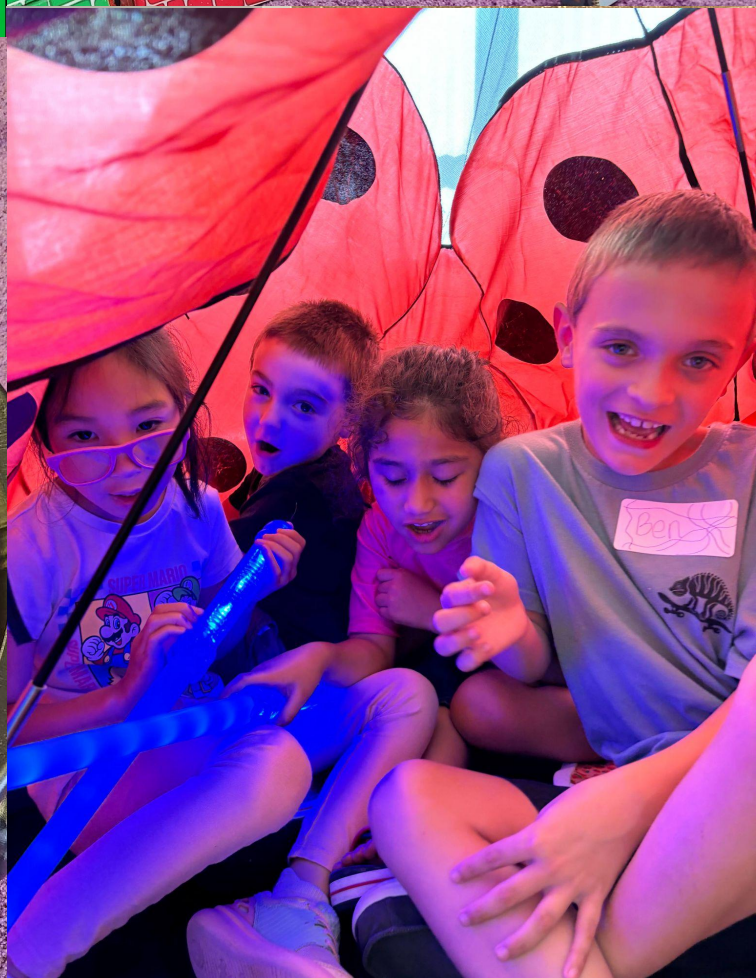
2025-2026 Limitless School Registration Guide



FAQs

School Name: Limitless

School Address: 1050 Littleton Rd NJ
City: Parsippany Zip Code: 07054 County: Morris

Lead Contact Information:

Name: Monica Osgood, MA; Founder

Phone: 973.462.8454 Email: mosgood@LimitlessASD.com

Websites: www.LimitlessASD.com www.monicaosgood.com

Student Population

- Age Range(s) of the student population(s) the school serves:
  - Students ages 3-21
- Categories of disability of the student population(s) the school serves:
  - Limitless programs serve students on the Autism Spectrum (ASD), Sensory Processing Disorder (SPD), Regulatory Disorder, Selective Mutism, Oppositional Defiant Disorder (ODD), Obsessive Compulsive Disorder (OCD), Attention Deficit Hyperactivity Disorder (ADHD), Oppositional Defiant Disorder (ODD), Bi-polar Disorder, Down's Syndrome, Expressive Language Delay, Mild Physical Disabilities, and Other Health Impaired.

Instructional Focus of Individualized Education Programs:

- To fill the requirements of each student's IEP prepared by the student's sending district. All academic instruction is aligned with the **2020 New Jersey Student Learning Standards (NJSLS)**
- In addition to academic instruction, the student's special needs are supported by intensive intervention targeting the core deficits in autism; sensory integration and modulation, emotional regulation, motor planning and sequencing, visual-spatial and visual perceptual skills, executive functioning, peer interactions, problem-solving, abstract and critical thinking skills, speech and language abilities, self-esteem and independence.

School Operations

- Length of School Day/ Length of School Year
  - **180 Days**
  - M-Th 9:00-3:00, Fri 9:00-1:00 (Intensive Staff Training on Friday afternoons)

Proposed Tuition

- 10 Months $59,000
  - Extraordinary Services $32,000

Major Program Goals

Limitless is committed to serving New Jersey school districts in a fiscally responsible manner by maintaining the highest quality of staff via intensive training and supervision. Limitless has a reputation for providing staff with state-of-the-art training and high staff retention. This allows us to prioritize the quality of staff over quantity, keeping tuition down.

The primary educational goal of the proposed Limitless School program is to meet the IEP requirements of local sending school districts that are not able to currently accommodate their students in-district. The essential program goals of the proposed Limitless program include:

- Developing developmental foundations in the areas of regulation, engagement, intentionality, problem-solving, symbolic, and abstract thinking (The Developmental, Individual-Difference, Relationship-based [DIR®] Intervention)
- Fostering feelings of environmental and emotional comfort, competence, confidence, shared control, and functional communication (the 5 C's)
- Strengthen developmental weakness responsible for undesirable behavior
- Ensuring students have equitable access to high-quality education and achieve academic excellence
- Foster employability skills necessary to be engaged as active citizens in a global society, collaborate with others, and manage resources effectively in order to establish and maintain stability and independence
- Return students to less restrictive environments as soon as possible

Despite the student's diagnosis, the DIR® approach assesses the student's development to identify gaps and builds an intervention plan around fostering a student's strengths and strengthening their developmental weaknesses. This approach allows instructors to interact with the students at their level while teaching through meaningful interactions. The basis of DIR® is to help students achieve regulation through relationships while providing them with the foundations needed for all learning. These foundations include the ability to:

- sustain regulation and attention to activities and interactions
- engage in interactions through a range of emotions
- increase intentionality
- engage in shared problem-solving
- use motor planning, sequencing, and visual-spatial capacities in all contexts
- develop adaptive and coping strategies
- be initiators of independent ideas and have the ability to sequence these ideas in meaningful ways
- develop a good sense of self
- string together ideas and social interactions to problem-solve

- think and play symbolically and understand emotions
- connect ideas logically
- use creativity and imagination
- think abstractly and reason
- use strong executive functioning
- be independent thinkers and problem-solvers

Mission Statement

Limitless School for children, adolescents, and young adults with unique abilities strives to support the development of lifespan goals with the understanding that learning never stops. We aim to enable individuals to reach their full potential, live happy and fulfilling lives, and be engaged as active citizens in a global society. Our school prepares students for meeting the challenges and accessing the opportunities of the 21st Century while capitalizing on their individual strengths. The Limitless intervention approach builds strong foundations of self-regulation, engagement, intentionality, and meaningful relationships as we advance and nurture the movement into the higher levels of symbolic, emotional, abstract, critical, and reflective thinking.

Vision

The Aim of the Program is to Produce Individuals Who:
Are Well Regulated
Have Healthy Relationships
Have a Good Self-esteem and Positive School Experience
Have a Strong Sense of Self and are Independent
Are in Touch with Their Emotions
Are Independent Thinkers and Problem Solvers
Are Prepared Emotionally, Socially, Behaviorally, Academically and Vocationally to Live Successful and Happy Lives

Registration Links, Due Dates, and Forms

Enclosed you will find all the information and forms you will need to register for 2025.

We are happy to answer any questions you may have regarding our summer program. For additional Information check our website at www.LimitlessASD.com, or email us at info@LimitlessASD.com to request information or to set up a phone call.

The Limitless Summer Program is provided by DCCF, LLC, which is a private, Board of Health approved summer facility.

Step 1	Step 2	Step 3
What: Register your child on our website. **here:** https://forms.gle/DHwiwFbFUNKAc9Xk9	**What:** Complete and submit the Universal Child Health Record by email to info@limitlessasd.com or mail to 30 Righter Ave, Denville, NJ 07834 **Where:** Page 6 of this document. **When:** Prior to the first day of school	**What:** Complete and submit the New Student Profile **Where:** https://forms.gle/aLhYNfrDKGyKb1by6 **When:** Prior to the first day of school.

Complete the following steps if applicable:

Step 4	Step 5	Step 6
What: Complete and submit the Medication Administration Form by email to info@limitlessasd.com or mail to 30 Righter Ave, Denville, NJ 07834 **Where:** Page 10 of this document. **When:** Prior to the students first day	**What:** Review and sign the Parent Handbook **Where:** LINK to come soon **When:** Prior to the students first day	**What:** Pay your invoice if the program is not being covered by your child's district. **Where:** Invoices will be sent via email and can be paid online by debit or credit card or you may send a check to Limitless at 30 Righter Ave in Denville, NJ 07834 **When:** Monthly

2025-2026 Limitless School Registration Guide for Parents

Step 1	Step 2	Step 3	Step 4	Step 5	Step 6
Register	Universal Child Health Record	New Student Profile	***Medication Form** *If Applicable	Read and review the Parent Handbook	*Pay Invoice *If Applicable

Use THIS link to register for the 2025-2026 school year.

Step 1	Step 2	Step 3	Step 4	Step 5	Step 6
Register	Universal Child Health Record	New Student Profile	*Medication Form *If Applicable	Read and review the Parent Handbook	*Pay Invoice *If Applicable

Complete and submit the Universal Child Health Record. The form and directions to complete the form are on the next two pages.

Please submit the completed health record prior to your child's first day.

This form must be completed by a parent or guardian AND your child's physician.

Instructions for Completing the Universal Child Health Record (CH-14)

Section 1 - Parent

Please have the parent/guardian complete the top section and sign the consent for the child care provider/school nurse to discuss any information on this form with the health care provider.

The WIC box needs to be checked only if this form is being sent to the WIC office. WIC is a supplemental nutrition program for Women, Infants and Children that provides nutritious foods, nutrition counseling, health care referrals and breast feeding support to income eligible families. For more information about WIC in your area call 1-800-328-3838.

Section 2 - Health Care Provider

1. Please enter the date of the physical exam that is being used to complete the form. Note significant abnormalities especially if the child needs treatment for that abnormality (e.g. creams for eczema; asthma medications for wheezing etc.)
   - **Weight** - Please note pounds vs. kilograms. If the form is being used for WIC, the weight must have been taken within the last 30 days.
   - **Height** - Please note inches vs. centimeters. If the form is being used for WIC, the height must have been taken within the last 30 days.
   - **Head Circumference** - Only enter if the child is less than 2 years.
   - **Blood Pressure** - Only enter if the child is 3 years or older.
2. **Immunization** - A copy of an immunization record may be copied and attached. If you need a blank form on which to enter the immunization dates, you can request a supply of Personal Immunization Record (IMM-9) cards from the New Jersey Department of Health, Vaccine Preventable Diseases Program at 609-826-4860.
   - The Immunization record must be attached for the form to be valid.
   - "Date next immunization is due" is optional but helps child care providers to assure that children in their care are up-to-date with immunizations.
3. **Medical Conditions -** Please list any ongoing medical conditions that might impact the child's health and well being in the child care or school setting.
   a. Note any significant medical conditions or major surgical history. **If the child has a complex medical condition, a special care plan should be completed and attached for any of the medical issue blocks that follow.** A generic care plan (CH-15) can be downloaded at www.nj.gov/health/forms/ch-15.dot or pdf. Hard copies of the CH-15 can be requested from the Division of Family Health Services at 609-292-5666.

   b. **Medications -** List any ongoing medications. Include any medications given at home if they might impact the child's health while in child care (seizure, cardiac or asthma medications, etc.). Short-term medications such as antibiotics do not need to be listed on this form. Long-term antibiotics such as antibiotics for urinary tract infections or sickle cell prophylaxis should be included.

   PRN Medications are medications given only as needed and should have guidelines as to specific factors that should trigger medication administration. *Please be specific about what over-the-counter (OTC) medications you recommend, and include information for the parent and child care provider as to dosage, route, frequency, and possible side effects. Many child care providers may require separate permissions slips for prescription and OTC medications.*

   c. **Limitations to physical activity -** Please be as specific as possible and include dates of limitation as appropriate. Any limitation to field trips should be noted. Note any special considerations such as avoiding sun exposure or exposure to allergens. Potential severe reaction to insect stings should be noted. Special considerations such as back-only sleeping for infants should be noted.

   d. **Special Equipment** – Enter if the child wears glasses, orthodontic devices, orthotics, or other special equipment. Children with complex equipment needs should have a care plan.

   e. **Allergies/Sensitivities -** Children with life-threatening allergies should have a special care plan. Severe allergic reactions to animals or foods (wheezing etc.) should be noted. Pediatric asthma action plans can be obtained from The Pediatric Asthma Coalition of New Jersey at www.pacnj.org or by phone at 908-687-9340.

   f. **Special Diets** - Any special diet and/or supplements that are medically indicated should be included. Exclusive breastfeeding should be noted.

   g. **Behavioral/Mental Health issues** – Please note any significant behavioral problems or mental health diagnoses such as autism, breath holding, or ADHD.

   h. **Emergency Plans -** May require a special care plan if interventions are complex. Be specific about signs and symptoms to watch for. Use simple language and avoid the use of complex medical terms.
4. **Screening** - This section is required for school, WIC, Head Start, child care settings, and some other programs. This section can provide valuable data for public heath personnel to track children's health. Please enter the date that the test was performed. Note if the test was abnormal or place an "N" if it was normal.
   - For lead screening state if the blood sample was capillary or venous and the value of the test performed.
   - For PPD enter millimeters of induration, and the date listed should be the date read. If a chest x-ray was done, record results.
   - Scoliosis screenings are done biennially in the public schools beginning at age 10.

   This form may be used for clearance for sports or physical education. As such, please check the box above the signature line and make any appropriate notations in the Limitation to Physical Activities block.
5. Please sign and date the form with the date the form was completed (note the date of the exam, if different)
   - Print the health care provider's name.
   - Stamp with health care site's name, address and phone number.

UNIVERSAL CHILD HEALTH RECORD

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

SECTION I - TO BE COMPLETED BY PARENT(S)

Child's Name *(Last)*	*(First)*	Gender ☐ Male ☐ Female	Date of Birth / /

Does Child Have Health Insurance? ☐Yes ☐No	If Yes, Name of Child's Health Insurance Carrier

Parent/Guardian Name	Home Telephone Number	Work Telephone/Cell Phone Number
Parent/Guardian Name	Home Telephone Number	Work Telephone/Cell Phone Number

I give my consent for my child's Health Care Provider and Child Care Provider/School Nurse to discuss the information on this form.

Signature/Date	This form may be released to WIC. ☐Yes ☐No

SECTION II - TO BE COMPLETED BY HEALTH CARE PROVIDER

Date of Physical Examination:	Results of physical examination normal? ☐Yes ☐No

Abnormalities Noted:	Weight *(must be taken within 30 days for WIC)*	
	Height *(must be taken within 30 days for WIC)*	
	Head Circumference *(if <2 Years)*	
	Blood Pressure *(if ≥3 Years)*	

IMMUNIZATIONS	☐ Immunization Record Attached ☐ Date Next Immunization Due:

MEDICAL CONDITIONS

Chronic Medical Conditions/Related Surgeries • List medical conditions/ongoing surgical concerns:	☐ None ☐ Special Care Plan Attached	Comments
Medications/Treatments • List medications/treatments:	☐ None ☐ Special Care Plan Attached	Comments
Limitations to Physical Activity • List limitations/special considerations:	☐ None ☐ Special Care Plan Attached	Comments
Special Equipment Needs • List items necessary for daily activities	☐ None ☐ Special Care Plan Attached	Comments
Allergies/Sensitivities • List allergies:	☐ None ☐ Special Care Plan Attached	Comments
Special Diet/Vitamin & Mineral Supplements • List dietary specifications:	☐ None ☐ Special Care Plan Attached	Comments
Behavioral Issues/Mental Health Diagnosis • List behavioral/mental health issues/concerns:	☐ None ☐ Special Care Plan Attached	Comments
Emergency Plans • List emergency plan that might be needed and the sign/symptoms to watch for:	☐ None ☐ Special Care Plan Attached	Comments

PREVENTIVE HEALTH SCREENINGS

Type Screening	Date Performed	Record Value	Type Screening	Date Performed	Note if Abnormal
Hgb/Hct			Hearing		
Lead: ☐ Capillary ☐ Venous			Vision		
TB (mm of Induration)			Dental		
Other:			Developmental		
Other:			Scoliosis		

☐ ***I have examined the above student and reviewed his/her health history. It is my opinion that he/she is medically cleared to participate fully in all child care/school activities, including physical education and competitive contact sports, unless noted above.***

Name of Health Care Provider (Print)	Health Care Provider Stamp:
Signature/Date	

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Step 1	Step 2	Step 3	Step 4	Step 5	Step 6
Register	Universal Child Health Record	New Student Profile	***Medication Form** *If Applicable	Read and review the Parent Handbook	*Pay Invoice *If Applicable

Use THIS link to fill out the New Student Profile for the 2025-2026 school year.

Step 1	Step 2	Step 3	Step 4	Step 5	Step 6
Register	Universal Child Health Record	New Student Profile	*Medication Form *If Applicable	Read and review the Parent Handbook	*Pay Invoice *If Applicable

If your child needs medication administered during the Limitless school day between 9:00 am and 3:00 pm the Medication Administration Form must be filled out.

The Medication Administration Form is on the following page.

Ph: 973.448.7529
Fax: 973.691.5657

Email:
info@limitlessASD.com

30 Righter Ave
Denville, N.J. 07834

Leveraging Diversity for Success in the 21st Century

Medication Administration Form

Physician's Section:

Camper's Name: _____ Date: _____

Was treated for (diagnosis) _____

I request the camp nurse to administer medication prescribed by me for the following period:

From: _____ To: _____

Date Date

Rx: _____

Dosage: _____

Side Effects: _____

Physician's Signature: _____ Date: _____

Physician's Name: _____

Physician's Phone: _____

Parent/Guardian Section:

I understand and agree that the medication to be administered in camp must be delivered in the original container accompanied by the completed and signed form.

I give my permission to the camp nurse to administer the above-prescribed medication.

Parent/Guardian Signature: _____ Date: _____

Step 1	Step 2	Step 3	Step 4	Step 5	Step 6
Register	Universal Child Health Record	New Student Profile	***Medication Form** *If Applicable	Read and review the Parent Handbook	*Pay Invoice *If Applicable

Please sign and review the Limitless Parent Handbook

COMING SOON

Step 1	Step 2	Step 3	Step 4	Step 5	Step 6
Register	Universal Child Health Record	Camper Health History Form 1 and 2	***Medication Form** *If Applicable	Read and review the Parent Handbook	*Pay Invoice *If Applicable

Payment is due monthly if paying privately. The due date should be set on the same day each month and agreed upon by Limitless and the students' caregivers.

Invoices may be paid through a link in an invoice sent to your email or by check or cash.

Please make checks payable to Limitless.

Limitless School 2025-2026 Calendar

3rd Fist Day for Staff
8th First Day for Students

Days Open: 17

September

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

March

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

Days Open: 22

13th Closed for Indigenous People's Day

Days Open: 22

October

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

April

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

3rd-10th Closed for Spring Break
16th-17th Half Days for conferences

Days Open: 16

6th-7th Half Days for Conferences
26th Half Day
27th-28th Thanksgiving Break

Days Open: 16

November

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

May

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

25th Closed for Memorial Day

Days Open: 20

11th-12th Half Days for Conferences
23rd Half Day
24th-31st Holiday Break

Days Open: 15

December

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

June

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

17th Last day for students
23rd Last day for staff

Days Open: 13

1st-2nd Holiday Break
19th Martin Luther King Jr. Day

Days Open: 19

January

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

12th-17th Closed for Winter Break

Days Open: 16

February

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

Open 180 days
Schedule is subject to change/ Any snow days will be added to the end of the year in June

862.219.3979 | Denville, NJ | info@limitlessasd.com | www.LimitlessASD.com