



March 22, 2016

Dear Parents:

Welcome to the 2016 Catholic Charities 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 for your reference).
2. Payment for Week One,
3. Field Trip and Pool permission page with payment for all field trips.
4. \$50 registration fee- **New Families Only!** (Waived if we receive your application, field trip \$, and first week deposit on or before May 2nd).

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

700 Sayre Avenue, Phillipsburg, NJ 08865

OR

Email/Scan: childcare2@ccdom.org

OR

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
Child Care Services Area
www.ccdom.org/child-care

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

CATHOLIC CHARITIES CHILD CARE SUMMER ENROLLMENT 2016 - PHILLIPSBURG ECLC

Child(ren)'s Name(s) _____ Start Date _____

Please Print All Information Clearly

Mother's Information	Father's Information
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 (local only)	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 **IN ADVANCE** if someone not listed is coming to pick up your child.

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 CHILD CARE SUMMER ENROLLMENT 2016 - PHILLIPSBURG ECLC

RELEVANT CHILD INFORMATION

Child's Name	Date of Birth	Gender M/F	Age	Grade entering as of 9/2016	School Attending in Sept. 2016

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. Yes No

CHILD'S PHYSICIAN: _____ PHYSICIAN TELEPHONE: _____
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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, 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 2016- Phillipsburg ECLC Summer

Child's Name	Child's Name
A.M. Drop-Off Time:	A.M. Drop-Off Time:
P.M. Pick-Up Time:	P.M. Pick-Up Time:

Program Fees	Cost
Annual Registration Fee	\$50.00 per family (For new enrollments only)
Weekly Program Fee Full Time (5-days)	\$155.00 per child
Weekly Program Fee Part Time (3-days)	\$125.00 per child

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

Camp Weeks	Check if 5 days:	Check days if enrolling 3 days:
Week 1: July 5-July 8 (closed 7/4)	<input type="checkbox"/>	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F
Week 2: July 11-July 15	<input type="checkbox"/>	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F
Week 3: July 18- July 22	<input type="checkbox"/>	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F
Week 4: July 25-July 29	<input type="checkbox"/>	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F
Week 5: August 1- August 5	<input type="checkbox"/>	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F
Week 6: August 8-August 12	<input type="checkbox"/>	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F
Week 7: August 15-August 19	<input type="checkbox"/>	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F
Week 8: August 22-August 26	<input type="checkbox"/>	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F

Total Summer Fee: \$ _____

T-Shirt Size Requested Quantity Requested: _____

Child's Small Child's Medium Child's Large Child's X-Large Adult Small Other _____

*****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 2016



SPECIAL OFFER!!

*****Registration Fee waived for new families if completed enrollment forms and first weekly payment are received by May 2nd!!! NO EXCEPTIONS!!!*****

****IMPORTANT NOTE ****

Statements will be EMAILED.

Camp Weeks	Weekly Payment Due Date
Week 1: 7/5-7/8 (<i>closed 7/4</i>)	May 2nd (<i>or at initial enrollment</i>)
Week 2: 7/11-7/15	July 5th
Week 3: 7/18-7/22	July 11th
Week 4: 7/25-7/29	July 18th
Week 5: 8/1-8/5	July 25th
Week 6: 8/8-8/12	August 1st
Week 7: 8/15-8/19	August 8th
Week 8: 8/22-8/26	August 15th

* 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 payment.)

1. **Enrollment:** I am enrolling my child/children_____. I will give 2- weeks prior notice on any changes or cancellations of my enrolled weeks in the program in writing to the office.
2. **Weekly Payment:** I am responsible for the weekly fee of _____ which will be billed one week prior to the week enrolled. These weekly fees MUST be paid in advance for my child to attend the enrolled weeks. 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.**
11. ***Change of Schedule Fee:** After 6/1/2016, a \$25 change of schedule fee will apply.

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** _____

FIELD TRIP PERMISSION FORM

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 One (Wed. July 6th): **SACC ONLY** – Branchburg Sports Arena, Branchburg NJ (cost \$40.00)
- Week Three (Wed. July 20th): **SACC ONLY**- Sky Zone, Bethlehem PA (cost \$35.00)
- Week Four (Date & Location to be Decided): **SACC & ELC** –Pizza Day (cost \$5.00)
- Week Five (Date & Location to be Decided): **SACC & ELC**- Ice Cream Day (cost \$5.00)
- Week Six (Wed. August 10th): **SACC ONLY** - Camel Beach Waterpark, Tannersville PA (cost \$40.00)

NO REFUNDS

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.

I give blanket permission for my SACC child(ren) to walk to and from the Walters Park Pool on swim days and additional local walking trips as scheduled in advance with the program staff.

Parent/Guardian Signature

Please indicate total amount enclosed for all trips: _____

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

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

**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 agency social media outlets. 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 social media outlets.

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- RECEIPT OF PARENT HANDBOOK

I/We, _____, the parent/guardian(s) of _____, acknowledge that I/We 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 Child Care Programs and the Parent/Guardians. Catholic Charities Child Care Programs reserves the right to alter, amend, or otherwise modify these guidelines, in its sole discretion, without prior notice.

Signature: _____

Date: _____

Print Name: _____

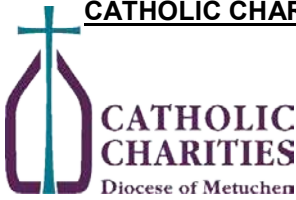
Signature: _____

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 see your program Site Supervisor.



For Automatic Credit/Debit Card Authorization, complete and return to Catholic Charities billing office: (908-329-2029 Phillipsburg).

AUTOMATIC CREDIT/DEBIT CARD PAYMENT AUTHORIZATION

I (we) _____ hereby authorize Catholic Charities, Diocese of Metuchen to initiate recurring credit/debit card charges to the below referenced credit/debit card account for the purpose of collecting childcare related payments. I (we) understand that the charges to the below referenced credit/debit card account will be based on charges that are due and payable at the time of the credit/debit card transaction. I (we) understand that this agreement is between myself (us) and CATHOLIC CHARITIES DOM. I (we) authorize CATHOLIC CHARITIES DOM to utilize Tuition Express* to capture, create, and transmit all credit/debit card information. **I understand my credit/debit card will be charged as tuition is due** in addition to any late fees incurred. I (we) indemnify and hold harmless, Tuition Express from any and all liability resulting from any and all transactions. All disputes will be directed to and addressed by and between CATHOLIC CHARITIES DOM and the below signed cardholder. **I (we) understand that to properly affect the cancellation of this agreement, I (we) are required to give CATHOLIC CHARITIES DOM written notice of revocation. A minimum of 5 business days is required to affect revocation.**

PLEASE CONTACT CATHOLIC CHARITIES DOM WITH ANY ADDITIONAL QUESTIONS. MASTERCARD, VISA, AMEX, AND DISCOVER ACCEPTED.

Cardholder Name Phone #

Cardholder Billing Address (same as bank/credit card statement)

City State Zip

 Credit/ Debit Card # CVC # Expiration Date

Cardholder's Signature Date

****Declined/Expired Card Notice: It is my responsibility to notify Catholic Charities DOM if my card is lost or stolen. I understand I will be charged a fee of \$5.00 any time the designated card above is declined/ expired. Initials: _____**

**Tuition Express is an assumed business name of Blum Investment Group, Inc.*

Record Retention Notice: The child care provider shall retain all parent (client) authorization forms in a secure location for a period of two years from the date of client withdrawal from the Tuition Express™ program.

Statements showing payment and charges will be sent if requested.

For Official Use Only: Date Received: _____ Employee Initials: _____

PLEASE KEEP FOR YOUR INFORMATION!
Child Care Summer Programs 2016



By Catholic Charities, Diocese of Metuchen

ENROLLMENT: Any child residing in one of our districts is eligible to attend the summer program in his/her district. **We accept children ages 3 1/2 -13 years only.**

HOURS: The programs operate from the July 5th to August 26th. The program operates from 7:00 a.m. until 5:30 p.m. Program will be closed on July 4th in observance of the 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.

EMAIL: You may also contact the program at pburgecc@ccdom.org.

TO ENROLL PLEASE ENCLOSE THE FOLLOWING:

- *Your Week 1 payment with field trip \$.
- *Your \$50 per family **non-refundable registration fee (for new enrollments only).**
- *Your completed enrollment packet with signed field trip form.

BILLING:

Catholic Charities will bill you weekly two weeks prior. All payments are due according to the weekly payment schedule on page 5 which is one week before camp begins. 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 child care email address at 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

CATHOLIC CHARITIES CHILD CARE SUMMER ENROLLMENT 2016 - PHILLIPSBURG ECLC

Drop-Off and Pick-Up:

The summer program will be operating in the **Phillipsburg ECLC** this summer. Please sign your child (ren) in and pick up any papers you need upon drop off. Breakfast and quiet activities will be provided until the majority of children arrive. If you arrive late, please make verbal contact with a staff member so your child can immediately be integrated into the activity already underway. When picking up your child, please sign them out and collect all belongings. Our program ends at 5:30 p.m. **If you arrive after 5:30 p.m., you will be charged a late fee of \$1.00 a minute.**

Field Trips:

Please note the various costs for each field trip. Please refer to your trip schedule for dates and times as well as the trip for various age groups. If your child is going on a trip, make sure you have returned the signed field trip page prior to any scheduled trips.

Thank you for choosing Catholic Charities Child Care Programs☺