




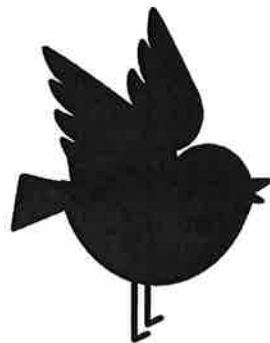
FOR YOUTH DEVELOPMENT*
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Cumberland Cape Atlantic YMCA 2018-2019 School Aged Child Care Deerfield Township Registration Packet

PLEASE
ATTACH
PHOTO

Child's Last Name: _____ Child's First Name: _____
 Address _____ City, State, Zip _____
 Birth Date: ____/____/____ Home Phone _____
 Cell Phone _____ Male Female Grade Entering Sept. '18 _____

Locations:	
Deerfield Township	
Pricing/Month – Payments are due by the 20th of each month for the upcoming month; late fees will be applied after the 20th.	
Elementary School	
<input type="checkbox"/> Before \$63.75; <input type="checkbox"/> After \$170.00; <input type="checkbox"/> Both \$233.75– Sept.	
<input type="checkbox"/> Before \$78.75; <input type="checkbox"/> After \$210.00; <input type="checkbox"/> Both \$288.75 – Oct.	
<input type="checkbox"/> Before \$67.50; <input type="checkbox"/> After \$200.00; <input type="checkbox"/> Both \$267.50– Nov.	
<input type="checkbox"/> Before \$54.00; <input type="checkbox"/> After \$155.00; <input type="checkbox"/> Both \$209.00 – Dec.	
<input type="checkbox"/> Before \$78.75; <input type="checkbox"/> After \$210.00; <input type="checkbox"/> Both \$288.75 – Jan.	
<input type="checkbox"/> Before \$63.75; <input type="checkbox"/> After \$180.00; <input type="checkbox"/> Both \$243.75 – Feb.	
<input type="checkbox"/> Before \$75.00; <input type="checkbox"/> After \$200.00; <input type="checkbox"/> Both \$275.00 – March	
<input type="checkbox"/> Before \$60.00; <input type="checkbox"/> After \$160.00; <input type="checkbox"/> Both \$220.00 – April	
<input type="checkbox"/> Before \$82.50; <input type="checkbox"/> After \$220.00; <input type="checkbox"/> Both \$302.50 – May	
<input type="checkbox"/> Before \$48.75; <input type="checkbox"/> After \$145.00; <input type="checkbox"/> Both \$193.75 – June	





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Cumberland Cape Atlantic YMCA Rules & Authorizations

Before and After Rules

In order for all participants to have the best possible experience, all participants and parents need to be aware of the rules and agree to follow them. If a participant or parent consistently or excessively breaks the rules and chooses not to take part in the program, they negatively impact other participants by jeopardizing their physical or emotional safety. When this happens, all other participants fail to receive the best possible experience.

Rules:

- 1) Treat myself, and others, with Caring, Honesty, Respect, and Responsibility
- 2) Follow direction and instructions from staff
- 3) Keep hands, feet and all other body parts to myself
- 4) Respect all facilities, equipment, and property
- 5) Have FUN!

Consequences:

- 1) Redirection
- 2) Verbal warning or thinking time
- 3) Visit with director and/or call home. Child may speak to parents at that time
- 4) In the event that a second phone call is necessary, the child will be sent home
- 5) In the event of consistent/excessive failure to follow the rules, the child will be sent home and a suspension may be issued
- 6) If a child or parent endangers the physical, mental or emotional health of themselves or others, the child may be immediately suspended or expelled

Parent Signature: _____

Child Signature: _____

Authorizations

My child is in good health and can participate in the normal activities of the program (including Healthy U & Boks) _____ Initial Here

I agree to follow the Payment Policies; if not I will be subject to fees _____ Initial Here

I have received and reviewed a copy of the YMCA Parent Handbook _____ Initial Here

I understand that my child must be physically signed in and out of the program by an authorized **adult** daily _____ Initial Here

I understand that the YMCA is not responsible for lost, stolen or damaged personal articles _____ Initial Here

My child and I have reviewed the Discipline/Behavior & Expulsion Policies and my child will participate in all daily activities _____ Initial Here

I give permission for the Cumberland Cape Atlantic YMCA to:

Seek medical treatment for my child, in my absence, in the event of an emergency _____ Initial Here

Use any photo, voice recordings or videos taken of my child for any and all promotional purposes _____ Initial Here

Allow my child to go on short walks under Y Staff supervision _____ Initial Here

I hereby agree, and accept, responsibility in above initialed items.

Parent Signature _____

Date _____

Licensing Statement

In keeping with New Jersey's child care licensing requirements, we are obligated to provide you, as the parent/caregiver of a child enrolled in our program, with the attached informational statement.

The statement highlights, among other things:

- Your right to observe our center at any time without having to secure 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 of all forms (physical, sexual, emotional, and neglect) to the State's DCP&P

Name of child: _____

Name of Parent (s)/Guardian (s): _____

I have read and received a copy of the Information to Parents statement prepared by the Bureau of Licensing and DCP&P

Parent Signature _____

Date _____



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Cumberland Cape Atlantic YMCA Checklist

Membership Fees

\$25/Youth Program Member \$50/Family Program Member Current Program Member Current Full Facility Member

All participants must be YMCA members. Membership fees are non-transferable and non-refundable

Financial Assistance

Third party assistance is available through Rutgers Southern Regional Child Care Resource & Referral. If denied by Rutgers, Financial Assistance is available through the Y - applications are available at the Member Service Desk and on our website, www.ccaymca.org.

Funds are limited - APPLY EARLY

Parent Checklist

Parent/Guardian please initial next to each item that you are handing in today.

_____ Completed Registration Form

_____ Photo Release (see page 3)

_____ Signed Medical Information - including insurance carrier, policy and group number

_____ Expulsion Policy

_____ Child & Adult Food Program Eligibility Requirements

_____ Any notes or information to be filed on your child (optional)

_____ Correct payment and/or deposit amount

Parent Signature

Parent is to sign off that all paperwork is filled out completely.

Parent Signature: _____ Date: _____

Staff Signature

Staff member receiving the paperwork is to sign off that all papers are filled out completely and correct money is remitted.

Staff Signature: _____ Date: _____

2019 CHILD AND ADULT CARE FOOD PROGRAM ELIGIBILITY APPLICATION

NAME(S) & AGE(S) OF ENROLLED PARTICIPANT _____
(Name) (Age) (Name) (Age)

OPTIONAL: RACIALETHNIC IDENTITY OF PARTICIPANT

Check one **ETHNIC** identity:

Hispanic or Latino Not Hispanic or Latino

Mark one or more **RACIAL** identity (ies):

American Indian or Alaska Native Asian Black or African American
 Native Hawaiian or Other Pacific Islander White

Enrollment Information

Check (✓) each day the above participant is enrolled for care, the hours of care each day, and the meal type(s) served:

DAYS OF CARE: MON TUES WED THURS FRI SAT SUN

HOURS OF CARE: 6:30-6 6:30-6 6:30-6 6:30-6 6:30-6 - -

Swing / Rotating Shifts: (If Applicable) - - - - - - -

MEAL TYPES SERVED: BREAKFAST A.M. SUPPLEMENT LUNCH P.M. SUPPLEMENT DINNER

CHILD DAY CARE FOOD PROGRAM PARTICIPANTS ONLY

OPTION 1A: BENEFICIARIES of Supplemental Nutrition Assistance Program (SNAP) (formerly Food Stamps), Temporary Assistance for Needy Families (TANF), or Food Distribution Program on Indian Reservations (FDPIR)

If you are now receiving SNAP, TANF or FDPIR for this child, complete one of the following numbers:

SNAP CASE # _____ OR TANF CASE # _____ OR FDPIR CASE # _____

OPTION 1B: FOSTER CHILD

If you are applying for a foster child, check the box and list any personal income which has been identified by specific category such as clothing, school fees, allowances, etc.:

FOSTER CHILD INCOME \$ _____

ADULT DAY CARE FOOD PROGRAM PARTICIPANTS ONLY

OPTION 2: BENEFICIARIES of SNAP, FDPIR, SSI or Medicaid

If you are now receiving SNAP, SSI, FDPIR or Medicaid complete one of the following numbers:

SNAP # _____ OR FDPIR CASE # _____ OR SSI CASE # _____ OR MEDICAID CASE # _____

OPTION 3: HOUSEHOLD ELIGIBILITY - COMPLETE IF YOU DID NOT COMPLETE OPTION 1A, OPTION 1B, OR OPTION 2

Complete the following information: Household Members, Social Security Numbers and Income.

NAMES OF ALL OTHER HOUSEHOLD MEMBERS: (Related and Unrelated)	MONTHLY INCOME (Complete One Or More - Before Deductions)				
	MONTHLY (Gross Earnings) WAGES / SALARY	MONTHLY SOCIAL SECURITY PENSIONS RETIREMENT	MONTHLY UNEMPLOYMENT WORKMEN'S COMPENSATION	MONTHLY WELFARE CHILD SUPPORT ALIMONY	MONTHLY ANY OTHER INCOME
1.	\$	\$	\$	\$	\$
2.	\$	\$	\$	\$	\$
3.	\$	\$	\$	\$	\$
4.	\$	\$	\$	\$	\$
5.	\$	\$	\$	\$	\$
6.	\$	\$	\$	\$	\$
7.	\$	\$	\$	\$	\$
8.					
9.					
10.	\$	\$	\$	\$	\$
TOTAL NUMBER IN HOUSEHOLD (INCLUDE ENROLLED PARTICIPANT):					\$
TOTAL GROSS HOUSEHOLD INCOME:					\$

ADULT HOUSEHOLD MEMBER SIGNATURE and LAST FOUR DIGITS of SOCIAL SECURITY NUMBER: (See Privacy Act Statement below)

An Adult Household Member must sign and date this form, and list the last four (4) digits of his or her Social Security Number. If you do not have a social security number, mark the box (X) - "I do not have a Social Security Number".

PENALTIES FOR MISREPRESENTATION: I certify that all of the above information is true and correct and that the Food Stamp, TANF, SSI, or Medicaid Number of the enrolled participant is correct, or that all income is reported. I understand that this information is being given for the receipt of Federal funds issued to the day care center based on the information I provide. I understand that CACFP officials may verify this information; and that deliberate misrepresentation may result in the participant losing meal benefits, and I may be prosecuted under the applicable State and Federal laws. **An Adult Household Member must complete the following:**

Signature: _____ Address: _____

Print name: _____ City: _____ State: _____ Zip Code: _____

Date: _____ Phone Number: _____

Last four (4) digits of Social Security Number: * * * * - * * * - _____ I do not have a Social Security Number

PRIVACY ACT STATEMENT: The National School Lunch Act requires that, unless the participant's Case Number is provided, you must include the Social Security Number of the adult household member signing the application or indicate that the household member does not have a Social Security Number. Provision of a Social Security Number is not mandatory, but if a Social Security Number is not given or an indication is not made that the signer does not have such a number, the participant cannot be determined eligible for free or reduced priced meals. The Social Security Numbers may be used to identify you for verifying the correctness of information stated on the application. These verifications may include audits, investigations and may include contacting employers to determine income, contacting a Food Stamp or TANF office to determine current certification for receipt of Food Stamps or TANF benefits, contacting the State Employment Security office to determine the amount of benefits received and checking the documentation produced by household members to verify the amount of income received. These efforts may result in a loss or reduction of benefits, administrative claims or legal actions if incorrect information is reported. These acts must be told to all household members whose Social Security Numbers are reported on this form.

TO BE COMPLETED BY DAY CARE AGENCY ONLY - DO NOT WRITE BELOW THIS LINE

Determination: Free _____ Reduced _____ Paid _____

Signature of Determining Official: _____ Date: _____

TOTAL MONTHLY INCOME \$ _____

Conversion factors to figure monthly income: Weekly x 4.33
Twice a month x 2
Every 2 weeks x 2.15



10:122-6.8 Expulsion Policy

May be used to inform parents of the center's policy on the expulsion of children from enrollment

EXPULSION POLICY

Name of Center: Cumberland Cape Atlantic YMCA of Vineland

Name of Child: _____

Signature of Parent: _____

Unfortunately there are reasons we have to expel a child from our program either on a short term or a permanent basis. We want you to know we will do everything possible to work with the family of the child(ren) in order to prevent this policy from being enforced. The following are reasons we may have to expel or suspend a child from this center.

IMMEDIATE CAUSE FOR EXPULSION

- The child is at risk of causing serious injury to other children or himself/herself.
- Parent threatens physical or intimidating actions toward staff members.
- Parents exhibits verbal abuse to staff in front of enrolled children.

PARENTAL ACTIONS FOR CHILD'S EXPULSION

- Failure to pay/habitual lateness in payment.
- Failure to complete required forms.
- Habitual tardiness when picking up your child.
- Physical or verbal abuse to staff.
- Correcting, reprimanding, or yelling at a child

CHILD'S ACTIONS FOR EXPULSION

- Failure of a child to adjust after a reasonable amount of time.
- Uncontrollable tantrums/angry outbursts.
- Ongoing physical (fighting) or verbal abuse to staff or their children.
- Excessive biting.
- Dangerous activity, threats, theft, vandalism/mistreatment of property, possession of weapons, or illegal substances

SCHEDULE OF EXPULSION

- If after the remedial actions above have not worked, the child's parent/guardian will be advised verbally and in writing about the child and or/parent's behavior warranting an expulsion. An expulsion action is meant to be a period of time so that the parent/guardian may work on the child's behavior or to come to an agreement with the center.
- The parent/guardian will be informed regarding the length of the expulsion period.
- The parent/guardian will be informed about the expected behavioral changes required in order for the child or parent to return to the center.
- The parent/guardian will be given a specific expulsion date that allows the parent sufficient time to time to seek alternative child care
- Failure of the child/parent to satisfy the terms of the plan may result in permanent expulsion from the center

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.

