

New City Kids After School Center (ASC) – 551 E. 22nd St. – 973-279-9135
Enrollment Application - 2018-2019 School Year

Child's Name: _____ **Grade in Sept. 2018 :** _____ **Gender (circle):** *M* or *F*

Date of Birth: _____ **Today's date (ASC enrollment):** _____ **Child's School** _____

Address (street, apt. #, city, state, zip): _____

Child's Race (check):

- | | | | | | | |
|--|--------------------------------|---|---|---|--------------------------------|---------------------------------------|
| <input type="checkbox"/> American Indian | <input type="checkbox"/> Asian | <input type="checkbox"/> Black/African American | <input type="checkbox"/> Middle Eastern | <input type="checkbox"/> Native Hawaiian/Pacific Islander | <input type="checkbox"/> White | <input type="checkbox"/> Other: _____ |
|--|--------------------------------|---|---|---|--------------------------------|---------------------------------------|

Child's Ethnicity: Hispanic/Latino Non-Hispanic/Non-Latino

PARENT CONTACT INFORMATION

Name: _____ **Email:** _____

Relationship to child: _____ **Address (if different than child's):** _____

Home phone: _____ **Cell phone:** _____ **Work phone:** _____

Name: _____ **Email:** _____

Relationship to child: _____ **Address (if different than child's):** _____

Home phone: _____ **Cell phone:** _____ **Work phone:** _____

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: _____ Name: _____

Relationship: _____ Relationship: _____ Relationship: _____

Address: _____ Address: _____ Address: _____

Phone: _____ 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 discourage dismissal 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):

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.

EXPECTATIONS/DISCIPLINE POLICY

We have a warm and loving environment at NCK and expect children to be respectful to staff and peers. In order to maintain a safe environment, we use the following discipline policy. The consequences for misbehavior are:

1. First incident - Verbal warning from teen or adult staff.*
2. Second incident - Time out in the foyer, while meeting with adult staff to discuss the problem.*
3. Third incident - Time out in the foyer, accompanied by a call home to parent or guardian.
4. Fourth incident - Suspension for a period of days to be decided by the Director.
5. Continued incidents - Removal from program

**If the incident is serious enough, a staff member may proceed directly to Step 3 and/or 4 (particularly if the child's behavior endangers him/herself or others).*

Safety/Indemnity: I agree that New City Kids: Paterson (NCK) may take action, which it considers prudent to protect the safety of my child & other children using the services of NCK. I further agree to indemnify, defend & hold NCK and its Owners, Officers, Directors, Staff, Agents & Employees and New City Kids, Inc. harmless from & against all actions, claims, or liability, including Attorney fees and court costs, directly or indirectly caused by me in completing the registration form.

Medical authorization: Although New City Kids: Paterson (NCK) does its best to provide a safe environment; I understand that it is possible that my child may get injured. If such an event occurs, I authorize NCK to follow its internal procedures, including basic first aid as reasonably appropriate; however, I understand that the staff shall not be required to strictly follow those guidelines when, in their judgment, circumstances may not require it. In the event that NCK determines that emergency medical attention is necessary for my child, I authorize NCK to act as an agent for me & give my permission for my child to be attended by emergency medical staff or a physician in such circumstances, as NCK deems necessary.

 **Sign to agree to all above:** _____ Date: _____

PHOTOGRAPH/VIDEO PERMISSION & SOCIAL MEDIA POLICY

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, social media, 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.*

1. New City Kids staff is required to not initiate outside contact with ASC participants. Under no circumstances should an employee encourage access or provide access information to his/her personal online presence.
2. NCK staff will communicate with parents through phone, text, email, and, as a last resort, social media.
3. NCK:Paterson maintains Facebook, Instagram, and Twitter accounts.
4. NCK staff are asked to respect the integrity, autonomy, and dignity of members of the NCK and broader Paterson community in person and online and use good judgment and discretion when posting on social media sites.
5. Parents are prohibited from posting of photographs or videos of any child other than their own.

TUITION CONTRACT

Please check the box that applies:

Weekly Cash Payment. We will be paying the weekly tuition fee of \$30/week enrollment. 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 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.

 **Sign to agree to all above:** _____ Date: _____

ADDITIONAL INFORMATION

*This information is collected for demographic data; families will not be specifically identified through it. **Please assist us by filling out this information, as it help us when we apply for funding from foundations and other supporting organizations.***

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 _____

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

If so, please list: _____

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, 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 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 enrollment 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).

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: _____

For NCK Staff Only Comment Field: Please do not write

Date received: _____

Name of receiving staff: _____

4Cs application referred? Yes

Follow-up needed: _____

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
- IEP or similar learning plans, if applicable
- 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

PICK-UP INFORMATION

**Consent for New City Kids staff to pick up child and bring them to After School
(Public Schools 13 & 21 Only)**

I give consent for _____ to be picked up from 13 OR 21 and
(child's name) (circle one)

brought to After School Center by New City Kids Staff.

To make sure your child is picked up, they must be in the school-designated pick-up location *directly* after school so that they can be walked over to New City Kids: Paterson After School Center.

Name _____

Signature _____

Date _____