



School Age All Stars Program Application Packet

Child's Name: _____

School Attending: _____

Grade: _____

Date of Application: _____

Start Date: _____

Office Use Only

Registration Fee: _____

Deposit: _____

1st Week Tuition: _____

Total Due: _____



United Way
of Northern New Jersey

Mt. Olive Child Care & Learning Center
Student Enrollment Form

This form must be completed and signed by the parent or guardian of a student enrolling in the School Age All Stars Program.

Student Name: _____ Birth Date: _____
First Last MI Month/Day/Year

Gender: ☐ Male ☐ Female Race/Ethnicity: _____ ☐ Unspecified

Special Needs: ☐ Yes ☐ No ☐ Unspecified

Limited English Proficiency: ☐ Yes ☐ No ☐ Unspecified

Special Education: ☐ Yes ☐ No ☐ Unspecified

Free/Reduced Lunch: ☐ Yes ☐ No ☐ Unspecified

Grade: _____ School Attending: _____ Homeroom Teacher: _____

PARENT/GUARDIAN INFORMATION

Parent/Guardian #1

First Name Last Name

Relationship to Student

Street Address

City State Zip

Home Phone

Cell Phone

E-mail

Employer

Work Phone

Parent/Guardian #2

First Name Last Name

Relationship to Student

Street Address

City State Zip

Home Phone

Cell Phone

E-mail

Employer

Work Phone

RELEASE OF CHILD

My child will be picked up at the School Age All Stars Before and/or After School Program by me or one of the following individuals:

Name Relationship to Child Telephone

Name Relationship to Child Telephone

Name Relationship to Child Telephone

DO NOT RELEASE MY CHILD TO THE FOLLOWING PEOPLE:

Name	Relationship to Child
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Name	Relationship to Child
------	-----------------------

EMERGENCY CONTACTS

First Name	Last Name
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First Name	Last Name
------------	-----------

Relationship to Student

Relationship to Student

Home Phone Number

Home Phone Number

Work Phone

Work Phone

Cell Phone

Cell Phone

Street Address

Street Address

City	State	Zip
------	-------	-----

City	State	Zip
------	-------	-----

INFORMATION ABOUT CHILD

What are your child's interests? _____

Are there any particular areas which you would like the program to focus on (e.g., math, social skills, and health awareness)? _____

PARENT/GUARDIAN SIGNATURES

I give my child permission to participate in the School Age All Stars Before and/or After School Program.

Parent/Guardian Signature	Date
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Mt. Olive Child Care & Learning Center

EMERGENCY MEDICAL CARE (To be completed by parent or guardian.)

Student's Name: _____ Date of Birth: _____

1. If my child requires emergency medical care and I cannot be reached, I give my consent to the School Age All Stars Before and/or After School Program to obtain the necessary medical care for my child. I agree to pay all of the costs associated with the emergency medical care that my child receives. I understand that every effort will be made to contact me before and after medical care is provided.

2. This information is strictly confidential and will not be shared with anyone without my written consent or in the case of emergency medical care.

3. Following emergency medical care, my child can be released to the following people:

Name: _____ Relationship to Child: _____

Address: _____ Employer: _____

Home/Cell Phone: _____ Work Phone: _____

Name: _____ Relationship to Child: _____

Address: _____ Employer: _____

Home/Cell Phone: _____ Work Phone: _____

Name: _____ Relationship to Child: _____

Address: _____ Employer: _____

Home/Cell Phone: _____ Work Phone: _____

4. Health/Insurance Information:

Student's Doctor: _____ Insurance Company: _____

Phone: _____ Policy Holder's ID: _____

Allergies: _____ Religious Preference (optional): _____

Last Tetanus: _____ Medication (s) being taken: _____

Doctor's Address: _____

Additional Comments: _____

5. I understand that this consent will be in effect on the date of my signing this form and will continue as long as my child is enrolled in the School Age All Stars Before and/or After School Program.

Parent/Guardian Signature

Date

PHOTO/VIDEO/INTERVIEW CONSENT (To be completed by the parent or guardian)

I certify that I am the parent or legal guardian of _____, whose date of birth is _____.
Name of Child
month/day/year

I understand that this School Age All Stars Before and/or After School Program features special events both in-school and away from school. Media representatives, newspaper and television reporters, photographers, and public-relations personnel may be present at these special events to record them. In some cases they may interview and/or photograph children who participate in these events. These photographs, videos, and interviews will only be used to promote this School Age All Stars Before and/or After School Program.

I give permission for my child to be photographed or otherwise recorded during School Age All Stars Before and/or After School Program school events and activities, and for any and all such photographs to be displayed by Mt. Olive Child Care & Learning Center in any medium (books, newsletters, web sites, etc.), whether now or hereafter known or developed.

Parent/Guardian Signature

Date

If you do not wish for your child to participate in the activities described above, please complete this section of the form.

I **DO NOT** give permission for my child to be photographed or otherwise recorded during before and after school events and activities. As a result, my child may not be able to participate in these events and activities.

Parent/Guardian Signature

Date

Office of Licensing

INFORMATION TO PARENTS DOCUMENT

Dear Parent:

In keeping with the 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-NJABUSE (1-877-652-2873).

Please read this statement carefully and, if you have any questions, feel free to contact me at 973-426-1525.

Sincerely,



Gail Reuther
Executive Director

Name of Child: _____ (please print)

Name of Parent (s): _____ (please print)

I have read and received a copy of the Information to Parents document prepared by the Office of Licensing, Child Care & Youth Residential Licensing in the Department of Human Services.

Signature: _____ Date: _____

Department of Children and Families
Office of Licensing
INFORMATION TO PARENTS

Under provisions of the Manual of Requirements for Child Care Centers (N.J.A.C. 3A:52), every licensed child care center in New Jersey must provide to parents of enrolled children written information on parent visitation rights, State licensing requirements, child abuse/neglect reporting requirements and other child care matters. The center must comply with this requirement by reproducing and distributing to parents and staff this written statement, prepared by the Office of Licensing, Child Care & Youth Residential Licensing, in the Department of Children and Families. In keeping with this requirement, the center must secure every parent and staff member's signature attesting to his/her receipt of the information.

Our center is required by the State Child Care Center Licensing law to be licensed by the Office of Licensing (OOL), Child Care & Youth Residential Licensing, in the Department of Children and Families (DCF). A copy of our current license must be posted in a prominent location at our center. Look for it when you're in the center.

To be licensed, our center must comply with the Manual of Requirements for Child Care Centers (the official licensing regulations). The regulations cover such areas as: physical environment/life-safety; staff qualifications, supervision, and staff/child ratios; program activities and equipment; health, food and nutrition; rest and sleep requirements; parent/community participation; administrative and record keeping requirements; and others.

Our center must have on the premises a copy of the Manual of Requirements for Child Care Centers and make it available to interested parents for review. If you would like to review our copy, just ask any staff member. Parents may view a copy of the Manual of Requirements on the DCF website at <http://www.nj.gov/dcf/providers/licensing/laws/CCCmanual.pdf> or obtain a copy by sending a check or money order for \$5 made payable to the "Treasurer, State of New Jersey", and mailing it to: NJDCF, Office of Licensing, Publication Fees, PO Box 657, Trenton, NJ 08646-0657.

We encourage parents to discuss with us any questions or concerns about the policies and program of the center or the meaning, application or alleged violations of the Manual of Requirements for Child Care Centers. We will be happy to arrange a convenient opportunity for you to review and discuss these matters with us. If you suspect our center may be in violation of licensing requirements, you are entitled to report them to the Office of Licensing toll free at 1 (877) 667-9845. Of course, we would appreciate your bringing these concerns to our attention, too.

Our center must have a policy concerning the release of children to parents or people authorized by parents to be responsible for the child. Please discuss with us your plans for your child's departure from the center.

Our center must have a policy about administering medicine and health care procedures and the management of communicable diseases. Please talk to us about these policies so we can work together to keep our children healthy.

Our center must have a policy concerning the expulsion of children from enrollment at the center. Please review this policy so we can work together to keep your child in our center.

Parents are entitled to review the center's copy of the OOL's Inspection/Violation Reports on the center, which are available soon after every State licensing inspection of our center. If there is a licensing complaint investigation, you are also entitled to review the OOL's Complaint Investigation Summary Report, as well as any letters of enforcement or other actions taken against the center during the current licensing period. Let us know if you wish to review them and we will make them available for your review or you can view them online at https://data.nj.gov/childcare_explorer.

Our center must cooperate with all DCF inspections/investigations. DCF staff may interview both staff members and children.

Our center must post its written statement of philosophy on child discipline in a prominent location and make a copy of it available to parents upon request. We encourage you to review it and to discuss with us any questions you may have about it.

Our center must post a listing or diagram of those rooms and areas approved by the OOL for the children's use. Please talk to us if you have any questions about the center's space.

Our center must offer parents of enrolled children ample opportunity to assist the center in complying with licensing requirements; and to participate in and observe the activities of the center. Parents wishing to participate in the activities or operations of the center should discuss their interest with the center director, who can advise them of what opportunities are available.

Parents of enrolled children may visit our center at any time without having to secure prior approval from the director or any staff member. Please feel free to do so when you can. We welcome visits from our parents. Our center must inform parents in advance of every field trip, outing, or special event away from the center, and must obtain prior written consent from parents before taking a child on each such trip.

Our center is required to provide reasonable accommodations for children and/or parents with disabilities and to comply with the New Jersey Law Against Discrimination (LAD), P.L. 1945, c. 169 (N.J.S.A. 10:5-1 et seq.), and the Americans with Disabilities Act (ADA), P.L. 101-336 (42 U.S.C. 12101 et seq.). Anyone who believes the center is not in compliance with these laws may contact the Division on Civil Rights in the New Jersey Department of Law and Public Safety for information about filing an LAD claim at (609) 292-4605 (TTY users may dial 711 to reach the New Jersey Relay Operator and ask for (609) 292-7701), or may contact the United States Department of Justice for information about filing an ADA claim at (800) 514-0301 (voice) or (800) 514-0383 (TTY).

Our center is required, at least annually, to review the Consumer Product Safety Commission (CPSC) unsafe children's products list, ensure that items on the list are not at the center, and make the list accessible to staff and parents and/or provide parents with the CPSC website at <https://www.cpsc.gov/Recalls>. Internet access may be available at your local library. For more information call the CPSC at (800) 638-2772.

Anyone who has reasonable cause to believe that an enrolled child has been or is being subjected to any form of hitting, corporal punishment, abusive language, ridicule, harsh, humiliating or frightening treatment, or any other kind of child abuse, neglect, or exploitation by any adult, whether working at the center or not, is required by State law to report the concern immediately to the *State Central Registry Hotline, toll free at (877) NJ ABUSE/(877) 652-2873*. Such reports may be made anonymously. Parents may secure information about child abuse and neglect by contacting: DCF, Office of Communications and Legislation at (609) 292-0422 or go to www.state.nj.us/dcf/.



School Age All Stars

I give my permission to Mt. Olive Child Care & Learning Center's School Age All Stars Before and/or After School Program for the following:

1. To provide medical treatment to my child if necessary: basic First Aid by staff and transport of my child to the closest hospital via ambulance for treatment if necessary.
2. I also authorize the emergency contact person listed in this application to act on my behalf until I am available.
3. For my child to participate in field trips and walks sponsored by Mt. Olive Child Care & Learning Center's School Age All Stars Before and/or After School Program.
4. For my child to be photographed, videotaped, or filmed, and use his/her work for display and publication.
5. To release objective information about my child to appropriate personnel employed by Mt. Olive Township Public Schools (i.e. Child Study Team, Principals, Teachers)

Parent/Guardian Signature

Date

Child's Name:



School Age All Stars

I am aware of or have received the following information and/or policies regarding the Mt. Olive Child Care & Learning Center's Before and/or After School Program:

1. I have received the INFORMATION TO PARENTS sheet provided by the NJ Office of Licensing.
2. I have received a copy of the Before and/or After School Program Parent Handbook. I am aware of the policies of Mt. Olive Child Care & Learning Center regarding the following:
 - a. Policy on the Release of Children
 - b. Positive Guidance and Discipline Policy
 - c. Policy on Methods of Parental Notification
 - d. Expulsion Policy
 - e. Policy on the Use of Technology and Social Media
3. My child is in good health and able to participate in ***all activities*** of the **Mt. Olive Child Care & Learning Center's Before and/or After School Program.**

Parent/Guardian Signature

Date

Child's Name:

**EZ-EFT is the
easiest way to pay
your child care bill.
It's simple, secure and,
best of all, FREE!**

Convenience – EZ-EFT eliminates the hassle of paying bills. Automatic payments mean you never have to remember to write a check for child care fees again.

Control – You determine the method of payment. And you can cancel the service for any reason, at any time.

Security – EZ-EFT uses the Federal Reserve's electronic payment network used by financial institutions nationwide. Consumer safeguard regulations for electronic payments are even more stringent than for paper checks.



Easy. Secure. Free.

Simplify your life
with *automatic*
child care payments.



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EZ-EFT
Electronic
Funds
Transfer

**No more
writing checks
for child care!**



**Parents love the
convenience of EZ-EFT!**

*"If you're a busy parent like me, it's one less
thing to remember to do."*

*"It's easy, convenient and free, which makes
it a no brainer!"*

*"I pay my utility bill and mortgage
automatically. It makes so much sense to
pay child care fees the same way."*

Frequently Asked Questions

What is EZ-EFT?

EZ-EFT (Electronic Funds Transfer) is a paperless alternative to writing checks. You simply pre-authorize your payments to be made automatically and electronically by your financial institution.

What does EZ-EFT offer me?

EZ-EFT allows you to make your payments without having to remember to write checks every week or month. EZ-EFT payments happen on time, every time.

How much does it cost?

EZ-EFT doesn't cost you anything. You receive all these benefits absolutely FREE.

Why should I use EZ-EFT?

Convenience. This process saves you time and money. It also helps us control costs, and we pass the savings along to you.

How will I know when my payment is going to be transferred from my account?

The transfer is always made on the same day of each billing period.

How will I know that my payment has been made?

Your payment is clearly itemized on your bank or credit card statement.

What if I disagree with the charges?

The amount collected is transferred automatically from our billing system to ensure accuracy. We can still easily review the charges with you and make adjustments if necessary.

Who has access to my account?

No one but you and your financial institution. To use EZ-EFT, you authorize your financial institution or credit card company to make the payments. Your financial institution automatically makes your payment on your behalf, but only with your authorization. Consumer safeguards for EZ-EFT make it more secure than conventional payments.

Can I cancel the service?

Yes. You cancel at any time, for any reason.



***Simplify your life.
Sign up for
EZ-EFT today.***

EZ-EFT Authorization Form

I hereby authorize

(Print name of your financial institution.)

to make my periodic payment on my behalf from the ~~checking, savings or~~ credit account listed below and transfer it to **Center's Name**.

CHOOSE ONE:

~~_____ Checking Account Transfer
(Voided check must be attached.)~~

~~_____ Savings Account Transfer

(Savings Account Number)~~

_____ Credit Card Charge
____ Visa ____ AMEX
____ MasterCard ____ Discover

(Credit Card Number)

____/____ (month/year)
(Expiration Date)

I understand that I am in full control of my payment, and if at anytime I decide to make any changes or discontinue this service, I will notify **Center's Name**. Change of payment method will not affect the terms of my contract.

Name _____

Address _____

City _____

State _____ Zip _____

Signature _____

Date _____

email _____