

March 2018

**RE: YES ENRICHMENT SUMMER PROGRAM**

Dear Families:

Welcome to the 2018 Catholic Charities YES Summer Enrichment 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 page 12),
2. First biweekly payment (\$340.00 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 April 30th).

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, Jesus Ramos.

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 4 weeks and consistent attendance is required to maintain subsidy for the program.**

Sincerely,

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

Jesus Ramos  
Site Supervisor  
Child Care Services

PO Box 676 Perth Amboy, NJ 08862  
(732) 934-2800



**CATHOLIC CHARITIES YES SUMMER ENROLLMENT 2018 MIDDLESEX COUNTY**

**RELEVANT CHILD INFORMATION**

Child's Name	Date of Birth	Gender M/F	Age	Grade entering 9/2018	School Attending in Sept. 2018

**Child Information & Emergency Care Permission Form (Please list by child)  
(Please note all medications listed MUST BE PROVIDED)**

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.

**\*\*By selecting the "I Accept" checkbox and printing my name, I am signing this application electronically. I agree that my electronic signature is the legal equivalent of a hand written signature.**

I ACCEPT Print Full Name \_\_\_\_\_  
Date \_\_\_\_\_



**CATHOLIC CHARITIES YES SUMMER ENROLLMENT 2018 MIDDLESEX COUNTY**

**CONTACT INFORMATION & EMERGENCY CONTACT/AUTHORIZATIONS**

*Please Print All Information Clearly*

<b>Parent/Guardian Information</b>	
Guardian/Mother's Name:	Guardian/Father's Name:
Home Address:	Home Address:
Home Phone #:	Home Phone #:
Employer:	Employer:
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 SUMMER ENROLLMENT 2018 MIDDLESEX COUNTY**

**FEE AND PAYMENT INFORMATION 2018**

<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 April 30th!!</u>)**</b>
Weekly Program Fee Full Time	\$170.00 per child (5 days per week)

Weeks Attending: **(PLEASE CHECK – MINIMUM OF 4 WEEKS IS REQUIRED.**

**\*\* (80% attendance is required for those receiving assistance)\*\***

<b>Camp Weeks</b>	<b>Check weeks enrolling:</b>
<b>Week 1: July 2-July 6 (closed 7/4)</b>	<input type="checkbox"/>
<b>Week 2: July 9-July 13</b>	<input type="checkbox"/>
<b>Week 3: July 16- July 20</b>	<input type="checkbox"/>
<b>Week 4: July 23-July 27</b>	<input type="checkbox"/>
<b>Week 5: July 30-August 3</b>	<input type="checkbox"/>
<b>Week 6: August 6-August 10</b>	<input type="checkbox"/>
<b>Week 7: August 13-August 17</b>	<input type="checkbox"/>
<b>Week 8: August 20-August 24</b>	<input type="checkbox"/>

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

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

**T-Shirt Size Requested (\*\*1 PER CHILD\*\*)**

**Total Per Family: \_\_\_\_\_**

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



**Summer Program Biweekly Fee Schedule 2018**



<b>Camp Weeks</b>	<b>Biweekly Payment Due Date</b>
<b>Weeks 1 &amp; 2:</b> 7/2-7/6 & 7/9-7/13	April 30th <i>(or at initial enrollment)</i>
<b>Weeks 3 &amp; 4:</b> 7/16-7/20 & 7/23-7/27	July 9th
<b>Weeks 5 &amp; 6:</b> 7/30-8/3 & 8/6-8/10	July 23rd
<b>Weeks 7 &amp; 8:</b> 8/13-8/17 & 8/20-8/24	August 6th

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

**SPECIAL OFFER!!**

**\*\*Registration Fee waived if completed enrollment forms and first biweekly payment are received by April 30th!!! NO EXCEPTIONS!!!\*\***



**CATHOLIC CHARITIES YES SUMMER ENROLLMENT 2018 MIDDLESEX COUNTY**

**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. **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.
3. **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.**
4. **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.
5. **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.**
6. **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)\*\***
7. **Past Due Balances:** Any or all unpaid balances due to Catholic Charities must be paid in full before this application can be processed.
8. **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 April 30th)\*\***
9. **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)
10. **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 4 weeks of consistent attendance is required to maintain child care assistance.**
11. **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.
12. **Sibling Discount:** For those families not receiving assistance, 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. I accept to the terms above per my electronic signature.*

**I ACCEPT** Print Full Name \_\_\_\_\_

Date \_\_\_\_\_



**CATHOLIC CHARITIES YES SUMMER ENROLLMENT 2018 MIDDLESEX COUNTY**

**SUBSIDY AGREEMENT BETWEEN PARENT/GUARDIAN AND  
CATHOLIC CHARITIES, DOM**

School Name: \_\_\_\_\_

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

As per the E-Child Care electronic voucher system, **I understand that I MUST follow the following procedures** at the time of drop off and pick up of my child(ren).

- 1) I (or my authorized pick up or drop-off person) will **SWIPE my child in and out EVERY day** on the site POS machine.
- 2) I will **continue to sign my child in and out every day** and record the time of drop off and pick up on the Sign-Out sheets.
- 3) **If I FORGET MY CARD** one day, I understand that I need to bring my card in at the time of pick up OR by the **NEXT DAY** and back swipe for the day before.
- 4) **If I LOSE MY CARD**, I will **contact Community Child Care Solutions (CCCS) IMMEDIATELY**. If I do not have my new card within 7 days, then my child cannot participate in the program OR I may be charged the full rate.
- 5) If myself or my **child is SICK** or has a scheduled doctor's appointment, I will swipe or call out my child SICK that day. If my child has an unexcused Absence, I will swipe or call out my **child ABSENT** that day.
- 6) **\*\*If I fail to swipe my child's attendance for five (5) days, my childcare services will be SUSPENDED** until all days attendance are swiped and up to date\*\*.
- 7) Any day's for which Catholic Charities is not paid due to my **missing swipes or swiping incorrectly**, I understand that Catholic Charities **WILL CHARGE ME** those unpaid fees.
- 8) I understand the **Sanction Policy set forth by the State of New Jersey** and that if I fail or refuse to swipe, I will be required to attend a training provided by CCCS within two weeks. **IF I do not comply with this, the State of NJ will Suspend my child care subsidy according to their sanction policy.**

**I understand the above policy and procedures set by Catholic Charities and I will adhere to them. I understand copays are due the Wednesday prior to the biweekly period.**

Parent/Guardian Print Name \_\_\_\_\_

Date \_\_\_\_\_



**CATHOLIC CHARITIES YES SUMMER ENROLLMENT 2018 MIDDLESEX COUNTY**

**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.

<input type="checkbox"/> I ACCEPT	Printed Name of Parent or Guardian
Name of Child/Children	Date







**SIGNATURE PAGE- ACKNOWLEDGEMENT OF PARENT HANDBOOK**

**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>**

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.

**By selecting the "I Accept" checkbox and printing my name, I am signing this application electronically. I agree that my electronic signature is the legal equivalent of a hand written signature.**

**Parent/Guardian Print Name** \_\_\_\_\_

**I ACCEPT**      Date \_\_\_\_\_

**Parent/Guardian Print Name** \_\_\_\_\_

**I ACCEPT**      Date \_\_\_\_\_

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



**CATHOLIC CHARITIES YES SUMMER ENROLLMENT 2018 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. Care is provided at the program for those children not attending trips.**

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

- July 11<sup>th</sup> Johnson Park, River Road (cost \$10.00 per child- ALL AGES)
- July 25<sup>th</sup> Liberty Science Center, Jersey City NJ (cost \$30.00 per child- ALL AGES)
- August 8<sup>th</sup> AMC Theater, New Brunswick NJ (cost \$20.00 per child- ALL AGES)
- August 22<sup>nd</sup> Sky Zone, South Plainfield NJ (cost \$30.00 per child- Ages 5-13 only)

***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 to the above named trips, including swimming at Brookside Swim Club. 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.

**By selecting the "I Accept" checkbox and printing my name, I am signing this application electronically. I agree that my electronic signature is the legal equivalent of a hand written signature.**

I ACCEPT Print Full Name \_\_\_\_\_

Date \_\_\_\_\_

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

**Mail this page with payment to:** Catholic Charities, Child Care Services PO Box 676 Perth Amboy, NJ 08862



**CATHOLIC CHARITIES YES SUMMER ENROLLMENT 2018 MIDDLESEX COUNTY**



**\*\*OFFERED ONLY TO STUDENTS AGES 5-13 YEARS\*\***

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 \$75.00 per child due no later than 7/9/2018.

I agree to pay for swimming in two installments at \$37.50 each for a total of \$75.00 per child due on 7/9/18 & 8/6/18.

My child(ren) will not be swimming this summer.

***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.

I ACCEPT Print Full Name \_\_\_\_\_

Date \_\_\_\_\_

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





**YES Summer Enrichment Program 2018**  
**Program Information Page (PIP)**  
**PLEASE KEEP FOR YOUR INFORMATION!!!**

**Daily Schedule:**

Our summer program will be open to children ages 4 to 13 years. **Children must turn 4 years old prior to the summer program in order to enroll.** We plan to incorporate age appropriate activities for each age group along with some additional applicable field trips/activities for those younger children. 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 \$75.00 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. If your child will not be swimming you will need to note that on the 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 Summer Enrichment Program will provide free breakfast, lunch and snack for all children for all 8 weeks of camp. 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 and payment is expected prior to the trip.** Enrollment for trips is on a first come first serve basis as space is limited.

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

