

The Boys & Girls Club of West Orange

APPLICATION PACKET

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Use this as a guide to complete your application

Check off that you have reviewed and **signed**

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I (we) attest that all of the information on this application is accurate.

Parent Name (print) _____

Child Name _____

Parent's Signature _____ **Date** _____

Reviewer: _____ **Date** _____

For Office Use Only:

REG FEE: _____ **PROG. FEE** AM _____ PM _____ **DATE PAID** _____ **Check #** _____

Receipt # _____

NOTES:

PLEASANTDALE APPLICATION

Note: No refunds will be issued.

GRADE: _____	___ AM ___ PM ___ Both	WEEKLY: ___ 3X ___ 4X ___ 5X	
CHILD'S NAME:	DATE: _____		
DATE OF BIRTH:	SEX: ___ M ___ F		
HOME ADDRESS:			
MOTHER'S NAME:		FATHER'S NAME:	
ADDRESS:		ADDRESS:	
CITY/STATE/ZIP		CITY/STATE/ZIP	
HOME PHONE # ()		HOME PHONE # ()	
Email Address		Email Address	
MOTHER'S PLACE OF BUSINESS		FATHER'S PLACE OF BUSINESS	
BUSINESS PHONE # ()		BUSINESS PHONE # ()	
CELL PHONE # ()		CELL PHONE # ()	
<p>The Following Emergency Contact Information is REQUIRED by law. We need 2 contacts. The contacts must be someone other than parent/guardian and must be local and different from home numbers.</p>			
AUTHORIZED	EMERGENCY PICK-UP #1	AUTHORIZED	EMERGENCY PICK-UP #2
NAME OF CONTACT		NAME OF CONTACT	
PHONE # ()		PHONE # ()	
CELL PHONE # ()		CELL PHONE # ()	
RELATIONSHIP		RELATIONSHIP	
ADDRESS:		ADDRESS:	

PROHIBITED PERSON/S

Name of Person/s **Prohibited** from picking up the child: _____

If a non-custodial parent is **not** included among those persons authorized by the custodial parent to pick up the child, please explain below and attach a copy of appropriate court order. _____

EMERGENCY MEDICAL PERMISSION

I have completed the medical emergency permission form which authorizes the center to seek emergency medical care for my child as deemed necessary by the Director or the director's designee.

Parent's Signature: _____ **Date:** _____

PERMISSION FOR WALKS

____ I give my permission for my child to participate in walking trips within the center's neighborhood:

____ I do not give my permission for my child to participate in walking trips within the center's Neighborhood.

Parent's Signature: _____ **Date:** _____

PHOTOGRAPH PERMISSION

I _____, the legal parent /guardian of the minor _____, Give my permission to take photographs of the minor and/or use their name in connection with such photos. I hereby release the W.O.C.H. and any of it's sponsors from any claims arising out of the use of the photos, or any right that I or the minor may have. (sometimes pictures of the children participating in projects/sports etc. are published in the local newspaper as public interest.

Parental Authorization For Emergency Treatment

Child's Name _____

Age _____

Date of Birth _____

Address _____

Parent(s) Name _____

Home Phone # _____

Child's Medical Information

Medical Problems _____

Allergies

Medicine(s) child is taking _____

Medicine(s) child is allergic to _____

Name of child's Doctor _____ Telephone # _____

Child's Insurance

Company/HMO _____

Group Number _____ Id # _____

I (we) state that we are the parent(s)/guardian(s) having legal custody of the above child and attest that the information above is correct. I (we) authorize the above child care center director or director's designee to obtain emergency treatment for my child. I consent to an x-ray examination, anesthetic, medical or surgical diagnosis or treatment, and hospital care to be rendered to the minor at a recognized medical facility, under the general or special supervision of a licensed physician or surgeon.

The following steps will be followed in an emergency:

1. The parent/guardian will be contacted immediately.
2. The child's physician will be contacted.
3. We will attempt to contact you through all of the emergency persons listed on the child's application form.
4. If we cannot contact you or your child's physician, we will do any or all of the following:
 - a. Call for emergency first aid assistance/transportation
 - b. Call another physician
 - c. Have the child transported to an emergency hospital in the company of a staff member

Parent Signature: _____

Date: _____

West Orange Community House Policies and Procedures

By your signature below, you hereby acknowledge and agree to the policies set forth in the following paragraphs:

1. Payments are due upon receipt of our invoices. We reserve the right to cancel your child's place in our program if payments are 30 days overdue.
2. Our snow policy is included with this packet. Please review it and keep it handy in case of inclement weather.
3. Our yearly schedule is included with this packet. We close our building as little as possible. Please review it and keep it posted at home.
4. We reserve the right to remove any child who exhibits severe behavioral problems, (causes injury to another child, himself, or a staff member) by violent out breaks or temper tantrums.
5. New Jersey law mandates that any child who comes to our program with a temperature of 101 or above must be removed from the program, in order to keep contagious germs from spreading. Parents will be called immediately upon determination of such a fever.
6. Parents must pick up their children by 6:00pm. Pick ups made between 6:00-6:15pm will be charged \$10. Pick ups made between 6:15-6:45pm will be charged an **additional \$25 (Total \$35)**. If the child is not picked up by 6:45pm, the West Orange Police Department will be notified. **ALL LATE FEES MUST BE PAID AT THE TIME OF PICK UP.**
7. Included in this packet is the emergency pick-up information. Only those individuals listed on this form can pick up the child. In cases where an individual not on the list is going to pick up the child, you must call us before the anticipated pick up. These individuals must present identification upon arrival.
8. It is our policy that the child be picked up by individuals over 18 years of age. We recognize that there will be times of emergency where a child under 18 years of age might pick up the child. The West Orange Community House will not be responsible for the safety of a child released to a minor in these circumstances.
9. If your account is submitted to our collection agency, the cost of collections will be added to your account balance.
10. All cancellations of service must be received in writing. No paper work will be processed unless written notification is received.
11. No change of program will be processed until the 1st of the month. No mid month changes will be processed. All changes must be in writing.
12. Our center will not dispense any medications unless it is a prescription drug, labeled with your child's name and dosage required. Parents must sign a "Medication Permission Form" before we will dispense any medications.

Parents Signature _____ **Date** _____

Medical Declaration Statement for School-Age Child Care

Child's Name: _____

Date of Birth: _____ Grade in September: _____

Is your child under any medical/physical restrictions? Yes No

If yes, check all that apply:

Asthma Hearing Loss Diabetes Convulsions

Other: _____

Is your child taking any medications? Yes No

If yes, please list: _____

Has your child been under a doctor's care or hospitalized within the last three years?

Yes No

If yes, please explain: _____

Is your child allergic to any medications/foods/insect stings? Yes No

If yes, please explain: _____

Family Doctor's Name: _____

Telephone Number: (_____) _____

Address: _____

As a parent/guardian of the above participating child, I certify that he/she is in good physical health, has no special needs, and may participate in all of the activities of the Center's program, except as noted above.

PARENT/GUARDIANS SIGNATURE: _____

DATE: _____

Office of Licensing

Information to Parents Document

Dear Parent:

In keeping with New Jersey's child care licensing requirements, we are obligated to provide you, as the parent of a child enrolled at our center, with this informational statement. The statement highlights, among other things your right to visit and observe our center at any time without having to secure prior permission; the center's obligation to be licensed and to comply with licensing standards; and the obligation of all citizens to report suspected child abuse/neglect/exploitation to the State's DHS Child Abuse/Neglect Hotline Toll Free at 1-877-652-2873.

Please read this statement carefully and, if you have any questions, feel free to contact me at (973)736-1282.

Sincerely,

Director

Please complete and return this portion to the center. (Please print)

Name of child: _____

Name of Parent(s): _____

I have read and received a copy of the Information to Parents document prepared by the Office of Licensing, Child Care & Youth Licensing in the Department of Human Services. I have also read and received a copy of the Policy on the Release of Children, Philosophy of Discipline, Policy on the Management of Illnesses/Communicable Diseases

Signature: _____ **Date:** _____

Password Protection

This form is required by the West Orange Community House. Each child shall be assigned a password which is to be used when parents call to give permission for anyone other than those listed on their child's Authorized Pick-Up List, to pick up their child. The center director will ask the parents to give the assigned password to confirm that they are, in fact speaking with the parents on the telephone. The center director will then telephone the parents back at one of the listed contact numbers to verify that the parents indeed made the call to the center. **NO ONE BUT THE CENTER DIRECTOR AND THE PARENTS SHOULD EVER KNOW THE PASSWORD.**

We use a password for pickup authorization for your child's safety.
Please fill in your chosen word, **memorize it** and return this form for your child's file.

My password is _____

Parent's Name: _____

Child's Name: _____



The West Orange Community House and Boys & Girls Club
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West Orange New Jersey 07052
Member of the United Way
Phone: (973)-736-1282 Fax: (973)-736-9071

Policy Regarding Payments

Your payment is due by the 10th of the month. If payment is not collected by the end of the month, your child's slot will be terminated.

Example: If your October 1st invoice payment is not received in full by October 31st, your child will not be allowed to attend on November 1st.

Your Signature below acknowledges that you have read, understand, and agree to the above payment policy.

Signature:_____Date:_____