



February 2018

Dear Families:

Welcome to the 2018 Catholic Charities Child Care Summer Program at the **Hatchery Hill Elementary School** starting on July 2nd for 8 weeks. The program opens at 7:30 am and closes at 6:00 pm.

This program is open to children who have completed Kindergarten through 12 years old.

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

- 1-Completed Application (please keep page 11 for your reference),
- 2-Payment for Weeks 1 & 2,
- 3-Field Trip and Pool permission page with payment for all field trips,
- 4-\$50 registration fee (**waived if we receive items 1, 2, & 3 on or before April 15, 2018**).

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

Mail: 700 Sayre Avenue Phillipsburg, NJ 08865

OR

Scan/Email: childcare2@ccdom.org

OR

Fax: 908-454-9871

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

Sincerely,

Sandy Oswald, Program Director
Warren/Morris Counties
Child Care Services Area
www.ccdom.org/child-care

**700 Sayre Avenue, Phillipsburg, NJ 08865
Telephone: (908)329-2009 Fax: (908) 454-8151**

CATHOLIC CHARITIES CHILD CARE SUMMER ENROLLMENT 2018 HACKETTSTOWN

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 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.**

****Authorized pick-ups must be 16 years of age or over.****



Name (local only)	Relationship to child:
	Cell Phone #:
	Work Phone #:
	Home Phone #:
Name	Relationship to child:
	Cell Phone #:
	Work Phone #:
	Home Phone #:
Name	Relationship to child:
	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 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).*

CATHOLIC CHARITIES CHILD CARE SUMMER ENROLLMENT 2018 HACKETTSTOWN

How did you hear about us? Currently enrolled Word of mouth School
 Publication/Ad Other _____

RELEVANT CHILD INFORMATION

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

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.
 Yes No

CHILD'S PHYSICIAN: _____ PHYSICIAN TELEPHONE: _____
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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.

Parent/Guardian Print Name _____

I ACCEPT **Date** _____

CATHOLIC CHARITIES CHILD CARE SUMMER ENROLLMENT 2018 HACKETTSTOWN

Fee Agreement 2018

Program Fees	Cost
Annual Registration Fee**	\$50.00 per family <i>**<u>(Reg. Fee waived for completed enrollments received by April 15th ! NO EXCEPTIONS!)</u></i>
Weekly Program Fee Full Time	\$200.00 per child (5 days per week)
Weekly Program Fee Part Time	\$160.00 per child (3 days per week)
Week of July 4th	\$180.00 per child

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

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

Camp Weeks	Check if 5 days:	Check days if enrolling 3 days:
Week 1: July 2nd – July 6th (closed 7/4)	<input type="checkbox"/>	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F
Week 2: July 9th – July 13th	<input type="checkbox"/>	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F
Week 3: July 16th – July 20th	<input type="checkbox"/>	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F
Week 4: July 23rd – July 27th	<input type="checkbox"/>	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F
Week 5: July 30th – August 3rd	<input type="checkbox"/>	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F
Week 6: August 6th – August 10th	<input type="checkbox"/>	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F
Week 7: August 13th – August 17th	<input type="checkbox"/>	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F
Week 8: August 20th – August 24th	<input type="checkbox"/>	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F

Total Summer Fee: \$ _____

Statements will be EMAILED.

T-Shirt Size Requested (1 PER CHILD ONLY**) Total per Family: _____**

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

Summer Program Fee Schedule 2018



SPECIAL OFFER!!

*****Registration Fee waived if completed enrollment forms and first biweekly payment are received by April 15th!!! NO EXCEPTIONS!!!*****

Camp Weeks	Biweekly Payment Due Date
Weeks 1 & 2: 07/02-07/06 & 07/09-07/13 (closed 7/4)	April 15 th (or at initial enrollment)
Weeks 3 & 4: 07/16-07/20 & 07/23-07/27	July 6 th
Weeks 5 & 6: 07/30-08/03 & 08/06-08/10	July 20 th
Weeks 7 & 8: 08/13-08/17 & 08/20-08/24	August 3 rd

* 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 fee in advance based on my registered weeks per the payment schedule to Catholic Charities. Failure to comply is a breach of contract and will jeopardize my child's space in the program.

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

Print Full Name _____

I ACCEPT **Date** _____

CATHOLIC CHARITIES CHILD CARE SUMMER ENROLLMENT 2018 HACKETTSTOWN

Catholic Charities Enrollment & Payment Agreement
(Please sign and remit with your payment.)

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 or via email to childcare2@ccdom.org.
2. **Summer Payment:** I am responsible for the total summer fees of \$_____ which will be billed in two week increments (**Bi-weekly**). I understand I will be billed every other week for the weeks in which my child is enrolled. These bi-weekly fees MUST be paid in advance for my child to attend the enrolled weeks. Failure to make payment will jeopardize my child's slot and will result in temporary suspension or termination. ****(See Page 5 for Payment Schedule)****
3. **Past Due Balances:** Any or all unpaid balances due to Catholic Charities must be paid in full before this application can be processed.
4. **Registration:** I will submit my \$50.00 non-refundable registration fee and first biweekly payment with my enrollment form when registering. ****(Registration fee waived for completed enrollments received by April 15th)****
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 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. **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.
12. ***Change of Schedule Fee:** After 6/1/2018, a \$25 change of schedule fee will apply.

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.

Print Full Name _____

I ACCEPT **Date** _____

CATHOLIC CHARITIES CHILD CARE SUMMER ENROLLMENT 2018 HACKETTSTOWN

**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 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



ACKNOWLEDGEMENT PAGE- PARENT HANDBOOK RECEIPT

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>

I/We, _____, the parent/guardian(s) of _____, acknowledge that I/We have reviewed a copy of Catholic Charities Child Care Programs Parent/Guardian Handbook on-line 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.

I/We acknowledge that the Parent/Guardian Handbook is the property of Catholic Charities Child Care Programs.

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

Print Full Name _____

I ACCEPT **Date** _____

Print Full Name _____

I ACCEPT **Date** _____

If you would like a hard copy please see your program Site Supervisor/Camp Manager.

CATHOLIC CHARITIES CHILD CARE SUMMER ENROLLMENT 2018 HACKETTSTOWN



For Automatic Credit/Debit Card Authorization, complete and return to Catholic Charities billing office: (908-329-2029 Phillipsburg).

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.**

****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 for any reason.**

PLEASE CONTACT CATHOLIC CHARITIES DOM WITH ANY ADDITIONAL QUESTIONS. MASTERCARD, VISA, AMEX, AND DISCOVER ACCEPTED.

Cardholder Name _____
Phone #

Cardholder Billing Address (same as bank/credit card statement)

City State Zip

Credit/ Debit Card # _____
CVC # _____
Expiration Date

Cardholder's Signature _____
Date

**Tuition Express is an assumed business name of Blum Investment Group, Inc.*

Record Retention Notice: The child care provider shall retain all parent (client) authorization forms in a secure location for a period of two years from the date of client withdrawal from the Tuition Express™ program.

Statements showing payment and charges will be sent if requested.

For Official Use Only: Date Received: _____ Employee Initials: _____

CATHOLIC CHARITIES CHILD CARE SUMMER ENROLLMENT 2018 HACKETTSTOWN

TRIP & SWIMMING PERMISSION FORM

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 biweekly 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** (Wed. July 11th): Mansfield Cinemas, Hackettstown NJ (cost \$15.00)
- Week Three** (Wed, July 18th): Sky Zone Trampoline Park, Mt. Olive NJ (cost \$35.00)
- Week Four** (Wed. July 25th): Great Wolf Lodge, Scotrun PA (cost \$50.00)
- Week Five** (Wed August 1st): Branchburg Sports, Branchburg NJ (cost\$ 35.00)
- Week Six** (Wed. August 8th): Liberty Science Center, Jersey City NJ (cost \$26.00)
- Week Seven** (Wed. August 15th): Tomahawk Lake, Garfield NJ (cost \$15.00)
- Week Eight** (Wed. August 22nd): Camel Beach Waterpark, Tannersville PA (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 (if needed).

I give blanket permission for my child(ren) to walk to and from the Hackettstown Public Pool on swim days and additional local walking trips as scheduled in advance with the program staff.

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

Print Full Name _____

I ACCEPT **Date** _____

Please indicate total amount enclosed for all trips: _____

Mail this page with payment to:

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

PROGRAM INFORMATION PAGE

****Please keep page 11 for your reference!****

**Catholic Charities Summer Program at Hatchery Hill
398 Fifth Avenue
Hackettstown, NJ 07840
Cell Phone #: 908-798-1351/908-798-1352
Email: HHill@ccdom.org**

Hackettstown Pool & Pool Schedule:

The Hackettstown Summer Program will be going to the Hackettstown Public Pool on **Thursdays and Fridays** this summer **except weeks 1-3 which will be Tuesday, Thursdays and Fridays..** The pool hours for the program are from **12:30 pm-3:00 p.m.** Please make sure your child has a swimsuit, sun block applied prior to arrival, 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. If you feel that your child will need an additional application of sunblock please notify site staff.

Breakfast and Snacks:

The Hackettstown Summer Program will provide cereal, fresh fruit, or fruit bars for breakfast and a nutritious snack in the late morning and 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 can be limited.

THANK YOU FOR CHOOSING OUR SUMMER PROGRAMS OF CATHOLIC CHARITIES DIOCESE OF METUCHEN

