



Executive Director  
Marianne Majewski, LCSW

Assistant Executive Director  
Julio Coto, LCSW

Assistant Executive Director  
Joan Lorah, LCSW

February 10, 2014

Dear Families:

Welcome to the 2014 Catholic Charities Partners Summer Program in Hillsborough! We are excited about this upcoming summer and have so many great events and activities planned for your child. **\*\*Pending board approval, our summer program will operate at Sunnymeade School and for nine weeks.**

Attached you will find the summer program application. Please make sure you complete the entire application form and return it along with your \$50.00 registration fee, first week's payment, field trip & pool permission slip and fees. **Families who submit their completed application and first week's payment on or before May 2nd will have their registration fees waived!** The application must be received in our Bridgewater Office by Friday May 2nd. It is highly recommended that parents contact the office to confirm receipt, as no exceptions will be made.

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

**As a result of parent feedback, we will be offering nine weeks of camp this year (pending board approval) and care will be still be provided at the program from 8:00 a.m to 5:00 p.m on field trip days for children who are not registered for the field trip.** Please refer to the field trip page of the enrollment form for more details.

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

BreEnna Balliro, Assistant Program Director II  
Dawn Rannie-White, Assistant Program Director  
Child Care Services Area  
<http://www.ccdom.org/child-care>

540 Route 22 East · Bridgewater, New Jersey 08807  
Telephone: (908)722-1881 Fax: (908) 725-6490

**CATHOLIC CHARITIES PARTNERS SUMMER ENROLLMENT 2014 HILLSBOROUGH  
SOMERSET COUNTY**

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

*Please Print All Information Clearly*

| <b>Parent/Guardian'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 #:      |
| Pager/Cell Phone:                    | Pager/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.**

|                          |               |
|--------------------------|---------------|
| <b>Name (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 met before when 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.

-----  
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).*

**CATHOLIC CHARITIES PARTNERS SUMMER ENROLLMENT 2014 HILLSBOROUGH  
SOMERSET COUNTY**

| Child's Name | Date of Birth | Gender M/F | Age | Grade | School Attending in Sept. 2014 |
|--------------|---------------|------------|-----|-------|--------------------------------|
|              |               |            |     |       |                                |
|              |               |            |     |       |                                |
|              |               |            |     |       |                                |

**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: _____<br>PHYSICIAN TELEPHONE: _____<br>In extreme emergency, when I cannot be reached, I prefer that my child be transported to _____ hospital for emergency care.<br>Health Plan _____ Group Id # _____<br>Subscriber's Name _____<br>Subscriber Id # _____ |
|---|

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 from the case records 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 PARTNERS SUMMER ENROLLMENT 2014 HILLSBOROUGH  
SOMERSET COUNTY**

**Fee Agreement 2014**

|                     |                     |
|---------------------|---------------------|
| <b>Child's Name</b> | <b>Child's Name</b> |
| AM Drop Off Time:   | AM Drop Off Time:   |
| PM Pick Up Time:    | PM Pick Up Time:    |

|                     |
|---------------------|
| <b>Child's Name</b> |
| AM Drop Off Time:   |
| PM Pick Up Time:    |

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

| <b>Program Fees</b>                   | <b>Cost</b>  |
|---------------------------------------|--|
| Registration Fee*                     | \$50.00 per family<br><i>*(Reg. Fee waived for completed enrollments<br/>received no later than May 2nd!!)</i> |
| <b>Weekly Program Fee Full Time**</b> | <b>\$195.00 per child<br/>(5 days per week)</b>  |
| <b>July 4th Week**</b>                | <b>\$170.00 per child</b>  |

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

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

|                          |                                  |                          |                          |
|--------------------------|----------------------------------|--------------------------|--------------------------|
| <b>WEEK 1</b>            | <b>WEEK 2</b><br>(closed 7/4/14) | <b>WEEK 3</b>            | <b>Week 4</b>            |
| 6/23/14                  | 6/30/14                          | 7/7/14                   | 7/14/14                  |
| <input type="checkbox"/> | <input type="checkbox"/>         | <input type="checkbox"/> | <input type="checkbox"/> |

|                          |                          |                          |                          |                                     |
|--------------------------|--------------------------|--------------------------|--------------------------|-------------------------------------|
| <b>WEEK 5</b>            | <b>WEEK 6</b>            | <b>WEEK 7</b>            | <b>WEEK 8</b>            | <b>WEEK 9</b><br>(pending approval) |
| 7/21/14                  | 7/28/14                  | 8/4/14                   | 8/11/14                  | 8/18/14                             |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |

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

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

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

**CATHOLIC CHARITIES PARTNERS SUMMER ENROLLMENT 2014 HILLSBOROUGH  
SOMERSET COUNTY**

**Summer Program Fee Schedule 2014**



**SPECIAL OFFER!!**

**\*\*\*Registration Fee waived if completed enrollment forms and first week's payment is received by May 2nd!!!\*\*\* NO EXCEPTIONS!**

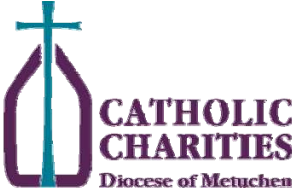
| <b>Camp Weeks</b>            | <b>Week Payment Due Date</b>              |
|------------------------------|---|
| Week 1: June 23- June 27     | May 2nd <i>(or at initial enrollment)</i> |
| Week 2: June 30- July 4      | June 23 <sup>rd</sup>                     |
| Week 3: July 7-July 11       | June 30 <sup>th</sup>                     |
| Week 4: July 14- July 18     | July 7 <sup>th</sup>                      |
| Week 5: July 21- July 25     | July 14 <sup>th</sup>                     |
| Week 6: July 28- August 1    | July 21 <sup>st</sup>                     |
| Week 7: August 4- August 8   | July 28 <sup>th</sup>                     |
| Week 8: August 11- August 15 | August 4 <sup>th</sup>                    |
| Week 9: August 18-August 22  | August 11 <sup>th</sup>                   |

\* 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 PARTNERS SUMMER ENROLLMENT 2014 HILLSBOROUGH  
SOMERSET COUNTY**



**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) 333-2280.

VISA: # \_\_\_\_\_

MASTERCARD: # \_\_\_\_\_

DISCOVER: # \_\_\_\_\_

AMERICAN EXPRESS: # \_\_\_\_\_

3- Digit Security PIN: # \_\_\_\_\_

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 enrolled week.

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

***If you would like a statement after your payment has been applied,***

***please check here:***  ***Request Statement***

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

**CATHOLIC CHARITIES PARTNERS SUMMER ENROLLMENT 2014 HILLSBOROUGH  
SOMERSET COUNTY**

**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 two 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 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 week's payment 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 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:** 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 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** \_\_\_\_\_

**CATHOLIC CHARITIES PARTNERS SUMMER ENROLLMENT 2014 HILLSBOROUGH  
SOMERSET COUNTY**

**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                               |



**CATHOLIC CHARITIES PARTNERS SUMMER ENROLLMENT 2014 HILLSBOROUGH  
SOMERSET COUNTY**



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 limited to 80 children; slots will be reserved on a first come, first serve basis. A waiting list for the respective trip will be initiated after the 80<sup>th</sup> child registers for the trip. **\*\*\*Please note: Care for children not attending the scheduled trip WILL BE PROVIDED at the program from 8:00 a.m. to 5:00 p.m. on trip days. Parents must inform program staff that their child will be staying back IN ADVANCE so the program can plan to staff accordingly.**

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

- Thursday, June 26<sup>th</sup>** – Pump It Up of Piscataway, Piscataway NJ (cost \$25.00)
- Thursday, July 10<sup>th</sup>** – Rebounderz, Edison NJ (cost \$40.00)
- Thursday, July 17<sup>th</sup>** – Branchburg Sports Complex, Branchburg NJ (cost \$40.00)
- Thursday, July 31<sup>st</sup>**- Turtle Back Zoo, West Orange NJ (cost \$25.00)
- Thursday, August 7<sup>th</sup>** – Imagine That! (K-2<sup>nd</sup> Grade only) (cost \$25.00)
- Thursday, August 7<sup>th</sup>** – Bowling, Frenchtown NJ (3-5<sup>th</sup> grade only) (cost \$25.00)
- Friday, August 8<sup>th</sup>**- Keansburg Amusement Park, Keansburg NJ (cost \$40.00)
- Thursday, August 14<sup>th</sup>**- Jump On In! Boonton, NJ (cost \$40.00)

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

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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.

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

Please indicate total amount enclosed for all trips/weekly swim: \_\_\_\_\_

**Mail this page with payment to:**

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

**CATHOLIC CHARITIES PARTNERS SUMMER ENROLLMENT 2014 HILLSBOROUGH  
SOMERSET COUNTY**



**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 [www.ccdom.org/child-care/school-age-programs](http://www.ccdom.org/child-care/school-age-programs)**

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

***Request Manual***

**CATHOLIC CHARITIES PARTNERS SUMMER ENROLLMENT 2014 HILLSBOROUGH  
SOMERSET COUNTY**

**Program Information Page (PIP) – Please keep for reference**

**Partners Summer Program at Sunnymeade School- (Pending board approval)  
55 Sunnymeade Road Hillsborough, NJ**

**Site Cell Phone: (908) 722-9189**

**Site Email Address: [Sunnymeade@ccdom.org](mailto:Sunnymeade@ccdom.org)**

**Program Operation:**

The Catholic Charities Partners Summer Program is in operation for 9 weeks - June 23<sup>rd</sup> through August 22<sup>nd</sup> (pending board approval). The program operates from 7:00 a.m. until 6:00 p.m. Monday through Friday. **The program will be closed on Friday, 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. Consequently, there may be changes in daily schedules to accommodate small projects that the school needs to complete.

**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 Sunnymeade 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. If you arrive late, check the schedule to see which group your child is in, where they are located, and make verbal contact with a staff member. 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, Assistant Program Director at (908) 333-2232 or BreEnna Balliro, Assistant Program Director II, at (908) 329-2030. If you have a billing or payment question, please contact our billing department on our direct line (908) 333-2280.

**Daily Schedule:**

The schedule is as follows for 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 a camp manager.

**7:00-9:00am Breakfast/Greeting Parents/ Quiet Activities**  
**9:00-12:00pm Group Meetings/Arts & Crafts/Health & Fitness/Group Games/Outside**  
**12:00-12:30pm Lunch**  
**12:30-3:00pm Story Time/Science Activities/Literacy Activities/Group Projects**  
**3:00-3:30pm Snack**  
**3:30-5:30pm Math Activities/Social Competence Activities/Group Games/Outside**  
**5:30-6:00pm Quiet Activities/Child Pick-up**

**CATHOLIC CHARITIES PARTNERS SUMMER ENROLLMENT 2014 HILLSBOROUGH  
SOMERSET COUNTY**

**Pool Schedule (\*\*Included in weekly fee):**

We have revised the swimming location and schedule year to accommodate more activities within the schedule this summer. This summer we are 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 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**, 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 please notify site staff.

**Breakfast and Snacks:**

Partners Summer Program will provide children with a nutritious breakfast in the morning, as well as a healthy snack in the afternoon. Please make sure your 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:**

Four all-day trips will be provided per child, per trip along with additional mini trips. 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.

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