

February 2016

**RE: YES SACC SUMMER**

Dear Families:

Welcome to the 2016 Catholic Charities YES Summer Program! We are excited about this upcoming summer and have many great events and activities planned for your child. Attached you will find the summer program application.

**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 biweekly payment (\$320.00 if applicable),
3. Field Trip and Pool permission page (Includes payment for all field trips & swimming),
4. \$50 registration fee (waived if we receive your application and first biweekly payment on or before May 2nd).

Families who are interested in requesting financial assistance should read our fee page carefully. Adequate documentation of income is required along with other personal information. Please request this application from our Site Supervisor, Irish Givens.

Current enrolled families receiving subsidy will receive an updated fee agreement for summer camp and **do not need** to re-apply for this subsidy. The attached application **must** be returned to hold your slot for the summer program as well as any up-to-date information for our records. **\*\*Please note all participants enrolled will be billed for field trips and swimming this year due to additional transportation costs. A minimum of 6 weeks and consistent attendance is required to maintain subsidy for the program.**

Sincerely,

Kawanna Anderson  
Asst. Program Director  
Child Care Services  
[www.ccdom.org/child-care](http://www.ccdom.org/child-care)

Irish Givens  
Site Supervisor  
Child Care Services

540 Route 22 East  
Bridgewater, NJ 08807  
Phone: (908) 722-1881/Fax: (908) 725-6490



**CATHOLIC CHARITIES YES SACC SUMMER ENROLLMENT 2016 MIDDLESEX COUNTY**

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

*Please Print All Information Clearly*

<b>Parent/Guardian 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 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. \*\*Authorized pick-ups must be 16 years of age or over.\*\***

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

We will need identification from anyone on the list whom we have not met before when they come to pick up your child. Catholic Charities requires a written note from you 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).*

**The following information is requested for statistical purposes.**

Race:  American Indian or Alaskan  Asian  Black or African American  White  
 Hispanic  Other Primary Language: \_\_\_\_\_



**CATHOLIC CHARITIES YES SACC SUMMER ENROLLMENT 2016 MIDDLESEX COUNTY**

Child's Name	Date of Birth	Gender M/F	Age	Grade entering 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 Catholic Charities summer program staff permission to apply additional sunblock 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: _____

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 give 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/ren need/s medical attention, 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** \_\_\_\_\_

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



**CATHOLIC CHARITIES YES SACC SUMMER ENROLLMENT 2016 MIDDLESEX COUNTY**

**Fee Agreement 2016**

<b>Program Fees</b>	<b>Cost</b>
*Registration Fee*	\$50.00 per family <b>**(<u>Reg. Fee waived for completed enrollments received no later than May 2nd!!</u>)**</b>
Weekly Program Fee Full Time	\$160.00 per child (5 days per week)

Weeks Attending: **(PLEASE CHECK – MINIMUM OF 6 WEEKS IS REQUIRED.**  
**\*\* (80% attendance is required for those receiving assistance)\*\***

<b>Camp Weeks</b>	<b>Check weeks enrolling:</b>
<b>Week 1: July 4-July 8</b> (closed 7/4)	<input type="checkbox"/>
<b>Week 2: July 11-July 15</b>	<input type="checkbox"/>
<b>Week 3: July 18- July 22</b>	<input type="checkbox"/>
<b>Week 4: July 25-July 29</b>	<input type="checkbox"/>
<b>Week 5: August 1-August 5</b>	<input type="checkbox"/>
<b>Week 6: August 8-August 12</b>	<input type="checkbox"/>
<b>Week 7: August 15-August 19</b>	<input type="checkbox"/>
<b>Week 8: August 22-August 26</b>	<input type="checkbox"/>
<b>Week 9: August 29-August 31</b>	<input type="checkbox"/>

**\*\*IMPORTANT NOTE \*\***  
**Statements will be EMAILED to you.**

**\*\*ONLY cash, money order, credit card, or bank checks will be accepted for Weeks 7, 8, & 9\*\***  
**(NO personal checks will be accepted!)**

**TOTAL SUMMER FEE: \_\_\_\_\_**



Summer Program Biweekly Fee Schedule 2016



<b>Camp Weeks</b>	<b>Biweekly Payment Due Date</b>
<b>Weeks 1 &amp; 2:</b> 7/4-7/8 & 7/11-7/15	May 2nd (or at initial enrollment)
<b>Weeks 3 &amp; 4:</b> 7/18-7/22 & 7/25-7/29	July 11th
<b>Weeks 5 &amp; 6:</b> 8/1-8/5 & 8/8-8/12	July 25th
<b>Weeks 7 &amp; 8:</b> 8/15-8/19 & 8/22-8/26	August 8th
<b>Week 9:</b> August 29-August 31	August 22nd

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

**T-Shirt Size Requested**      **Quantity Requested:** \_\_\_\_\_

- Child's Small       Child's Medium     Child's Large     Child's X-Large  
 Adult Small    Other \_\_\_\_\_

**SPECIAL OFFER!!**

**\*\*Registration Fee waived if completed enrollment forms and first biweekly payment are received by May 2nd!!! NO EXCEPTIONS!!!\*\***

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

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

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





**SIGNATURE PAGE- RECEIPT OF PARENT HANDBOOK**

I/We, \_\_\_\_\_, the parent/guardian(s) of \_\_\_\_\_, acknowledge that I/We have reviewed a copy of Catholic Charities Child Care Programs Parent/Guardian Handbook and have been given the opportunity to ask questions about and understand 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/school-age-child-care>**

**If you would like a hard copy please request one from your Site Supervisor.**



**CATHOLIC CHARITIES YES SACC SUMMER ENROLLMENT 2016 MIDDLESEX COUNTY**



**For Credit/Debit Card Authorization, complete and return to Catholic Charities billing office: (908-722-1881 Bridgewater Office).**

**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

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

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



**Catholic Charities Enrollment & Payment Agreement**

1. **Enrollment:** I am enrolling my child/children \_\_\_\_\_. I will give two weeks prior notice on any cancellation of my enrolled weeks in the program in writing to the office.
2. **Summer Payment:** I am responsible for the total summer fees of \_\_\_\_\_ which will be billed in two week increments (**bi-weekly**). I understand I will be billed every other week for the weeks in which my child is enrolled. These bi-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 biweekly payment with my enrollment form when registering. **\*\*(Registration fee waived for completed enrollments received no later than May 2nd)\*\***
5. **Additional Fees:** I understand that I will be billed for any field trips that I sign my child up for along with a swimming fee. (includes all enrolled families)
6. **Change to Contact Information:** I will notify Catholic Charities' Child Care office of any work or home phone number changes for myself and/or emergency contacts.
7. **Payment Responsibility:** Regardless of other activities, illness, or vacations, I am responsible for my child's full tuition payment for each week enrolled. **I understand a minimum of 6 weeks of consistent attendance is required to maintain child care assistance.**
8. **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.
9. **Sign-In/Out Responsibility:** The staff will assume responsibility for my child from the time he/she arrives at the program until dismissal time. **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.**
10. **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 911. If the emergency is such that immediate medical attention is necessary, my child may be treated as per the Emergency Care Permission Form.
11. **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.**
12. **Sibling Discount:** There is a 10% sibling discount for additional children from the same family concurrently enrolled full-time within Catholic Charities' child care programs.
13. **\*Change of Schedule Fee:** After June 1st, a \$25.00 change of schedule fee will apply to any changes in weeks enrolled.

*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** \_\_\_\_\_





**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



**CATHOLIC CHARITIES YES SACC SUMMER ENROLLMENT 2016 MIDDLESEX COUNTY**



Dear Parents,

This letter will serve as a permission slip for any of the trips your child will be attending. Please return by mail/email/fax, this signed permission slip along with a check for the total cost of all trips with your application and first biweekly payment (if applicable).

**\*\*\*All enrolled families are responsible for field trip costs.**

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

- July 13<sup>th</sup> Brunswick Zone, North Brunswick, NJ (cost \$25.00 per child)
- July 27<sup>th</sup> Sky Zone, South Plainfield, NJ (cost \$25.00 per child)
- August 3<sup>rd</sup> Adventure Aquarium Point Pleasant, NJ (cost \$25.00 per child)
- August 17<sup>th</sup> Fun Plex Mt. Laurel, NJ (cost \$35.00 per child)

***NO REFUNDS and NO EXCEPTIONS***

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

to attend and be transported by, First Student, Inc. to the above named trips.

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

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



**CATHOLIC CHARITIES YES SACC SUMMER ENROLLMENT 2016 MIDDLESEX COUNTY**



Dear Parents:

In an effort to ensure we have confirmation of the children attending swimming at Brookside Swim Club for the YES Summer Program this summer, please sign and confirm your agreement to the following terms. You may choose to pay in one installment or two by the due dates designated. Please note the fees are per child. **No exceptions!**

I agree to pay for swimming in one installment for a total cost of \$50.00 per child due no later than 7/11/2016.

I agree to pay for swimming in two installments at \$25.00 each for a total of \$50.00 per child due on 7/11/16 & 8/8/16.

***NO REFUNDS***

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

to attend and be transported by, First Student, Inc. to swimming at the Brookside Swim Club located in Milltown, New Jersey for nine weeks.

I understand if payment is not received by the due dates it will affect my child from attending swimming. I also understand there will be no refunds if my child does not attend on any swim days.

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

Please indicate total amount enclosed for swimming: \_\_\_\_\_



**CATHOLIC CHARITIES YES SACC SUMMER ENROLLMENT 2016 MIDDLESEX COUNTY**

10:122-7.5 Administration and control of prescription and non-prescription medicines and health care procedures

May be used to record permission for administration of medication to children

**PERMISSION TO GIVE MEDICATION IN CHILD CARE**

*(Please use one form per medication.)*

*The following information is to be completed by the child's parent:*

Child's name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Weight: \_\_\_\_\_

Medication: \_\_\_\_\_ Allergies: \_\_\_\_\_  
*Include food and/or medication allergies*

Dosage: \_\_\_\_\_ Route: \_\_\_\_\_

Time of day medication is to be given:

\_\_\_\_\_

Purpose of medication:

\_\_\_\_\_

Special instructions:

\_\_\_\_\_

Possible side effects:

\_\_\_\_\_

Start date: \_\_\_\_\_ End date \_\_\_\_\_

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*The following is to be completed by the parent or guardian:*

I hereby give permission for my child, \_\_\_\_\_, to receive the above medication, according to the listed directions and cautions, from the Child Care Director, or the Child Care Director designee. I confirm that I have given at least one dose of the medication without any evidence of side effects or adverse reactions. I understand that it is my responsibility to provide the medication in its original container and labeled with my child's full name. I am also to supply the appropriate measuring device needed to give the accurate dose of the medicine.

I usually do the following to make giving medication to my child easier:

\_\_\_\_\_

Amount of medication brought to Child Care: \_\_\_\_\_

Date: \_\_\_\_\_  
*Signature of Parent or Guardian*

Date & amount of medication returned to Parent: \_\_\_\_\_

\_\_\_\_\_  
*Signature of Director/Director Designee*

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



**CATHOLIC CHARITIES YES SACC SUMMER ENROLLMENT 2016 MIDDLESEX COUNTY**

Source: Medication Administration in Child Care, Healthy Child Care New Jersey

**YES SACC Summer Program 2016**  
**Program Information Page (PIP)**  
**PLEASE KEEP FOR YOUR INFORMATION!!!**

**Daily Schedule:**

The schedule offers a variety of daily activities surrounding weekly themes in addition to enrichment opportunities. A weekly calendar of activities is available at the summer program. On pool days, trip days, and when special events occur, the schedule may vary. If you are not sure where your child should be, please check the group schedule or ask the YES staff.

**Pool Information and Schedule:**

**\*\*\*All families enrolled will be required to pay a \$50.00 swimming fee per child for the summer program to cover the cost of the swimming and transportation. This can be paid in one installment or two by the due dates designated on the swim form.** The pool hours for the program are from 10:00am to 12:00pm. Please make sure your child has a swimsuit, **sun block**, and a towel on swim days. The children will go to the pool once a week. The children will be grouped by grade and age. Please review pool etiquette with your child. The public pool has very strict rules for safety reasons and we must adhere to their policies.

**Breakfast and Snacks:**

YES SACC Summer Program will provide free breakfast, lunch and snack for all children for **the first 8 weeks of camp**. The remaining week breakfast and snack will be provided; lunch will need to be brought to the program. Dates for the free food program will follow. Water will be available to the children throughout the day, your child may bring a "water bottle" to keep and refill from the water coolers.

**Field Trips:**

Please refer to your trip schedule for scheduled dates/times and costs. **Supervision is available at the program for those students not attending field trips. All enrolled families will be billed for the field trips they sign their child up for.**

**THANK YOU FOR JOINING THE YES SACC SUMMER PROGRAM**  
**OF CATHOLIC CHARITIES DIOCESE OF METUCHEN!!!**

