

**New City Kids After School Center (ASC) – 551 E. 22<sup>nd</sup> St. – 973-279-9135**  
**Enrollment Application - 2016-2017 School Year**

**Child's name:** \_\_\_\_\_

Child's grade ('16-'17): \_\_\_\_\_ Child's school: \_\_\_\_\_

Today's date (ASC enrollment): \_\_\_\_\_ Child's date of birth: \_\_\_\_\_

Child's gender: \_\_\_\_\_ Child's race/ethnicity: \_\_\_\_\_

Home address (street, apt. #, city, state, zip): \_\_\_\_\_

**Mother/guardian's name:** \_\_\_\_\_

Home address (if different): \_\_\_\_\_ Email: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

Employer name: \_\_\_\_\_

**Father/guardian's name:** \_\_\_\_\_

Home address (if different): \_\_\_\_\_ Email: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

Employer name: \_\_\_\_\_

**Emergency contact information**

Please list below the person(s) authorized to assume responsibility for the child if the parent/guardian is not available.

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

### Pick up information

Please check all that apply:

- My child is allowed to be **dismissed daily at 6:00 PM to walk home.**
- My child will be **picked up daily at 6:00pm (we do not dismiss between 5:45 PM and 6 PM).**

In addition to the parent/guardian and emergency contacts previously listed, the following people are authorized to pick up my child from the ASC (please list names):

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### Medical Information

Child's doctor: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Medications child is taking, reason for medication, dosage, frequency, & person who administers medication:

\_\_\_\_\_

Allergies: \_\_\_\_\_

Hospital Preferred \_\_\_\_\_

Please check all boxes that apply:

- My child is in good physical health and can participate in the normal activities of NCK. I give permission to New City Kids to seek emergency medical care for my child(ren) in my absence, and take all responsibility for my child(ren)'s health in the After School Center.
- My child has the following health issues and/or activity restrictions:  
\_\_\_\_\_
- My child's immunizations are up-to-date.
- My child's immunization record is on file with the child's school.

### Photograph/Video Permission

New City Kids occasionally takes pictures/videos of its programs and children. I give New City Kids permission to use these photographs or videos in its website or promotional materials. *If this is unacceptable, please submit a written letter stating your wishes for your child(ren)'s photograph/video not to be used.*



## Parent Handbook Information

For a full description of all of New City's programming and policies, a full parent manual is available at New City Kids by the foyer/reception and posted on the website – [www.newcitykids.org/paterson/afterschool](http://www.newcitykids.org/paterson/afterschool).

### Tuition Contract

Please check the box that applies:

- Weekly Cash Payment.** We will be paying the weekly tuition fee of \$40/week enrollment for 1st child, & \$30/month for additional siblings. Payment must be in the form of ***cash or money order*** only (***no checks***).
  - 4C's Funding.** We are applying for funding from 4C's or another voucher organization. If we do not meet or uphold the funding program's requirements, we will pay regular cash tuition.
1. After School Center fees are to be paid weekly. All Day Camp fees are to be paid by the time camp begins.
  2. Payments are not cancelled for days your child/children do not attend our programs.
  3. Parents, guardians, or anyone enrolling a child/children in our program will be held responsible for all fees.
  4. If you are planning to withdraw your children from our program, you must give us a two-week notice.
  5. Unpaid fees of 1 week without adequate communication with program staff will lead to expulsion. Late fees, if applicable, will be added to your balance.
  6. Fees paid by vouchers (4C's) must be verified, by 4C's or other agency, before a child can attend our programs. You are responsible for returning all information to us to be signed, faxed and mailed by us to 4C's in accordance with their written requirements to us.
  7. Students whose families fail to regularly swipe their 4C's cards will be removed from the program until the families swipe all missing dates (including days sick and absent) or pay cash tuition for days missed.

I have fully read the Tuition Contract and agree to abide by all stated terms and conditions.

Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Additional Information

*This information is collected for demographic data; families will not be specifically identified through it.*

How many members are there in your household (include yourself)? \_\_\_\_\_

Is a female the head of your household? Yes No

What is your family structure? (please check the appropriate response)

\_\_\_\_\_ Two parent family \_\_\_\_\_ Other relatives  
\_\_\_\_\_ Single parent (mother figure only) \_\_\_\_\_ Foster family  
\_\_\_\_\_ Single parent (father figure only) \_\_\_\_\_ Other \_\_\_\_\_

Please write what race/ethnicity you consider yourself: \_\_\_\_\_

Are you currently employed? Yes No

What is your current household annual income? \_\_\_\_\_



Has any member of your immediate family gone to college? Yes No

Are you eligible for the free lunch program? Yes No

What is your family's current housing status? (please check the appropriate response)

\_\_\_\_\_ Mortgagor (mortgage on property)

\_\_\_\_\_ Renter

\_\_\_\_\_ Home Owner

\_\_\_\_\_ Shelter/Homeless

**Parental Covenant, Discipline/Expulsion Policy, Communicable Diseases, and Information to Parents**

All of the information I am submitting is accurate, to the best of my knowledge. I have read & agree to all of the above information, as well as all of the policies and regulations of the After School Center (included in the Parent Handbook, which is available in print in our reception area or at [www.newcitykids.org/paterson/afterschool](http://www.newcitykids.org/paterson/afterschool)). I agree to abide by all that is outlined in the enrollment packet that I've received & read.

I also accept that failure to comply with these policies and regulations may result in termination of my child(ren)'s continuance in the program.

In keeping with New Jersey's child care center licensing requirements, we are obliged to provide you, as the parent of a child enrolled at our center, with an informational statement (found in the New City ASC Parent Handbook, which is available in print in our reception area or at [www.newcitykids.org/paterson/afterschool](http://www.newcitykids.org/paterson/afterschool)).

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 Child Abuse Hotline 1 (877) NJ-ABUSE.

I have read and received a copy of the Information to Parents statement prepared by the Office of Licensing, Child Care & Youth Residential Licensing, in the Department of Children and Families (see Parent Handbook). I have also read the Discipline/Expulsion and the Communicable Diseases policies found in the Parent Handbook, and I agree to follow and abide by them.

Please print and sign the following.

Name of Child: \_\_\_\_\_

Name of Parent(s): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Staff Only Comment Field: Please do not write**

Date received: \_\_\_\_\_

Name of receiving staff: \_\_\_\_\_

4Cs application referred?  Yes

Date input into database: \_\_\_\_\_

Name of inputting staff: \_\_\_\_\_



## RELEASE OF ACADEMIC INFORMATION

I hereby authorize Paterson Public Schools to release information regarding my child to New City Kids for the purpose of better tracking my child's academic progress.

My child's name is \_\_\_\_\_ (first and last name).

This includes my permission for the school to release records such as:

- PARCC results
- District wide curriculum based test results
- Reading and math assessment results (DORA, etc.)
- Current grades and report cards
- Recommendations from school staff for academic and/or social growth

This information is to be exclusively used for assessment of New City Kids' after school program and to tailor tutoring services for my child. No information specific to my child will be released to any other entity without my expressed consent.

New City Kids' After School Center staff may also work in collaboration with parents and teachers, guidance counselors, social workers, and other school leaders and administrators to best serve the academic needs of children in New City Kids' programs.

I may rescind this authorization for the school to release information to New City Kids at any time without penalty or consequence. I understand that granting this release is completely voluntary and not a requirement for my child to remain in the After School program at New City Kids.

\_\_\_\_\_  
Parent/guardian name printed

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/guardian signature