



Eatontown Community  
Center  
68 Broad Street  
Eatontown, NJ 07724  
Phone: (732) 389-7647  
Fax: (732) 389-5063  
www.eatontownnj.com

## K-6 BEFORE/AFTER SCHOOL CARE PROGRAM

**HOURS OF OPERATION:** The program operates following the Eatontown School Calendar. AM hours begins at 7:00 AM through 8:30 AM. After school care begins daily at dismissal time until 6:00 PM, Monday through Friday.

**SNACK:** A drink and snack will be provided for each child. Any special dietary/health needs will be the parent's responsibility.

**INCLEMENT WEATHER:** When school is closed, our program is closed. When there is a delayed opening for the school, our program WILL NOT OPEN FOR THE AM PROGRAM.

**REGISTRATION FEE:** \$50.00, Non-Refundable Registration Fee

**HOURLY CHARGE:** The charge will be a \$5.00 per hour, computed individually for each student. The daily fee will be figured on 180 school days and divided by 10 months. Families with two or more registered students receive a 10% discount on second child.

**LATE CHARGE:** A \$15.00 per 15 minutes per child fee will be charged to your account if your pick up past your scheduled pick up time.

**PAYMENT SCHEDULE:** Payments are expected to be paid one month in advance and are due on the first of each month. Payments can be mailed to 68 Broad Street, Eatontown, brought to the Community Center or given at each site.

## **10:122-3.6 INFORMATION TO PARENTS DOCUMENT**

(a) The center shall give to the parent(s) of every enrolled child and to every staff member a written Information to Parents document designated by the Office of Licensing and indicating that the center is required to:

1. Be licensed by the Bureau of Licensing, Department of Children and Families;
2. Comply with all applicable provisions of the Manual Requirements for Child Care Centers;
3. Post its license in a prominent location within the center;
4. Retain a current copy of the manual and make it available for parents' review;
5. Indicate how parents can secure a copy of the manual and obtain information about the licensing process from the Office of Licensing;
6. Make available to parents, upon request, the Office of Licensing's Life/Safety and Program Inspection/Violation and Complaint Investigation Summary reports(s) on the center, as well as any letters of enforcement or other actions taken against the center during the center's current licensing period;
7. Post a listing or a diagram of those rooms and/or areas that have been approved by the Office of Licensing for children's use;
8. Comply with the inspection/investigation functions of the Department, including the interviewing of staff members and children;
9. Afford parents the opportunity and time to review and discuss with the center director or sponsor/sponsor representative any questions or concerns about the policies and procedures of the center or whether the center is in compliance with all applicable provisions of the manual;
10. Advise parents that if they believe or suspect that the center is violating any requirement of the manual, they may report such alleged violations to the center sponsor/sponsor representative or director or to the Office of Licensing;
11. Afford parents of enrolled children an opportunity to participate in the center's operation and activities and to assist the center in complying with licensing requirements;
12. Afford parents of enrolled children the opportunity to visit the center at any time during the center's hours of operation to observe its operation and program activities without having to secure prior approval;
13. Provide parents with advance notice of any field trip, outing or special event involving the transportation of children away from the center, and, for each event, secure the written consent of the parent(s) before taking a child on such a field trip, outing or special event;
14. Post a copy of the center's written statement of policy on the disciplining of children by staff members in a prominent location within the center, and make a copy of it available to parents upon request;
15. Indicate through this document that any person who has reasonable cause to believe that a child has been or is being subjected to any form of hitting, corporal punishment, abusive language, ridicule, or harsh, humiliating, or frightening treatment, or any other kind of child abuse, neglect, or exploitation by any adult, is required by State law to report such allegations to the State Central Registry Hotline

(1-877 NJ ABUSE/1-877-652-2873) immediately, and indicate that such reports may be made anonymously;

16. Indicate through this document how parents and staff members may secure information about child abuse and/or neglect from the Department;
17. Inform parents of the center's policy on the release of children;
18. Inform parents of the center's policy on administering medication and health care procedures;
19. Provide parents with a copy of the center's policy on management of communicable diseases;
20. Provide parents with a copy of the center's policy on the expulsion of children from enrollment;
21. Inform parents that the 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.), and indicate that 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) 292-7701, or may contact the United States Department of Justice for information about filing an ADA claim at (800) 514-0301 or (800) 514-0383 (TTY); and
22. Inform parents that the center is required to maintain and update at least annually, a list from the Consumer Product Safety Commission (CPSC) regarding unsafe products and make the list available to staff and parents and/or <http://www.cpsc.gov/cpsc/pub/prerel/prerel.html>.

(b) The center shall provide the Information to Parents document to each child's parent(s) upon enrollment, and to every person upon becoming a staff member.

1. The center shall secure and maintain on file a record of each parent's and staff member's signature attesting to receipt of the document.
2. The center shall maintain on file a copy of the information to Parents document.

## **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: \_\_\_\_\_

NAME OF CHILD: \_\_\_\_\_

SIGNATURE OF PARENT: \_\_\_\_\_

Unfortunately, there are sometimes reasons we have to expel a child from our program either on a short term or 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.
- Parent exhibits verbal abuse to staff in front of enrolled children.

#### PARENTAL ACTIONS FOR CHILD'S EXPULSION

- Failure to pay/habitual lateness in payments.
- Failure to complete required forms including the child's immunization records.
- Habitual tardiness when picking up your child.
- Verbal abuse to staff.
- Other behaviors such as but not limited to disrespectful, or being unsafe to staff and students.

#### CHILD'S ACTIONS FOR EXPULSION

- Failure of child to adjust after a reasonable amount of time.
- Uncontrollable tantrums/angry outbursts.
- Ongoing physical or verbal abuse to staff or other children.
- Excessive biting.
- Other behaviors such as but not limited to disrespectful, or being unsafe to staff and students.

#### 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's 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, it may be temporary or permanent.
- 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 seek alternate child care (approximately one to two weeks notice depending on risk to other children's welfare or safety). Failure of the child/parent to satisfy the terms of the plan may result in permanent expulsion from the center.
- **Note Immediate dismissal may be required in extreme circumstances**

### A CHILD WILL NOT BE EXPELLED

If a child's parent(s):

- Made a complaint to the Office of Licensing regarding a center's alleged violations of the licensing requirements.
- Reported abuse or neglect occurring at the center.
- Questioned the center regarding policies and procedures.
- Without giving the parent sufficient time to make other child care arrangements, when possible.

### PROACTIVE ACTIONS THAT CAN BE TAKEN IN ORDER TO PREVENT EXPULSION

- Staff will try to redirect child from negative behavior.
- Staff will reassess classroom environment, appropriate of activities, supervision.
- Staff will always use positive methods and language while disciplining children.
- Staff will praise appropriate behaviors.
- Staff will consistently apply consequences for rules.
- Child will be given verbal warnings.
- Child will be given time to regain control.
- Child's disruptive behavior will be documented and maintained in confidentiality.
- Parent/guardian will be notified verbally.
- Parent/guardian will be given written copies of the disruptive behaviors that might lead to expulsion.
- The director, classroom staff and parent/guardian will have a conference(s) to discuss how to promote positive behaviors.
- The parent will be given literature or other resources regarding methods of improving behavior.
- Recommendation of evaluation by professional consultation on premises.
- Recommendation of evaluation by local school district child study team.



While the Borough of Eatontown maintains liability insurance covering the Borough for injuries or expenses occurring by reason of its negligence, the Borough does not carry insurance to provide payment for medical expenses occasioned by injuries unrelated to fault on the part of the Borough or its employees.

### **EMERGENCY TREATMENT**

Eatontown Community Center Before/After School Program has my permission to provide emergency

medical care for my child \_\_\_\_\_ at \_\_\_\_\_

emergency room. My physician is \_\_\_\_\_.

The address is \_\_\_\_\_.

Phone number is \_\_\_\_\_.

I have received a copy of the Discipline Policy and the DCFS Information to Parents.

My child's health records are up to date and are located at \_\_\_\_\_

School.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

## Eatontown Community Center Enrollment Form

**School:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**\*\*Parent/Guardian Information (1):**

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

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

Relationship to child: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Work Phone Number: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

**Parent/Guardian Information (2):**

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

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

Relationship to child: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Work Phone Number: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

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**\*\* Child Information (1):**

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

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

Sex: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_ Age: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Emergency Phone Number: \_\_\_\_\_

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

**\*\* Child Information (2):**

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

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

Sex: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_ Age: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Emergency Phone Number: \_\_\_\_\_

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

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Emergency Care Authorization: I certify that I am parent or legal guardian of the child or children named above and give consent for emergency medical care, surgical treatment, and/or transportation to a care facility should my child's condition require it in my absence. I understand that, time and conditions permitting, reasonable attempts will first be made to contact me and any designated representatives in such a case. I hereby assume all financial responsibility for such actions taken on the behalf of my child.

**Parent/Legal Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Office Use Only:**

AM: \_\_\_\_\_ PM: \_\_\_\_\_

Mon. \_\_\_\_\_ Tues. \_\_\_\_\_ Wed. \_\_\_\_\_ Thurs. \_\_\_\_\_ Fri. \_\_\_\_\_

