

## PROGRAM

The Afterschool Program is designed to give the children a sense of time and structure. Creative use of leisure time is always encouraged.

### QUARLES

Outdoor play, story, rest time and activity time make up our 2:00-6:00 p.m. schedule. Activity time can be a special project, arts and crafts, dramatic play, alphabet review, language arts or science projects. There are monthly exhibits in the room relating to hobbies, collections, and other activities.

### GENERAL INFORMATION

#### POLICIES AND PROCEDURES

### SITES:

*Quarles* - for pre-k – 1<sup>st</sup> grade students

### INSURANCE:

Accident insurance is not supplied for our program. We strongly urge all participants to have their own personal family insurance plans.

### REGISTRATION:

Must be made in person, at the recreation, and fees are paid on a monthly basis. You may register your child for three, four, or five, days per week (providing the same days are used throughout the month.) Monthly schedules may vary if verification is received by the first of the month.

**FEES:**

In an effort to provide continual and successful programming, payments **must be received on time**. Full payment is due on the first of the month. Payments are made in equal monthly installments depending upon the number of days your child is enrolled. Cash or money orders should be made payable to: Englewood Recreation. We do not accept personal checks. The fees are as follows: 1 child - \$200.00 per month and \$150.00 per month per additional children.

**LATE PAYMENT:**

Payments not received by the 1<sup>st</sup> of each month shall be considered late and assessed a late fee of \$10.00 a day, with a maximum of 4 days (\$40.00). Failure to pay by the 5<sup>th</sup> will result in receipt of a termination letter on the 6<sup>th</sup>, with discontinuance of service effective the 13<sup>th</sup>, as per NJ Office of Licensing Form 10:122-6.8 Expulsion Policy.

**ABSENCE:**

No credit or substitution is given for days absent.

**CHANGES IN ADDRESS, PHONE NUMBERS, ETC:**

It is imperative that you keep us informed of any changes in your address or phone number (or business/emergency numbers). We must have up-to-date information on file for your child(ren).

**SNACK:**

Kindly limit sweets! We try to encourage good nutrition foods and snacks. Healthy snacks are available for an additional cost of \$20.00 per month. This service is optional.

**DROP-OUT PROCEDURE:**

A two-week written notification of withdrawal from the program is necessary.

**LATE PICK-UPS:**

1. Children should be picked up no later than 6:00 p.m.
2. This is just a reminder that the Afterschool Program staff does not receive overtime pay. Therefore, a late fee will be assessed as follows:

6:01-6:14 p.m.	-	\$ 5.00 late fee
6:15-6:30 p.m.	-	\$10.00 late fee
6:31-6:45 p.m.	-	\$15.00 late fee
6:46-7:00 p.m.	-	\$20.00 late fee
7:01-beyond	-	Dismissal

**GROUND FOR EXPULSION:**

Refer to expulsion policy on page 14.

**HALF – DAYS:**

On full day school sessions, the program is in operation from time of dismissal until 6:00 p.m. Half –days are included in the monthly fee, for children who attend the program on that day. **Kindly – Limit Sweets!** (We try to encourage good nutrition foods and snacks!)  
Healthy snacks are available for an additional cost of \$20 per month. (This service is optional)

**SCHOOL CLOSING:**

Generally, if schools are closed, there is no Afterschool Program. This includes emergency, snow days, and holidays. Be sure to check the Afterschool Program calendar for the scheduled dates.

**\*\*No child will be released to anyone who does not appear on the registration form. Please send a note if your child will be picked up by someone whose name is not listed. Also, please provide a change of clothing for all participants in grades K-1.**

Dear Parents:

Our Philosophy On Child Discipline

It is our responsibility as adults to set a good example for children to follow. We can do this by providing them with affectionate care, reasonable order, security, and establishing clear rules. We want the children to feel strong and self-confident in the Afterschool Program, as well as respect adults and other children.

The children will not be subjected to any form of hitting, corporal punishment, abusive language, ridicule, harsh, humiliating, or frightening treatment. They will be given opportunities to discuss problems that occur and when needed given a short time out to think about what they have done and how they are expected to behave in school.

The staff places a strong emphasis on reinforcing the qualities that help children to beware of their surroundings and develop self-control. Positive reinforcement and praise directed towards good behavior is essential in order to develop good self-discipline.

Sincerely,

Merle Simons,  
Director

## **POLICY ON THE MANAGEMENT OF COMMUNICABLE DISEASES**

If a child exhibits any of the following symptoms, he/she should not attend school. If such symptoms occur at school, the child will be removed from the classroom, and you will be called to take him/her home.

Severe Pain or discomfort  
Acute diarrhea  
Episodes of acute vomiting  
Elevated oral temperature of 101.5 degrees Fahrenheit  
Sore throat or severe coughing  
Yellow eyes or jaundice skin  
Red eyes with discharge  
Infected, untreated skin patches  
Difficult or rapid breathing  
Skin rashes lasting longer than 24 hours  
Swollen joints  
Visibly enlarged lymph nodes  
Stiff neck  
Blood in urine

Once a child is symptom free, or has a physician's note stating that he/she no longer poses a serious health risk to themselves or others, he/she may return to school.

If a child contracts any of the following diseases, please report it to us immediately. The child **may not** return to school without a doctor's note stating that the child presents no risk to himself/herself or others.

### **TABLE OF EXCLUDABLE COMMUNICABLE DISEASES**

<u>Respiratory Illnesses</u>	<u>Gastro-intestinal Illnesses</u>	<u>Contact Illnesses</u>
Chicken Pox	Giardia Lamblia*	Impetigo
German measles*	Hepatitis A*	Lice
Hemophilus	Salmonella*	Scabies
Influenzae*	Shigella*	
Measles*		
Meningococcus*		
Mumps*		
Strep Throat		
Tuberculosis*		
Whooping Cough		

\*Reportable diseases, as specified in N.J.A.C. 10: 122-7, 10 (a).

If your child is exposed to any communicable disease at school, you will be notified in writing.

**Afterschool Program Phone Numbers**

<b>Site</b>	<b>Supervisor</b>	<b>Number</b>	<b>Time</b>
Quarles School	Ms. Rivera/ Ms. Smith	871-8842	2:30-6:00
Recreation Dept.	Merle Simons	568-3472	9am-5pm

## Information to Parents

Under provisions of the Manual Requirements for Child Care Centers (N.J.A.C. 10:122), 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 this written statement, prepared by the Bureau of Licensing in the Division of Youth and Family services (DYFS). In keeping with this requirement, the center must secure every parent'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 Bureau of Licensing in the New Jersey Division of Youth and Family Services. 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 secure a copy of the Manual of Requirements by sending a check or money order for \$5 made payable to the "Treasurer, State of New Jersey", and mailing it to: State of New Jersey, Department of Human Services, Licensing Publication Fees, PO Box 34399, Newark, New Jersey 07189-4399.

We encourage parents to discuss with us any questions or concerns about the policies and 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 standards, you are entitled to report them to the Bureau of Licensing toll free at 1-877-677-9845. 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.

Parents are entitled to review the center's copy of the Bureau of Licensing's Inspection/Violation Reports on the center, which are issued after every State licensing inspection of our center. If there is a licensing complaint investigation, you are also entitled to review the Bureau's Complaint Investigation Summary Report, as well as any letters of enforcement or other actions taken against the center during the current licensing period. Let us know if you wish to review them and we will make them available for your review.

Our center must cooperate with all DYFS inspections/investigations. DYFS staff may interview both staff members and children.

Our center must post its written statement of philosophy on child discipline in a prominent location and make a copy of it available to parents upon request. We encourage you to review it and to discuss with us any questions you have about it.

Our center must post a listing or diagram of those rooms and areas approved by the Bureau for the children's use. Please talk to us if you have any questions about the center's space.

Our center must offer parents of enrolled children ample opportunity to participate in and observe the activities of the center. Parents wishing to participate in the activities or operations of the center should discuss their interest with the center director, who can advise them of what opportunities are available.

Parents of enrolled children may visit our center at any time without having to secure prior approval from the director or any staff member. Please feel free to do so when you can. We welcome visits from our parents.

Our center must advise parents in advance of every field trip, outing, or special event away from the center, and must obtain prior written consent from parents before taking a child on each trip.

Our center is required 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.). 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) 292-4605 (TTY users may dial 711 to reach the New Jersey Relay Operator and ask for (609) 292-7701), or may contact the United States Department of Justice for information about the filing an ADA claim at (800) 514-0301 (voice) or (800) 514-0383 (TTY).

Anyone who has reasonable cause to believe that an enrolled child has been or is subjected to any form of hitting, corporal punishment, abusive language, ridicule, harsh, humiliating or frightening treatment, or any other kind of child abuse, neglect, or  
Such reports may be made anonymously.

Parents may secure information about child abuse and neglect by contacting: Community Education Office, Division of Youth and Family Services, PO Box 717, Trenton, New Jersey 08625-0717.

Date of Application \_\_\_\_\_

Proof of Grade \_\_\_\_\_  
(staff initials)

Child's Name: \_\_\_\_\_ Sex \_\_\_ Date of Birth \_\_\_\_\_

Address: \_\_\_\_\_  
(Street)

\_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip)

Father's Name: \_\_\_\_\_ Mother's Name: \_\_\_\_\_

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

\_\_\_\_\_

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

Alternate: \_\_\_\_\_ Alternate: \_\_\_\_\_

Where To Reach Parent:

Father's Occupation: \_\_\_\_\_ Mother's Occupation: \_\_\_\_\_

Place Of Business: \_\_\_\_\_ Place of Business: \_\_\_\_\_

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

\_\_\_\_\_

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

Persons Authorized to Pick Up Child and/ or Contact In Case Of Emergency If Neither Parent Is Available:

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

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

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

\_\_\_\_\_

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

**Children's Health Record**

Child's Name \_\_\_\_\_ Date of Examination \_\_\_\_\_

Child's Doctor: \_\_\_\_\_ Phone No. \_\_\_\_\_

**PART I : History (To Be Completed By Parent)**

Has the child had any of the following conditions? What year?

Measles	_____	Mumps	_____
Chicken Pox	_____	Scarlet Fever	_____
Whooping Cough	_____	Poliomyelitis	_____
Diphtheria	_____	Diabetes	_____
Pneumatic Fever	_____	Hernia	_____
Epilepsy	_____	Otitis Media	_____
Heart Disease	_____	Convulsions	_____
Pneumonia	_____	Mental Retardation	_____
	Asthma	_____	

Any special needs? \_\_\_\_\_

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

**By my signature, I attest to the following :**

- That the information is correct.
- That in the event of a medical emergency, I authorize Quarles Afterschool Program to seek emergency medical care for my child as deemed necessary by Director.
- That I have received the information to Parents document.

\_\_\_\_\_  
Parent Signature

**Custodial Information:**

If a non-custodial parent is not included among those persons authorized by the custodial parent to pick up the child, please explain below and attach a copy of appropriate documents (Court Order).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dear Parent:

In keeping with New Jersey' childcare licensing requirements, we are obliged to provide you, as the parent of the child enrolled at our center, with this informational statement.

The statement highlights, among other things: your rights 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's Division of Youth and Family Services (DYFS).

Please read this statement carefully and, if you have any questions, feel free to contact me at (201) 871-6551.

Sincerely,

Merle Simons, Director

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Please complete and return this portion to the center. (Please print)

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

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

I have read and received a copy of the Information to Parents statement prepared by the Bureau of Licensing in the Division of Youth and Family Services.

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

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

SITE: \_\_\_\_\_ DATE: \_\_\_\_\_

I have read the Afterschool program information packet carefully and am aware of all terms and principles contained therein. The Afterschool Program staff has answered all questions to my satisfaction.

\_\_\_\_\_  
Signature of Parent/Guardian

**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 terminate or suspend a child from this center:**

**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
- Physical or verbal abuse to staff
- Other (explain)

**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 (explain)

**PROACTIVE ACTIONS THAT WILL BE TAKEN IN ORDER TO PREVENT EXPULSIONS**

- Staff will try to redirect child from negative behavior
- Staff will reassess classroom environment, appropriateness 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
- A brief time-out will be given so child can regain control
- Child may lose certain privileges (explain)
- 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

### **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 and 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 center.
  - The parent/guardian will be given a specific expulsion date that allows the parent an adequate amount of 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.

### **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 (1-877-667-9845).
  - Reported abuse or neglect occurring at the center (1-800-215-6853) or (1-800-792-8610 after 5 p.m.).
  - Questioned the center regarding policies and procedures.
- ❑ Without giving the parent an adequate amount of time to make other child care arrangements.