



Executive Director
Marianne Majewski, LCSW

Associate Executive Director
Julio Coto, LCSW

SUMMER 2016

February 2016

Dear Families:

Welcome to the 2016 Catholic Charities Summer Program in Hillsborough located at the **Triangle Elementary School!**

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

- 1) Completed application (please keep pages 1, 10 & 11),
- 2) First payment installment (See page 4),
- 3) Field Trip and Pool permission page (with payment for all field trips –Pg. 9),
- 4) \$50 registration fee (waived if we receive your application, field trip \$, and first installment **on or before May 2nd**).

Please send all of the above to our Bridgewater administrative office at:

540 Route 22 East Bridgewater, NJ 08807

OR

Email: childcare1@ccdom.org

OR

Fax: 908-725-6490

Families who submit their completed application and first payment installment before the close of business on or before May 2nd will have their registration fee waived! The application must be received in our Bridgewater Office by Friday May 2, 2016. We recommend that parents contact the office to confirm receipt, as no exceptions will be made.

****REGISTER FOR EIGHT WEEKS AND RECEIVE A 25% DISCOUNT!
(EQUATES TO TWO WEEKS FREE)!**

*****Please note the swimming and field trip days within the packet.**

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

Dawn Rannie-White, Assistant Program Director
Kawanna Anderson, Assistant Program Director
Child Care Services
<http://www.ccdom.org/child-care>



**CATHOLIC CHARITIES SUMMER ENROLLMENT 2016 HILLSBOROUGH
SOMERSET COUNTY**

CONTACT INFORMATION & EMERGENCY CONTACT/AUTHORIZATIONS

Child(ren)'s Name(s) _____

Please Print All Information Clearly

Parent/Guardian'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 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:
	Primary #:
	Secondary #:
Name	Relationship:
	Primary #:
	Secondary #:
Name	Relationship:
	Primary #:
	Secondary #:

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(ren):

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).*

T-Shirt Size Requested

Quantity Requested: _____

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



**CATHOLIC CHARITIES SUMMER ENROLLMENT 2016 HILLSBOROUGH
SOMERSET COUNTY**

RELEVANT CHILD INFORMATION

Child's Name	Date of Birth	Gender M/F	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 the Catholic Charities summer program staff permission to apply additional sunblock to my child as needed. Yes No

Ⓢ My child(ren) listed above 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 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 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 SUMMER ENROLLMENT 2016 HILLSBOROUGH
SOMERSET COUNTY**

FEE AND PAYMENT INFORMATION

****Camp Hours: Monday to Friday 7:00 am-6:00 pm
with Activity Groups starting at 9:00 am****

Catholic Charities 2016 Summer Program Session Schedule		
Program Offerings	Cost Per Child	Payment Installment Dates
8 week full session	\$1170.00	June 20 th July 11 th August 1st
6 week session	\$1056.00	June 20 th July 11 th August 1st
4 week session	\$780.00	June 20 th July 11th
2 week session	\$420.00	In full at time of enrollment
25% savings for those families who enroll for all 8 weeks! <u>That equals two weeks free!!</u>		

****\$50.00 registration fee per family****

** No other discounts available for families enrolled in the summer program.

**\$25.00 change of schedule fee after June 1st.

(Registration Fee waived for those applications received no later than May 2nd!)

*****Fee includes weekly swimming, summer T-shirt and many special activities and events.***

Camp Weeks	Check weeks enrolling:
Week 1: June 20-June 24	<input type="checkbox"/>
Week 2: June 27-July 1	<input type="checkbox"/>
Week 3: July 5- July 8 (closed 7/4)	<input type="checkbox"/>
Week 4: July 11-July 15	<input type="checkbox"/>
Week 5: July 18-July 22	<input type="checkbox"/>
Week 6: July 25- July 29	<input type="checkbox"/>
Week 7: August 1-August 5	<input type="checkbox"/>
Week 8: August 8-August 12	<input type="checkbox"/>

PLEASE NOTE: Statements will be EMAILED.

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

TOTAL ENCLOSED SUMMER FEE: _____



**CATHOLIC CHARITIES SUMMER ENROLLMENT 2016 HILLSBOROUGH
SOMERSET COUNTY**

ENROLLMENT AND 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 fee of _____ which is at each installment. I understand I will be billed per the stipulated dates for the weeks I enroll in equal installments. Full payment must be received 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 4 for Payment Schedule****
3. **Past Due Balance:** Any or all unpaid balances due to Catholic Charities must be paid in full before this application can be processed.
4. **Registration Fee:** I will submit my \$50.00 non-refundable registration fee and first payment installment with my enrollment form when registering. ****(Registration fee waived for completed enrollments received no later than May 2nd .)****
5. **Changes 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.
6. **Payment Responsibility:** Regardless of other activities, illness, or vacations, I am responsible for my child's full tuition payment.
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:** The staff will assume responsibility for my child from the time he/she arrives at the program until dismissal time. **In the morning 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 911. 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 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** _____



**CATHOLIC CHARITIES SUMMER ENROLLMENT 2016 HILLSBOROUGH
SOMERSET COUNTY**

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 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 SUMMER ENROLLMENT 2016 HILLSBOROUGH
SOMERSET COUNTY**



SIGNATURE PAGE- PARENT HANDBOOK RECEIPT

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 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 www.ccdom.org/child-care/school-age-programs

If you would like to view a hard copy please see your program Site Supervisor.



**CATHOLIC CHARITIES SUMMER ENROLLMENT 2016 HILLSBOROUGH
SOMERSET COUNTY**



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

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: _____



**CATHOLIC CHARITIES SUMMER ENROLLMENT 2016 HILLSBOROUGH
SOMERSET COUNTY**

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 this signed permission slip, along with a check for the total cost of all trips with your completed enrollment form. All trips are on a first come, first serve basis. *****Please note: Care for children not attending the scheduled trip WILL BE PROVIDED at the program from 7:00 a.m. to 6:00 p.m. on trip days.**

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

- Thursday, June 23rd** – Pump It Up Piscataway, Piscataway, NJ (cost \$25.00)
- Thursday, June 30th** – Sky Zone Trampoline Park, South Plainfield NJ (cost \$35.00)
- Thursday, July 7th** – Fun Plex, Mount Laurel NJ (cost \$35.00)
- Thursday, July 14th** – Branchburg Sports Complex, Branchburg NJ (cost \$35.00)
- Thursday, July 21st** – Bowlmor Greenbrook, Greenbrook NJ (cost \$35.00)
- Thursday, July 28th** – Liberty Science Center, Jersey City NJ (cost \$35.00)
- Thursday, August 4th** - Camden Aquarium, Camden NJ (cost \$35.00)

Weekly Swimming- Crystal Springs, 380 Dunhams Corner Rd. East Brunswick NJ (included in tuition)

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

to attend and be transported by, First Student to the above named trips, including swimming at Crystal Springs. I understand that program staffing will be scheduled based on the above checked field trips and **no refunds** are offered if my situation changes in the future. I understand I am required to give **one week's notice** if I decide to sign my child up for a trip not checked previously.

Parent/Guardian Signature

Please indicate total amount enclosed for all trips: _____

Mail this page with payment to:

Catholic Charities, Child Care Services
540 Route 22 East Bridgewater, NJ 08807



**CATHOLIC CHARITIES SUMMER ENROLLMENT 2016 HILLSBOROUGH
SOMERSET 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 _____

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

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



**CATHOLIC CHARITIES SUMMER ENROLLMENT 2016 HILLSBOROUGH
SOMERSET COUNTY**

Program Information Page– Please keep for reference

Catholic Charities Summer Program at Triangle School

156 South Triangle Road Hillsborough, NJ

Site Cell Phone: (908) 874-4990

Site Email Address: triangle@ccd.org

Program Operation:

The Catholic Charities Summer Program is in operation for 8 weeks – June 20th through August 12th. The program operates from 7:00 a.m. until 6:00 p.m. Monday through Friday. **The program will be closed on Monday July 4th in observance of Independence Day. We do not guarantee that our program is air conditioned. We utilize borrowed space, so we do not always know about construction at the school in advance. Please speak with the staff regarding any concerns with space/school usage.**

Parent Area:

The parent area located in the all-purpose room is where you will be signing your child in and out every day. You will also find other important information in the parent area. This includes the group and room your child will be in; lost and found items; crafts or projects the children made; and notice from the summer staff or office.

****Please check this area frequently for any of your child's belongings. Check the white board for weekly trip information and your child's pool day.***

Drop-off and Pick-up:

The summer program operates within the Triangle School. Our main rooms are the all-purpose room and the gym along with some additional rooms for activities. Please drop your child off in the all-purpose room, sign them in, and pick-up any papers that you may need. Breakfast will be provided in there. When picking up your child, please sign them out in the cafeteria and collect all of your child's belongings.

Important Contact Numbers:

If you need to reach the summer program, you can contact staff at (908) 874-4990. If staff members are not available, you can leave a voicemail message. Note: The messages will be checked as often as possible. If you have a compliment or concern about the program, please contact Dawn Rannie-White, Assistant Program Director at (908) 333-2232 or Kawanna Anderson Assistant Program Director, at (908) 333-2279. If you have a billing or payment question, please contact our billing department at our Bridgewater Office at (908) 722-1881.

Daily Schedule:

The schedule follows a different theme each week with a variety of interest areas and enrichment activities. Activity calendars will be posted weekly on the different activities being held. 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 a Camp Manager.

Pool Schedule (Included in fee):**

We will be swimming at Crystal Springs Family Park located in East Brunswick. The children will have the opportunity to use the pools along with the slides at Crystal Springs. There will be two groups and each group will go swimming once a week. The younger children will be going on Tuesdays and the older children will be going on Wednesdays. Groups will be determined closer to the summer program once enrollment is finalized. Transportation will be provided and swimming costs are included in your weekly tuition. **All children will be going to the pool on their designated day. There are other activities at Crystal Springs if for some reason your**



**CATHOLIC CHARITIES SUMMER ENROLLMENT 2016 HILLSBOROUGH
SOMERSET COUNTY**

child cannot go swimming on a specific day. Please discuss this matter with the Camp Manager or Assistant Camp Manager if needed.

Please make sure your child has a swimsuit, **sun block applied prior to arriving**, and a towel on swim days. Crystal Springs Park has very strict rules for safety reasons and we must adhere to their policies. Please review pool etiquette with your child. Note: We will ensure that children apply sun block before leaving for the pool and once while at the pool. If you feel that your child will need an additional application of sunblock please notify site staff.

Breakfast and Snacks:

Catholic Charities Summer Program will provide children with a nutritious breakfast in the morning, as well as a healthy snack in the afternoon. Please make sure you child has a lunch with an icepack (no microwaveable lunches). Also, please remember to pack a couple of drinks for your child. We will have a selection of drinks at the program; however, the children get thirsty very quickly with the hot weather.

Field Trips:

Various field trips will be offered to those enrolled throughout the summer program. Please refer to your trip schedule for scheduled dates/times and costs. **There will be supervision at the program for children who do not attend the trip; however prior registration is required in order to participate.** If your child is going on a trip, make sure you return a signed permission slip and payment with your enrollment form and first week's payment. **ONE WEEK'S NOTICE IS REQUIRED FOR THOSE INTERESTED IN SIGNING UP FOR A TRIP NOT NOTED ON THE TRIP PERMISSION FORM!**

**THANK YOU FOR JOINING THE SUMMER PROGRAMS
OF CATHOLIC CHARITIES DIOCESE OF METUCHEN!!!**

