



Dear Stony Brook Families,

Thank you for your interest in our Jointure Before & After School Program. The Jointure offers programs at Whiton Elementary and Stony Brook Schools. Our Before & After School Program are held from 7:00 am to the first bell and from dismissal until 6:30pm.

If you wish to enroll your child in the Before and After School Program,

- Complete all of the accompanying forms.
- Return registration packet to:  
The Jointure, 1124 US Hwy 202, Suite B-11, Raritan, NJ 08869
- Include \$35 registration fee (**NON- REFUNDABLE**)
- Include one month's tuition (applied to September's tuition)
- Registration packets are due by **July 31, 2017** to start the first week of school.

Thank you so much for your cooperation. If you have any questions or concerns, please contact our office at 908-722-0233. We look forward to another exciting school year with your child(ren).

Thank you,

Darnell A. Scott  
Director of Children's Programs



**Branchburg School District  
Stony Brook Before & After School Program  
2017 - 2018 Registration**

Start Date: \_\_\_\_\_  
Grade: \_\_\_\_\_

Child's Name \_\_\_\_\_  Male  Female Birthday \_\_\_\_\_

Mother/Guardian \_\_\_\_\_ Work # \_\_\_\_\_

Address \_\_\_\_\_ Cell # \_\_\_\_\_

Town/Zip \_\_\_\_\_ Home # \_\_\_\_\_

Business Name \_\_\_\_\_ E-Mail Address \_\_\_\_\_

Title/Position \_\_\_\_\_  Primary Guardian  Payer Only  Primary Pickup

Father/Guardian \_\_\_\_\_ Work # \_\_\_\_\_

Address \_\_\_\_\_ Cell # \_\_\_\_\_

Town/Zip \_\_\_\_\_ Home # \_\_\_\_\_

Business Name \_\_\_\_\_ E-Mail Address \_\_\_\_\_

Title/Position \_\_\_\_\_  Primary Guardian  Payer Only  Primary Pickup

**Days Attending AM (Circle):** M T W Th F  **Sibling Discount**

**Days Attending PM (Circle):** M T W Th F

**C.A.N. Program (Care As Needed Program)**

**Monthly Tuition**

AM ONLY	3 days/week	4 days/week	5 days/week
<b>First Child 7:00 AM- First Bell</b>	\$135	\$140	\$150
<b>Sibling Discount 7:00 AM- First Bell</b>	\$125	\$130	\$135
PM ONLY	3 days/week	4 days/week	5 days/week
<b>First Child Dismissal- 6:30 PM</b>	\$210	\$220	\$230
<b>Sibling Discount Dismissal- 6:30 PM</b>	\$190	\$200	\$210
AM & PM 7:00 AM - 6:30 PM	3 days/week	4 days/week	5 days/week
<b>First Child</b>	\$345	\$360	\$380
<b>Sibling Discount</b>	\$315	\$330	\$345

**\*\*PLEASE INCLUDE A \$35.00 REGISTRATION FEE (PER CHILD)\*\***

**IN MY ABSENCE, I AUTHORIZE THE FOLLOWING TO PICK UP MY CHILD:**

Name _____	Work # _____
Town/Zip _____	Cell # _____
Relationship to Child: _____	Home # _____

Name _____	Work # _____
Town/Zip _____	Cell # _____
Relationship to Child: _____	Home # _____

Name _____	Work # _____
Town/Zip _____	Cell # _____
Relationship to Child: _____	Home # _____

Name _____	Work # _____
Town/Zip _____	Cell # _____
Relationship to Child: _____	Home # _____

Name _____	Work # _____
Town/Zip _____	Cell # _____
Relationship to Child: _____	Home # _____

**EMERGENCY NOTIFICATION (other than parent/guardian)**

**Name:** \_\_\_\_\_ **Relationship to child** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**Doctor's Name:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**Doctor's Address:** \_\_\_\_\_

**Restrictions, if any:** \_\_\_\_\_

## AUTHORIZATION

To the best of my knowledge, history is correct and complete. I know of no reason to restrict applicant's activity and give permission for participation in all activities except as noted herein. In the event that I cannot be reached in an **EMERGENCY**, I hereby give permission to the physician selected by The Jointure to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery for my child.

\_\_\_\_\_  
**Signature of Parent/Guardian** \_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Insurance Company** \_\_\_\_\_  
**ID#** \_\_\_\_\_  
**Group #**

### DISEASE OR PAST/PRESENT HISTORY

YES	NO	DETAILS	YEAR
_____	_____	Serious Illness_____	_____
_____	_____	Serious Injury_____	_____
_____	_____	Surgery_____	_____
_____	_____	Ears_____	_____
_____	_____	Eyes_____	_____
_____	_____	Nose/Sinus_____	_____
_____	_____	Teeth_____	_____
_____	_____	Throat/Tonsils_____	_____
_____	_____	Chest/Lungs_____	_____
_____	_____	Heart_____	_____
_____	_____	Stomach/Bowels_____	_____
_____	_____	Appendicitis_____	_____
_____	_____	Kidney/Bladder_____	_____
_____	_____	Menstrual Problems_____	_____
_____	_____	Hernia Rupture_____	_____
_____	_____	Back/Limbs/Joints_____	_____
_____	_____	Behavioral Conditions_____	_____
_____	_____	Allergies (Specify)_____	_____
_____	_____	Other (Specify)_____	_____

**\*\*Please list any SPECIAL NEEDS/ALLERGIES/MEDICATIONS\*\***

**My child is in good health and can participate in the Before and After School Program.**

\_\_\_\_\_  
**Signature of Parent/Guardian** \_\_\_\_\_  
**Date**

**SPECIAL INSTRUCTIONS:** \_\_\_\_\_

**\*\*If your child requires lifesaving medication (Epi-pen, Benadryl, etc.) please complete attached Medical Permission Form. A doctor's signature and Action Plan are also required to begin the program.\*\***



10:122-7.5 Administration and control of prescription and non- prescription medicines and health care procedures may be used to record administration of medication to children.

### INDIVIDUAL PERMISSON FOR MEDICATION OF HEALTH CARE PROCEDURE

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

Child's condition for administering medication: \_\_\_\_\_

Name of medication/procedure \_\_\_\_\_

\_\_\_\_\_ Prescription    \_\_\_\_\_ Non-Prescription    \_\_\_\_\_ Doctor's approval required

Amount to be administered \_\_\_\_\_

Time(s) to be administered \_\_\_\_\_

Dates to be administered    From \_\_\_\_\_    To \_\_\_\_\_

Refrigeration necessary    \_\_\_\_\_ Yes    \_\_\_\_\_ No

Special Instructions \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Possible adverse reactions: \_\_\_\_\_

\_\_\_\_\_

**I authorize the administration of medication to my child.**

\_\_\_\_\_  
Parent's signature

\_\_\_\_\_  
Date

*All prescription medication must have physician authorization!*

I authorize the following prescription medication to be administered as instructed above for this patient.

**Physician Signature:** \_\_\_\_\_    **Date:** \_\_\_\_\_

**Physician Name:** \_\_\_\_\_    **Phone:** \_\_\_\_\_

In consideration of the above named child being allowed to participate in the Jointure's program, I, the parent or legal guardian of the above mentioned child, hereby waive and forever release the Jointure, its trustees, employees, agents, staff, volunteers, successors, partners, and assigns, from any and all liability, claims, demands, or causes of action, arising out of or in any way related to the handling of medically related situations for my child while participating in any Jointure program, specifically inclusive of claims based upon the negligent administration of the above medication.

I fully assume all risk and waive all liability in connection with my child's medical needs while participating in any Jointure Program, without limitation, to the fullest extent permitted by law. I will indemnify, save and hold harmless each of the above releases from any litigation expense, attorney fees, loss or liability, damage against the Jointure and/or the school district.

**Signature of Parent/Guardian:** \_\_\_\_\_

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

**Print Name:** \_\_\_\_\_

## **WAIVER OF LIABILITY AND INDEMNITY AGREEMENT**

IN CONSIDERATION of being permitted to utilize the facilities, services and programs of The Jointure for any purpose, including, but not limited to observation or use of facilities or equipment, or participation in any program affiliated with the Jointure, the undersigned, for himself or herself and any personal representatives, heirs, and next of kin, hereby acknowledges, agrees and represents that he or she has, or immediately upon entering or participating inspect and carefully consider such premises and facilities or the affiliated program. It is further warranted that such entry into the Jointure for observation or use of any facilities or equipment or participation in any program constitutes an acknowledgement that such premises and all facilities and equipment thereon and such affiliated program have been inspected and carefully considered and that the undersigned finds and accepts same as being safe and reasonably suited for the purpose of such observation, use or participation.

IN FURTHER CONSIDERATION OF BEING PERMITTED TO ENTER THE JOINTURE FOR ANY PURPOSE INCLUDING, BUT NOT LIMITED TO OBSERVATION OR USE OF FACILITIES OR EQUIPMENT, OR PARTICIPATION IN ANY PROGRAM AFFILIATED WITH THE JOINTURE,

THE UNDERSIGNED HEREBY AGREES TO THE FOLLOWING:

1. THE UNDERSIGNED HEREBY RELEASES, WAIVES, DISCHARGES AND CONVENANTS NOT TO SUE the Jointure, its directors, officers, employees, and agents (hereinafter referred to as "releases") from all liability to the undersigned, his personal representatives, assigns, heirs, and next of kin for any loss or damages, and any claim or demands therefore on account of injury to the person or property or resulting in death of the undersigned, whether caused by the negligence of the releases or otherwise while the undersigned is in, upon, or about the premises or any facilities or equipment therein or participating in any program affiliated with the Jointure.
2. THE UNDERSIGNED HEREBY AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS the releases and each of them from any loss, liability, damage or cost they may incur due to the presence of the undersigned in, upon or about the Jointure premises or in any way observing or using any facilities or equipment of the Jointure or participating in any program affiliated with the Jointure whether caused by the negligence of the releases or otherwise.
3. THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE due to negligence of release or otherwise while in about or upon the premises of the Jointure and/or while using the premises or any facilities or equipment thereon or participating in any program affiliated with the Jointure.

THE UNDERSIGNED further expressly agrees that the foregoing RELEASE, WAIVER AND INDEMNITY AGREEMENT is intended to be as broad and inclusive as is permitted by the law of the State of New Jersey and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding continue in full legal force and effect.

THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGNS THE RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT, and further agrees that no oral representations, statements or inducement apart from the foregoing written agreement have been made.

\_\_\_\_\_  
**Name of Child**

Stony Brook \_\_\_\_\_  
**Name of School**

\_\_\_\_\_  
**Parent/Guardian Signature**

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

## TERMS AND CONDITIONS TO PARTICIPIATE IN JOINTURE'S PROGRAMS

Please initial that you understand and agree:

1. \_\_\_\_ that The Jointure requires my child to meet certain standards of behavior and that if my child fails to behave or demonstrates repeated unsatisfactory conduct, The Jointure has the right to suspend my child, or to dismiss my child from the program. A meeting with the parent/guardian will be conducted prior to such dismissal.
2. \_\_\_\_ that Before & After School Program operates Monday to Friday from 7:00 a.m. to the first bell, (if AM session is offered based on demonstrated need) and from dismissal - 6:30 p.m.
3. \_\_\_\_ that due to the high priority of safety for all the children, it is imperative that you notify The Jointure office when your child will be absent from the program. Please note that after five absences without notification, your child will be terminated from the program for the remainder of the school year.
4. \_\_\_\_ that if the need should arise to change my child's schedule, I will give written notification to The Jointure office at least 48 hours in advance.
5. \_\_\_\_ that it is my responsibility to inform The Jointure in writing or by calling The Jointure office if someone other than those listed is picking up my child and that anyone picking up my child must present photo identification and be at least 18 years old. I will notify The Jointure in writing if a phone number or address should change.
6. \_\_\_\_ that my child is not permitted to bring toys, video games or electronic devices to the program and will follow all of the rules of their school during the Before & After School Program. All cell phones are to remain in child's book bag.
7. \_\_\_\_ that anyone picking up my child (including myself) will be asked to present photo identification before my child is released.
8. \_\_\_\_ that a \$25 late fee per child will be imposed for every 15-minute interval or part thereof. (Ex. 6:31 – 6:45 = \$25, 6:46 – 7:00 = \$50, etc.) After 5 late pick-ups my child will be terminated from the program. I understand that this policy will be strictly enforced.
9. \_\_\_\_ that the Before & After School Program will follow the school calendar. Our programs will only be in session on school days and will be closed during holidays and vacations.
10. \_\_\_\_ that the Before School Program will not be in session if there is a delayed opening due to extreme weather conditions or other emergency. Also, the After School Program will not be in session if school closes early due to inclement weather or any other reason (i.e. power outage, etc.) that prohibits the school to remain open.

\_\_\_\_\_  
**Name of Child**

Stony Brook  
\_\_\_\_\_  
**School/Site**

\_\_\_\_\_  
**Parent/Guardian Signature**

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

# HOMWORK CONTRACT

Dear Jointure Families,

The Jointure is starting our year by organizing our homework center. We believe that we can support your family and your child's school success by providing some time during our day for homework. Please realize that we cannot provide your child with one-on-one assistance nor is the After School Program a tutorial session.

## Please initial one box:

\_\_\_\_\_ My child should work on homework at the program.

\_\_\_\_\_ My child should NOT work on homework at the program.

Role of the child:

- To be honest when asked if they have homework.
- Come to the homework area when I have homework.
- Bring the books, pencils, notebooks and worksheets that I need.
- Try my best to understand the homework assignment at school.
- Complete my homework quietly in the homework room.
- Ask for help when I need it.

Role of the Families:

- Check the homework completed by my child during program time.
- Realize that homework will be started after school, but may have to be completed at home.
- Understand that staff are not permitted to look for homework in a child's backpack.
- Support my child with unfinished or difficult homework.
- Talk to teachers at the school about homework issues.

Role of the Staff:

- To provide a comfortable homework area.
- To guide children with their homework while encouraging them to work independently.
- To communicate successes or concerns about homework to families.

\_\_\_\_\_  
**Child's Signature**

\_\_\_\_\_  
Stony Brook

**School/Site**

\_\_\_\_\_  
**Parent/Guardian Signature**

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

## Parent Handbook

To ensure the families of our Before and After School Programs are well informed of all Jointure policies, procedures and program information, the Parent Handbook is now available digitally or as a hard copy. Please indicate if you prefer to receive a hard copy or digital copy. If you prefer a digital copy please provide e-mail address below. Your authorization is required for acknowledgement of receipt of the Parent Handbook.

E-mail Address: \_\_\_\_\_

I, \_\_\_\_\_, authorize that I have received a copy of 2016 - 2017 Parent Handbook.  
*Parent/Guardian Print Name*

\_\_\_\_\_  
**Parent/Guardian Signature**

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



## THE JOINTURE PHOTO/VIDEO/INTERVIEW/WEBSITE CONSENT

I certify that I am the parent or legal guardian of \_\_\_\_\_ whose date  
(Name of Child)  
of birth is \_\_\_\_\_.  
(mm/dd/yy)

I understand that this program features special events both in-school and away from school. Media representatives, newspaper and television reporters, photographers, and public-relations personnel may be present at these special events to record them. In some cases they may interview and/or photograph children who participate in these events. These photographs, videos, and interviews will only be used to promote our Before & After School Programs and/or The Jointure.

If you wish for your child to participate in the activities described above, please review this section.

I **GIVE** permission for my child to be photographed or otherwise recorded during events and activities. *(Please check if you give permission).*

Photo       Video       Interview       Website Consent       Facebook

\_\_\_\_\_  
**SIGNATURE OF PARENT OR GUARDIAN**

\_\_\_\_\_  
**DATE**

If you **DO NOT** wish for your child to participate in the activities described above, please review this section.

I **DO NOT** give permission for my child to be photographed or otherwise recorded during events and activities. As a result, my child may not be able to participate in these events and activities. *(Please check if you DO NOT give permission).*

Photo       Video       Interview       Website Consent       Facebook

\_\_\_\_\_  
**SIGNATURE OF PARENT OR GUARDIAN**

\_\_\_\_\_  
**DATE**

## BLANKET PERMISSION SLIP FOR WALKING TRIPS

I give permission for my child \_\_\_\_\_, to participate in walking trips within the school's neighborhood.

I understand that these walks do not involve entrance into any facility and the route of the trip involves no safety hazards.

\_\_\_\_\_  
**SIGNATURE OF PARENT OR GUARDIAN**

\_\_\_\_\_  
**DATE**

If you **DO NOT** wish for your child to participate in walking trips, please refer to this portion of the form.

**I DO NOT give permission for my child \_\_\_\_\_, to participate in waking trips. As a result, my child may not be able to participate in certain events/ activities with his/her class.**

\_\_\_\_\_  
**SIGNATURE OF PARENT OR GUARDIAN**

\_\_\_\_\_  
**DATE**

## **THE JOINTURE RELEASE POLICY**

Each child may be released only to the child's custodial parent(s) or person(s) authorized by the custodial parent(s) to take the child from the school and assume responsibility for the child in an emergency if the custodial parent(s) cannot be reached.

If a non-custodial parent has been denied access, or granted limited access, to a child by a court, the Jointure shall secure documentation to that effect, maintain a copy on file, and comply with the terms of the court order.

If the custodial parent(s) or Person(s) authorized by the custodial parent(s) fail to pick-up a child by The Jointure's after school program's daily closing time, the Jointure shall ensure that:

1. The child is supervised at all times;
2. Staff member(s) attempt to contact the custodial parent(s) or person(s) authorized by the custodial parent(s); and
3. After closing time, and provided that other arrangements for releasing the child to his/her custodial parent(s) or person(s) authorized by the custodial parent(s) have failed, and the staff member(s) cannot continue to supervise the child, the staff member shall call the Division's 24-hour Child Abuse Hotline (1-800-792-8610) to seek assistance in caring for the child until the parent(s) or person(s) authorized by the child's parent(s) is able to pickup the child.

If the custodial parent(s) or person(s) authorized by the custodial parent(s) appears to be physically and/or emotionally impaired to the extent that, in the judgment of the director and/or staff member, the child would be placed at risk of harm if released to such an individual, the staff member(s) shall adhere to the following procedure:

1. The child may not be released to such an impaired individual.
2. Staff member(s) attempt to contact the child's other custodial parent or an alternative person (s) authorized by the parent(s) for pick-up.
3. If the Jointure is unable to make alternative arrangements, a staff member shall call the Division's 24-hour Child Abuse Hotline (1-800-792-8610) to seek assistance in caring for the child.

### **Custodial Information**

**If a non-custodial parent is not included among those persons authorized by the custodial parent to pick up the child, please provide a copy of court documents.**

\_\_\_\_\_  
**Parent/Guardian's Name (Please Print)**

\_\_\_\_\_  
**Child's Name**

\_\_\_\_\_  
**Parent/Guardian's Signature**

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

Dear Families:

In keeping with the New Jersey's Child Care Center Licensing Requirements, we are obligated to provide you, as the parent of a child enrolled at our center/site, with this informational statement.

The statement highlights, among other things: your right to visit and observe our site at any time without having to secure prior permission; the center's obligation of all citizens to report suspected child abuse/neglect/exploitation to the State's Department of Children and Families.

Please read this statement carefully, and if you have any questions, feel free to contact our office at 908-722-0233.

\*\*\*\*\*

Please complete and return this portion to The Jointure – 1124 US Hwy 202, Suite B-11, Raritan, NJ 08869.

**Please print**

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

**Name of Parent:** \_\_\_\_\_

### **Certificate of Receipt**

I have read and received a copy of the Information to Parents Statement prepared by the Office of Licensing in the Department of Children and Families. I have read and received a copy of the Jointure's Disciplinary Policy which is located in the Parent Handbook.

\_\_\_\_\_  
**Parent/Guardian Signature**

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

### **Jointure Television and Computer Use Policy**

The Jointure provides an activity-focused early learning environment for students of all ages. We believe children learn best through active participation, hands-on experiences, interactive conversation, and exploration. Utilizing technology in the classroom is a valuable resource and allows for various teaching methods when used appropriately. The Jointure follows recommendations established by the American Academy of Pediatrics, which has found that too much television viewing has been linked to poor performance in school, overweight children, and the establishment of poor dietary habits.

Children under the age of two will not have access to television viewing, which includes watching videos, or DVD's, playing video games, and using the computer.

Children age two and older who are in care four or more hours each day, television screen time is limited to 40 minutes per week and no more than 20 minutes at a time. Computer use is limited to 15 minute increments per child, except for school-age children who are completing homework, school work, or supervised enrichment activities.

Children age two and older who are in care less than four hours per day, television screen time is limited to 30 minutes per week. Computer use is limited to 15 minutes per child, except school-age children who are completing homework, school work, or supervised activities.

I have read and understand The Jointure's Television and Computer Policy .

\_\_\_\_\_  
**Parent/Guardian Signature**

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



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

TO: The Jointure  
1124 US Hwy 202 South  
Suite B-11  
Raritan, NJ 08869

**Only for Automatic Monthly Payments**

This letter will authorize The Jointure to charge my credit card or account as follows: Please choose the method in which you intend to have withdrawals each month.

**Credit Card**  
 (PLEASE PRINT)  
 Name of Card (Visa/MasterCard/ American Express/Discover): \_\_\_\_\_  
 Cardholder's Name: \_\_\_\_\_  
 Card Number: \_\_\_\_\_  
 Exp. Date: \_\_\_\_\_ Security Code: \_\_\_\_\_

**Direct Debit** (please fill out form or attach a voided check)  
 (PLEASE PRINT)  
 Account Holder's Name: \_\_\_\_\_  
 ABA Routing Number: \_\_\_\_\_  
 Checking Account Number: \_\_\_\_\_

I, \_\_\_\_\_ understand that my account will be charged in the amount of \$ \_\_\_\_\_ on the 15th for the following month's tuition( i.e. October's tuition is due September 15th). Starting from \_\_\_\_\_ to \_\_\_\_\_. I also understand that if my child's schedule changes the amount charged to my account will reflect the changed tuition.

\_\_\_\_\_  
**Name of Child**

\_\_\_\_\_  
**Signature:**

Stony Brook Before & After  
**Name of School/Site**

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



## Payment Policies & Procedures

Tuition is set annually and divided into 10 equal monthly payments for your convenience. A \$35 registration fee and your first month's payment is due at the time of enrollment to hold your child's place. **Subsequent payments are due one month in advance, on or before the 15th of each month (i.e. October's tuition is due by September 15th).** Invoices will be e-mailed the first of every month regardless of method of payment. If there are any changes to your e-mail throughout the year, please contact our Administrative office, 908-722-0233.

### Withdrawals , Refunds and Cancellation Terms & Conditions

*(Please initial that you understand and agree)*

1. \_\_\_\_\_ All withdrawals must be completed and submitted with the Jointure's Withdrawal Form (If you wish to withdraw your child before the start of school in September, you will receive a refund of any prepaid tuition).
2. \_\_\_\_\_ Refunds will not be approved for periods in which service has been provided.
3. \_\_\_\_\_ The \$35 per child registration fee is non-refundable.
4. \_\_\_\_\_ A refund or credit will be determined on the day in which the Withdrawal Form is submitted.
5. \_\_\_\_\_ Refunds will not be provided until a Withdrawal Form has been completed and submitted
6. \_\_\_\_\_ Your child may not enroll or re-enroll in any Jointure program if you have an outstanding balance (all payment issues, such as adjustments and refunds, must be resolved with the office before the end of the school year. There will be no requests honored for refunds or adjustments after the school year is over).
7. \_\_\_\_\_ It is the responsibility of the cardholder to notify The Jointure Administrative Office if there are changes to the account, and/ or card information.
8. \_\_\_\_\_ Credit or Debit Cards resulting "Non-sufficient Funds" will be charged \$15. Credit or Debit Cards consistently resulting in NSF will require all future payments to be made by cash or money order for the remainder of the year.
9. \_\_\_\_\_ All charges on a Credit Card will incur a **non-refundable** \$5 fee, per charge.
10. \_\_\_\_\_ In order to cancel your monthly Automatic Credit /Debit Payments, written notification must be provided stating the date in which you choose to stop utilizing automatic payments. Once your account has been cancelled, you will receive a confirmation email.

By printing and signing below, I, \_\_\_\_\_, understand the policies and procedures regarding payments, withdrawals and refunds. I also understand the terms and conditions for utilizing Credit/Debit Card Automatic Payments and the cancellation and refund policies associated with it.

**Signature:** \_\_\_\_\_

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

**Department of Children and Families**  
**Office of Licensing**  
**INFORMATION TO PARENTS**

Under provision of the Manual of 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 Office of Licensing, Child Care & Youth Residential Licensing, in the Department of Children and Families. In keeping with the requirement, the center must secure every parents 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 Office of Licensing (OOL), Child Care & Youth Residential Licensing, in the Department of Children and Families (DCF). 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; administration 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 view a copy of the Manual of Requirements on the DCF website at [www.state.nj.us/dcf/providers/licensing/law/index.html](http://www.state.nj.us/dcf/providers/licensing/law/index.html) or obtain a copy by sending a check or money order for \$5 made payable to the "Treasurer, State of New Jersey", and mailing it to : NJSCF, Office of Licensing, Publication Fees, PO Box 657, Trenton, NJ 08646-0657.

We encourage parents to discuss with us any questions or concerns about the policies and program 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 requirements, you are entitled to report them to the Office of Licensing toll free at 1 (877) 667-9845. 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 OOL'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 OOL'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 DCF inspections/investigations. DCF 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 may have about it.

Our center must post a listing or diagram of those rooms and areas approved by the OOL 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 assist the center in complying with licensing requirements; and 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 inform 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 such trip.

Our 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.). 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 a LAD claim at (609) 292-4605 (TTY users may dial 771 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 filing an ADA claim at (800) 514-TTY).

Our center is required, at least annually, to review the Consumer Product Safety Commission (CPSC), unsafe children's products list, ensure that items on the list are not at the center, and make a list accessible to staff and parents and/or provide parents with the CPSC website at <http://www.cpsc.gov/en/recalls/Recalls-by-Product/?productId=68364>. Internet access may be available at your local library. For more information call the CPSC at (800) 638-2772.

Anyone who has reasonable cause to believe that an enrolled child has been or is being 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 exploitation by any adult, whether working at the center or not, is required by State law to report the concern immediately to the State Central Registry Hotline, toll free at (877) NJ ABUSE/ (877) 652-2873. Such reports may be made anonymously. Parents may secure information about child abuse and neglect by contacting: DCF, Office of Communication and Legislation at (609) 292-0422 or go to [www.state.nj.us/dcf/](http://www.state.nj.us/dcf/) and select Publications.





### Creative Campus Delayed Opening Program

In the event that there is a delayed opening at Whiton School or Stony Brook School in Branchburg, and it is a day on which your child is registered for our Before School Program, you may bring your child to The Creative Campus at Old York School at 580 Old York Road, Branchburg. Busing will be provided to transport your child to the appropriate school at their opening time. **In order to take advantage of this option, you must pre-register by filling out this form. It will take at least two weeks after registration to coordinate with transportation before your child becomes eligible to be part of the program.**

Your child must be dropped off any time after 7:00 a.m. but must be at The Creative Campus no later than 9:45 a.m. Also, we ask that your child bring a full lunch with them (just in case there is a full school closing). If there is a full school closing, your child will be able to stay at The Creative Campus until he/she can be picked up (no later than 6:30 p.m.).

Tuition for the Delayed Opening Program is \$10 per child and \$50 if Branchburg School District closes for a full day. If a credit card has been provided and on file it will only be charged after the buses have departed for the day.

I **decline** signing up for the Delayed Opening Program offered by The Jointure. I understand that in the event of a delayed opening, I will not be able to drop off my child at The Creative Campus at Old York School. I understand that if I decide to register for this program at a later date, it will take at least two weeks after registration to coordinate for transportation before my child becomes eligible to part of the program.

\_\_\_\_\_  
Parent/Guardian Name (Please Print)

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

\_\_\_\_\_  
Date

I would like to sign up my child, \_\_\_\_\_ for the Delayed Opening Program  
(Child's Name)  
offered by The Jointure at The Creative Campus at Old York School.

My Child is currently registered in the Before School Program at (please circle)    Whiton            Stony Brook

I, \_\_\_\_\_, give permission for my child to be transported from The Jointure's Creative Campus to their school as designated above.

\_\_\_\_\_  
Parent/Guardian Name (Please Print)

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

\_\_\_\_\_  
Date