

EAGLESWOOD CHILD CARE PROGRAM (ECCP)



Enrollment Packet



Eagleswood Child Care Program (ECCP)

Eagleswood Township Elementary School
 511 Route 9, West Creek, NJ 08092
 School Office – 609-597-3663

Hours of Operation: 2:15PM – 5:15PM, Monday-Friday

Program Start Date: First Day of School

Program End Date: Last Day of School

****There is a \$25 Non-Refundable Registration Fee****

The ECCP is a supervised and reliable after school care program for children in grades Pre-K - 6th grade. The ECCP is operated by the school district and the Eagleswood Township Board of Education. The ECCP will provide the children with a supervised environment in an informal setting. There will be time provided for homework, indoor/outdoor activities, arts & crafts, games etc. The ECCP has a ratio of 15 children to 1 ECCP Staff Member.

A parent may enroll a child in the ECCP at any time during the course of the school year. 5-day, 4-day, 3-day, 2-day and 1-day programs are available. Tuition is paid by the parents (see Application for Tuition Rate Sheet). A registration fee and the first month's tuition are required at registration. Children's attendance at the ECCP will be terminated because of non-payment of tuition. The ECCP will operate following the school calendar. They will be open on scheduled early dismissal days from time of early dismissal until normal ECCP dismissal time. The ECCP is closed on school holidays. In the event of early closings due to emergency situations, the school is responsible to contact the parent/guardians. If severe weather occurs on scheduled half days, it is the parent's responsibility to make arrangements for child care during these times.

The ECCP will not deny admission to, terminate enrollment of, or otherwise discriminate against any child because of that child's disability. The ECCP aims to provide accommodations for children who require special services during their attendance at the program. All children must be toilet trained to attend the ECCP. The ECCP reserves the right to terminate any child from the program where the child's safety is believed to be at risk.

The ECCP follows the school's behavior policy in order to provide for the safety of each child and staff in attendance at our program. It is the ECCP's goal to resolve behavioral problems by working with the child(ren), parent and ECCP Staff through effective communication. However, should a discipline problem arise, continue, or be of a serious nature, parents will be notified in writing. Continued difficulties will result in a conference between parents and ECCP Staff. If the problem is not resolved or is of a severe nature, a child may be suspended or terminated from the ECCP. The ECCP follows the zero tolerance procedures set forth by the school district for students and parents.

The ETBOE and ECCP look forward to providing this service for you and your children. If you would like further information on the ECCP please contact the School Office at 597-3663 and they will mail you an Application and ECCP Parent Handbook.

Monthly Tuition Rates

<u>Days Per Week</u>	<u>Child Monthly Fee</u>	<u>Child Monthly Fee</u>
	<u>5:15PM Pick-Up</u>	<u>Pick-Up Before 4:00PM</u>
5 Days	\$260	\$140
4 Days	\$208	\$112
3 Days	\$166	\$84
2 Days	\$128	\$56
1 Day	\$80	\$40

Eagleswood Child Care Program (ECCP) Application
Eagleswood Township Elementary School
511 Route 9, West Creek, NJ 08092
609-597-3663

Completing this application represents your expression of interest in the program and does not constitute acceptance into the program

Section I: General Information

	<u>Child(ren)'s Name</u>	<u>Grade</u>	<u>Age</u>	<u>Date of Birth</u>	<u>Sex</u>
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____

Parent(s) or Guardian(s) with whom the child(ren) reside(s):

Name: _____ Home Phone: _____
 Relationship: _____ Cell Phone: _____
 Home Address: _____
 Employer Name: _____ Work Phone: _____
 Employer Address: _____ Work Hours: _____

Name: _____ Home Phone: _____
 Relationship: _____ Cell Phone: _____
 Home Address: _____
 Employer Name: _____ Work Phone: _____
 Employer Address: _____ Work Hours: _____

Person(s) responsible for Payment:

I agree to be responsible for the payment of ECCP tuition (see attached tuition form for rates).

Signature of Parent/Guardian _____
Date

Photographic Permission: I give permission to have my child appear in any media coverage approved by the ECCP and the ETBOE. _____ Yes _____ No

Section II: Registration Policies of the ECCP

I am enrolling my child(ren): _____

For a total of _____ months.

Please check off each section as you read:

- _____ I have read and understand the ECCP description attached to the ECCP Application.
- _____ I have read and understand the terms and policies of the ECCP Parent Handbook that accompanies the ECCP Application.
- _____ I understand that on days that the school is closed, as specified in the school calendar and/or emergency closure days, there will be no program. It is my responsibility to make alternate arrangements for my child(ren). On half day dismissal days for parent-teacher conference or when the physical facility is open, the ECCP accommodates those half days. I understand that in the event of an early closing due to emergency situations there will be no program. The school is responsible to contact parents/guardians in such situations.
- _____ I understand that if my child(ren) attend(s) less than 5-days and there is a scheduled half day where there ECCP is operating, I must pay an additional charge to have my child(ren) attend the ECCP that half day.
- _____ I understand that I am responsible to make monthly payments in full of the specified contracted fees and any other incurred fees on or before the first of each month. Payments received after the 15th of the month will be charged a \$30.00 late fee. Post-dated checks will not be accepted. Payment will be made by check or money order made payable to the ETBOE.
- _____ I agree to pay the first month's tuition upon my child's acceptance into the ECCP.
- _____ I agree to be responsible for my child(ren)'s full fee payment for the ECCP regardless of absence. Absence in excess of ten (10) school days may be given special consideration for fee reduction/reimbursement by the ETBOE.
- _____ I agree to pay \$25.00 in late charges for up to one half (1/2) hour per child if I am late to pick up my child. A fee of \$25.00 will be assessed for the next half (1/2) hour late. If I am over one hour late to pick up my child I agree that the Division of Youth and Family Services (DYFS) and possibly other law enforcement bodies may be contacted.
- _____ I have read and agree with the Behavior Policy in the ECCP Parent Handbook and understand that my child may be dismissed from the program if behavior is not acceptable.
- _____ I agree that an adult at least 18 years or older will sign my child out of the ECCP.
- _____ If an emergency arises and I will be late, I understand that it is my responsibility to call my contact person to pick the child up from the ECCP on time.
- _____ I give permission for my child(ren) to participate in recreational activities indoors and outdoors as part of the ECCP.
- _____ If a medical emergency arises ECCP Staff will first attempt to contact me. If I cannot be reached, the ECCP Staff will contact 911. If the emergency is such that immediate hospital attention is necessary, my child may be taken to the hospital by emergency medical personnel.
- _____ I will notify the ECCP Staff and the ETBOE office of any changes in the information given herein, including, but not limited to, contact persons, addresses, phone numbers, health concerns, allergies, special needs, non-custodial parent information, and departure times throughout the school year as necessary.

I agree to the above stated terms and conditions and to adhere to the ECCP Registration Policies. I give my authorization and permission as required herein so that my child may participate in the Egelswood Child Care Program (ECCP).

Signature of Parent/Guardian

Date

Section III: Authorization for Emergency Medical Care & Permission to View Child's Medical and Educational Records

(Medical pages must be completed in order for the child to be considered for enrollment)

- I understand that the ECCP Staff will make a good faith attempt to notify me of a medical emergency at the earliest opportunity in the event prior notice is not reasonably available to the staff.
- I hereby authorize emergency care for my child(ren), listed below, during their attendance at the ECCP if, in the judgment of the ECCP Staff, treatment is required for an injury or illness:

Name of Student: _____

Name of Student: _____

I hereby authorize hospital emergency room physicians to administer medications, treatments, and anesthesia in an emergency situation.

The ETBOE, ECCP Staff, and emergency medical personnel are hereby granted authorization to access my child's medical and educational records in the event of an emergent need as reasonably determined by ECCP Staff.

Signature of Parent/Guardian

Date

Medications:

My child(ren) is/are taking the following medications:

<u>Child's Name</u>	<u>Medication</u>	<u>Reason for Medication</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Does your child have an inhaler with the school nurse? _____ Yes _____ No

Allergies:

My child is allergic to:

<u>Child's Name</u>	<u>Allergies</u>
_____	_____
_____	_____
_____	_____

Does your child have an allergy that requires epinephrine (Epi-Pen) as the first drug used in emergency care or a life threatening situation? _____ Yes _____ No

Special Needs:

Does your child have any educational, emotional, behavioral, or medical needs? Please explain.

Does your child have an IEP? Yes No

Child's Physician:

Name of Doctor: _____

Address: _____

Phone Number: _____

Authorization/Agreements/Disclaimers

1. I hereby give permission for ETBOE's ECCP Staff to contact my child's school nurse and my child's physician if necessary, and receive a copy of any medical instructions/history/procedures.
2. I hereby give permission for ETBOE & ECCP to contact my child's school staff, Child Study Team case manager and classroom teacher regarding my child if necessary. In addition, ETBOE/ECCP Staff are authorized to obtain, maintain, and use as necessary a copy of my child's IEP.
3. ETBOE urges all parents to enroll their child(ren) in the voluntary student accident insurance program. Forms for this insurance are generally available through your child(ren)'s school.
4. ETBOE is not responsible for doctor, emergency, medical or other bills incurred as a result of an accident during ECCP hours.
5. If my child(ren)'s medical conditions and educational status changes during the school year, I will immediately disclose the updated medical and educational information to the ECCP.
6. I agree and understand my child(ren)'s application for and participation in the ECCP may be reviewed in order to determine whether the ECCP believes it has the ability to provide a safe environment for my child.
7. I understand that I am financially responsible for any expenses for medical care or transportation incurred on my child(ren)'s behalf.
8. If my child(ren) has/have a medical condition requiring specialized medical instructions/care, then I shall provide ECCP with instructions from my child's physician and/or training of ECCP Staff as may be necessary in the physician's opinion.
9. I hereby authorize ECCP Staff to implement those medical instructions/care.

Signature of Parent/Guardian

Date

Section IV: Assumption of Risk Agreement, Waiver, of Liability and Pre-Occurrence Release

This Assumption of Risk Agreement, Waiver of Liability and Pre-Occurrence Release is executed on this day _____ of _____ by the undersigned in favor of ETBOE.

- A. As consideration for the ETBOE admitting my child(ren) into the Eagleswood Child Care Program "ECCP", I hereby release and fully and forever discharge and hold harmless ETBOE and its employees from any and all liability, claims, demands, damages, rights of action or causes of action, present or future, of whatever kind of nature, either in law or equity, which has arisen or which may hereafter arise, anticipated or unanticipated, resulting from my child(ren)'s enrollment, attendance and presence at ECCP, including an medical treatment described in paragraph E below.
- B. I hereby waive any rights that I may have against ETBOE arising from me Child(ren)'s attendance at ECCP.
- C. I understand that this Release discharges ETBOE from any liability claim that I may have against ETBOE with respect to any bodily injury, personal injury, illness, death or property damages that may result from the ECCP operation, whether caused by the negligence of ETBOE or its employees, agents or otherwise.
- D. I also understand that ETBOE does not assume any responsibility for or obligation to provide financial assistance or any other assistance, including but not limited to, medical, health or disability insurance in the event of injury or illness at the ECCP.
- E. I hereby release and forever discharge ETBOE and its employees from any claim or liability whatsoever which arise or which may hereafter arise on account of any first aid, emergency medical treatment or other health service as directed and authorized by the child's physician rendered pursuant to the ECCP, which may include but not be limited to the administration of an inhaler, Epi-pen, prescription medications, seizure procedures, and condition monitoring.
- F. I understand that ETBOE and its employees are not and will not be liable for any injury or damage sustained to my child(ren) arising out of or resulting from the ECCP operation.
- G. I expressly agree that this Release is intended to be as broad and inclusive as permitted by the laws of the State of New Jersey, and that this Release shall be governed by and interpreted in accordance with the laws of the State of New Jersey.
- H. I agree that in the event of any clause or provision of this Release that shall be held to be invalid by any court of competent jurisdiction, the invalidity of such clause or provision shall not otherwise affect the remaining provisions of this Release, which shall continue to be enforceable.
- I. I have been advised that my execution of this Release may have significant legal consequences in the event of injury or damage and that I am permitted to review this Release with an agent or representative of my choice before signing.
- J. This Release supersedes and replaces all prior negotiations and all agreements proposed or otherwise, whether written or oral, concerning all subject matters covered herein. This instrument, along with the Authorization (including any additional physicians instructions or clarifications), which is hereby incorporated by reference, constitutes the entire agreement among the parties with respect to the subject matters discussed herein.
- K. The reference in this Release to the term "ECCP" shall include MOESC, its affiliates, successors, directors, officers, employees, and representatives. The terms Parent(s) & Guardian(s) shall include the dependents, heirs, executors, administrators, assigns, guardians, and successors or each judicially appointed representative/agents.
- L. If one or more of the provisions of this Release shall for any reason be held invalid, illegal or unenforceable in any respect. Such invalidity, the illegality or unenforceability shall not effect or impair any other provision of the release. This Release shall be construed as if such invalid, illegal or unenforceable provisions had not been contained herein.
- M. I have read and I understand this document and all of its provisions.

IN WITNESS WHEREOF, I have executed this Release as of the day, month and year of the ECCP Application.

Signature of Parent/Guardian

Date

Section V: Choice of Days

Child(ren)'s Name:

Please Check/Fill In The Lines That Apply:

5 Days Per Week	Monday Through Friday	_____
4 Days Per Week	Which 4 Days?	_____
3 Days Per Week	Which 3 Days?	_____
2 Days Per Week	Which 2 Days?	_____
1 Day Per Week	Which 1 Day?	_____

Time you will be picking up your child from the ECCP: _____

****Please Note:** The tuition rate will be based on the same pick-up time each day.

A late charge of \$25.00 for up to one half hour (1/2) late per child will be assessed for late pick-up of child(ren). A late charge of \$50.00 for on half hour (1/2) to one (1) hour later per child will be assessed for late pick-up of your child(ren). Late charges begin to incur at the contracted pick up time. The late pick up charges will be due immediately. A record of lateness is kept in the office. Habitual lateness for child pickup is a reason for termination.

Signature of Parent/Guardian

Date

Authorized Pick-Up Form Eagleswood Child Care Program (ECCP)

Please list person(s) authorized to pick up your child(ren), including parents/guardians. Authorized pick-up person must be 18 years of age or older.

<hr/> Name/Relationship	<hr/> Address	<hr/> Town	<hr/> Zip	<hr/> Home Phone	<hr/> Cell Phone
<hr/> Name/Relationship	<hr/> Address	<hr/> Town	<hr/> Zip	<hr/> Home Phone	<hr/> Cell Phone
<hr/> Name/Relationship	<hr/> Address	<hr/> Town	<hr/> Zip	<hr/> Home Phone	<hr/> Cell Phone
<hr/> Name/Relationship	<hr/> Address	<hr/> Town	<hr/> Zip	<hr/> Home Phone	<hr/> Cell Phone
<hr/> Name/Relationship	<hr/> Address	<hr/> Town	<hr/> Zip	<hr/> Home Phone	<hr/> Cell Phone

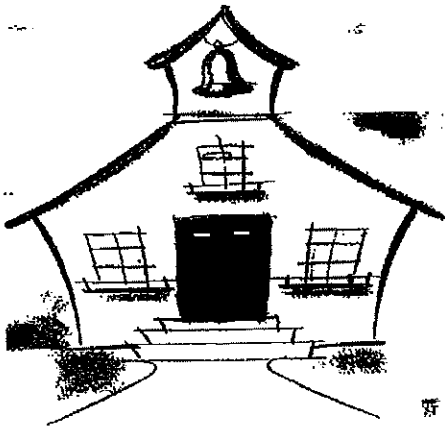
Emergency Numbers: Please give the name, address, and telephone number of 2 people (other than named above), who may be notified in case of emergency or illness when parents or guardians are not available. These people should be in the vicinity of the school district during the hours of the program.

<hr/> Name/Relationship	<hr/> Address	<hr/> Town	<hr/> Zip	<hr/> Home Phone	<hr/> Cell Phone
<hr/> Name/Relationship	<hr/> Address	<hr/> Town	<hr/> Zip	<hr/> Home Phone	<hr/> Cell Phone

Parent/Guardian Signature

Date

HOMWORK TIME



The ECCP operates a homework center during the after school program. We believe that we can support your family and your child's school success by providing some time during the program for homework. Please realize that we cannot provide your child with one-on-one assistance nor is this a tutorial session. Homework time is 45 minutes.

Please check one box:

- My child should work on homework at the program
 My child should NOT work on homework at the program**

* **If you wish for your child to NOT work on homework at the program, please realize that this will be a quiet time for the rest of the children. Your child will be asked to play quietly, (i.e. play with a puzzle, read a book or draw)

Role of the ECCP Student:

- Come to the homework area when I have homework
- Bring the books, notebooks and worksheets that I need
- Try my best to understand the homework assignment at school
- Be quiet if asked in the homework center
- Ask for help when I need it

Role of the Families:

- Check the homework my child has completed during program time
- Realize that homework will be started after school, but may have to be completed at home
- Support my child with unfinished or difficult homework
- Talk with teachers at the school about homework issues

Role of the Staff:

- Provide a comfortable homework area with some material
- Guide children with their homework without taking over
- Communicate successes or concerns about homework to families.

Parent Signature: _____

RETURN FORM WITH ECCP APPLICATION

**Non-Custodial Directive
Eagleswood Child Care Program (ECCP)**

Child's Name: _____

The person's name listed below is **not allowed access to my child** during ECCP:

Name/Relationship: _____

Name/Relationship: _____

Name/Relationship: _____

Legal documentation indicating proof of custodial parent or legal guardian status must be attached to this form.

Custodial Parent/Legal Guardian
Signature

Date

This form **MUST** be returned with ECCP Application.

EAGLESWOOD ELEMENTARY SCHOOL DISTRICT AFTER-CARE STUDENT UPDATE SHEET

**COMPLETE THIS SIDE EVEN IF
THERE ARE NO CHANGES !**

Legal Name (Last) _____
Legal Name (First) _____
Legal Name (Middle) _____
SS# _____
Birth Date _____
Grade Level _____
Telephone _____
Home Address _____
Mailing Address (if different) _____
City _____
State _____
Zip Code _____
Mother/Legal Guardian _____
Mother Home Phone _____
Mother Work Phone _____
Mother Place of Employment Mother _____
Street Address _____
Mother City/State/Zip _____
Father/Legal Guardian _____
Father Home Phone _____
Father Work Phone _____
Father Place of Employment _____
Father Street Address _____
Father City/ State/ Zip _____
Emerg Contact 1 Name _____
Emerg Contact 1 Phone _____
Emerg Contact 2 Name _____
Emerg Contact 2 Phone _____
Mother Cell Phone _____
Father Cell Phone _____
Physician's Name/Telephone _____
Email Address _____

Student lives with: (check one)
Both parents _____
Mother only _____
Father only _____
Mother/Stepfather _____
Father/Stepmother _____
Guardian _____
Foster Parents _____
Grandparents _____
Other (specify) _____

(If child does not live with natural mother AND father, legal custody documents MUST be provided)

DAYS ATTENDING:

Full-Time (M-F) _____
Part-Time _____

Days: Mon. _____ Tues. _____
Wed. _____ Thurs. _____
Fri. _____

The following information regarding ethnicity is used for federal reporting purposes only: (check one)

___ Caucasian (white)
___ American Indian/Alaskan Native
___ Black
___ Asian or Pacific Islander
___ Hispanic
___ Native Hawaiian
___ Unspecified

MEDICAL INFORMATION

Describe any physical/mental problems the pupil has:

IS PUPIL CURRENTLY TAKING ANY MEDICATION

YES _____ NO _____

IF SO, WHAT?

IF STUDENT IS TO TAKE MEDICATION DURING SCHOOL HOURS, YOU MUST COMPLETE A MEDICATION PERMISSION FORM AND SEND MEDICATION IN THE ORIGINAL UNOPENED CONTAINER. ALL PRESCRIPTION AND LONG TERM OVER THE COUNTER MEDICATIONS REQUIRE A DOCTOR'S ORDER.

In case of accident or serious illness, I request the school to contact the identified person(s) on this form. If the school is unable to reach the contact person(s), I hereby authorize the school to call the physician indicated and to follow his/her instructions. If it is impossible to contact this physician, the school may make whatever arrangements seem necessary.

I VERIFY ALL THE ABOVE INFORMATION IS CORRECT

SIGNATURE OF PARENT/GUARDIAN: _____ DATE: _____