



April 1, 2015

Dear Families:

Welcome to the 2015 Catholic Charities' Partners Summer Program at **Willow Grove Elementary School!** We are excited about this upcoming summer and have many great events and activities planned for your child.

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 (fee based upon first week enrolled).
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 8th).

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

700 Sayre Avenue Phillipsburg, NJ 08865 or

Email: childcare2@ccdom.org or

Fax: (908) 454-9871

It is highly recommended that parents contact the office to confirm receipt, as no exceptions will be made.

****Please note the end date of the summer program could change due to the 2015-16 school schedule.****

Reminder: Please review the entire application in full and retain the last two pages for your reference.

If you have any questions or need assistance in completing your application, please contact our main office at (908) 329-2009 or through our direct line at (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
Warren/Morris Counties
Child Care Services Area
www.ccdom.org/child-care

**700 Sayre Avenue, Phillipsburg, NJ 08865 Telephone:
(908) 329-2009 Fax: (908) 454-9871**

CATHOLIC CHARITIES PARTNERS SUMMER ENROLLMENT 2015 HACKETTSTOWN

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 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 CONTACT MUST BE 16 YEARS OF AGE OR OLDER.**

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 for 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 different 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).*

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Child's Name	Date of Birth	Gender M/F	Age	Grade as of 9/2015	Name of 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 give 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/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** _____

Fee Agreement 2015

Child's Name	Child's Name
AM Drop-Off Time: _____	AM Drop-Off Time: _____
PM Pick-Up Time: _____	PM Pick-Up Time: _____
Days of Week: M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F <input type="checkbox"/>	Days of Week: M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F <input type="checkbox"/>

Child's Name
AM Drop-Off Time: _____
PM Pick-Up Time: _____
Days of Week: M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F <input type="checkbox"/>

Program Fees	Cost
Annual Registration Fee**	\$50.00 per family **(<u>Reg. Fee waived for completed enrollments received by May 8th!! NO EXCEPTIONS!</u>)
Weekly Program Fee Full Time	\$185.00 per child (5 days per week)
Weekly Program Fee Part Time	\$145.00 per child (3 days per week)
Week of June 25th	\$ 80.00 per child
Week of June 29th	\$160.00 per child

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

WEEK 1 6/25/15 <input type="checkbox"/>	WEEK 2 6/29/15 (closed 7/3) <input type="checkbox"/>	WEEK 3 7/6/15 <input type="checkbox"/>	WEEK 4 7/13/15 <input type="checkbox"/>
WEEK 5 7/20/15 <input type="checkbox"/>	WEEK 6 7/27/15 <input type="checkbox"/>	WEEK 7 8/3/15 <input type="checkbox"/>	WEEK 8 8/10/15 <input type="checkbox"/>
WEEK 9 8/17/15 <input type="checkbox"/>			

Total Summer Fee: \$ _____

**Above weekly fees include: weekly swimming, nutritious snacks, presenters, enrichment, and daily activities based on weekly themes.*

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's space in the program.

Print Name _____
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

SPECIAL OFFER!!

*****Registration Fee waived if completed enrollment forms and first week's payment are received by May 8th!!! NO EXCEPTIONS!!!*****

Camp Weeks	Week Payment Due Date
Week 1: June 25 - June 26	May 8th (or at initial enrollment)
Week 2: June 29-July 3	June 22 nd
Week 3: July 6 - July 10	June 29 th
Week 4: July 13 - July 17	July 6 th
Week 5: July 20 - July 24	July 13 th
Week 6: July 27- July 31	July 20 th
Week 7: August 3 - August 7	July 27 th
Week 8: August 10 - August 14	August 3 rd
**Week 9: August 17 – August 21	August 10 th

****Depending on start date of 2015-16 school year****

* A 10% discount is offered for additional siblings concurrently enrolled **full-time** in the program, who are not receiving any other subsidy. **Enrollment priority will be given to full time families.**

*****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's space in the program.**

Print Name _____

Signature _____ Date_____

Catholic Charities Enrollment & Payment Agreement

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. **** (Registration fee waived for completed enrollments received by May 8th)****
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 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.**
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. **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.

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** _____

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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/school-age-child-care>

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

Request Manual



Child Care Services - 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: _____

Children's Names: _____

School Attending: _____

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

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

If you want a statement after your payment is applied, please check here:

Request Statement

700 Sayre Avenue, Phillipsburg, NJ 08865
Telephone: (908) 329-2009 Fax: (908) 454-9871

CATHOLIC CHARITIES PARTNERS SUMMER ENROLLMENT 2015 HACKETTSTOWN



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 not 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 (Thurs. July 2nd): Donaldson Farms, Hackettstown, NJ (cost \$15.00)
- Week Three (Thurs. July 9): Lehigh Valley Zoo, Schnecksville, PA (cost \$40.00)
- Week Four (Thurs. July 16): Merrill Creek, Washington, NJ (cost \$15.00)
- Week Five (Thurs. July 23): Camel Beach Waterpark, Tannersville PA (cost \$40.00)
- Week Six (Thurs. July 30): Bowtie Cinemas, Mansfield, NJ (cost \$15.00)
- Week Seven (Thurs. August 6): Sterling Hill Mining Museum, Ogdensburg, NJ (cost \$40.00)
- Week Eight (Thurs. August 13): Branchburg Sports Complex, Branchburg NJ (cost \$40.00)

NO REFUNDS

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

to attend and be transported by Snyder Bus Company to the above named trips and to the Hackettstown Public Pool on Warren Street in Hackettstown.

Parent/Guardian Signature

Please indicate total amount enclosed for all trips: _____

Mail this page with payment to:

Catholic Charities, Child Care Services Area
700 Sayre Avenue
Phillipsburg, NJ 08865

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

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

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PROGRAM INFORMATION PAGE (PIP)

****Please keep pages 11 & 12 for your reference!****

**Partners Summer Program at Willow Grove Elementary (pending board approval)
601 Willow Grove Street
Hackettstown, NJ 07840**

Program Operation:

The Hackettstown Summer Program will be in operation for 9-weeks from June 25th to August 21st. The program starts on June 25th from 7:30 a.m. until 6:00 p.m. The program is closed on July 3rd for Independence Day.

Parent Area:

The parent area is where you will be signing your child in and out every day. This is very important! All parents must comply to help us secure the safety of all children in the program. You will also find other important information including communications concerning field trips and the pool; lost and found items; crafts and projects the children made; and notices from summer staff or the Catholic Charities Office. **Please check this area frequently for any of your child's belongings!**

Drop-Off and Pick-Up:

The summer program will be operating in the **Willow Grove School** 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 6 p.m. **If you arrive after 6 p.m., you will be charged a late fee of \$1.00 a minute.**

Emergency Numbers:

If you need to reach the summer program, you can contact staff at (908) 798-1351/1352. If they are not available, you can leave them a voice mail message at the site. If you have a concern about the program, please contact BreEnna Balliro, Assistant Program Director II or Sandy Oswald, Program Director at (908) 329-2009. For questions regarding your bill, please contact our billing department at (908) 454-2074 or (908) 329-2029.

Daily Schedule:

Our summer program follows the "Links to Learning Curriculum". We provide a variety of activities encompassing literacy, math, science, physical activity, group projects, etc. based on weekly themes. On pool days, trip days, and when special presentations occur, the schedule may vary. The daily schedule will be posted at the site in the parent area.

Hackettstown Pool & Pool Schedule:

The Hackettstown summer program will be going to the Hackettstown Public Pool on **Tuesdays and Wednesdays** this summer. In the event of inclement weather, the program will go to the pool on the next available day. The pool hours for the program are from **12:30 p.m. - 3:00 p.m.** Please

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make sure your child has a swimsuit, sun block, towel, and pool membership badge, if applicable, daily. **If you wish to pick your child(ren) up from the pool, you MUST inform staff in advance so they can remind your child(ren) to bring their personal belongings.** Please review pool etiquette with your child. The public pool follows strict rules we must adhere to for safety reasons.

Family Orientation (To Be Announced):

All parents and/or family members are welcome to come to a Family Orientation prior to the summer program. The staff will introduce themselves and give some highlights about the activities and events that will be happening over the summer program weeks. If you are new to Catholic Charities, this is a great time to meet the staff working at your child's program and communicate any questions you may have. **The date of the orientation will be announced at a later date.**

Breakfast and Snacks:

Hackettstown summer program will provide cereal, fresh fruit, or fruit bars for breakfast and a nutritious snack in the afternoon. Please make sure your child has a lunch with an ice pack. We will have a refrigerator, but space is limited for juice and milk. Water is available; however, it is recommended that you pack extra drinks for your child.

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 you choose to not send your child on the trip there will be no child care provided at the program.** If your child is going on a trip, make sure you have returned the signed field trip page prior to any scheduled trips as space is limited. A waiting list will be generated thereafter.

THANK YOU FOR CHOOSING PARTNERS SUMMER PROGRAMS OF CATHOLIC CHARITIES DIOCESE OF METUCHEN©

