



March 18, 2015

Dear Parents:

Welcome to the 2015 Catholic Charities Partners Summer Program at Phillipsburg Early Childhood Learning Center!

**Please be sure to complete and return the entire packet and then mail/email/fax the following:**

1. Completed application (please keep pages 11 & 12).
2. First week's payment (\$150.00, 5 days a week or \$120.00, 3 days a week).
3. Field Trip and Pool permission page with payment for all field trips.
4. \$50 registration fee (waived if we receive your application and first week deposit on or before May 1<sup>st</sup>).

Please send all of the above to the Phillipsburg administrative office at:

**700 Sayre Avenue, Phillipsburg, NJ 08865**

**Email/Scan: [childcare2@ccdom.org](mailto:childcare2@ccdom.org)**

**Fax: (908) 454-9871**

If you have any questions or need assistance in completing your application, please feel free to call our office at (908) 454-2074 or (908) 329-2029.

We're looking forward to a great summer with your family!

Sincerely,

Sandy Oswald, Program Director  
BreEnna Balliro, Assistant Program Director II  
Child Care Services Area  
[www.ccdom.org/child-care](http://www.ccdom.org/child-care)

700 Sayre Avenue · Phillipsburg, New Jersey 08865  
Telephone: (908) 454-2074 Fax: (908) 454-9871

**CATHOLIC CHARITIES PARTNERS SUMMER ENROLLMENT 2015 - PHILLIPSBURG ECLC**

Child(ren)'s Name(s) \_\_\_\_\_ Start Date \_\_\_\_\_

*Please Print All Information Clearly*

<b>Mother's Information</b>	<b>Father's Information</b>
Mother's Name:	Father's Name:
Home Address:	Home Address:
Home Phone #:	Home Phone #:
Employer:	Employer:
Address:	Address:
Work Phone #:	Work Phone #:
Cell Phone:	Cell Phone:
Work Days & Hours:	Work Days & Hours:
Email Address:	Email Address:

**Authorization Form/Emergency Contact**

I give Catholic Charities permission to contact the following persons in an emergency situation when a parent/guardian is not available. I give Catholic Charities my permission to release my child(ren) to the people listed below if I am not available. In my absence, the people listed are authorized to make decisions concerning my child(ren). **\*Please list at least one LOCAL contact person. PLEASE NOTE AUTHORIZED PERSONS MUST BE 16 YEARS OR OLDER TO PICK UP.**

Name ( <b>local only</b> )	Relationship:
	Cell Phone #:
	Work Phone #:
	Home Phone #:
Name	Relationship:
	Cell Phone #:
	Work Phone #:
	Home Phone #:
Name	Relationship:
	Cell Phone #:
	Work Phone #:
	Home Phone #:

We will need identification from anyone on the list whom we have not yet met prior to the date in which they come to pick up your child. Catholic Charities requires a written note from you if someone different is coming to pick up your child.

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The following people are **NOT** permitted to pick up my child:

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
 Name \_\_\_\_\_ Relationship \_\_\_\_\_


*\*A court issued restraining order is required to enforce this policy if a parent is listed as one who may not pick up your child(ren).*

**CATHOLIC CHARITIES PARTNERS SUMMER ENROLLMENT 2015 - PHILLIPSBURG ECLC**

Child's Name	Date of Birth	Gender M/F	Age	Grade as of 9/2015	School Attending in Sept. 2015

**Child Information & Emergency Care Permission Form (Please list by child)**

Child's Name	Health Problems/Medical Needs/Behavior Difficulties	Allergies	Medications

 I give the Catholic Charities summer program staff permission to apply additional sunblock to my child as needed. Yes  No

My child(ren), \_\_\_\_\_, is/are in good physical health and can fully participate in program activities.

CHILD'S PHYSICIAN: _____
PHYSICIAN TELEPHONE: _____

I understand that while my child/ren is/are in the care of Catholic Charities, if an emergency should occur, every effort will be made to reach me. If all efforts fail, I consent to any medical and surgical treatment, including hospital admission, examinations and diagnostic procedures, anesthetics, transfusions, and operations, which in the event of an emergency, are deemed necessary by competent medical clinicians to save the life or preserve the health of my child.

I also approve the release of any medical history or other medical data from the case records that would be necessary for the physician and/or hospital to administer such treatment. If my child needs medical attention, I understand my insurance provider will be billed first.

I understand that the general consent is applicable specifically and exclusively to emergency situations that occur when I am not available to give consent. I understand that I am responsible for notifying Catholic Charities of any changes in my child/ren's medical history.

Parent/Guardian Print Name \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

## Fee Agreement 2015- Phillipsburg ECLC Summer

<b>Child's Name</b>	<b>Child's Name</b>
A.M. Drop-Off Time:	A.M. Drop-Off Time:
P.M. Pick-Up Time:	P.M. Pick-Up Time:
Days of Week: <b>M</b> <input type="checkbox"/> <b>T</b> <input type="checkbox"/> <b>W</b> <input type="checkbox"/> <b>TH</b> <input type="checkbox"/> <b>F</b> <input type="checkbox"/>	Days of Week: <b>M</b> <input type="checkbox"/> <b>T</b> <input type="checkbox"/> <b>W</b> <input type="checkbox"/> <b>TH</b> <input type="checkbox"/> <b>F</b> <input type="checkbox"/>

<b>Child's Name</b>
A.M. Drop-Off Time:
P.M. Pick-Up Time:
Days of Week: <b>M</b> <input type="checkbox"/> <b>T</b> <input type="checkbox"/> <b>W</b> <input type="checkbox"/> <b>TH</b> <input type="checkbox"/> <b>F</b> <input type="checkbox"/>

<b>Program Fees</b>	<b>Cost</b>
<b>Annual Registration Fee</b>	<b>\$50.00 per family (For new enrollments only)</b>
<b>Weekly Program Fee Full Time (5-days)</b>	<b>\$150.00 per child</b>
<b>Weekly Program Fee Part Time (3-days)</b>	<b>\$120.00 per child</b>

**Weeks Attending: PLEASE CHECK – MINIMUM OF 2 WEEKS IS REQUIRED**

<b>WEEK 1</b> 6/29 (closed 7/3) <input type="checkbox"/>	<b>WEEK 2</b> 7/6 <input type="checkbox"/>	<b>WEEK 3</b> 7/13 <input type="checkbox"/>	<b>WEEK 4</b> 7/20 <input type="checkbox"/>
<b>WEEK 5</b> 7/27 <input type="checkbox"/>	<b>WEEK 6</b> 8/3 <input type="checkbox"/>	<b>WEEK 7</b> 8/10 <input type="checkbox"/>	<b>WEEK 8</b> 8/17 <input type="checkbox"/>
<b>WEEK 9</b> 8/24 (depending on start of school)** <input type="checkbox"/>			

**Total Summer Fee: \$ \_\_\_\_\_**

**\*\*\*I have read the above and agree to pay the set weekly fee in advance to Catholic Charities. Failure to comply is a breach of contract and will jeopardize my child(ren)'s space(s) in the program.**

Parent/Guardian Print Name \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**Summer Program Fee Schedule 2015**



**\*\*IMPORTANT NOTE \*\***

**Statements will be EMAILED to you unless otherwise requested below.**

I wish to be mailed a statement  Please Check.

<b>Summer Program Weeks</b>	<b>Week Payment Due Date</b>
Week 1: June 29 <sup>th</sup> -July 3 <sup>rd</sup>	Due with Application
Week 2: July 6 <sup>th</sup> - July 10 <sup>th</sup>	June 29 <sup>th</sup>
Week 3: July 13 <sup>th</sup> - July 17 <sup>th</sup>	July 6 <sup>th</sup>
Week 4: July 20 <sup>th</sup> - July 24 <sup>th</sup>	July 13 <sup>th</sup>
Week 5: July 27 <sup>th</sup> – July 31 <sup>st</sup>	July 20 <sup>th</sup>
Week 6: August 3 <sup>rd</sup> – August 7 <sup>th</sup>	July 27 <sup>th</sup>
Week 7: August 10 <sup>th</sup> - August 14 <sup>th</sup>	August 3 <sup>rd</sup>
Week 8: August 17 <sup>th</sup> - August 21 <sup>st</sup>	August 10 <sup>th</sup>
Week 9: August 24 <sup>th</sup> – August 28 <sup>th</sup>	August 17 <sup>th</sup>

\* A 10% discount is offered for siblings concurrently enrolled full-time in the program who are not receiving any other subsidy.

**\*\*\*I have read the above and agree to pay the set weekly fee in advance to Catholic Charities. Failure to comply is a breach of contract and will jeopardize my child(ren)'s space(s) in the program.**

Print Name \_\_\_\_\_

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

**Catholic Charities Enrollment & Payment Agreement**

(Please sign and remit with your check or money order.)

1. **Enrollment:** I am enrolling my child/children\_\_\_\_\_. I will give 2- weeks prior notice on any cancellation of my enrolled weeks in the program in writing to the office.
2. **Weekly Payment:** I am responsible for the weekly fee of \_\_\_\_\_ which is due every Monday preceding the enrolled week. I understand I will be billed two weeks prior for the weeks enrolled and payment must be received in advance for my child to attend the enrolled week. Failure to make payment will jeopardize my child's slot and will result in temporary suspension or termination. **\*\* (See Page 5 for Payment Schedule)\*\***
3. **Past Due Balances:** Any or all unpaid balances due to Catholic Charities must be paid in full before this application can be processed.
4. **Registration:** I will submit my \$50.00 non-refundable registration fee and first week's payment with my enrollment form when registering. **\*\* (New Enrollments Only)\*\***
5. **Changes to Contact Information:** I will notify Catholic Charities' Child Care Services office of any cell, work, or home phone number changes for myself and/or emergency contacts.
6. **Payment Responsibility:** Regardless of other activities, illness, or vacations, I am responsible for my child's full tuition payment for each week enrolled.
7. **Returned Checks:** There is a \$25.00 processing fee for a returned check. Families must then submit payment by cash, credit card, or money order at the billing office.
8. **Sign-in/out Responsibility:** The staff will assume responsibility for my child from the time he/she arrives at the program until pick-up. **In the a.m., a parent/authorized person must come inside to sign-in their child(ren). Likewise, the child(ren) must be signed-out by a parent/authorized person at the close of program.**
9. **Medical Emergency:** If a medical emergency arises, the staff will first attempt to contact me. If I or the emergency contacts cannot be reached, the staff will contact the child's physician. If the emergency is such that immediate medical attention is necessary, my child may be treated as per the Emergency Care Permission Form.
10. **Late Pick-up:** Parents picking up their children beyond the close of program will be charged \$1.00 for every minute they are late. These fines are billed directly to me and payable upon receipt. **Repeated lateness may result in dismissal from the program.**

*I, the undersigned, agree to the terms above and understand I am responsible for my child (ren)'s payments in full.*

**Print Name** \_\_\_\_\_

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

**CATHOLIC CHARITIES PARTNERS SUMMER ENROLLMENT 2015 - PHILLIPSBURG ECLC**

Dear Parents,

This letter will serve as a permission slip for any of the trips your child will be attending. **Please return by mail/fax/email, this signed permission slip along with payment for the total cost of all trips with your application and first week payment.** **\*\*Please note: Care will be provided on trip days if your child chooses to not attend the scheduled trip.**

Please **check** each trip your child(ren) will be attending.

Week Two (Wed. July 8<sup>th</sup>): **SAC ONLY** - Lehigh Valley Zoo, Schnecksville, PA (cost \$6.50)

Week Four (Wed. July 22<sup>nd</sup>): **SAC & ELC** -Merrill Creek, Washington, NJ (cost \$6.50)

Week Six (Wed. August 5<sup>th</sup>): **SAC ONLY** - Pohatcong Cinemas, Phillipsburg, NJ (cost \$6.50)

Week Eight (Wed. August 19<sup>th</sup>): **SAC & ELC** - Warren Lanes(bowling), Phillipsburg, NJ(cost \$6.50)

***NO REFUNDS***

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I give permission for my child (ren) \_\_\_\_\_  
(Print child(ren)'s names)

to attend and be transported by B & K Dalrymple Bus Company to the above named trips.

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

Please indicate total amount enclosed for all trips: \_\_\_\_\_

Thank you and we look forward to seeing you in June at the Phillipsburg Summer Program.

Catholic Charities, Diocese of Metuchen  
Child Care Services Area  
(908) 329-2009/ Direct Line: (908) 329-2029

**CATHOLIC CHARITIES, DIOCESE OF METUCHEN  
CHILD CARE SERVICES  
PHOTO, VIDEO AND PERSONAL INFORMATION RELEASE FORM**

At Catholic Charities, Diocese of Metuchen (“Catholic Charities”), the Child Care Center/Program takes many photographs and videos. On occasion, your child may be in the photographs and videos. The photographs and videos may also contain your child’s name and a statement provided by your child (such as “I really liked the field trip to the pool!”). At times, we would like to use the photographs, videos, your child’s name and statement on our classroom walls; for arts and crafts purposes; as a souvenir for a field trip; or some other happy event. In this age of the internet, we would also like to use the photographs, videos, your child’s name and statement on our website and Facebook page. Finally, there may be occasion to use photographs, videos, your child’s name and statement for newsworthy activities and press releases about the good things we do at Catholic Charities.

Catholic Charities needs each parent or guardian to accept or decline what we can do with pictures or videos containing your child’s likeness. Also, we need each parent or guardian to accept or decline what we can do with your child’s name and statement. Please read each description and initial each one as to whether you accept or decline.

1. I permit Catholic Charities the right to use photographs and videos of my child, my child’s name and my child’s statement to be posted on classroom walls and for other internal child care center/program activities (e.g. arts and crafts; gifts; and souvenirs).

Accept

Decline

2. I permit Catholic Charities the right to use photographs and videos of my child, my child’s name and my child’s statement to be posted on Catholic Charities website and Facebook page.

Accept

Decline

3. I permit Catholic Charities the right to use photographs and videos of my child, my child’s name and my child’s statement to be used and published in print or electronically for the purpose of newsworthy activities and press releases about Catholic Charities and its good works.

Accept

Decline

I understand this Release will remain in effect as long as my child is in the Child Care program, unless I request and fill out a new form. I have read, initialed this form and understand its purpose.

Signature of Parent or Guardian	Printed Name of Parent or Guardian
Name of Child/Children	Date





**SIGNATURE PAGE**

I/We, \_\_\_\_\_, the parent/guardian(s) of \_\_\_\_\_, acknowledge that I/We have received a copy of Catholic Charities Partners Programs Parent/Guardian Handbook and have been given the opportunity to read the manual and ask questions about and understands the policies contained therein. Furthermore, I/We agree to abide by the policies set forth in the manual.

I/We understand that the policies described in the Parent/Guardian Handbook are not conditions of enrollment, and the language does not create a contract between Catholic Charities Partners Programs and the Parent/Guardians. Catholic Charities Partners Programs reserves the right to alter, amend, or otherwise modify these guidelines, in its sole discretion, without prior notice.

I/We acknowledge that this Parent/Guardian Handbook is the property of Catholic Charities Partners Programs and must be returned to Catholic Charities Partners Programs when the aforementioned child is no longer enrolled at Catholic Charities Partners Programs.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

**Our Parent Handbook which includes all standard policies and procedures such as the expulsion policy, licensing required information to parents, and Medication Administration Release forms are available for review on our website at <http://www.ccdom.org/child-care>.**

**If you would like a hard copy please check here to have one mailed to you.**

***Request Manual***



**Child Care Catholic Charities**  
**Confirmation Form**

**VISA, MASTERCARD, DISCOVER, OR AMERICAN EXPRESS INFORMATION: (please fill in) and return ONLY if using your credit card each week.**

If your card expires or the number changes, it is YOUR responsibility to notify our office at (908) 329-2029.

**CREDIT CARD #:** \_\_\_\_\_

**Expiration Date:** \_\_\_\_\_

**Cardholder's Name (please print):** \_\_\_\_\_

**Cardholder's Address:** \_\_\_\_\_  
\_\_\_\_\_

**Cardholder's Signature:** \_\_\_\_\_

**Child(ren)'s Name(s):** \_\_\_\_\_

**School Attending:** \_\_\_\_\_

**Cardholder above gives Catholic Charities authorization to process weekly child care fee two Fridays prior to the enrolled week.**

**NOTE: Weekly reminder statement will NOT be sent unless requested.**

**Please check if you would like to receive a statement:**  **Request Statement**

700 Sayre Avenue, Phillipsburg, NJ 08865  
Telephone: (908) 454-2074 Fax: (908) 454-9871

**PLEASE KEEP FOR YOUR INFORMATION!**  
**Partners Child Care Summer Programs 2015**



*By Catholic Charities, Diocese of Metuchen*

**PARTNERS MISSION:** *Believing that all children deserve the opportunity to develop to their fullest potential, our division is dedicated to providing the highest quality of child care services to children and their families.*

**PARTNERS VALUES:**

**Respectful:**

*We recognize the dignity and value of the work we do with our families, staff, stakeholders, and the community.*

**Excellence:**

*We provide the highest quality of services to our families and the community.*

**Flexible:**

*We recognize the need to be flexible to the changing needs of families, staff, and the communities we serve.*

**Collaborative:**

*We will work creatively and cooperatively with families, staff, community, and stakeholders to ensure that the whole is stronger than the parts.*

**Culturally Sensitive:**

*We are responsive to the individuality of our families, staff, and the community.*

**ENROLLMENT:** Any child residing in one of our districts is eligible to attend the summer program in his/her district. We accept children ages 2 ½ -13 years.

**HOURS:** The programs operate from the June 29<sup>th</sup>-August 28<sup>th</sup> (**depending on start of school for 2015-2016 school year**). The program operates from 7:00 a.m. until 5:30 p.m. Program will be closed on July 3<sup>rd</sup> in observance of the July 4<sup>th</sup> holiday.

**TELEPHONE:**

Each program has a telephone with a voice mail message system. This phone is for emergency use only and will only be answered during program hours. To contact the program and/or leave a message for the staff, please call (908) 213-2699.

**TO ENROLL PLEASE ENCLOSE THE FOLLOWING:**

- \*Your one week's deposit payment.
- \*Your \$50 per family **non-refundable registration fee (for new enrollments only)**.
- \*Your completed enrollment packet with signed field trip form.

**CATHOLIC CHARITIES PARTNERS SUMMER ENROLLMENT 2015 - PHILLIPSBURG ECLC**

**BILLING:**

Catholic Charities will bill you weekly. All payments are due one week in advance. Payments can be made by check, money order or credit card.

Please send and make checks payable to:

**Catholic Charities, DOM**  
**700 Sayre Avenue**  
**Phillipsburg, NJ 08865**  
**Phone: (908) 454-2074 or directly at (908) 329-2029**  
**Fax: (908) 454-9871**

For any questions about your account, please contact the following:

Warren/Morris Counties  
Billing Department  
Phone: (908) 454-2074 or directly at (908) 329-2029

**\*\*You may now also send your application in to our new child care email address at [childcare2@ccdom.org](mailto:childcare2@ccdom.org).**

**FINANCIAL ASSISTANCE:**

There are various New Jersey programs that provide assistance to working parents. For information about these programs contact the following in your area:

***NORWESCAP, Warren County: (908) 454-1078***

***Thank you for choosing Catholic Charities Partners Child Care Programs®***