



ENROLLMENT CONTRACT 2023- 2024

Child's Name: _____

I. DID YOU COMPLETE, SIGN AND SUBMIT ALL REQUIRED DOCUMENTATION?

FORMS & DOCUMENTS	PAGE	INITIALS
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II. SCHEDULED DAYS

Monday	Tuesday	Wednesday	Thursday	Friday

III. TUITION AGREEMENT

Annual Registration Fee: \$200.00

Education & Activity Fees \$500

Monthly Rate: \$ _____

Weekly Rate: \$ _____

Sibling/Teacher Discount: _____

IV. ENROLLMENT DATA

Date Forms were completed: _____

Date Registration Submitted: _____

First Day of Class: _____ Age on First Day of Class: _____

Classroom: _____

Parent Signature _____ Date _____

Parent Signature _____ Date _____



Personal Information

Child's Last Name _____ Child's First Name _____

Child's Middle Name _____ Date of Birth _____ Age _____

Parent's Information

Parent 1 / Guardian's Name _____

Home Address _____

Employer _____ Occupation _____

Work Address _____

Contact Numbers

Home (_____) _____ Work (_____) _____

Cellular (_____) _____ Other (_____) _____

Four-digit ProCare Code _____

Email _____

Parent 2 / Guardian's Name _____

Home Address _____

Employer _____ Occupation _____

Work Address _____

Contact Numbers

Home (_____) _____ Work (_____) _____

Cellular (_____) _____ Other (_____) _____

Four-digit ProCare Code _____

Email _____

A Whole New World Academy request that you inform us of any changes IMMEDIATELY



Child's Habits, Behavior Patterns & Traits

Life At Home

Nap Schedules: _____

Eating Schedules: _____

Any Food Allergies? _____

Any Health or Religious Restrictions _____

Primary Language spoken at home: _____

What does your child like? _____

What does your child dislike? _____

What makes your child upset or unhappy? _____

What is the best way to comfort you child in a stressful situation? _____

Can your child participate in all school activities? If no, please explain _____

Any Siblings? If yes, please provide name(s) and date of birth:

_____	_____	_____
Sibling's name	Date of Birth	Age

_____	_____	_____
Sibling's name	Date of Birth	Age

Parent Signature _____ Date _____



Medical Information & Immunization Records

Medical Information - Part I

Child's Physician _____

Address _____

Contact Number _____

Child's Dentist _____

Address _____

Contact Number _____

Medical Insurance Company _____

Policy Number _____

Insured's Name _____

Health Record - Part II

Please furnish A Whole New World Academy of Hoboken with an updated copy of your child's immunization records and a statement from the child's physician stating that your child is free of any infections or contagious diseases.

Does your child have any medical conditions? Yes / No

If yes, please explain

NJ Universal Health Record - Part III

You must complete the New Jersey State Universal Child Health Record Form. The form can be located online at (<https://www.state.nj.us/health/forms/ch-14.pdf>)

In the event that a medical emergency occurs, I authorize "A Whole New World Academy of Hoboken" to secure emergency medical care for my child to the best of their ability. I hereby authorize the above name Physician / Dentist to provide emergency treatment to my child.

Parent Signature _____ Date _____

Parent Signature _____ Date _____



Medication Authorization Form

PLEASE CIRCLE MEDICATION TYPE: PRESCRIPTION or NON-PRESCRIPTION

Child's Name: _____ Date of Birth: _____

All medication must be provided in the original container, labeled with the child's full name. Where applicable, the implement for proper measurement must be provided and labeled with the child's full name. If not provided, medication cannot be administered. Non-prescription medications must be designated for use for children on the label.

Prescription Medications: must have a current pharmacist's label that includes the child's full name, dosage, current date, times to be administered, and the name and telephone number of the physician.

Non-prescription Medication: with written authorization from parent/guardian can be administered according to the manufacturer's instructions for up to five days per month. Written authorization from the child's medical provider is required for any administration exceeding 5 days per month or deviation in manufacturer's instructions.

Standing Orders: with written authorization from the child's medical provider may be administered according to physician's instructions for a period not to exceed six months. Authorization must list the reason, dosage, instructions, start date and end date.

I hereby release and agree to defend, hold harmless, and indemnify AWNWA from any and all claims of injury or damage (including personal injury) as a result of any and all acts performed under this authority and according to the instructions below. I am authorizing AWNWA to administer the following medication to my child.

Medication _____

Reason for Medication: _____

Refrigeration Required _____

Dosage _____

Times of Administration: _____

Start & End Date: _____

Parent/Guardian Signature & Date: _____

ATTACH PHYSICIAN NOTE WITH NAME, SIGNATURE, DATE AND LICENSE NUMBER.



One Call Form

PLEASE COMPLETE THE FOLLOWING INFORMATION FOR YOUR CHILD AND RETURN TO THE OFFICE.

CHILD'S NAME: _____

DO YOU HAVE MORE THAN ONE CHILD AT THE CENTER? YES NO

PLEASE PROVIDE TELEPHONE NUMBERS AND EMAIL ADDRESSES THAT CAN BE USED TO CONTACT YOU.

EVERY TELEPHONE NUMBER AND EMAIL ADDRESS LISTED BELOW WILL RECEIVE AUTOMATED NOTIFICATION THAT WILL REMIND PARENTS OF SCHOOL CLOSING DATES, EVENTS AT THE DAYCARE CENTER AND SNOW DAYS.

PLEASE PRINT CLEARLY

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

I AM AUTHORIZING A WHOLE NEW WORLD ACADEMY OF HOBOKEN TO SEND AUTOMATED MESSAGES TO THE TELEPHONE NUMBER(S) AND EMAIL ADDRESSES LISTED ABOVE.

Parent Signature

Date

Parent Signature

Date



AWNWA Informed Release Form

Photography & Video Permission

We regularly take pictures and videos of children. They are shared with you and other enrolled families to show your child playing, for our newsletters or to chronicle your child's development. I give permission to take photos and videos of my child and to only use those pictures for curriculum purposes, documenting my child's progress and communication with me and other families.

Child Illness

If my child becomes ill, I will pick up my child as soon as possible (within 90 minutes at most). A child must remain out of the center until he/she is symptom free for 24 hours, unless a doctor's note is provided which states that the child is 1) not contagious; and 2) can participate in group care.

If my child sustains a minor injury during care, I will receive an Incident Report when I pick up describing the incident. I will be contacted immediately if the injury produces any swelling, on the face or head or requires medical attention.

Emergency Medical Care

If emergency medical attention is needed for my child, the center will contact me or the emergency contacts listed (if I cannot be reached). I authorize AWNWA to call an ambulance to transport my child for medical treatment to the closest hospital or medical facility, or to my preferred facility, if possible. Staff is trained in pediatric first aid and CPR and I authorize staff to administer the same. My child's health information may be viewed by staff, on a need to know? basis, and state licensors for compliance.

Please provide a copy of your Child's Health Insurance Card

Parent Signature _____ Date _____

Parent Signature _____ Date _____



Emergency Contacts & Child Release Policy

Children will not be released to anyone whose name is not on the following list, without written permission from a parent. In the event of an emergency, parent must call A Whole New World Academy and furnish sufficient documentation to enable individual to pick-up your child.

Please provide a picture and identification for each person listed below. A Whole New World Academy will not release any child to a person or persons whom we feel is not capable of caring for your child. Your signature below states that you give us full permission to release your child to the individual(s) name below. By signing below, you also agree that we can use our best judgment and not release your child to the named individual if we feel this is not in the best interest of your child (intoxicated, angry, lack of a car seat, etc.).

If a parent or another person is specifically "NOT" authorized to visit or pick-up your child, please furnish us with the appropriate court documentation. A Whole New World Academy will not be put in a position of defending either parent and / or guardian. We will always defend the right of the child to have a safe and positive environment free of any turmoil or negative disturbances.

- At least two people other than the parents/guardians must be listed and designated as emergency contacts. Emergency contacts will be contacted if parents/guardians cannot be reached. If the person picking up is listed below, but does not pick up the child regularly, I will notify the center verbally, in advance.
- Verbal authorization is not permitted for any person not listed on this form. If the person picking up is NOT listed below, notify us in writing.
- Photo identification will be required if the third party does not pick up the child regularly or is unknown to the staff member releasing the child.
- We will not release a child to anyone who appears impaired. If an impaired person attempts to pick up your child, pick-up will be refused, and we will attempt to contact the other parent/guardian or authorized persons.

Emergency Contacts & Child Release Authorization

Children will not be released to anyone whose name is not on the following list, without written permission from a parent. In the event of an emergency, parent must call A Whole New World Academy of Hoboken and furnish sufficient documentation to enable individual to pick-up your child.

Please provide a picture and identification for each person listed below. A Whole New World Academy will not release any child to a person or persons whom we feel is not capable of caring for your child. Your signature below states that you give us full permission to release your child to the individual(s) name below. By signing below, you also agree that we can use our best judgment and not release your child to the named individual if we feel this is not in the best interest of your child (intoxicated, angry, lack of a car seat, etc.).

If a parent or another person is specifically "NOT" authorized to visit or pick-up your child, please furnish us with the appropriate court documentation. A Whole New World Academy will not be put in a position of defending either parent and / or guardian. We will always defend the right of the child to have a safe and positive environment free of any turmoil or negative disturbances.

I _____ authorized the following individuals listed below to pick-up or visit my child
 _____ at A Whole New World Academy of Hoboken.

Name	
Address	
Relationship	Driver's license #

Telephone Numbers	Cell	Work	Home
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Name	
Address	
Relationship	Driver's license #

Telephone Numbers	Cell	Work	Home
--------------------------	------	------	------

Name	
Address	
Relationship	Driver's license #

Telephone Numbers	Cell	Work	Home
--------------------------	------	------	------

By signing your name, you are legally authorizing A Whole New World Academy to release your child to any / all individuals named above. Please notify us immediately of any changes

Parent Signature _____ Date _____



Food and Allergy Preference Form

This form is required for any child who should not be served particular foods due to cultural/religious/vegan or vegetarian reasons, medical causes (i.e., allergies) or personal preferences (i.e., dislike of certain foods).

As permitted by licensing, families may bring their own food from home, so long as it is "nut safe." Milk alternative that are "nut safe" are permitted

Child's Name: _____

Due to medical reasons, my child is not served the following foods

Due to cultural/religious/vegan or vegetarian reasons, my child is not served the following foods

Due to likes and dislikes, I request that my child is not served the following foods

Parents Signature: _____

Parents Signature: _____



Allergy Health Care Plan

Child's Name: _____ DOB: _____ AGE: _____

Parent/Guardian Name: _____ Phone: _____

Physician's Name: _____

Phone: _____

<u>Allergen</u>	<u>Treatment/Substitution</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Circle Type of allergy transmission/trigger: Ingestion, Contact, Inhalation

When is an epinephrine required?

What is your first treatment?

We will always contact you but please let of know about some signs that may occur and how we should keep your child calm and healthy. Circle and provide details.

- **Skin:** Hives Mild Itch
- **Nose:** Itchy, Runny, Sneezing
- **Stomach:** Mild Nausea/Discomfort/Diarrhea
- **Mouth:** Itchy, Swelling of Tongue and/or Lips
- **Heart:** Pale, blue, faint, weak pulse, dizzy
- **Throat:** Tight, hoarse, trouble breathing/swallowing
- **Lungs:** Short of Breath

Sunscreen and Insect Repellent Permission Form

Sunscreen Insect Repellent Permission should be applied to a child at least once at home to test for any allergic reaction. Aerosols, sprays and combined sunscreen/insect repellents are prohibited.

Sunscreen must provide UVB and UVA protection with an SPF of 15 or higher.

Sunscreen may not be used on infants under 6 months of age, unless parent permission below is granted.

Insect repellent may only be used if recommended by public health authorities or requested by a parent/guardian. The repellent must contain a concentration of 30% DEET or less. Insect repellent may not be used on infants under 2 months of age. Oil of lemon eucalyptus and para-methane products may not be used on children under the age of three.

All sunscreen and insect repellent provided by a parent/guardian must be:

- Provided in the original container;
- Clearly labeled with the child's full name;
- Within the expiration date;
- Appropriate for the age of the child; and
- Free of nut ingredients.

Any Special Instructions:

(Parent/Guardian Signature)

(Date)



Consent Form & Tuition Policies

Child's Name: _____

<i>Initials</i>	<i>Please read each statement and initial</i>
	1. I agree to pay the Annual Registration & Annual Educational Fee.
	2. I agree to pay tuition on the first day of each month my child attends A Whole New World Academy of Hoboken or every Monday with no deductions for absences, holidays or vacation. If tuition is not paid on a timely manner, a late payment penalty may apply.
	3. A 10% discount is given to the oldest sibling and for teachers.
	4. I agree to pay a returned check fee that is charged by bank of at least \$30 per returned check.
	5. I agree to pay any service charge fees associated with using a Credit or Debit for any payments to A Whole New World Academy.
	6. In case of withdrawal of my child/children. I agree to give the center a two-weeks written notice.
	7. The Terms of the Agreement are subject to change in whole or in part by A Whole New World Academy of Hoboken with a two-week notice.
	8. This agreement may be terminated at any time by A Whole New World Academy of Hoboken , if it is in the best interest of the child to end their enrollment.
	9. I agree to pay a Late Pick-Up Fee of \$1.00 per minute if I do not pick up my child by closing.
	10. I understand all the fees identified above are not refundable.

I _____ agree to all the terms of A Whole New World Academy of Hoboken, including reading and abiding to Parent Handbook, consenting to walks and field trips in Hoboken, and paying the tuition in accordance to the fees and policies stated above.






Parent Signature _____ Date _____

Parent Signature _____ Date _____



TUITION RATES

September 1st 2023

CHILD'S AGE & CLASS	SCHEDULED DAYS	WEEKLY TUITION RATE	MONTHLY TUITION RATE
Angel Fish 6 Weeks-to-13 Months 	5 Days	\$580	\$2,300
	3 Days	\$480	\$1,900
	2 Days	\$400	\$1,550
Dolphins 1's Program (13 Months-to-24 Months) 	5 Days	\$580	\$2,300
	3 Days	\$480	\$1,900
	2 Days	\$400	\$1,550
Guppies 2's Program (25 Months -to-36 Months) 	5 Days	\$530	\$2,100
	3 Days	\$440	\$1,700
	2 Days	\$350	\$1,300
Seahorses 3's Pre-K Program (37 Months -to-48 Months) 	5 Days	\$530	\$2,100
	3 Days	\$440	\$1,700
	2 Days	\$350	\$1,300
 Little Me Concierge	After School 2:30 pm-to-6:00 pm	N/A	\$950

While preschool is a necessary investment in your child’s future, the fees can be somewhat daunting, especially in these tough financial times. That is why AWNWA prides itself on having low competitive rates. When we are forced to change our rates due to increased expenses, we make the increase as small as possible. When it comes to your children, AWNWA is committed.

1. Additional Fees: **Annual Registration Fee is \$200 and the Educational Supply Fee is \$500**
2. Return Check fee is a **minimum of \$30** or the amount charged by the bank.
3. An **Additional service fee** will be added to your account if any Credit or Debit card payments are made to AWNWA
4. We are open from 7:30am until 6:00pm. Parents are expected to pick-up their child by closing time. An additional late pick-up fee rate of \$15.00 per 15 minutes will be imposed after 6:00 pm.
5. Tuition may be paid by Check or Mobil pay. Checks must be made payable to “A Whole New World Academy of Hoboken, Inc.” or “AWNWA of Hoboken”.
6. Tuition is considered an annual tuition, as like most other preschools and daycare centers. If your child is enrolled in the center but does not attend, **full tuition payment is required on the normally scheduled payment day**. Thus, we charge a full week’s tuition if your child misses a part of or the entire week due to: family vacation, sick day, sent home sick, or we may have to close for serious or severe weather.
7. Discount of 10% is given to the oldest sibling for multi child enrollment and for all certified teacher

Little Me Concierge



Dear Parents,

We are incredibly excited to begin another year of the Little Me Concierge program here at A Whole New World Academy of Hoboken! This promises to be a year filled with golden opportunities for all of our students as we strive to find ways that we can be even better than before! We embark on this journey with a pledge to you, our students and parents, that this will be a year of engaging, meaningful and rigorous work in our classrooms, combined with special events and a plethora of fun and exciting activities.

During the 2023-2024 school year, we will continue to build upon and refine our proven foundation of good work, honored traditions, and continued *excellence in education*. In addition, the following LMC policies will take effect:

The monthly fee --- \$950.00 The Annual Registration --- \$200.00 Material Fee --- \$500.00

An additional fee of \$50 per day for care when School is closed.

Our staff of highly qualified professional educators and support personnel is committed to providing our students with many opportunities both inside and outside of the classroom.

We look forward to a very positive and productive year together! We extend a special yearlong invitation to our families to join us at school activities and events whenever possible. We want, we need, and we value your involvement and support in your child's education! Your active participation is key to the success of our young children.

Procedures to Ensure a Seamless Pick-up

In order to ensure a seamless pick up, please provide us with the following information:

- A current picture of your child (via email).
- Your child's school, room number and teacher's name.
- If your child will participate in any extracurricular activities, please inform the office immediately so we can plan accordingly.
- Inform us of early dismissal and school closings. In addition, we ask that you also make the office aware of days when your child is out from school.
- There is also an authorization form which we ask that you provide to your child's school prior to the first day of pick up. This will inform their school of the individuals within our staff who will be picking up your child on a daily basis.

Child's Name: _____ Child's School: _____

Child's Teacher(s): _____ Child's Classroom #: _____

Parent Name: _____ Signature: _____ Date: _____

Parent Name: _____ Signature: _____ Date: _____



Information Required by the State of New Jersey to Parents

Pursuant to the Manual of Requirements for Child Care Centers (N.J.A.C 10:122), every licensed child care center in New Jersey must provide parents of enrolled children, with written information on visitation rights, licensing requirements, child abuse/neglect, reporting requirements and other child care matter. The center may comply with this requirement by asking Parents to read and sign a written statement prepared by the Office of Licensing, Child Care & Youth Residential Licensing, in the Department of Children and Families (DCF) or by incorporating the required information in its own handbook or other informational materials. In an effort to exceed the State's requirements, we are furnishing you with this notice and also incorporating the information into our Parent Handbook. To ensure you are aware of our policies, we require that prior to enrolling your child, you sign a statement stating that you received, read and will abide by the terms in the Parent Handbook.

1. 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. A copy of our current license is prominently posted in the front of our center.
2. To obtain a license our center has complied and continues to comply with the Manuals of Requirements for Child Care Centers, equipment, rest and sleep requirements, parent participation, record keeping requirements and other regulations.
3. Our center has a copy of the Manual in the office at all times for your review. Parents may also secure a copy Manual of Requirements by sending a \$5 fee made payable to the Treasure, State of New Jersey and mailing it to: NJ Department of Children and families, Office of Licensing, Publication Fees, PO Box 657 Trenton NJ 08646-9845
4. We encourage parents to discuss with us any questions or concerns about the policies and programs at the center. 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 any licensing standards, you are entitled to report them to the Bureau of Licensing toll free 877-667-9845. Of course, we would appreciate that you inform us of your concerns.
5. Our center has set forth policies for the release of your child, which are detailed in both Parent Handbook and Enrollment Application.
6. Our center has set forth policies concerning the dispensing of medicine and the management of communicable diseases. Please refer to both Parent Handbook and the enrollment application.
7. Our center's philosophy on child discipline is part of the center's mission statement and is clearly highlighted in our Parent Handbook. We encourage you to review our policies and discuss with us any questions you may have.

8. Post COVID our center offers parents of enrolled children’s ample opportunities to visit participate in and observe the activities of the center. Parents wishing to participate in any operations of the center should discuss their interest with the center’s management team and / or Director. We always welcome visits from parents and parent’s participation.
9. Parents are informed in advance of field trips or special events away from the center, which require prior written consent.
10. Anyone who has reasonable cause to believe that an enrolled child has been or is being subject to any form of hitting, corporal punishment or abusive language, ridicule, any kind of child abuse, neglect or exploitation, is required by the state law to report these concerns immediately to the State Central Registry Hotline. 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
11. 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.
12. 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.
13. Our center must cooperate with all DCF inspections/Investigations. DCF staff may interview both staff members and children.
14. 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.
15. 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.
16. 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.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).
17. 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

By signing below, you attest to the fact that you have read the Information to Parents statement prepared in compliance with the Bureau of Licensing in the Division of Youth and Family Services.

Parent Signature _____ Date _____

Parent Signature _____ Date _____



Social Media Policy

The State of New Jersey Department of Children and Families, Office of Licensing requires that all licensed Child Care Centers develop and follow a written policy on the use of social media.

POLICY STATEMENT

A Whole New World Academy (AWNWA) recognizes the value of online social media tools for connecting with members and staff. Our web presence should project a positive image that is reflective of our overall brand and is consistent with our mission.

DEFINITION

Social media, for the purpose of this policy, should be understood to include any website or forum that allows for open communication on the Internet including but not limited to: micro-blogging sites, social networking sites, virtual worlds, video and photo sharing websites and content published online.

If you choose to post a personal website or to participate in social media, (i.e., Facebook, Twitter, YouTube) chat rooms, or blogs, the following guidelines must be followed:

1. A Whole New World Academy (AWNWA) Code of Conduct requires that the staff do not initiate outside contact with members or program participants. Under no circumstances should an employee encourage access or provide access information to his/her personal website or blog to a teen member or program participant under the age of (18) eighteen.
2. The use of photos, logos, or images of AWNWA or its programs is prohibited.
3. All staff members of AWNWA must uphold the AWNWA value of respect for the individual and avoid making defamatory statements about AWNWA supervisors, employees, members, participants, clients, partners, affiliates, and others including competitors.
4. Any personal website, blog, or social network interactions should not contain commentary and/or links that violate AWNWA's policies on harassment or discrimination.
5. Any reference to AWNWA must include a disclaimer stating that the views expressed are yours alone and they do not necessarily reflect views of the AWNWA.
6. Staff of AWNWA are asked to promote the core values of care, honesty, respect, and responsibility in their speech and behavior at AWNWA with the community, and in any public forum.
7. Facebook page – AWNWA is considering maintaining a Fan Page on Facebook that is administered and maintained by the administrators of AWNWA and will notify you when and if it launches.
8. The only approved website is awnwa.com; no other website is endorsed by AWNWA.
9. Posting AWNWA information and pictures on your personal social media page is prohibited (without approval). If you wish to post AWNWA related information/pictures on your personal page, approval is needed from the Departmental Director prior to posting.
10. Parents/Guardians are prohibited from posting photographs or videos (from the AWNWA) of any child other than their own.
11. Staff are prohibited from posting photographs/videos of any child other than their own.
12. Staff are prohibited from the use of personal electronics while working with children

Signature: _____ **Date:** _____