



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# LEARN PLAY THRIVE



## YMCA CAMP BERNIE

## Advantage Before/After School Program

## 2017-2018 Enrollment Packet

327 Turkey Top Road

Port Murray, NJ 07865

P:908.832.5315

F:908.832.9078

[www.ymcacampbernienymca.org](http://www.ymcacampbernienymca.org)





## YMCA Camp Bernie Advantage Before/After School Program

### **INFORMATION FOR PARENTS & GUARDIANS**

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#### **OUR PHILOSOPHY**

For 60 years, YMCA Camp Bernie has provided programs that help children make new friends, develop new skills and experience innovative, age-appropriate challenges. We build strong kids so they can become healthy and productive adults. We provide safe and healthy program experiences with positive role models. We offer a wide variety of activities through which children have fun, build confidence, develop skills and make friends. We teach and live the YMCA values of caring, honesty, respect and responsibility that encourage cooperation, trust, integrity and accountability. We celebrate diversity and respect each other in our community. We operate in a way that considers the care, welfare, health, and safety of all the children in our program.

#### **ENROLLMENT**

Any child in the Lebanon Township School District, grades K-8, is eligible to apply for the before and/or after school program. Enrollment can be on a drop-in basis, or from 2-5 days per week, for both before school and after school care. It may take up to 5 business days from the date we receive the enrollment packet for the child to be able to attend the program. For any change in enrollment, written communication must be sent to both the Camp Registrar, Chris Kinney, at [ckinney@campbernieymca.org](mailto:ckinney@campbernieymca.org), as well as to the appropriate school office.

#### **PROGRAM HIGHLIGHTS & HEALTHY U/CATCH**

YMCA Camp Bernie is a branch of the Ridgewood YMCA and has been operating a child care program in the Lebanon Township school district since 2009. YMCA Camp Bernie is contracted on an annual basis by the board of education to operate a state licensed child care center within the Lebanon Township school district buildings of Woodglen Middle School and Valley View Elementary School. The ratio for our child care program, in accordance with state requirements, is 1 staff for every 15 students, where 2 staff members must be present in a group of 6 or more children. YMCA Camp Bernie does not provide one-on-one services.

The YMCA Camp Bernie Advantage Program, in partnership with the New Jersey YMCA State Alliance and Horizon Blue Cross Blue Shield of NJ, participates in the Healthy U and CATCH Kid's Club initiative, which is designed to prevent childhood obesity by instituting behavioral changes in the children in our program. Activity time is offered daily in the form of group games & free play in the gymnasium or outside in school sports areas. Morning and afternoon snacks are provided on a daily basis, following the USDA guidelines below. If you wish to supplement the snacks offered, you are welcome to send additional food & drink, but it must also correlate with the following USDA guidelines:

1. No sugar sweetened or artificially sweetened beverages, including soda, juice drinks and sports drinks.
2. Small portions of any foods that are high in solid fats, added sugar, trans fats, and sodium.
3. Fruits and vegetables, fresh or packed in water or 100% fruit juice
4. Natural low-fat and reduced-fat cheeses, and yogurt with no more than 23g of sugar per 6 oz serving



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5. Breakfast cereal with no more than 6g of sugar per dry ounce (no more than 21g sugar per 100g)
6. Whole grain-rich or enriched or fortified bread or bread products

### **HOMEWORK POLICY**

Homework Help is offered Monday–Thursday from approximately 4:30–5:30pm. Children may choose to do their homework earlier in the day, but staff assistance and a quiet homework space will not be available until the designated time. If children cannot adhere to the quiet time policy during homework help, they will be asked to leave the homework room and return to other activities. Staff will offer assistance as needed, but constant one-on-one help is not available. Staff do not check assignment books or folders if children say they do not have homework. It is up to the child and the parent(s) to ensure that homework is completed, but if there are specific concerns you have about your child’s homework needs, please speak to the Advantage Program Coordinator.

### **ELECTRONICS AND TOYS POLICY**

At the early and aftercare programs, we value the condition of toys & electronic equipment, either from home or issued by the school in the form of Chrome Books for the 3<sup>rd</sup>–8<sup>th</sup> graders. We do allow them to play with these items at designated times in consideration of safety and proper supervision. However, we highly discourage children bringing toys and electronics from home, as they are often lost, broken, and can cause arguments between children. Also in conjunction with the CATCH curriculum, we strive to reduce screen time at our programs, and replace it with social interactions and games. If Chrome Books are needed for homework, they may be used during the designated time only. Staff do their best to supervise the games children play on their electronics during designated times to ensure their appropriateness. Games with violence, weapons and gore will not be tolerated. Children are not allowed to search the web unless it is required as part of a homework assignment. If your child has a cell phone and wishes to use it to contact parents/guardians, we will allow them to do so with permission from a staff person and appropriate supervision. Staff are not responsible for any personal items.

### **RECALL ITEMS**

As a state licensed child care center, we are required to provide parents with the Consumer Product Safety Commission (CPSC) website at <http://www.cpsc.gov/cpscpub/prerel/prerel.html>. The Program Coordinator receives and reviews email updates weekly to ensure there are no unsafe children’s products at our center that have been listed for recall by the CPSC.

### **PROGRAM LOCATIONS AND TYPICAL DAILY SCHEDULE**

#### **Before School:** (908) 638-4111

The before school program will operate M-F on regularly scheduled school days from 7am until 8:40am at the Woodglen Middle School cafeteria, 70 Bunnvale Rd in Califon, NJ. All K-4th grade children are then bussed together on one bus from Woodglen to Valley View. The Before School program will not operate in the event of school closings or delayed openings for weather or other emergencies. If the school building is closed for any



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reason, the Advantage Program won't operate. Monthly fire drills are held to comply with state licensing which may slightly impact the schedule. \*\*We politely request that children arrive to the Woodglen program by 8am on their scheduled day(s), otherwise gym time must be skipped for that day to await arrivals in the cafeteria.

- 7:00-8:00 Arrivals to the Cafeteria & morning snack provided, quiet stations available
- 8:00-8:30 \*\*Group Games or free play in the gymnasium or on the sports field
- 8:30-8:40 Return to Cafeteria; 5<sup>th</sup>-8<sup>th</sup> graders dismissed into school; K-4<sup>th</sup> graders board the bus

### After School: (908) 832-0641

The after school program will operate M-F on regularly scheduled school days from 3pm until 6pm, or 1pm to 6pm on scheduled early dismissal days, at the Valley View Elementary School gymnasium, 400 Route 513 in Califon, NJ. All 5<sup>th</sup>-8<sup>th</sup> grade participants exit their bus from Woodglen Middle School at Valley View with a bus pass provided by the Woodglen office. There is no additional charge for scheduled early dismissal days except for drop in students. There is a late pick up fee of \$5 per child charged after 6pm; which will increase in \$5 increments for every 5 minutes that pass. The after school program will not operate in the event of school closings or early dismissals for weather or other emergencies. If the school building is closed for any reason, the Advantage Program won't operate. Monthly fire drills are held to comply with state licensing which may slightly impact the schedule. If there is ANY CHANGE to your child's regular dismissal from school, you must notify the school office.

- 3:10-3:30 Arrivals to the Gymnasium; quiet stations available
- 3:30-4:00 Organized Group games/activities in the gymnasium or on the game turf
- 4:00-4:30 Bathroom Break for Hand Washing & Snack; Weekly Nutrition Lesson
- 4:30-6:00 Homework Time, Arts & Crafts, Free Play indoors or on the playground

### Vacation Camp (Holiday Care): (908) 832-5315

The Vacation Camp program will operate at YMCA Camp Bernie, 327 Turkey Top Rd in Port Murray from 7am-6pm on specific school holidays, provided a minimum of 5 participants are enrolled a week prior to the program. Registrations will be taken up to 5 business days prior to the scheduled school vacation day so a) parents can be notified at least 4 business days prior if it will be cancelled and b) supplies can be purchased for activities for the children attending. Full-time (5 day/week) enrolled students do not pay any additional fees to attend Vacation Camp from 9am-4pm. If before or after care services are required, additional fees will be charged accordingly. Please see the Vacation Camp registration form for additional information & to register. The 2017-2018 Vacation Camp dates are as follows:

- |  |   |
|--|---|
| September 21 <sup>st</sup> – Rosh Hashanah   | January 15 <sup>th</sup> – M.L.K. Day   |
| October 9 <sup>th</sup> – Staff In-Service   | February 19 <sup>th</sup> – Presidents' Day   |
| November 9 <sup>th</sup> & 10 <sup>th</sup> – NJEA Convention                                      | March 30 <sup>th</sup> – Spring Recess  |
| November 24 <sup>th</sup> – Thanksgiving Break   | April 2 <sup>nd</sup> , 3 <sup>rd</sup> , 4 <sup>th</sup> , 5 <sup>th</sup> , & 6 <sup>th</sup> – Spring Recess |
| December 26 <sup>th</sup> , 27 <sup>th</sup> , 28 <sup>th</sup> , 29 <sup>th</sup> – Winter Recess |   |



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### **DROP-IN SERVICE**

Families needing services less frequently than 2x week or who have last minute schedule changes can be accommodated via the Drop-In Service, however, your child must be fully registered in the program at least 5 business days prior. To use the Before School Drop-In Service after that time, no notification is needed. For the After School Drop-In Service, you must notify your child's school office in writing on or before the day your child will attend so they will change your child's dismissal to the After Care Program. The school office will notify the Advantage staff of the change. Your child will not be allowed to attend the program without permission from a parent or authorized adult. Payment is due at the time of the service by cash or check unless you complete a credit card charge form and indicate automatic billing for additional services.

### **ILLNESS & ABSENCE POLICY**

Children are not allowed to attend the Advantage Program if they are absent from school. The school office provides a copy of the absentee list to the after school staff on a daily basis. In the event your child becomes ill during the Advantage Program, you will be contacted by a member of the Advantage staff and your child will be isolated from the other children in the program until you are able to make arrangements for pickup. Please keep emergency contact numbers up to date. If your child will not be attending after care on their scheduled days for any reason, please notify the school office on the day of their absence. The school office will provide the after school staff with a copy of your written note.

### **SCHOOL SPORTS/SCOUTS/ACTIVITY POLICY**

If your child will be attending an in-school sports program or other in-school activity during the operation times of the Advantage Program, but still need some time period of care before or after the activity, please send a written permission note to the Valley View school office or give directly to the Advantage Coordinator. Please indicate the date(s) of the activity, as well as the start and end time of the activity. The Valley View school provides rosters for many in-school activities, but Woodglen does not. Examples of activities that children in the program have participated in include: *Reading Olympics, Band, Good News Club, Girl Scouts, Art Club, and Theatre Week*

Children will check-in for attendance at the Advantage Program before going to their activity, and it is up to the staff of that activity to bring the children back to the Advantage Program if necessary. Please understand that for your child's safety, we CANNOT dismiss them from our program to attend another program without written permission from you. While attending the Advantage Program, children will not be permitted to leave the program or school premises for any reason outside of written permission from a parent/guardian unless a parent or authorized person has signed them out with valid identification.

### **BILLING INFORMATION & FINANCIAL ASSISTANCE**

YMCA Camp Bernie will bill you monthly if you have not signed up for automatic payments, and all payments are due by the 25<sup>th</sup> of the month preceding program. Payments made after the 25<sup>th</sup> of the month are subject to a late



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payment fee of \$10. Past due accounts may be cause for suspension or termination of program participation. September enrollments and payments are due no later than August 25<sup>th</sup>. If there are any questions regarding your account, please call the main Camp Bernie office at 908-832-5315 from 9am-5pm, Monday-Friday. Please make checks payable to: YMCA Camp Bernie. Our tax ID number is 221-508-752. Financial assistance is available for the Advantage Child Care program through NORWESCAP Child and Family Resource Services. Please contact NORWESCAP of Hunterdon County at (908) 782-8183 for more information.

### ENROLLMENT AGREEMENT

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Parent's Name \_\_\_\_\_ Child's Name \_\_\_\_\_

This agreement establishes the terms under which YMCA Camp Bernie Advantage Before/After School Program will provide childcare. **Failure to comply is a breach of contract and may jeopardize my child's space in the program.**

- 1) I have received, read and agree to the Advantage Before/After School Program's policies and procedures and all guidelines set forth in the Parent Information Packet.
- 2) I will submit a \$25.00 YMCA membership fee with my completed enrollment form along with payment for September or the first month of enrollment. I will be billed monthly thereafter.
- 3) I am responsible for monthly payments that will be due by the 25<sup>th</sup> of the previous month. All late payments are subject to a late fee charge of \$10.00. There will be a \$25.00 processing charge for any returned checks.
- 4) I will notify YMCA Camp Bernie in writing of any changes in contact information, either personal or for authorized pick-ups/emergency contacts.
- 5) I agree to provide YMCA Camp Bernie with one week written notice of any enrollment change or withdrawal from the program, and understand that no refunds are possible after the first of the month.
- 6) I understand that I, or another authorized adult, must escort my child into and out of the program and sign my child in and out on the designated forms. Any changes in authorized pick-ups must be submitted in writing prior to that adult being permitted to assume responsibility of my child. In emergency situations, verbal confirmation of release will be accepted by an authorized adult. Children will not be released from the program unattended.
- 7) I understand that should a person arrive to pick up my child who appears to be under the influence of drugs or alcohol, for the child's safety, my child will not be released & staff will have no recourse but to contact the police.
- 8) I understand that the after school program ends at 6 pm. Authorized individuals picking up after 6 pm will be charged \$5.00 per child for every five minutes they are late and this charge will be billed directly to me. Habitual lateness may result in my child's dismissal from the program.



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- 9) I understand that there will be no before or after school programs on days the school district closes due to emergencies or inclement weather. Unfortunately, there will be no monetary credit for these missed days.
- 10) My child's school must be notified in writing prior to or on the day of if there are any changes to their dismissal; ie using the drop-in option or if my child will be absent from his/her regularly scheduled after school Advantage program day. The school office will notify the YMCA after school staff.
- 11) I understand that the YMCA is mandated by state law to report any suspected cases of child abuse or neglect to the appropriate authorities for investigation.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

### 2017-2018 ENROLLMENT FORM

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#### **FIRST DAY ATTENDING:**

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Child's Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Male [ ] Female [ ]

Home Address \_\_\_\_\_ Grade as of Sept 2017 \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_ Phone (H) \_\_\_\_\_

Mother/Guardian Name \_\_\_\_\_ Father/Guardian Name \_\_\_\_\_

Home Address (if different) \_\_\_\_\_ Home Address (if different) \_\_\_\_\_

Employer \_\_\_\_\_ Employer \_\_\_\_\_

Work Address \_\_\_\_\_ Work Address \_\_\_\_\_

Phone (Work) \_\_\_\_\_ Phone (Work) \_\_\_\_\_

Phone (Cell) \_\_\_\_\_ Phone (Cell) \_\_\_\_\_

Work Days & Hours \_\_\_\_\_ Work Days & Hours \_\_\_\_\_

Email \_\_\_\_\_ Email \_\_\_\_\_

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## YMCA Camp Bernie Advantage Before/After School Program

### AUTHORIZED/EMERGENCY CONTACT INFORMATION

I/we permit the following individuals to pick-up my child from the YMCA Camp Bernie Advantage Before/After School program and to be contacted in an emergency, in the event that I/we are not available. In my/our absence, the persons listed are authorized to make decisions concerning my child. We require at least **TWO** emergency contacts. **\*\*Identification of ANY authorized adult, including parents, is required to be shown at time of pick-up.\*\***

1. Name(s) \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

2. Name(s) \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

3. Name(s) \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

The following person(s) are **NOT** permitted to pick up my child:

1. Name \_\_\_\_\_ Relationship \_\_\_\_\_

2. Name \_\_\_\_\_ Relationship \_\_\_\_\_

**\* If there is a court order restricting visitation/pickup, a copy must be provided to the YMCA by law.**





## YMCA Camp Bernie Advantage Before/After School Program

### POLICY ON THE RELEASE OF CHILDREN

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Each child may be released only to the child's parent(s) or person(s) authorized by the parent(s) to take the child from the center and to assume responsibility for the child in an emergency if the parent(s) cannot be reached. No child shall be released from the program unsupervised.

If a particular non-custodial parent has been denied access, or granted limited access, to a child by a court order, the center shall secure documentation to this effect, maintain a copy on file, and comply with the terms of the court order.

If the parent(s) or person(s) authorized by the parent(s) fails to pick up a child at the time of the center's daily closing (6:00pm), the center shall ensure that:

- 1) The child is supervised at all times.
- 2) Staff members will attempt to contact the parent(s) or person(s) authorized by the parent(s)
- 3) An hour or more after closing time, and provided that other arrangements for releasing the child to his/her parent(s) or person(s) authorized by the parent(s), have failed and the staff member cannot continue to supervise the child at the center, the staff member shall call the Department's State Central Registry Hotline (1-877-NJ-Abuse/1-877-652-2873) to seek assistance in caring for the child until the parent(s) or person(s) authorized by the child's parent(s) is able to pick up the child.

If the parent(s) or person(s) authorized by the parent(s) appears to be physically and/or emotionally impaired to the extent that, in the judgment of the staff member(s), the child would be placed at risk of harm if released to such an individual, the center shall ensure that:

- 1) The child shall not be released to such an impaired individual
- 2) Staff member(s) attempt to contact the child's other parent or alternative person(s) authorized by the parent(s)
- 3) If the center is unable to make alternative arrangements, as noted above, a staff member shall call the Department's State Central Registry Hotline (1-877-NJ-Abuse/1-877-652-2873) to seek assistance in caring for the child.



## YMCA Camp Bernie Advantage Before/After School Program

### 2017-2018 MONTHLY TUITION SCHEDULE

	<u>Before School Program (7—8:40 am)*</u>	<u>After School Program (3 – 6 pm)*</u>
5 days per week	\$150/month	\$299/month
4 days per week	\$133/month	\$254/month
3 days per week	\$110/month	\$210/month
2 days per week	\$88/month	\$163/month

**Drop In Rates:**

Before School \$15/day      After School \$25/day      Half Day After School (1-6pm) \$40/day

- ✓ There is a 5% discount offered to families with multiple children enrolled in full-time (5 days/week) care.
- ✓ The first month's payment & once yearly membership fees are due with your completed enrollment form.
- ✓ 5 business days must be allowed between enrollment & the first day your child attends
- ✓ Payment is due at time of services for use of the Drop In Program, unless the Automatic Billing Form has been submitted and additional services box checked.

**\*\*Please check the day(s) of the week and program you need child care on a monthly basis.**

	Monday	Tuesday	Wednesday	Thursday	Friday
<b>Before School 7 am– 8:40 am</b>					
<b>After School 3 pm– 6 pm</b>					
<b>Drop In (please check if you anticipate this need)</b>			AM	PM	

**Payment Information:**

**Enclose Full First Month payment with registration**

\$\_\_\_\_\_ Monthly Before School Fee

\$\_\_\_\_\_ Monthly After School Fee

\$(\_\_\_\_\_) Less 5% discount (5 day/wk enrollment only)

\$\_\_\_\_\_ \$25 YMCA membership fee (if applicable)

**Method of Payment:**

Check    Cash    Discover

Visa    MC    Amex

Card # \_\_\_\_\_

Expiration \_\_\_\_\_ Security Code \_\_\_\_\_

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

**Registration Policy:**

Registration is on a first-come, first served basis. YMCA camp Bernie reserves the right to dismiss a participant or refuse application at any time for just and reasonable cause.

**Financial Terms:**

Full 1<sup>st</sup> month payment must accompany registration. Total fees must be returned by August 25, 2017 to begin care on the first day of school.

No refunds will be issued after the 1<sup>st</sup> of Sept.



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### AUTOMATIC BILLING FORM

*\*If you would like to sign up for our recurring credit card charge plan, so our office can bill your credit card automatically for Monthly Payments &/or Drop-In services, please use this Credit Card Charge Form*

Child's Name \_\_\_\_\_

Child's Name \_\_\_\_\_

Child's Name \_\_\_\_\_

Child's Name \_\_\_\_\_

**Method of Payment:**

Visa     MasterCard     Amex     Discover

Card # \_\_\_\_\_ Exp. Date: \_\_\_\_\_ Security Code # \_\_\_\_\_

Name on Card: \_\_\_\_\_

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

Email for financial communications sent: \_\_\_\_\_

**If you would like us to automatically bill your payments to this credit card, please check and sign below.  
Thank you.**

Please bill my tuition to this credit card each month for the duration of the school year.

Please bill this credit card for additional services (drop-in charges, late pick-up) as needed.

Cardholder's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Your credit card will be billed on the 25<sup>th</sup> day of each month.**

**If the 25<sup>th</sup> is a weekend day or Holiday, you will be charged the next business day.**



## YMCA Camp Bernie Advantage Before/After School Program

### YMCA CAMP BERNIE PROGRAM WAIVER

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I understand that certain of the Ridgewood YMCA (YMCA Camp Bernie) activities have inherent risks and I hereby assume all risks and hazards incident to my participation in all Ridgewood YMCA, YMCA Camp Bernie activities. I hereby agree to waive and release all claims against and, indemnify and hold harmless, the Ridgewood YMCA, YMCA Camp Bernie, its volunteers, supervisors, officers, directors, trustees, participants, coaches, referees, as well as, organizers of any related event and any persons transporting participants to and from activities that are not on Ridgewood YMCA, YMCA Camp Bernie property from any claims or injury sustained during my use of the Ridgewood YMCA, YMCA Camp Bernie property, sustained during my use of equipment owned or leased by the Ridgewood YMCA, YMCA Camp Bernie or during my use of equipment or facilities at another property during an event in which the Ridgewood YMCA, YMCA Camp Bernie sponsors or participates.

\_\_\_\_\_  
Name of Participant (Please Print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Parent/Guardian (Please Print)

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Phone Number



## YMCA Camp Bernie Advantage Before/After School Program

### HEALTH HISTORY AND CHILD INFORMATION

**General Health History:** Check "Yes" or "No" for each statement. Has/does your child:

Ever been hospitalized?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Ever had surgery?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have recurrent/chronic illness	<input type="checkbox"/> Yes <input type="checkbox"/> No	Had a recent infectious disease?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Had a recent injury	<input type="checkbox"/> Yes <input type="checkbox"/> No	Have diabetes?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Had seizures?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Had headaches?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Had fainting or dizziness?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Had asthma/shortness of breath?	<input type="checkbox"/> Yes <input type="checkbox"/> No

*Please explain "Yes" answers in the space below.*

**Allergies:**  No known allergies; **IS ALLERGIC TO**  Food  Medicine  Environment (stings, hay fever, etc...)

*Please describe allergies in the space below. If your child has allergies requiring medical treatment, please send a health care plan from your doctor.*  Check if HEALTH CARE PLAN IS ATTACHED

**Mental, Emotional and Social Health:** Check "Yes" or "No" for each statement.

Have there been any recent significant life event(s) that continue to effect the child's life?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are there any accommodations that your child uses currently in his/her educational setting?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are there any safety/supervision concerns for your child in his/her educational setting?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your child have any learning or behavioral issues?	<input type="checkbox"/> Yes <input type="checkbox"/> No

**If yes, please describe below and include a copy of your child's latest IEP. Also please tell us anything that you wish to that may help us gain a better understanding of your child.**  Check if IEP IS ATTACHED

#### Medical Insurance Information:

Insurance Carrier: \_\_\_\_\_ Policy Holder: \_\_\_\_\_

Policy #: \_\_\_\_\_ Group #: \_\_\_\_\_

Pediatrician Name, Address & Phone \_\_\_\_\_

**Parent/Guardian Authorization for Health Care:** This health history is correct and accurately reflects the health status of the student to whom it pertains. The child is in good health and has permission to participate in all program activities except as noted in writing. I give permission to medical personnel to order x-rays, routine tests, transportation and treatment related to the health of my child for both routine health care and in emergency situations. If I cannot be reached in an emergency, I give my permission to medical personnel to hospitalize, secure proper treatment for, and order injection, anesthesia, or surgery for the child named above. I understand that I will be responsible for payment of all medical bills. I understand the information on this form will be shared on a "need to know" basis with program staff. I give permission to photocopy this form. In addition, the program has permission to obtain a copy of my child's health record from providers who treat my child and these providers may talk with the program's staff about my child's health status.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_



## YMCA Camp Bernie Advantage Before/After School Program

### MEDICATION PERMISSION SLIP

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Parent's Name \_\_\_\_\_ Child's Name \_\_\_\_\_

Check here if NOT APPLICABLE to your child. You then do not need to fill out this form, but please DO return it as part of your registration packet to comply with state licensing procedure.

I, \_\_\_\_\_, give permission to the Advantage Program staff to administer the following prescription medicine to \_\_\_\_\_ in accordance with the directions provided by the doctor and parent. Prescription medicine must be in the original container with the complete pharmacy label attached. Non-prescription medicine must be in its' original container. All medication must be accompanied by a doctor's note indicating dosage and when to be administered. Advantage Staff cannot administer needles. The parent or healthcare professional designated by the parent must instruct the staff on the proper use and administration of the medication. Please indicate if the child has permission to self administer medication with the oversight of the Advantage Program staff. The medication must be given to the Site Director and not left in the possession of the child. The State of New Jersey requires that all EPI pen prescriptions must be in original box and must contain both Epi pens. The health care plan for the child must also be attached.

Name of medication: \_\_\_\_\_

Reason for medication/illness or symptoms treated: \_\_\_\_\_

Dosage to be given: \_\_\_\_\_ Time to be given: \_\_\_\_\_

To be self administered with the supervision of the Advantage Program staff?  Yes  No

Any special reactions to be aware of or any other information needed? \_\_\_\_\_

\_\_\_\_\_

Name of medication: \_\_\_\_\_

Reason for medication/illness or symptoms treated: \_\_\_\_\_

Dosage to be given: \_\_\_\_\_ Time to be given: \_\_\_\_\_

To be self administered with the supervision of the Advantage Program staff?  Yes  No

Any special reactions to be aware of or any other information needed? \_\_\_\_\_

\_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_



## YMCA Camp Bernie Advantage Before/After School Program

### POLICY ON THE MANAGEMENT OF COMMUNICABLE DISEASES

If a child exhibits any of the following symptoms, the child should not attend the center. If such symptoms occur at the center, the child will be removed from the group, and parents will be called to take the child home. Once the child is symptom-free, or has a health provider's note stating that the child is no longer poses a serious health risk to himself/herself or others, the child may return to the center.

Severe pain or discomfort

Acute or bloody diarrhea

Episodes of acute vomiting

Lethargy

Severe coughing

Yellow eyes or jaundice skin

Elevated oral temperature of 101.5 degrees Fahrenheit

Skin rashes in conjunction with fever or behavior changes

Red eyes with discharge

Infected, untreated skin patches

Difficult or rapid breathing

Skin lesions that are weeping or bleeding

Mouth sores with drooling

Stiff neck

### TABLE OF EXCLUDABLE COMMUNICABLE DISEASES

A child who contracts any of the following diseases may not return to the center without a health care provider's note stating that the child presents no risk to himself/herself or others. If a child is exposed to any excludable disease at the center, parents will be notified in writing.

#### Respiratory Illnesses

CHICKEN POX\*\*

GERMAN MEASLES\*

HEMOPHILUS INFLUENZAE\*

MEASLES\*

MENINGOCOCCUS\*

MUMPS\*

STREP THROAT

TUBERCULOSIS\*

WHOOPING COUGH\*

#### Gastrointestinal Illnesses

CAMPYLOBACTER\*

ESCHERICHIA COLI\*

GIARDIA LAMBLIA\*

HEPATITIS A\*

SALMONELLA\*

SHINGELLA\*

#### Contact Illnesses

IMPETIGO

LICE

SCABIES

SHINGLES

\*Reportable diseases that must be reported to the health department by the health center.

\*\*Note: If a child has chicken pox, a health care provider's note is not required for re-admitting the child to the center. A note from the parent is required, stating that at least six days has elapsed since the onset of the rash, or that all sores have dried and crusted.



## YMCA Camp Bernie Advantage Before/After School Program

### DISCIPLINE & EXPULSION POLICY

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Parent's Name \_\_\_\_\_ Child's Name \_\_\_\_\_

All the children in the Advantage Program are entitled to a safe, supervised, and supportive environment while in our care. The Advantage Staff will use positive reinforcement, consistency in following routines, and enforcing reasonable limitations as tools to avoid unwanted behaviors. Our goal as a staff team is always to help children develop and maintain self-control in the group activities & settings with which they are presented.

Staff members shall not: a) discipline children for failing to eat or sleep or for soiling themselves, b) withhold active play as a means of discipline unless the child's actions or behavior present a danger to themselves or others, c) use hitting, shaking, or any form of corporal punishment, d) use abusive language, ridicule, harsh, humiliating, or frightening treatment or other forms of emotional punishment, e) engage in or inflict any form of abuse and/or neglect, f) withhold food, emotional responses, stimulation, or the opportunities for rest or sleep, or g) require a child to remain silent/inactive for an inappropriately long period of time for the child's age.

When a child does exhibit unwanted behavior, the child will be warned and given an explanation of why such behavior is unacceptable. Should the behavior persist, the child may be separated from his/her peers for a time appropriate to the child's age, to cool down and have a more in depth discussion with a staff member. The child so removed will either be under the supervision of another staff member or continuously visible to a staff member. If the behavior still continues, a discipline report will be filled out, then reviewed with and signed by a parent upon pick-up. Serious behavior infractions may warrant an immediate report and even a phone call requesting pick-up.

Ongoing inappropriate behavior, uncontrollable tantrums/angry outburst, chronic disrespect of other students and/or staff, consistently not obeying site rules, or any ongoing verbal or physical abuse of other students/staff will result in suspension from the program until a conference can be arranged with the Coordinator and/or Executive Director to discuss an action plan.

**Immediate expulsion** from the program would be necessary if: a) a child is deemed by program staff to be at risk of causing injury to him/herself, other children, or staff members b) if a parent exhibits verbal abuse to staff, especially in front of enrolled children, or c) if a parent threatens physical violence or shows intimidating actions toward staff members. With the exception of Immediate Causes for Expulsion, if remedial actions do not improve behaviors, the child's parent/guardian will be advised in writing with a specific timeframe and behavior expectations for continued enrollment. This timeframe will be of sufficient time to allow parent/guardian to seek alternative care in the event that the situation does not improve.

Additional parental actions for temporary suspension or permanent expulsion could result from failure to complete required forms, falsifying information on required forms, failure to pay, habitual lateness in payments, and habitual tardiness when picking up child(ren). There will be no credits/refunds for suspensions or expulsions.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_





## YMCA Camp Bernie Advantage Before/After School Program

### HOMWORK AGREEMENT

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Parent's Name \_\_\_\_\_ Child's Name \_\_\_\_\_

Among the many activities available to children in the Advantage Program, homework help/study time is typically provided from 4:30-5:30, Monday-Thursday, where 1-2 staff will be available to provide children a quiet space away from the rest of the group to complete homework assignments. It may be held in the cafeteria, one of the school classrooms, or in the gymnasium when the other children are outside.

Rather than assigning your child to this time, we request that parents inform us if this is a priority for their child on this form. Discussion between the parent(s) and child is encouraged so that there is an understanding of parents' expectations. Advantage staff do not have communication with your child's teacher and cannot know the assignments of every child. Advantage staff do not check folders or assignment books when a child says they have no homework.

Advantage staff do their best to assist children with the completion of assignments, however, constant one-on-one help is not available, and it remains the responsibility of the child to take advantage of the time and support that is offered.

**Please indicate your preference after discussion with your child:**

- Yes, I would like my child to participate in the designated time to do homework.
- No, I prefer to have my child do their homework at home.
- My child is in Kindergarten and therefore has no homework.



## YMCA Camp Bernie Advantage Before/After School Program

### LICENSING INFORMATION

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In keeping with New Jersey's child care licensing requirements, we are obliged to provide you, as the parent of a child enrolled at our center, with the following informational statement. The statement highlights, among other things: your right to visit and observe our center at any time without having to secure prior permission; the center's obligation to be licensed and to comply with licensing standards; and the obligation of all citizens to report suspected child abuse/neglect/exploitation to the State Child Abuse Hotline 1 (877) NJ ABUSE/1-877-652-2873. Please read this letter, and complete & return this signature page where it will be kept on file. The letter is yours to keep for reference if you wish.

**I have read and received a copy of the Information to Parents statement prepared by the Office of Licensing, Child Care & Youth Residential Licensing, in the Department of Children and Families.**

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

### Department of Children and Families Office of Licensing

#### INFORMATION TO PARENTS

Under the provisions of the Manual of Requirements for Child Care Centers (N.J.A.C. 10:122), every licensed child care center in New Jersey must provide to parents of enrolled children written information on parent visitation rights, State licensing requirements, child abuse/neglect reporting requirements and other child care matters. The center must comply with this requirement by reproducing and distributing to parents this written statement, prepared by the Office of Licensing, Child Care & Youth Residential Licensing, in the Department of Children and Families (DCF). In keeping with this requirement, the center must secure every parent's signature attesting to his/her receipt of the information.

Our center is required by the State Child Care Center Licensing law to be licensed by the Office of Licensing, Child Care & Youth Residential Licensing, in the Department of Children and Families (DCF). A copy of our current license must be posted in a prominent location at our center. Look for it when you're in the center.

To be licensed, our center must comply with the Manual of Requirements for Child Care Centers (the official licensing regulations). The regulations cover such areas as: physical environment/life safety; staff qualifications, supervision, and staff/child ratios; program activities and equipment; health, food and nutrition; rest and sleep requirements; parent/community participation; administrative and record keeping requirements; and others.



## YMCA Camp Bernie Advantage Before/After School Program

Our center must have on the premises a copy of the Manual of Requirements for Child Care Centers and make it available to interested parents for review. If you would like to review our copy, just ask any staff member. Parents may secure a copy of the Manual or Requirements by sending a check or money order for \$5 made payable to the "Treasurer, State of New Jersey", and mailing it to: NJ Department of Children and Families, Office of Licensing, Publication Fees, PO Box 657, Trenton, NJ 08646-0657.

We encourage parents to discuss with us any questions or concerns about the policies and program of the center or the meaning, application or alleged violations of the Manual of Requirements for Child Care Centers. We will be happy to arrange a convenient opportunity for you to review and discuss these matters with us. If you suspect our center may be in violation of licensing requirements, you are entitled to report them to the Office of Licensing toll free at 1-877-667-9845. Of course we would appreciate your bringing these concerns to our attention too.

Our center must have a policy concerning the release of children to parents or people authorized by parents to be responsible for the child. Please discuss with us your plans for your child's departure from the center.

Our center must have a policy about administering medicine and health care procedures and the management of communicable diseases. Please talk to us about these policies so we can work together to keep our children healthy.

Our center must have a policy concerning the expulsion of children from enrollment at the center. Please review this policy so we can work together to keep your child in our center.

Parents are entitled to review the center's copy of the Office of Licensing's Inspection/Violation Reports on the center, which are issued after every State licensing inspection of our center. If there is a licensing complaint investigation, you are entitled to review the Office's Complaint against the center during the current licensing period. Let us know if you wish to review them and we will make them available for your review.

Our center must cooperate with all DCF Inspections/Investigations. DCF staff may interview both staff members and children.

Our center must post its written statement of philosophy on child discipline in a prominent location and make a copy of it available to parents upon request. We encourage you to review it and to discuss with us any questions you have about it.

Our center must post a listing or diagram of those rooms and areas approved by the Office for the children's use. Please talk to us if you have any questions about the center's space.

Our center must offer parents of enrolled children ample opportunity to assist the center in complying with licensing requirements; and to participate in and observe the activities of the center. Parents wishing to participate in and operations of the center should discuss their interest with the center director, who can advise them of what opportunities are available.



## YMCA Camp Bernie Advantage Before/After School Program

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 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 American 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 New Jersey Department of Law and Public Safety for information about filing and 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 and ADA claim at (800) 514-0301 (voice) or (800) 514-0383 (TTY).

Our center is required to periodically review the Department of Law and Public Safety (DLPS), Division of Consumer Affairs (DCA), unsafe children's products list, make the list accessible to staff and parents, and ensure that items on the list are not at the center. The list is available at [www.state.nj.us/lps/ca/recalls.htm](http://www.state.nj.us/lps/ca/recalls.htm). Internet access may be available at your local library. For more information call the DLPS, DCA, toll free at 1-800-242-5846.

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 Child Abuse Hotline, toll free at 1 (877) NJ ABUSE. Such reports may be made anonymously. Parents may secure information about child abuse and neglect by contacting: DCF, Office of Communications and Legislation at (609) 292-0422 or go to [www.nj.gov/dcf](http://www.nj.gov/dcf) and select Publications.