b>9 DRS JAMES PARKER BLVD</b>		
	<b>RED BANK NJ 07701-1503</b>		
<b>Phone:</b>	<b>7327414313</b>	<b>Director: Heidi Zaentz</b>	
<b>Renewal Date:</b>	<b>5/22/2015</b>	<b>ID #: 13MON0002</b>	

**DO NOT WRITE IN OR USE WHITE-OUT OR CROSS-OUTS IN THIS BOX. DOING SO WILL MAKE THE FORM INVALID.**

PLEASE PRINT CLEARLY IN INK; DO NOT USE PENCIL. PLEASE GIVE YOUR FULL NAME; DO NOT USE INITIALS. COMPLETE THIS FORM ON BOTH PAGES. SIGN, DATE, AND RETURN IT TO THE CHILD CARE CENTER. ATTACH ADDITIONAL SHEETS IF MORE SPACE IS NEEDED.

Print your full name (first, middle, last): \_\_\_\_\_

Previous name, maiden name or nicknames: \_\_\_\_\_

Date of name change or date of marriage: \_\_\_\_\_

Home address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Race: \_\_\_\_\_

Social Security number: \_\_\_\_\_ Sex: \_\_\_\_\_

NOTE: Pursuant to the Federal Privacy Act of 1974 (P.L. 93-579), the disclosure of your Social Security number is voluntary. Your Social Security number, race, date of birth, and sex will only be used for the purpose of conducting a Child Abuse Record Information background check as authorized by the State Child Care Center Licensing Law (N.J.S.A. 30:5B-1 to 15).

Name: \_\_\_\_\_  
(Please clearly print applicant's name.)

Full names and birth dates of your children, if any, whether living with you or not: **NOTE: If none, check this box** ☐

Child's First Name	Middle Name	Last Name	Date of Birth
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Your previous addresses since 1990 and the dates you lived at each address: **NOTE: If none, check this box** ☐

1) \_\_\_\_\_

Resided from: _____ (month) (year)	To: _____ (month) (year)
---------------------------------------	-----------------------------

2) \_\_\_\_\_

Resided from: _____ (month) (year)	To: _____ (month) (year)
---------------------------------------	-----------------------------

3) \_\_\_\_\_

Resided from: _____ (month) (year)	To: _____ (month) (year)
---------------------------------------	-----------------------------

4) \_\_\_\_\_

Resided from: _____ (month) (year)	To: _____ (month) (year)
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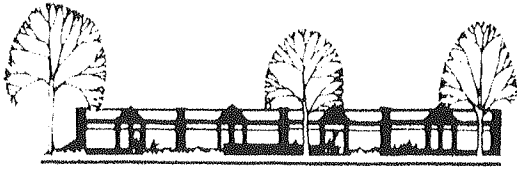
All persons completing this form must read the following and sign below:

I consent to have the Department of Children and Families conduct a Child Abuse Record Information check to determine whether an allegation of child abuse or neglect has been substantiated against me. I certify that I am not currently being investigated for any allegation of child abuse or neglect. I understand that if a record of substantiated child abuse or neglect is found, or if I refuse to sign this consent form, I will not be permitted to sponsor or work at this or any other licensed child care center in New Jersey. I certify that all information I have given on this form is accurate and complete to the best of my knowledge.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

FOR OFFICE OF LICENSING USE ONLY

OOL staff initials \_\_\_\_\_



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As a volunteer/student at Monmouth Day Care Center, I understand that I may have access to confidential information. Such information or anything concerning the children, staff or families connected with the Center is not to be discussed outside the Center or for any purpose other than Center business. No children's names or other identifying facts are to be used in student's school or college records and no photographs are to be taken without specific permission from a group teacher.

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Signature

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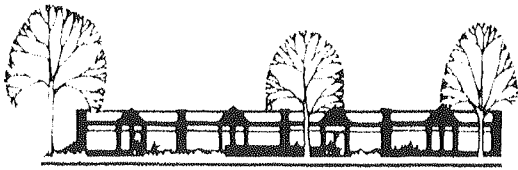
Date

10/29/08



United Way  
of Monmouth County





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## HEALTH CERTIFICATE FOR ADULT/VOLUNTEER

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

Position \_\_\_\_\_ Duties \_\_\_\_\_

I have examined the above named person and certify that he/she

1. "is in good health and free from chronic or recurrent....diseases."
2. does not show indications of a physical, emotional or mental condition that could be hazardous to a child, other staff or self or that would otherwise prevent satisfactory performances of duties. \*
3. is capable of lifting and carrying a child or object up to 30 pounds.

\* (Manual of Standards for Child Care Centers, New Jersey Bureau of Licensing, DYFS, 9-19-83.)

In addition to a general physical examination, the following tests have been done:

Mantoux Tuberculin Test.....Date: \_\_\_\_\_ Result: \_\_\_\_\_  
(If Tuberculin Test is positive, when was patient treated \_\_\_\_\_)  
(If Tuberculin Test is positive what are results of chest x-ray \_\_\_\_\_)

Other.....Date: \_\_\_\_\_ Result: \_\_\_\_\_  
Date: \_\_\_\_\_ Result: \_\_\_\_\_

Date

Signature of Examining Physician



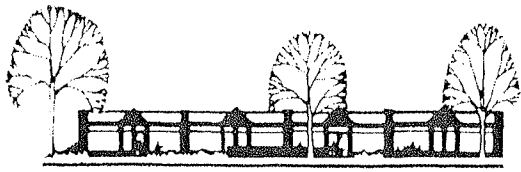
## **DISCIPLINE POLICY**

At Monmouth Day Care Center, we use the word "discipline" to mean training in rules rather than punishment. Part of growing up is learning to live and cooperate with other children as well as adults. At a very early age children can learn the manners and rules of our society and this is part of the day care experience.

In the process of development, children deviate from the established rules. For example, a two year old may not understand why she can not have a particular toy when someone else is playing with it. A four year old may feel that hitting is the only way he can get what he wants. These are **normal** patterns in young children and our response is to clearly and calmly tell the child what a better solution might be. "You may have the toy when John is finished. How about another one now?" or "Tell Jane how you feel with words, not with fists."

Therefore, please review our discipline policy **carefully**. If you have any questions please ask your mentor. It is important that you **fully understand** the policy stated below:

- 1) Methods of guidance and discipline shall be **positive**, and consistent with the developmental needs of children.
- 2) The goal of the discipline strategies will be to enable the child to maintain self control.
- 3) The use of smooth transactions and redirection will minimize occurrences of problem behavior. If time out is to be used, as a last resort, the children will sit in an isolated area in view of a staff member. The child's time out will **not** exceed the equivalency of his/her age (i.e. three minutes for a three year-old).
- 4) There shall be **NO** hitting shaking, corporal punishment, abusive language, ridicule or harsh, humiliating or frightening treatment, or any other form of emotional punishment, of children by any staff members.
- 5) Discipline shall **not** be associated with behavior of children in regard to rest, toileting, or food. Staff members shall not withhold from children food, emotional responses, stimulation, or the opportunities for rest or sleep.
- 6) Children shall **not** be isolated without supervision. Children may be removed from a group activity to another area, provided that the child so removed is either under the supervision of another staff member or continuously visible to a staff member. Children shall not be required to remain silent for inappropriate long periods of time.



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I have authorized MDCC to conduct a reference check as part of the volunteer recruitment procedures.

Signature

Date

\*\*\*\*\*

*In accordance with New Jersey State day care licensing requirements, Monmouth Day Care Center is seeking references for all persons seeking volunteer opportunities at the Center. \_\_\_\_\_ has given your name as a reference and has authorized your completion of this questionnaire.*

How long have you known the prospective volunteer?

How do you know him/her?

Please describe the relationship that he/she has with young children.

How does he/she stimulate a child's interest?

Please describe his/her best qualities.

How does he/she work with others?

Does he/she take initiative in learning new things?

Is he/she dependable and punctual in attendance?

Does he/she follow through on assignments?

To the best of your knowledge, has this person ever been accused of any form of child abuse?

If you had a young child, would you feel comfortable having this person act as a caregiver?

Do you know any reason why this person should not work with young children?

Additional comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



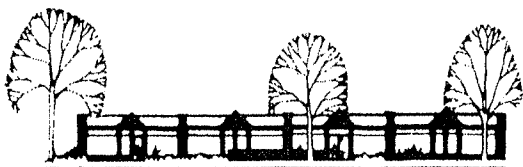
United Way  
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Accredited by the  
National Academy  
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Programs





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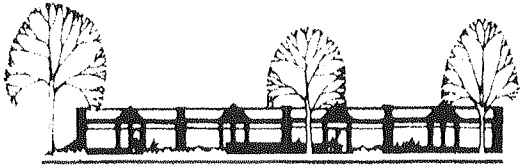
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