

SUMMER ENROLLMENT FORM 2018

February 2018

Welcome to the 2018 Catholic Charities Summer Program in Hillsborough located at the **Triangle Elementary School!**

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

- 1) Completed Application (please keep pages 1, & 8-if applicable),
- 2) First payment installment (See page 4),
- 3) Field Trip and Pool permission page (with payment for all field trips –Pg. 9),
- 4) \$50 registration fee (waived if we receive items 1, 2, & 3 above **on or before April 16th**).

*** Please send all of the above to our Billing Department at:

PO Box 676 Perth Amboy, NJ 08862

OR

Email: childcare1@ccdom.org

OR

Fax: 732-826-3627

*****L.I.T. PROGRAM BACK FOR 2018!*****

This year Catholic Charities is excited to continue offering an additional camp experience. We will be offering young people between the ages of 11 to 15 years old the opportunity to be a part of our Leaders In Training (L.I.T.) camp program. See page 8 for more details on this great experience for our young adults!

Families who submit their completed application and first payment installment before the close of business on or before April 16th will have their registration fee waived! The application must be received in our Perth Amboy Office by Monday, April 16, 2018. We recommend that parents contact the office to confirm receipt, as no exceptions will be made.

**For any questions regarding the program, please contact Dawn Rannie-White, Assistant Program Director at (908) 333-2232 or visit our website at www.ccdom.org/Triangle for specific summer details. For enrollment questions please reach out to our billing staff at (732) 934-2800.

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



**CATHOLIC CHARITIES SUMMER ENROLLMENT 2018 HILLSBOROUGH
SOMERSET COUNTY**

Please Print All Information Clearly

RELEVANT CHILD INFORMATION

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

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 _____

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

Child's Name	Health Problems/Medical needs/Behavior Difficulties	Allergies	Medications

I give the Catholic Charities summer program staff permission to apply additional sunblock to my child as needed. Yes No

My child(ren) listed above is/are in good physical health and can fully participate in program activities. Yes No

CHILD'S PHYSICIAN: _____
PHYSICIAN TELEPHONE: _____

I understand that while my child/ren is/are in the care of Catholic Charities, if an emergency should occur, every effort will be made to reach me. If all efforts fail, I consent to any medical and surgical treatment which in the event of an emergency, are deemed necessary by competent medical clinicians to save the life or preserve the health of my child.

I also approve the release of any medical history or other medical data that would be necessary for the physician and/or hospital to administer such treatment. If my child/ren need/s medical attention, my insurance provider will be billed first.

I understand that the general consent is applicable specifically and exclusively to emergency situations that occur when I am not available to give consent. I understand that I am responsible for notifying Catholic Charities of any changes in my child/ren's medical history.

****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 SUMMER ENROLLMENT 2018 HILLSBOROUGH
SOMERSET COUNTY**

CONTACT INFORMATION & EMERGENCY CONTACT/AUTHORIZATIONS

****Please check off the box to indicate the most immediate way to reach you (primary phone & email)**

Parent/Guardian's Information	Please check box for primary contact #
Mother's Name:	Father's Name:
Home Address:	Home Address:
Home Phone #:	<input type="checkbox"/> Home Phone #:
Employer:	Employer:
Address:	Address:
<input type="checkbox"/> Work Phone #:	<input type="checkbox"/> Work Phone #:
<input type="checkbox"/> Cell Phone:	<input type="checkbox"/> Cell Phone:
Work Days & Hours:	Work Days & Hours:
<input type="checkbox"/> Email Address:	<input type="checkbox"/> Email Address:

Authorization Form/Emergency Contact

I give Catholic Charities permission to contact the following persons in an emergency situation when parent/guardian is not available. I give Catholic Charities my permission to release my child(ren) to the people listed below if I am not available. In my absence, the people listed are authorized to make decisions concerning my child (ren). ***Please list at least one LOCAL contact person.**

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

Name (local only)	Relationship:
	Primary #:
	Secondary #:
Name	Relationship:
	Primary #:
	Secondary #:
Name	Relationship:
	Primary #:
	Secondary #:

We will need identification from anyone on the list whom we have not met before when they come to pick up your child. Catholic Charities requires a written note from you if someone not listed is coming to pick up your child.

The following people are **NOT** permitted to pick up my child(ren): **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).*

Name	Relationship
Name	Relationship



**CATHOLIC CHARITIES SUMMER ENROLLMENT 2018 HILLSBOROUGH
SOMERSET COUNTY**

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

FEE AND PAYMENT INFORMATION

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

Catholic Charities 2018 Summer Program Session Schedule		
Program Offerings	Cost Per Child	Payment Installment Due Dates
8 week full session (\$160 per week)	\$1280.00	June 20 th July 11 th August 1 st
6 week session (\$190 per week)	\$1140.00	June 20 th July 11 th August 1 st
4 week session (\$210 per week)	\$840.00	June 20 th July 11 th
2 week session (\$225 per week)	\$450.00	In full at time of enrollment
The more weeks you enroll, the more you save!!		

Fees , Discounts, and Statements

- Fee includes weekly swimming, summer t-shirt, breakfast and snacks.
- \$50.00 registration fee per family. Registration fee will be waived for applications received **no later than April 16th**.
- \$25.00 change of schedule fee after June 1st.
- Statements will be **EMAILED**.
- **For weeks 7 and 8 ONLY cash, money order, credit card, or bank checks will be accepted (NO personal checks will be accepted!)**

Camp Weeks	Check weeks enrolling:	# of Weeks _____ Total Cost _____
Week 1: June 25-June 29	<input type="checkbox"/>	
Week 2: July 2-July 6 (closed 7/4)	<input type="checkbox"/>	
Week 3: July 9- July 13	<input type="checkbox"/>	
Week 4: July 16-July 20	<input type="checkbox"/>	
Week 5: July 23-July 27	<input type="checkbox"/>	
Week 6: July 30- August 3	<input type="checkbox"/>	
Week 7: August 6-August 10	<input type="checkbox"/>	
Week 8: August 13-August 17	<input type="checkbox"/>	



**CATHOLIC CHARITIES SUMMER ENROLLMENT 2018 HILLSBOROUGH
SOMERSET COUNTY**

ENROLLMENT 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. **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.
3. **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.**
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.

PAYMENT AGREEMENT

5. **Summer Payment:** I am responsible for all associated fees which are due at each installment due date. I understand I will be billed per the stipulated dates for the weeks I enroll in equal installments. Full payment must be received in advance for my child to attend the enrolled weeks. Failure to make payment will jeopardize my child's slot and will result in temporary suspension or termination. ****See Page 4 for Payment Schedule****
6. **Past Due Balance:** Any or all unpaid balances due to Catholic Charities must be paid in full before this application can be processed.
7. **Registration Fee:** I will submit my \$50.00 non-refundable registration fee and first payment installment with my enrollment form when registering. ****(Registration fee waived for completed enrollments received no later than April 16th .)****
8. **Payment Responsibility:** Regardless of other activities, illness, or vacations, I am responsible for my child's full tuition payment.
9. **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.
10. **Late Pick-up:** Parents picking up their children beyond the close of program will be charged \$1.00 for every minute they are late. These fines are billed directly to me and payable upon receipt. **Repeated lateness may result in dismissal from the program.**
11. ***Change of Schedule Fee:** After June 1st, a \$25.00 change of schedule fee will apply to any changes in weeks enrolled.

I, the undersigned, agree to the enrollment and payment 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 SUMMER ENROLLMENT 2018 HILLSBOROUGH
SOMERSET COUNTY**

PHOTO, VIDEO AND PERSONAL INFORMATION RELEASE FORM

At Catholic Charities, Diocese of Metuchen (“Catholic Charities”), the Child Care Center/Program takes many photographs and videos. On occasion, your child may be in the photographs and videos. The photographs and videos may also contain your child’s name and a statement provided by your child (such as “I really liked the field trip to the pool!”). At times, we would like to use the photographs, videos, your child’s name and statement on our classroom walls; for arts and crafts purposes; as a souvenir for a field trip; or some other happy event. In this age of the internet, we would also like to use the photographs, videos, your child’s name and statement on our social media outlets. Finally, there may be occasion to use photographs, videos, your child’s name and statement for newsworthy activities and press releases about the good things we do at Catholic Charities.

Catholic Charities needs each parent or guardian to accept or decline what we can do with pictures or videos containing your child’s likeness. Also, we need each parent or guardian to accept or decline what we can do with your child’s name and statement. Please read each description and initial each one as to whether you accept or decline.

1. I permit Catholic Charities the right to use photographs and videos of my child, my child’s name and my child’s statement to be posted on classroom walls and for other internal child care center/program activities (e.g. arts and crafts; gifts; and souvenirs).

Accept

Decline

2. I permit Catholic Charities the right to use photographs and videos of my child, my child’s name and my child’s statement to be posted on Catholic Charities social media outlets.

Accept

Decline

3. I permit Catholic Charities the right to use photographs and videos of my child, my child’s name and my child’s statement to be used and published in print or electronically for the purpose of newsworthy activities and press releases about Catholic Charities and its good works.

Accept

Decline

I understand this Release will remain in effect as long as my child is in the Child Care program, unless I request and fill out a new form. I have read, initialed this form and understand its purpose.

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



**CATHOLIC CHARITIES SUMMER ENROLLMENT 2018 HILLSBOROUGH
SOMERSET COUNTY**



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 <https://www.ccdom.org/Triangle>

SIGNATURE PAGE- PARENT HANDBOOK RECEIPT

I/We, _____, the parent/guardian(s) of _____, acknowledge that I/We have reviewed a copy of Catholic Charities Child Care Programs Parent/Guardian Handbook and have been given the opportunity to ask questions about and understands the policies contained therein. Furthermore, I/We agree to abide by the policies set forth in the manual.

I/We understand that the policies described in the Parent/Guardian Handbook are not conditions of enrollment, and the language does not create a contract between Catholic Charities Child Care Programs and the Parent/Guardians. Catholic Charities Child Care Programs reserves the right to alter, amend, or otherwise modify these guidelines, in its sole discretion, without prior notice.

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 to view a hard copy please see your program Site Supervisor/Camp Manager.



**CATHOLIC CHARITIES SUMMER ENROLLMENT 2018 HILLSBOROUGH
SOMERSET COUNTY**

CCDOM Leaders In Training (L.I.T.)

★★BACK FOR 2018!!

Back by popular demand, Catholic Charities is excited to continue offering an additional camp experience. We will be offering young people between the ages of 11 to 15 years old the opportunity to be a part of our Leaders In Training (L.I.T.) camp program. This **volunteer** opportunity is geared for young people who want to gain leadership and job readiness skills, and work with children. A combination of weekly formal learning and time with campers will help develop these skills.

There are eight (8) L.I.T. openings. If you are interested in your child being considered they must meet the qualifications below and complete an L.I.T. application. Applications will be reviewed and eligible applicants will be contacted for an interview. Those chosen to be L.I.T.'s will be required to attend an Orientation on June 14.

Qualifications:

- Must be age 11–15.
- Must be registered for camp for a minimum of 6 weeks.
- Must have a genuine interest in being an L.I.T., good attitude and positive disposition.
- Must have a willingness to learn and commit the needed energy, enthusiasm and cooperation to be successful.
- Must like working with children.

To Apply

The interview process is competitive and it should be noted that not all applicants will be selected. You will need to request an application from the Assistant Program Director, Dawn Rannie-White via email drannie@ccdom.org. You will also need to provide two (2) letters of reference which should be submitted at the same time as your application. The last day to apply is **May 4, 2018**. Applications will be reviewed and eligible teens will be contacted for an interview. Selected teens will be notified by May 18, 2018. Those selected will receive a 10% discount off total weeks enrolled. Please contact Dawn Rannie-White with any questions at (908) 333-2232 or at drannie@ccdom.org.



**CATHOLIC CHARITIES SUMMER ENROLLMENT 2018 HILLSBOROUGH
SOMERSET COUNTY**

SUMMER 2018 TRIP PERMISSION FORM

Dear Parents,

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

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

- Thursday, June 28th** – Sky Zone Trampoline Park, South Plainfield, NJ (cost \$35.00)
- Thursday, July 5th** – Rain Forest Cafe, Edison NJ (cost \$20.00)
- Thursday, July 12th** – Bowcraft Amusement Park, Scotch Plains NJ (cost \$30.00)
- Thursday, July 19th** – Liberty Science Center, Jersey City NJ (cost \$30.00)
- Thursday, July 26th** – Jenkinson’s Aquarium, Point Pleasant NJ (cost \$35.00)
- Thursday, August 2nd** – Turtle Back Zoo, West Orange NJ (cost \$25.00)
- Thursday, August 9th** – Branchburg Sports Complex, Branchburg NJ (cost \$35.00)
- Thursday, August 16th** – I Play America, Freehold NJ (cost \$35.00)

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

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

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

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 SUMMER ENROLLMENT 2018 HILLSBOROUGH
SOMERSET COUNTY**



***For Automatic Credit/Debit Card Authorization, complete and return to
Catholic Charities billing office: (Fax 732-826-3627 Perth Amboy).***

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. I (we) authorize Catholic Charities 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 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 Diocese of Metuchen 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 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.**

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: _____

