H

The Boys & Girls Club of West Orange
(973)736-1282 Fax (973)736-9071

# The Boys & Girls Club of West Orange

## APPLICATION PACKET

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***Use this as a guide to complete your application***



I (we) attest that all of the information on this application is accurate.

**Parent Name (print)_____**

**Child Name_____**

**Parent's Signature _____ Date_____**

**Information Required By the Boys and Girls Club of America for Statistical Purposes. For Internal Use Only.**

**Child's Race:** ____ Black/African-American ____ Asian ____ White

____ Pacific Islander ____ Native American ____ Other: Specify_____

**Hispanic/Latino Ethnicity:** ____ Yes ____ No

**Is the Child from a single parent household?** ____ Yes ____ No

**During the most recent school year did the child qualify for free or reduced lunch?** ____ Yes ____ No

***For Office Use Only:***

**REG FEE:_____ PROG. FEE AM_____ PM _____ DATE PAID _____Check #_____**

**Receipt # _____**

**NOTES:**

# HAZEL APPLICATION

**Note: No refunds will be issued.** **Please write legibly.**

| | | | |
|---|---|---|---|
| **GRADE: _____** | **___ AM**<br>**___ PM #of days per week____** | **If less than 5 days per week indicate which days:**<br>**PM- Mon___ Tues___ Wed___ Thrs___ Fri___** | |
| **CHILD'S NAME:** | | DATE:_____ | |
| **DATE OF BIRTH:** | | **SEX: ___M ___F** | |
| **HOME ADDRESS:** | | | |
| MOTHER / **GUARDIAN'S NAME:** | | FATHER / **GUARDIAN'S NAME:** | |
| **ADDRESS:** | | **ADDRESS:** | |
| **CITY/STATE/ZIP** | | **CITY/STATE/ZIP** | |
| **HOME PHONE #** | **(  )** | **HOME PHONE #** | **(  )** |
| ***Email Address***<br>☐ Check to be an account holder & receive emails | | ***Email Address***<br>☐ Check to be an account holder & receive emails | |
| **PLACE OF BUSINESS** | | **PLACE OF BUSINESS** | |
| **BUSINESS PHONE #** | **(  )** | **BUSINESS PHONE #** | **(  )** |
| **CELL PHONE #** | **(  )** | **CELL PHONE #** | **(  )** |
| **CELL PHONE CARRIER** i.e. Verizon, AT&T, Sprint | | **CELL PHONE CARRIER** i.e. Verizon, AT&T, Sprint | |

**The Following Emergency Contact Information is REQUIRED by law. We need 2 contacts.**
**The contacts must be someone other than parent/guardian and must be local and different from home numbers.**

| AUTHORIZED | EMERGENCY PICK-UP #1 | AUTHORIZED | EMERGENCY PICK-UP #2 |
|---|---|---|---|
| **NAME OF CONTACT** | | **NAME OF CONTACT** | |
| **PHONE #** ☐ work ☐ home | **(  )** | **PHONE #** ☐ work ☐ home | **(  )** |
| **CELL PHONE #** | **(  )** | **CELL PHONE #** | **(  )** |
| **RELATIONSHIP** | | **RELATIONSHIP** | |
| **ADDRESS:** | | **ADDRESS:** | |

PROHIBITED PERSON/S

*All people who are not listed above are ineligible to pick-up your child. If a parent is prohibited from pick-up, please list their name below and submit a copy of a custody order.*

Name of Parent **Prohibited** from picking up the child:_____

# Parental Authorization For Emergency Treatment

Child's Name_________ Age_____ Date of Birth_____
Parent(s) Name_____ Home Phone #_____
Address_____

The Before and After School Program provides reasonable accommodation for students with special needs. It is helpful for the staff to be aware of children whose medical, physical, learning, or social disabilities require special consideration. All children must have independent toileting skills. One-on-one supervision cannot be provided by our organization. Accommodations are made within the framework of existing staffing ratios and program organization, but do not extend to substantial modifications in the childcare purpose, cost, or availability of appropriate supervision for all participants.

**Does your child have:**

1. Any health issues that require assistance in any activities of daily living, i.e. toileting, eating, communicating? Yes ____ No ____
   If yes, please list _____
2. Any allergies to food, medication, bee stings, pollen, latex, or foods? Yes ____ No ____
   If yes, please list _____
   Type of reaction: Rash? Hives? Other skin condition? None
   Take any medications/Epipen taken for allergy symptoms?
   Please list _____
3. A chronic or ongoing illness (such as diabetes or asthma)? Yes ____ No ____
   Use an inhaler or other prescription medicine to control asthma? Yes ____ No ____
   If yes, please list _____
4. Any prescribed or over the counter medications that are taken on a regular basis? Yes ____ No ____
   If yes, please list _____
5. Does your child require special attention? Yes ____ No ____
6. Does your child have a one-to-one aide during the school day? Yes ____ No ____
7. Is your child in a self-contained classroom? Yes ____ No ____

If you answered yes to questions 5, 6, or 7, please specify the nature of your child's needs and your recommendations in caring for them (Understand that an individual assessment is required before we can enroll your child):

_____

_____

Name of child's Doctor_____ Telephone #_____
Address: _____

**Child's Insurance**
Company/HMO_____
Group Number_____ Id #_____

I (we) state that we are the parent(s)/guardian(s) having legal custody of the above child and attest that the information above is correct. I (we) authorize the above child care center director or director's designee to obtain emergency treatment for my child. I consent to an x-ray examination, anesthetic, medical or surgical diagnosis or treatment, and hospital care to be rendered to the minor at a recognized medical facility, under the general or special supervision of a licensed physician or surgeon.

***As a parent/guardian of the above participating child, I certify that he/she is in good physical health, has no special needs, and may participate in all of the activities of the Center's program, except as noted above.***

**Parent Signature:_____ Date:_____**

# BEFORE AND AFTER SCHOOL PROGRAM AGREEMENT

**PLEASE INITIAL EACH STATEMENT TO INDICATE UNDERSTANDING.**

_____I understand I am enrolling my child in the Before and After School Program that operates Monday-Friday, according to the Before and After School Program calendar.

_____I understand that if the West Orange School District is closed or dismisses early due to inclement weather, the Before and After School Program will be closed.

_____I understand I am responsible for monthly payments of the contracted fee to be paid by the 1st of the month. I also understand that if I do not make my payment by the 5th of the month, my child may not attend until the tuition is received.

_____I understand I am responsible for picking up my child by 6:00pm. In the event that I fail to do so, I will pay a late pick up fee at the time of pick-up of $10.00 for pick-ups made between 6:00-6:15pm, and an additional $25 (total $35) for pick-ups between 6:15-6:30pm. I also understand that if my child is not picked up by 6:30pm, the West Orange Police Department will be notified**.** I understand that after three late pick-ups my child may be removed from the program.

_____I agree to notify the West Orange Community House office in writing thirty days prior to my child leaving the program.

_____In the event that any of the work numbers, home numbers, or emergency contact numbers that are listed for my child should change, I will immediately inform the teacher and the West Orange Community House office. I will also make sure that the emergency contacts I list for my child are aware that they may be called if I cannot be reached.

_____ I understand that New Jersey law mandates that any child who comes to the Before and After School Program with a temperature of 101 or above must be removed from the program in order to keep contagious germs from spreading (Parents will be called immediately upon determination of such a fever).

_____ I understand that included in this packet is the emergency pick-up information. Only those individuals listed on this form can pick up my child. In cases where an individual not on the list is going to pick up my child, I must call the program before the anticipated pick up. These individuals must present identification upon arrival.

_____ I understand that my child must be picked up by individuals over 18 years of age. Only in emergency situations is a child under 18 years of allowed to pick up my child, and in such an event the Before and After School Program will not be responsible for the safety of a child released to a minor in these circumstances.

_____ I understand that all cancellations or changes of service must be received in writing or via email to the West Orange Community House. No paperwork will be processed unless written notification is received (changes of service include changes in the amount of days attending).

_____ I understand that the program will not dispense any medications unless it is a prescription drug, labeled with my child's name and dosage required (parents must sign a "Medication Permission Form" before we will dispense any medications).

**Parent Signature:_____ Date:_____**

# BEFORE AND AFTER SCHOOL PROGRAM AGREEMENT

## Disciplinary:

Children are entitled to a pleasant and friendly environment. To ensure a safe atmosphere, rules have been established for all children to follow. I have reviewed the rules with my child. Appropriate behavior is expected while at the Before and After School Program; however, if necessary the following steps may be taken:

**First Offense:** A staff member will discuss with the child the rule broken and determine if s/he understand the rule. A parent will be verbally notified the day of the offense and a written record of the offense will be kept.
**Second Offense:** Same procedure as above with the addition of a written report being sent to the Program Director. Parents will be reminded that a parent conference with the director may be required after a review of the report.
**Third Offense:** The Child will be removed from the group until a parent arrives. A written report will be sent to the Program Director who will arrange a mandatory parent conference to discuss the situation and whether suspension from the program is appropriate. We reserve the right to remove any child who exhibits severe behavioral problems, (causes injury to another child, himself, or a staff member) by violent out breaks or temper tantrums.

## Codes of Conduct:

Students are expected to be responsible in demonstrating the five fundamental components of integrity.

1. Honesty
2. Trust
3. Fairness
4. Respect
5. Responsibility

They are responsible for behaving in a manner that does not interfere with the rights of others.

All students are expected to:

1. Be safe
2. Be respectful
3. Be responsible

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We have reviewed the Agreement and Discipline Procedure Policy and agree to abide by them.

Parent(s) Signature: _____

Date: _____

# Office of Licensing
## Information to Parents Document

Dear Parent:

In keeping with New Jersey's child care licensing requirements, we are obligated to provide you, as the parent of a child enrolled at our center, with this informational statement. The statement highlights, among other things your right to visit and observe our center at any time without having to secure prior permission; the center's obligation to be licensed and to comply with licensing standards; and the obligation of all citizens to report suspected child abuse/neglect/exploitation to the State's DHS Child Abuse/Neglect Hotline Toll Free at 1-877-652-2873.

Please read this statement carefully and, if you have any questions, feel free to contact me at (973)736-1282.

Sincerely,

Director

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**Name of child:_____**

**Name of Parent(s):_____**

I have read and received a copy of the Information to Parents document prepared by the Office of Licensing, Child Care & Youth Licensing in the Department of Human Services. I have also read and received a copy of the Policy on the Release of Children, Inclement Weather Advisory, Policy on the Management of Communicable Diseases, Guidelines for Positive Discipline, the Policy on the Use of Technology and Social Media, the Expulsion Policy, and the COVID Guidelines.

**Signature:_____ Date:_____**

# Parental/Guardian Photo Consent Form

We are sending you this parental consent form to both inform you and to request permission for your child's photo/image and personally identifiable information to be published on the school's website.

**As you are aware, there are potential dangers associated with the posting of personally identifiable information on a web site since global access to the Internet does not allow us to control who may access such information. These dangers have always existed; however, we as schools do want to celebrate your child and his/her work. The law requires that we ask for your permission to use information about your child.**

Pursuant to law, we will not release any personally identifiable information without prior written consent from you as parent/guardian. Personally identifiable information includes student names, photo or image, residential addresses, e-mail address, phone numbers, and locations and times of trips.

If you, as the parent or guardian, wish to rescind this agreement, you may do so at any time, in writing, by sending a letter to the director of your child's school, and such rescission will take effect upon receipt by the school.

**Check one of the following choices:**

☐ **I/We GRANT** permission for a photo/image that includes this student without any other personal identifiers to be published on the center's public website, brochures, newsletters, video, and public relations newspaper and/or magazine articles.

☐ **I/We GRANT** permission for this student's photo/image to be taken at the program for program purposes only.

☐ **I/We DO NOT GRANT** permission for photo/image that includes this student to be published on the school's public website, brochures, newsletters, video, and public relations newspaper and/or magazine articles or taken at the camp for camp purposes.

_____

**PRINT name of student**

_____

**PRINT name of parent/guardian**

_____

**SIGNATURE of parent/guardian**

_____

**DATE**