Summer Fun Camp 2019

Camp will be at Lakeside Middle School

Summer Camp is a place and time to make new friends, experience new wonders, and discover new interests. We welcome new campers and take pride in creating lifelong memories.

SPACE IS LIMITED
50 STUDENTS PER GROUP ON A FIRST COME BASES

Hours of Camp:
Camp activities
9:00 AM to 3:30 PM

FREE Wrap Around Care:
7:30-9:00 AM and 3:30-5:30 PM

Registration Fee: $50
REGISTRATION FEE IS APPLIED TO FIRST WEEK’S TUITION.

*It would be helpful if families would send a second shirt, hat and apply sunscreen for the campers. Kids should wear, or have with them, sneakers everyday.

*No electronic games are permitted during camp or wrap around hours. Summer Camp is not responsible for lost or stolen games/electronics from home.

*Camp is closed on July 4th and July 5th. Have a wonderful celebration with your family.

ONCE A WEEK FIELD TRIP TO LAKE NUMMY (BELLPLAIN STATE FOREST)

Summer Camp Weekly Tuition Rates:

<table>
<thead>
<tr>
<th>Full Price</th>
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<tbody>
<tr>
<td>5 Days</td>
<td>$135</td>
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<tr>
<td>4 Days</td>
<td>$110</td>
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<tr>
<td>3 Days (minimum)</td>
<td>$95</td>
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Scholarship/Additional Child

| 5 Days             | $100                |
| 4 Days             | $80                 |
| 3 Days (minimum)   | $70                 |

Half day price for Club 21/Extended School Year Students $16 per day with a minimum of 3 days per week

Scholarship is based on Federal guidelines for the free and reduced lunch program.

Continuing Education Department
Millville Public Schools
Valerie Raines, Summer Camp Coordinator
Doug Saul, Camp Director
Continuing Education Department
Culver Center
110 North Third Street
Millville, NJ 08332
(856) 327-7584
Funded in part by:
New Jersey Department of Children and Families

We accept Rutgers Resource & Referral Service payments
Summer Fun Camp 2019

Millville Continuing Education
Valerie Raines; Coordinator
PO Box 5010, 110 N. Third St.
Millville, NJ 08332
Phone: (856)327-7584
Fax: (856)440-1096

Parent Handbook

Funded in part by: Department of Children and Families
Welcome parents, guardians and students to Millville Public School's Summer Fun Camp Program.

PLEASE READ VERY IMPORTANT INFORMATION

It is our intent to provide you and your child with a program that meets your needs. We are very proud of our staff and pride ourselves in our ability to encourage and support all participants involved. As a team, we will be able to supply students with academic, enrichment, social services and recreational activities.

The program does not routinely provide medical or nursing services to the children. If you wish to have medical services provided to your child, we will determine whether it is feasible for the program to do so and the extra tuition cost to provide for those extra medical services. You would then have to pay for those extra medical services in addition to the normal tuition.

As a parent/guardian, we expect full cooperation in the completion of program forms and in problematic situations that may inhibit program success. We request that you make every effort to communicate effectively with our staff and trust that your child's safety is our primary goal. Newsletters, handouts, and other materials will be available to you at each site to notify you of upcoming special events, or program changes.
Program Expectations
For Parents/ Guardians

We all understand that the cooperation of the program staff, parents, and students determines the program's outcome. Family Friendly Centers have been a comfortable place for both children and staff. We gratefully acknowledge the input we have received from families and staff to successfully reach the children and families we serve. We have all learned together what we need to expect from families, staff and children to continue a program that meets all of our expectations.

To maintain a positive experience for all involved, your cooperation in the following is sincerely appreciated.

- PM—Sign out your children at the day's end. A person on the pick up list must come in and sign the child out. **We will not release your child unless an adult on the list comes to pick up the student.**

- Moral support should be provided to students and summer camp staff members. **Positive influences create program successes!**

- Parent/ guardians must provide Summer Camp with (2) emergency phone numbers. Any changes during the camp must be reported immediately.

- **If these program expectations are not met as well as many other parental/guardian obligation in this handbook, the Program Coordinator may terminate your child’s participation in the program.**
Tuition Payments

Tuition payments are due the beginning of the week your child attends camp.

Reduced rate is available for siblings and students who qualify for free or reduced breakfast and lunch.

For further information, contact Valerie Raines, Coordinator of School Age Child Care program at 327-7584.

Summer Camp Phone Numbers

If an emergency occurs and you need to contact your summer camp office, the following represents each site's phone number:

Summer Camp Coordinator: 327-7584
Lakeside Middle School: 293-2463
Hours of Operation

The Summer Camp program will open daily from 7:30 AM, and the afternoon program will run until 5:30 PM. All children must be picked up by 5:30PM. (See lateness policy)

**No Summer Camp service on**

**Thursday, July 4, 2019**

**And**

**Friday, July 5, 2019**

**Lateness Policy**

Summer Camp program end at 5:30PM. Students **must** be picked-up by this time. If you are late picking up your child, please be aware of the program's lateness policy stated below.

**First incident:** Verbal reinforcement of program hours.

**2nd and 3rd Offense:** Parent/Guardian must sign a lateness form and will be charged a **$10 late fee, payable immediately.**

**Lateness after 4th offense** will result in termination of participation in the Summer Camp Program.

*Our current policy instructs staff members to contact the local police and DYFS* after all emergency numbers have been called and no contact has been made.

*If you know you are running late, please call your child's school site to avoid any inconveniences.*
Illness and Medication

We suggest you administer medicine at home. With appropriate documentation, the nurse on duty may administer medication.

The Summer Camp main office must have (2) emergency contact numbers for authorized adults to assist with picking up sick children.

Should your child become ill during program hours, a staff member will contact the parent/guardian directly to advise them of the situation. The staff member in charge will make the final decision as to whether the child is to be picked up immediately or may remain until the regular pickup time.

Sign-out Policy

The Summer Camp program provides a “Sign-Out Log”, and requires that all students be signed out daily.

All authorized adults must be noted on your child(ren)’s Summer Camp Emergency Contact Form. If changes to the emergency form are needed, please call 327-7584. A written request of changes is also required.

**NO CHILD WILL BE RELEASED TO ANYONE NOT LISTED ON OUR FORM OR UNDER THE AGE OF 18.** A telephone call will be made to the parent should an individual not listed appear to pick up a child. **PHOTO IDENTIFICATION (DRIVER’S LICENSE) WILL BE REQUESTED IF THE INDIVIDUAL IS NOT KNOWN TO SUMMER CAMP STAFF.** If parental contact cannot be made, Summer Camp staff will call any other individual listed on the registration form as eligible to pick up the child.

No student will be permitted to meet any adult outside the program building.

**Students will not be released to a person who appears to be under the influence of drugs or alcohol.** We will attempt to reach the parent or guardian should this situation occur. We will ask that someone else come and pick up the child. **If a parent or guardian who appears to be under the influence of alcohol or drugs, insists on taking the child, the local police and DYFS will be contacted.**
Electronics

We have had problems in the past with students bring in trading cards and electronic games. Our staff would hate to see these games get broken, lost or have students fighting over them. We ask that you do not allow your child to bring in any games that will cause a disruption into Latch key Program. We supply games, crafts and other activities for the students to enjoy. Latch Key is not responsible if an electronic or cell phone is lost, stolen or broken during our program.

Discipline Policy

In order to have a safe environment, children must be respectful of the rights, property and well being of others. Our goal is to promote the success of our students. Inappropriate behavior will be handled as follows:

First/Second Offense: Verbal warning and write-up, time out and site supervisor will speak to parent/guardian.

Third Offense: Suspension from the Summer Camp Program for 1 week

Fourth Offense: Could result in termination from the program.

CHILDREN COULD BE WRITTEN UP FOR PROFANITY, DISRESPECT TO STAFF, TOUCHING OTHER STUDENTS, VANDALIZING LATCH KEY PROPERTY, ETC.

Repeated Behaviors: Appropriate measures will be taken by the staff to insure the safety to all participants in the program. We may ask children who are acting inappropriately to step away from the activity for a few minutes to reconsider their actions. Staff may withhold privileges such as outside time or games. A written report will be completed by staff members and signed by parents.

Endangering Others: An incident report will be completed by site staff, and parents/guardians will be provided with a copy. The severity of the
behavior might result in termination even if it is the first or second offense.

We are a NO BULLYING Program. Our policy for Harassment/Intimidating/Bullying is the same as the school districts. You can view it on the districts website.
Rules

• KEEP YOUR HANDS AND FEET TO YOURSELF.
• NO TRADING FOOD, TOYS, CANDY ETC.
• NO GYM FOR A DAY IF SPOKEN TO MORE THAN 3 TIMES.
• LATCH KEY/CAMP IS NOT RESPONSIBLE FOR BROKEN, LOST OR STOLEN ITEMS FROM HOME.
• ABSOLUTELY NO RUNNING IN THE CAFETERIA.
• YOU MUST BE SEATED WHEN EATING SNACKS.
• NO DRINKS, FOOD, CANDY OR GUM IN GYM.
• NO PLAYING BALL IN CAFETERIA
• IF GAMES LEAD INTO AN ARGUMENT STAFF WILL STOP THE GAME IMMEDIATELY.
• IF YOU NEED HELP OR HAVE A PROBLEM, TELL A STAFF MEMBER.
Dear Parents:

In keeping with the New Jersey’s child care center licensing requirements, we are obliged to provide you, as a parent of the 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 Central Registry Hotline (877)NJ ABUSE / (877)652-2873.

Please read this statement carefully and if you have any questions, feel free to contact me at (856)327-7584 or email me at valerie.raines@millville.org.

Sincerely,

Valerie Raines
SACC Coordinator
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](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 report 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/.
Dear Parents:

We are obligated to provide you, as the parents of a child enrolled at our site, with this informational statement.

The statement highlights, among other things: discipline should be considered a learning process rather than punishment; suspension and termination would be a last resort; suspensions and termination will be in effect for children and parents.

Please read this statement carefully and if you have any questions, feel free to contact me at (856)327-7584 or email me at valerie.raines@millville.org.

Sincerely,

Valerie Raines
SACC Coordinator
Unfortunately, there are sometimes reasons we have to expel a child from our program either on a short term or permanent basis. We want you to know we will do everything possible to work with the family of the child(ren) in order to prevent this policy from being enforced.

The following are reasons we may have to expel or suspend 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 and 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 to seek alternate child care (approximately one to two weeks’ notice depending on risk to other children’s welfare or safety). Failure of the child/parent to satisfy the terms of the plan may result in permanent expulsion from the center.

**A CHILD WILL NOT BE EXPELLED IF A PARENT/GUARDIAN:**
- 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 child care arrangements.

**PROACTIVE ACTIONS THAT CAN BE TAKEN IN ORDER TO PREVENT EXPULSION:**
- Try to redirect child from negative behavior.
- Reassess classroom environment, appropriateness of activities, supervision.
- Always use positive methods and language while disciplining children.
- Praise appropriate behaviors.
- Consistently apply consequences for rules.
- Give the child verbal warnings.
- Give the child time to regain control.
- Document the child’s disruptive behavior and maintain confidentiality.
- Give the parent/guardian written copies of the disruptive behavior that might lead to expulsion.
- Schedule a conference including the director, classroom staff, and parent/guardian to discuss how to promote positive behaviors.
- Give the parent literature of other resources regarding methods of improving behavior.
- Recommend an evaluation by professional consultation on premises.
- Recommend an evaluation by local school district study team.
Student AUP

In Milville Public Schools, students use technology resources to learn skills, knowledge, and behaviors they need to succeed in an increasingly interconnected global community.

Students are provided with district-owned technology resources which may include but are not limited to desktop computers, tablets, other mobile devices, and printers. Students are expected to demonstrate digital citizenship by conducting themselves in a safe, legal, and ethical manner at all times when using district systems and resources. Students are held to these standards of conduct when accomplishing school-related tasks regardless of whether they are accessing these resources from inside or outside the Milville Public School District using district-owned or personal equipment.

**General Computing Policy**

*Do not share your username or password with anyone else or try to discover or use anyone else’s username or password.

*Do not try to access, view, or use data or network resources for which you do not have permission through hacking or any other means.

*Do not post personal information about yourself or others, this personal information includes a person’s full name, phone number, address, or birth date, or an identifiable photo.

*Do not remove any labels, emblems or parts (keys off a keyboard) from district issued devices.

**Integrity, Availability, and Security of all Technology Resources**

*Use technology resources, including district-issued accounts such as email, productively and appropriately and only for school assignments and learning related purposes. For example, do not store personal music files, pictures, or software/games in your account.

*Use technology resources in a way that does not disrupt the teaching or learning of other users. For example, do not continuously listen to or watch (stream) music, radio, news, or video from the Internet unless it is related to a learning activity.

*Do not intentionally modify computers or other equipment attempting to install software, hacking, spreading viruses or malware, or making physical changes to or damaging technology equipment.

*User realizes that the Millville Public School District reserves the right to view any material stored in files.

*Do not attempt to bypass Internet filters by using proxy sites, hacking, or any other means. Request unblocking of educationally necessary Internet resources using established District procedures.

*Immediately report problems or security violations, such as broken equipment or inappropriate technology or password use, to a teacher or administrator.
Learning Community

*Use communication tools only in ways that are kind and respectful. This includes email, blogs, discussion boards, wikis, chat/instant messaging, texting, websites, and virtual learning environments.

*User will not delete, examine, copy, or modify files and/or data belonging to other users. The exception to this would be students collaborating on shared documents.

*Do not intentionally access, copy, share, or create material that violates the school’s code of conduct, including material that is pornographic, threatening, rude, discriminatory, or meant to harass.

Social Media Guidelines

*Under no circumstances should negative comments be made about staff, parents or other students.

*Unless otherwise stated by teachers or other staff, use of social media shall not be permitted during classroom hours.

*Be respectful of the opinions of others in your posts or comments.

*Your online behavior should reflect the same standards of honesty, respect and consideration that you use face-to-face.

Consequences for Violation

Use of Millville Public Schools technology resources is a privilege, not a right, and may be revoked if abused. Violations of this policy may result in disciplinary action, including the loss of a student’s privileges to use the district’s information technology resources. Other consequences may also occur under the Student Code of Conduct and other legal action may be taken in accordance with applicable laws.

Student Technology Acceptable Use Agreement

The completion of this form indicates that you have read the policy and understand the same. It also indicates that you agree to abide by the terms and conditions of the policy. This form must be signed both by you and a parent/guardian before you will be permitted to have access to the districts’ network.

I understand and agree to accept and abide by the Student Technology Acceptable Use Policy. I also understand that if I fail to follow the policy, my access to the computer network, email services and the Internet, may be suspended. I may be subject to other discipline, and there may even be criminal consequences to my behavior depending upon the severity of my actions.
Student Photo/Video Release Form

2017-2018

Dear Parent/Guardian,

Please read over the following and make a decision as to whether you grant permission for Millville Public Schools to post, print, or release your child’s image/photograph or student work.

Examples of how your child’s image/photograph or student work may be used:

• Appear in a printed publication such as a class picture, newspaper, magazine, or yearbook

• Submitted as samples to programs (examples: sports programs or play programs) or as contest entries to sponsors

• Utilized as a demonstration or sample in educational workshops, classrooms, and/or conferences

• Appear on video/electronic image made during a student presentation of a project, or in broadcasts or video/electronic image, which may or may not be used by a local television station or school/county project

• Other educational activity as Millville Public Schools deems necessary

Your child’s name or address WILL NOT be included with your child’s image/photograph or student work when published on the Web.
In order to protect the health of the children in district schools, all regulations of the State Department of Education, the State Department of Health and Human Services and the County Health Department shall be observed, particularly those dealing with contagious or infectious diseases or conditions.

The school district shall immediately report any communicable diseases that are identified as reportable pursuant to N.J.A.C.8:57-1, whether confirmed or presumed, by telephone to the County Health Department of the jurisdiction in which the school is located. Following the initial reporting, the school and the County Health Department shall be in regular contact regarding case numbers, control measures taken, and other pertinent information. The County Health Department shall lead the investigation by providing the school with guidance, support and assistance.

Students who have been absent due to contagious or infectious diseases or conditions must present a certificate (or will be excluded from school until certificate is produced) of sufficient treatment and/or recovery from a licensed healthcare provider on the first day of return to school pursuant to N.J.A.C. 8:57-4.

Definitions
For purposes of this policy, “contagion” shall mean:
   A. a transmissible infectious disease
   B. any virus or other microorganism that causes a contagious disease

For purposes of this policy, “contagious” shall mean capable of being transmitted from one individual to another.

For purposes of this policy, “communicable disease” shall mean any disease that can be transmitted from one person or animal to another by direct or indirect contact, or by vectors.

For purposes of this policy, “infectious” shall mean:
   A. capable of being transmitted with or without contact
   B. pertaining to a disease caused by a microorganism
   C. producing infection

For the purposes of this policy, an “outbreak” shall mean an occurrence of disease greater than would otherwise be expected at a particular time and place. An outbreak may be occurring if:
A. Several students who exhibit similar symptoms are in the same classroom, the same wing of a facility, or if they attended a common event.

B. There is an increase in school absences with many parents/guardians reporting similar symptoms as the reason why their child is not attending school.

C. A single case of a highly infectious disease exists or is suspected to exist.

The certified school nurse shall assess any student who shows evidence of communicable diseases and recommend their exclusion to the school principal pursuant to N.J.S.A.18A:40-7 and 8. Recommendations shall be consistent with the reporting requirements on communicable diseases as set forth in the New Jersey Department of Health Communicable Disease Service—General Guidelines for the Control of Outbreaks in School and Daycare Settings. The student shall remain in the school health office until a parent/guardian has arranged for safe transport and care of the student.

The certified school nurse shall institute any necessary measures to be taken to prevent the spread of infection. The certified school nurse, under the direction of the medical inspector, shall instruct all teachers in the symptoms of the most common diseases or conditions at least once a year pursuant to N.J.S.A.18A:40-12.6.

The certified school nurse shall follow the General Guidelines for the Control of Outbreaks in School and Daycare Settings; School Exclusion List in recommending the exclusion of any individual.

In addition to review of health and safety measures required by law, the certified school nurse shall instruct teachers from whose classroom a student has been excluded in the symptoms and treatment of the disease for which the pupil was excluded. Students’ rights and confidentiality shall be protected in accordance with the law. No teacher shall attempt to diagnose any illness for a student, but shall refer the student who appears to be ill to the nurse immediately.

Handling Blood and Body Fluids
The Chief School Administrator and Medical Inspectors shall develop detailed routine procedures based on New Jersey Administrative Code N.J.A.C.8:6.1-1(j) and Guidelines the Center for Disease Control and the Public Employees Occupational Safety and Health Act for the proper handling of blood and body fluids resulting from illness/accidents in the schools. These procedures shall be disseminated to all district staff and volunteers. The certified school nurse shall report all cases of communicable disease to the Local Health Department and to the medical inspector as required by law.
Standard precautions are an expanded set of universal practices, which apply to blood, all body fluids, secretions, and excretions except sweat (regardless of whether these fluids, secretions, or excretions contain visible blood), non-intact skin, and mucous membranes.

Universal precautions means a set of procedures designed to prevent transmission of human immunodeficiency virus (HIV), hepatitis B virus, and other bloodborne pathogens. Universal precautions involve the use of personal protective equipment such as gloves, masks or eyewear and procedures for the disposal of sharps and needles to prevent exposure to human blood, other body fluids containing visible blood, semen, vaginal secretions, tissue and cerebrospinal, synovial, pleural, peritoneal, pericardial and amniotic fluids. Universal precautions do not apply to feces, nasal secretions, sputum, sweat, tears, urine and vomitus unless they contain visible blood. Universal precautions do not apply to saliva except in the dental setting where blood contamination of saliva is predictable.

Teachers shall not attempt to diagnose any illness of a pupil, but shall refer all illness to the School Nurse immediately.

The Superintendent of Schools, in cooperation with the school doctor, shall develop procedures and programs to implement this policy.

No ill pupil shall be identified by name or address in order to preserve confidentiality.
Legal References
NJSA 18A:16-6, -6.1 Indemnity of officers and employees against civil actions ...
  18A:35-4.6 et seq. Parents Right to Conscience Act of 1979
  18A:40-1 Employment of medical inspectors, optometrists and nurses; salaries; terms; rules
  18A:40-3 Lectures to teachers
  18A:40-4.3 Scoliosis; periodic examination; notice to parents or guardian
  18A:40-5 Method of examination; notice to parent or guardian
  18A:40-6 In general
  18A:40-7, -8, -10, -11 Exclusion of pupils who are ill ...
  18A:40-23 et seq. Nursing Services for Nonpublic School Pupils
  18A:40A-1 et seq. Substance Abuse
  44:6-2 Maintenance by boards of education of clinics for indigent children

NJAC 6A:16-1.1 et seq. Programs to Support Student Development
  8:57-1.1 et seq. Reportable Communicable Diseases
  8:57-2 Reporting of AIDS and HIV
  8:61-1.1 Attendance at school by pupils or adults Infected by Human Immunodeficiency Virus (HIV)
  New Jersey Department of Health; General Guidelines for the Control of Outbreaks in School and Daycare Settings; School Exclusion List

Possible Cross References
  1410, 1420, 3510, 3516, 3542, 4112.4, 4131/4131.1, 4151, 4212.4, 4251.2, 5111,
  5125, 5131, 5131.6, 5141.1, 5141.2, 5141.3, 5141.4, 5141.21, 5142, 5200
No one other than the Building Principal or his/her designee or the Superintendent of Schools shall exercise the authority to direct a student to return or to be returned home during the school day, for any reason.

In cases of illness, the nurse should recommend the necessary action to the appropriate Administrator. In the absence of the Administrator, the nurse shall exercise his/her own judgment but notify the central office of his/her action immediately.

In cases of gross misbehavior, inappropriate dress or other alleged rule infractions, teachers, counselors and other professional personnel are obligated to report to the Administrator. They shall not initiate punitive action such as exclusion or suspension from class.

Under no circumstances shall non-professional personnel recommend or execute a particular course of action in the handling of pupils.

If the Administrator determines that a pupil must, for any reason, be returned home during the school day, he/she shall first contact the parent and request that the pupil be picked up. If this is not possible, the student should be transported home by school personnel (i.e. illness, accident, disciplinary action, emergencies.) Under no circumstances shall a student be left at home unless the parent, guardian, or some other adult is home to assume full responsibility for the child.

Personnel available to transport students home include:
- Superintendent of Schools
- Principal or his/her designee
- Director of Special Education
- School Nurse

In the absence of the Principal, secretarial and custodial personnel shall proceed in the following manner:
- Call the Superintendent of Schools or Building Principal for direction or for authority to act.
- Call the school nurse for illness and accident cases; then notify the Superintendent of Schools or Building Principal immediately.
- In discipline cases, or cases involving inappropriate school attire, keep the child in the classrooms or close by, under the supervision of the teacher until the Administrator arrives. If the problem of misbehavior is sufficiently severe to
warrant exclusion from the class, the child should be retained in the office until the Administrator arrives.

The importance of professionals at all levels acting in emergencies and doing so with only their experience, intelligence and good judgment to guide them is recognized. Further, prompt and responsible action is encouraged. It is extremely important however, that sound procedures be followed and that proper administrative personnel be notified when problems arise. This will enhance the chances of the right thing being done for children and insure adequate support for action taken if and when disputes arise.

**Legal References**

**NISA**
- 18A:16-6, -6.1 Indemnity of officers and employees against civil actions ...
- 18A:40-1 Employment of medical inspectors, optometrists and nurses; salaries; terms; rules
- 18A:40-3 Lectures to teachers
- 18A:40-4.3 Scoliosis; periodic examination; notice to parents or guardian
- 18A:40-5 Method of examination; notice to parent or guardian
- 18A:40-6 In general
- 18A:40-7, -8, -10, -11 Exclusion of pupils who are ill ...
- 18A:40A-1 et seq. Substance Abuse
- 44:6-2 Maintenance by boards of education of clinics for indigent children

**NJAC**
- 6A:16-1.1 et seq. Programs to Support Student Development
- 8:57-1.1 et seq. Reportable Communicable Diseases
- 8:57-2 Reporting of AIDS and HIV
- 8:61-1.1 Attendance at school by pupils or adults Infected by Human Immunodeficiency Virus (HIV)


**Possible Cross References**
- 1410, 1420, 3510, 3516, 3520, 4112.4, 4131/4131.1, 4151, 4212.4, 4251.2, 5111, 5125, 5131, 5131.6, 5141.1, 5141.2, 5141.3, 5141.4, 5141.21, 5142, 5200
Consistent with the position of the New Jersey Department of Health, National Association of School Nurses and the American Academy of Pediatrics, Millville Public Schools believes that the management of pediculosis (infestation by head lice) should not disrupt the educational process. No disease is associated with head lice, and in school transmission is considered to be rare.

“No-nit” policies requiring that students be free of nits before they return to school have not been effective in controlling transmission and are not recommended.

The certified school nurse, as a student advocate and nursing expert, is included in school district-community planning, implementation and evaluation of vector control programs for the school setting. The school nurse’s goals are to facilitate an accurate assessment of the problem, contain infestation, provide appropriate health information for treatment and prevention, prevent overexposure to potentially hazardous chemicals, and minimize school absence.

In cases that involve head lice, as in all school health issues, it is imperative that the school district and its employees prevent stigmatizing and maintain the student’s privacy as well as the family’s right to confidentiality.

Definitions
For the purposes of this policy, the following definitions shall apply:

- Head lice: small parasitic insects that live on the scalp and neck of a human host
- Louse: singular of lice
- Nymph: young, recently hatched louse
- Active infestation: finding a live louse or nymph on the scalp, or a viable nit within 1 cm of the scalp
- Pediculosis: an active infestation of head lice
- Nit: an egg of a female louse, attached to the hair shaft
- Non-viable nit: an egg found on the hair shaft farther than 1 cm from the scalp; already hatched
- Viable nit: an egg found on a hair shaft closer than 1 cm from the scalp; considered to be unhatched
- Ovicide: chemical which kills eggs/nits
- Pediculicide: chemical which kills nymph stage and adult lice.
Regulations / Procedures
Any student suspected of having an active infestation will be referred to the school nurse for evaluation.

A student, with head lice or viable nits visualized by the school nurse, is referred for treatment at the end of the school day. Prompt treatment at home is advised, including removal of live lice and all viable nits. Immediate removal from school is not recommended.

District-approved written information about the identification and management of active head lice infestation will be provided by the school nurse to the parent/guardian of the affected student.

At the discretion of the school nurse, it may be appropriate to screen other children who have had close head to head contact with the student with active infestation, such as household family members, but classroom-wide or school-wide screening is not generally indicated.

Students with nits only, are not excluded from school. A student with non-viable nits will be monitored, not be referred for treatment and may remain in school.

Upon return to school after treatment, the student will be re-assessed for the presence of head lice/nits by the school nurse. If live lice are again visualized, the school nurse will contact the parent/guardian and reinforce the need for prompt treatment at home. The student may be permitted to return to the classroom.

If upon re-assessment by the school nurse, nits are found, either at the time of the initial or return assessment, the student will be assessed at weekly intervals or more frequently at the discretion of the school nurse.

The school nurse retains the authority to, in consultation with school administrator(s), exclude a student with repeated infestations of live lice or viable nits, or a student with a current infestation for which there is inadequate management by the parent/guardian. This student may be referred to his/her healthcare provider and/or the Cumberland County Health Department for additional intervention(s).

A copy of this policy and the New Jersey Department of Health Head Lice fact sheet are provided to parents/guardians at time of school registration and annually thereafter.
A copy of this policy and the New Jersey Department of Health Head Lice fact sheet are provided to district employees at time of hire and may be reviewed as needed.

**Legal & Other References**

NJSJA 18A:40-7, -8, -10, -11 Exclusion of pupils who are ill


National Association of School Nurses (NASN), Pediculosis Management in the School Setting; Position Statement, January 2011.

Policy on Methods of Parental Notification

It is very important that we have an open communication with all of our parents and staff members. We use many forms for communication to notify parents and staff members of news, reminders, updates, emergencies, changes to the program/calendars, etc.

Lines of communication include:

- Telephones
- Letters given out by staff
- Sign In/Out Clipboard
- Millville Public Schools Website
- Remind
- Invoices

If parents need to contact the director and/or staff member, letters, telephone and in person are acceptable.
Sign up for important updates from V. Raines.

Get information for **Summer Camp** right on your phone—not on handouts.

Pick a way to receive messages for **Summer Camp**:

**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/46f6cg`

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 `@46f6cg` to the number 81010.

If you’re having trouble with 81010, try texting `@46f6cg` to (607) 281-6822.

* Standard text message rates apply.

Don’t have a mobile phone? Go to `rmd.at/46f6cg` on a desktop computer to sign up for email notifications.
Summer Fun Camp 2019 Registration

(Please fill out one for each child attending)

Camper's Name ___________________________________________ Sex _____ Age _____ Grade Completed _____

Name of Parent/Guardian ____________________________________________________________

Address: _______________________________________________________________________

Home Phone: ___________________ Work Phone: ___________________ Cell Phone: ___________

Emergency Contact (other than parents)

Name: _______________________________________________________________________

Name: _______________________________________________________________________

Name: _______________________________________________________________________

Phone: _______________________________________________________________________

Phone: _______________________________________________________________________

Phone: _______________________________________________________________________

Is there custody involved? Yes____ No____ (Custody papers must accompany application)

Persons authorized to pick up student (MUST BE 18 OR OLDER WITH PHOTO ID):

________________________________________________________________________________

________________________________________________________________________________

________________________________________________________________________________

Medical information: _______________________________________________________________________

________________________________________________________________________________

________________________________________________________________________________

Medication____ Inhaler_____ Epi Pen_____ Asthma_____ Allergies_____ Diabetes_____ Heart Condition_____

Permission to be in media coverage or camp photos: Yes____ No____

________________________________________________________________________________

Parent/Guardian Signature

________________________________________________________________________________

Tuition is due the Friday before week selected

Camp schedule: (Check week and circle days)

K-3 Getting to Know Each Other 7/1/19-7/3/19

4-7 Getting to Know Each Other

K-3 Silly Science 7/8/19-7/12/19

4-7 Camp Olympics

K-3 Splish Splash 7/15/19-7/19/19

4-7 Iron Chef

K-3 Chef Junior 7/22/19-7/26/19

4-7 Super Soaker

K-3 Camp Olympics 7/29/19-8/2/19

4-7 Weird Science

K-3 It's a Carnival 8/5/19-8/9/19

4-7 It's a Carnival

SPACE IS LIMITED

50 STUDENTS PER GROUP ON A FIRST COME BASES

We will be CLOSED Thursday, July 4, 2019 and Friday, July 5, 2019.
Dear Parents,

Your child is scheduled to go on a field trip throughout Summer Camp. This field trip will be at Belleplain State Forest Lake Nummy.

All of the trips will depart Lakeside Middle School by 10:00 a.m. and return by 3:00 p.m. Children will be served breakfast before they leave and lunch on the trip.

Your child can wear their bathing suit to camp that day or change before they leave. Children are able to wear flip flop or swim shoes that day. You need to apply sunscreen on your child before dropping them off at camp.

If your child is not attending the trip, other arrangements must be made for that day. No staff is left at camp.

If you have any questions, please contact Valerie Raines at 856-327-7584.

I give permission for my child, _______________________, to attend the field trips to Belleplain State Forest Lake Nummy.

_________________________  ____________________
Parent/Guardian Signature  Date
Please complete and return this portion to your child’s Latch Key site.

I have received and read a copy of the Information to Parents Statement prepared by the Department of Children and Families Office of Licensing.

Name of Child(ren): ____________________________

Name of Parent/Guardian: ____________________________

Signature: ______________________________________

Date: _______________
Please complete and return this portion to your child’s Latch Key site.

I have received and read a copy of the Suspension/Termination Policy for Millville Continuing Education.

Name of Child(ren):__________________________

Name of Parent/Guardian:__________________________

Signature:______________________________________

Date:__________________________
Students Photo/Video Release

RELEASE AUTHORIZATION
Your permission grants Millville Public Schools approval to publicize without prior notification and remains in effect until Millville Public Schools receives written notice that you would like this revoked.

1. Student Photo - photo to be used alone or in a group, and/or used in school materials, brochures, news releases, newsletters and school web site. *
   ___ I DO give permission
   ___ I DO NOT give permission

2. Video Conferencing - child to participate in video conferencing. *
   ___ I DO give permission
   ___ I DO NOT give permission

Student Information
Student Last Name: __________________________

Student First Name: __________________________

School: __________________________

Grade: __________

Parent/Guardian Information
Parents/Guardians Last Name: __________________________

Parents/Guardians First Name: __________________________

________________________
Parents/Guardians Signature
Student Information

Date: ____________________

Students First Name: ____________________

Students Last Name: ____________________

School: ____________________

The District in its sole discretion will determine whether a violation of this agreement has occurred and can take any remedial action including termination of the agreement.

Parent Information

As a parent/guardian of the student, above, I hereby give my permission for my child to access the district computer system which includes access to the Internet and possibly email. I have read the Student Technology Acceptable Use Policy, and I understand that my child is expected to abide by all policies described. I understand that the district is employing filtering software, but that it is not always effective. I also understand that when my child is accessing the district computer system from outside of school, I am responsible to provide appropriate supervision.

______________________________
Parent Last Name

______________________________
Parent First Name

______________________________
Parents Signature

The District in its sole discretion will determine whether a violation of this agreement has occurred and can take any remedial action including termination of the agreement.
Dear Parents,

Below please list any medical history or concerns that we should be aware.

Health History: __________________________________________________________
________________________________________________________________________
________________________________________________________________________

Medical concerns: _______________________________________________________
________________________________________________________________________
________________________________________________________________________

Medicine: ______________________________________________________________
________________________________________________________________________

Is medication administered during Latch Key time: Yes______ No:______

Doctor Name: ___________________________________________________________
Doctor's Address: _________________________________________________________

Doctor's Phone Number: _________________________________________________

I am aware that if any emergency arises with my child, that 911 will be called.

Childs Name: ___________________________________________________________

Parents/Guardian Signature: ______________________________________________

Date: ___________________
RECEIPT OF INFORMATION:

☐ Information to Parents Document
☐ Policy on the Release of Children
☐ Positive Guidance and Discipline Policy
☐ Policy on Methods of Parental Notification
☐ Policy on Communicable Disease Management
☐ Expulsion Policy
☐ Policy on the Use of Technology and Social Media

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

________________________________________
Child(ren)'s Name

________________________________________
Parent/Guardian's Name

________________________________________
Signature                                      Date

OOL/ PARENT RECEIPT OF INFORMATION/APRIL 2017
I, __________________________, have reviewed the Parent/Guardian Parent Handbook and agree to comply with all terms stated in the Parent Handbook as a condition of my child’s participation in the Summer Camp Program. If I fail to comply with those terms I understand that my child will be terminated from the program and I must pay all tuition due in full. Please fill out and send back to your child’s School Age Child Care site.

______________________________    ___________
Parent/Guardian Signature                Date

______________________________
Student Name

______________________________
Name of School
Millville Public Schools
Continuing Education Department
PO Box 5010
Millville, NJ 08332
School Age Child Care Registration Information

Student: ____________________________________________________________

(Additional children) __________________________________________________

Birth Date: _______________ Sex: _______________ Grade: _______________

Parent / Guardian: _______________________________________________________

Address: _____________________________________________________________

Home phone: _______________ Work phone: _______________ Cell phone: ________

Start date: __________________

Is there custody involved: YES _____ NO_____ (Custody papers must accompany this form)

People authorized to pick-up child (PERSON MUST BE 18 OR OLDER WITH A VALID PHOTO ID, ANY CHANGES MUST BE RECEIVED IN WRITING)

__________________________________________________________

Emergency phone numbers (name, phone, & relationship) NOT PARENT/GUARDIANS

__________________________________________________________

Please share any special information that would be useful in providing for your child’s needs while he/she is attending our program.

__________________________________________________________

Does your child have any health issues such as allergies (bee stings, food, pollen, asthma, heart problems, and/or diabetes?)

☐ Yes  ☐ No  If Yes, please provide more information

☐ Epi pen ___________________________ ☐ Inhaler _______________________

☐ Medication _________________________

Parent/Guardian ___________________________ Date _______________

School: _______________________________ Please check one: ☐ AM  ☐ PM  ☐ AM+PM

Please check days your child will attend:

AM: ☐ Monday  ☐ Tuesday  ☐ Wednesday  ☐ Thursday  ☐ Friday
PM: ☐ Monday  ☐ Tuesday  ☐ Wednesday  ☐ Thursday  ☐ Friday
Please complete and return this portion to your child’s Latch Key site.

I have received and read a copy of the Information to Parents Statement prepared by the Department of Children and Families Office of Licensing.

Name of Child(ren):________________________________________

Name of Parent/Guardian:____________________________________

Signature:__________________________________________________

Date:______________
Please complete and return this portion to your child’s Latch Key site.

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Name of Parent/Guardian:_____________________________________

Signature:____________________________________________________

Date:_________________________
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   ____ I DO give permission
   ____ I DO NOT give permission

2. Video Conferencing - child to participate in video conferencing. *
   ____ I DO give permission
   ____ I DO NOT give permission

Student Information:

Student Last Name: __________________________

Student First Name: __________________________

School: __________________________

Grade: __________

Parent/Guardian Information:

Parents/Guardians Last Name: __________________________

Parents/Guardians First Name: __________________________

__________________________
Parents/Guardians Signature
Student Information

Date:____________________

Students First Name:______________

Students Last Name:______________

School:_____________________________________

The District in its sole discretion will determine whether a violation of this agreement has occurred and can take any remedial action including termination of the agreement.

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As a parent/guardian of the student, above, I hereby give my permission for my child to access the district computer system which includes access to the Internet and possibly email. I have read the Student Technology Acceptable Use Policy, and I understand that my child is expected to abide by all policies described. I understand that the district is employing filtering software, but that it is not always effective. I also understand that when my child is accessing the district computer system from outside of school, I am responsible to provide appropriate supervision.

__________________________
Parent Last Name

__________________________
Parent First Name

__________________________
Parents Signature

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Dear Parents,

Below please list any medical history or concerns that we should be aware.

Health History: ________________________________

_____________________________________________________________________

Medical concerns: _____________________________________________________

_____________________________________________________________________

Medicine: _____________________________________________________________

_____________________________________________________________________

Is medication administered during Latch Key time: Yes _____  No: _______

Doctor Name: _________________________________________________________

Doctor’s Address: _____________________________________________________

Doctor’s Phone Number: _______________________________________________

I am aware that if any emergency arises with my child, that 911 will be called.

Childs Name: _________________________________________________________

Parents/Guardian Signature: ____________________________________________

Date: ___________________________
PARENT

RECEIPT OF INFORMATION:

☐ Information to Parents Document
☐ Policy on the Release of Children
☐ Positive Guidance and Discipline Policy
☐ Policy on Methods of Parental Notification
☐ Policy on Communicable Disease Management
☐ Expulsion Policy
☐ Policy on the Use of Technology and Social Media

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

___________________________
Children's Name

___________________________
Parent/Guardian’s Name

___________________________  _________________________
Signature                      Date

OOL/PARENT RECEIPT OF INFORMATION/APRIL 2017
I, ______________________, have reviewed the Parent/Guardian Parent Handbook and agree to comply with all terms stated in the Parent Handbook as a condition of my child’s participation in the School Age Child Care Program. If I fail to comply with those terms I understand that my child will be terminated from the program and I must pay all tuition due in full. Please fill out and send back to your child’s School Age Child Care site.

______________________________  ______________________
Parent/Guardian Signature          Date

______________________________
Student Name

______________________________
Name of School