

# The Boys & Girls Club of West Orange

## APPLICATION PACKET

### INDEX

*Use this as a guide to complete your application*

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

- \_\_\_\_\_ Application (Page 1)
- \_\_\_\_\_ Application (Page 2)
- \_\_\_\_\_ Emergency Treatment Authorization (Page 3)
- \_\_\_\_\_ Policies and Procedures (Page 4)
- \_\_\_\_\_ Medical Declaration Statement (Page 5)
- \_\_\_\_\_ Office of Licensing (Page 6)
- \_\_\_\_\_ Password Protection (Page 7)
- \_\_\_\_\_ Policy Regarding Payments (Page 8)

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:** \_\_\_\_\_ **DATE PAID** \_\_\_\_\_ **CK/REC #** \_\_\_\_\_ **PROG. FEE AM** \_\_\_\_\_ **PM** \_\_\_\_\_

**NOTES:**

## HAZEL SCHOOL APPLICATION

**Note: No refunds will be issued.**

<b>DATE:</b>	<b>service needed:   __ AM   __ PM   __ Both</b>		
<b>CHILD'S NAME:</b>	<b>Grade:</b>		
<b>DATE OF BIRTH:</b>	<b>SEX:   __ M   __ F</b>		
<b>HOME ADDRESS:</b>			
<b>MOTHER'S NAME:</b>		<b>FATHER'S NAME:</b>	
<b>ADDRESS:</b>		<b>ADDRESS:</b>	
<b>CITY/STATE/ZIP</b>		<b>CITY/STATE/ZIP</b>	
<b>HOME PHONE #</b> (    )		<b>HOME PHONE #</b> (    )	
<b>Email Address</b>		<b>Email Address</b>	
<b>MOTHER'S PLACE OF BUSINESS</b>		<b>FATHER'S PLACE OF BUSINESS</b>	
<b>BUSINESS PHONE #</b> (    )		<b>BUSINESS PHONE #</b> (    )	
<b>CELL PHONE #</b> (    )		<b>CELL PHONE #</b> (    )	
<p><b>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.</b></p>			
<b>AUTHORIZED</b>	<b>EMERGENCY PICK-UP #1</b>	<b>AUTHORIZED</b>	<b>EMERGENCY PICK-UP #2</b>
<b>NAME OF CONTACT</b>		<b>NAME OF CONTACT</b>	
<b>PHONE #</b> (    )		<b>PHONE #</b> (    )	
<b>CELL PHONE #</b> (    )		<b>CELL PHONE #</b> (    )	
<b>RELATIONSHIP</b>		<b>RELATIONSHIP</b>	
<b>ADDRESS:</b>		<b>ADDRESS:</b>	

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:** \_\_\_\_\_

DOES YOUR CHILD HAVE

1. Any health issues that require assistance in any activities of daily living, (i.e. toileting, eating, communication, etc.) If yes, please list \_\_\_\_\_ Yes \_\_\_ No \_\_\_

2. Does your child require special attention? Yes \_\_\_ No \_\_\_

3. Does your child have a one-to-one-aide during the school day? Yes \_\_\_ No \_\_\_

4. Is your child in a self-contained classroom Yes \_\_\_ No \_\_\_

If you answered **Yes** to any of these questions please specify the nature of your child's needs and your recommendations in caring for them: \_\_\_\_\_

\_\_\_\_\_

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 1<sup>st</sup> 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

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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  
242 Main Street,  
West Orange New Jersey 07052  
Member of the United Way  
Phone: (973)-736-1282 Fax: (973)-736-9071

## Policy Regarding Payments

Our policy is that all outstaying bills must be paid by the last day of the following month.

Bills for your children issued on the fifteenth and thirtieth of each month have a grace period of 30-45 days before payment must be received.

Example: Any invoice billed from September 15<sup>th</sup> and/or September 30<sup>th</sup> must be paid in full by October 31<sup>st</sup>. **If payment is not received by October 31<sup>st</sup>, your child will not be allowed to attend on November 1<sup>st</sup>.**

Your cooperation in this matter is greatly appreciated.

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

### EXPULSION POLICY

NAME OF CENTER: \_\_\_\_\_

NAME OF CHILD: \_\_\_\_\_

SIGNATURE OF PARENT: \_\_\_\_\_

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

#### IMMEDIATE CAUSES FOR EXPULSION

- The child is at risk of causing serious injury to other children or himself/herself
- Parent threatens physical or intimidating actions toward staff members.
- Parent exhibits verbal abuse to staff in front of enrolled children.

#### PARENTAL ACTIONS FOR CHILD'S EXPULSION

- Failure to pay/habitual lateness in payments.
- Failure to complete required forms including the child's immunization records.
- Habitual tardiness when picking up your child.
- Verbal abuse to staff.
- Other (explain)

#### CHILD'S ACTIONS FOR EXPULSION

- Failure of child to adjust after a reasonable amount of time.
- Uncontrollable tantrums/ angry outbursts.
- Ongoing physical or verbal abuse to staff or other children.
- Excessive biting.
- Other (explain)

#### SCHEDULE OF EXPULSION

If after the remedial actions above have not worked, the child's parent/guardian will be advised verbally and in writing about the child's or parent's behavior warranting an expulsion. An expulsion action is meant to be a period of time so that the parent/ guardian may work on the child's behavior or to come to an agreement with the center.

The parent/guardian will be informed regarding the length of the expulsion period.

The parent/guardian will be informed about the expected behavioral changes required in order for the child or parent to return to the center.

The parent/guardian will be given a specific expulsion date that allows the parent sufficient time to seek alternate child care (approximately one to two weeks notice depending on risk to other children's welfare or safety). Failure of the child/parent to satisfy the terms of the plan may result in permanent expulsion from the center.

## A CHILD WILL NOT BE EXPELLED

. If a child's parent(s):

- Made a complaint to the Office of Licensing regarding a center's alleged violations of the licensing requirements.
- Reported abuse or neglect occurring at the center.
- Questioned the center regarding policies and procedures.
- Without giving the parent sufficient time to make other child care arrangements.

## PROACTIVE ACTIONS THAT CAN BE TAKEN IN ORDER TO PREVENT EXPULSION

Staff will try to redirect child from negative behavior.

Staff will reassess classroom environment, appropriate of activities, supervision.

Staff will always use positive methods and language while disciplining children.

Staff will praise appropriate behaviors.

Staff will consistently apply consequences for rules.

Child will be given verbal warnings.

Child will be given time to regain control.

Child's disruptive behavior will be documented and maintained in confidentiality .

. Parent/guardian will be notified verbally.

Parent/guardian will be given written copies of the disruptive behaviors that might lead to expulsion.

The director, classroom staff and parent/guardian will have a conference(s) to discuss how to promote positive behaviors. .

The parent will be given literature or other resources regarding methods of improving behavior.

Recommendation of evaluation by professional consultation on premises.

Recommendation of evaluation by local school district child study team.