

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

It is our objective to foster self-esteem, self-control, self-direction, and cooperation. Positive redirection, logical and natural consequences, and opportunities for children to problem solve and make choices are the means of fostering all the above. In the event a child requires discipline by a group leader, the following philosophy shall be followed:

- The methods of guidance used shall be positive, consistent with the developmental needs of the children and applied with the full knowledge and understanding of the parent(s).
- There shall be NO use of hitting, corporal punishment, abusive language, ridicule, or harsh, humiliating, or frightening treatment, or any other kind of child abuse/neglect or exploitation.
- Discipline shall not be associated with the withholding of emotional responses or stimulation and shall not require the child to remain silent for extended periods of time.
- The child will be disciplined according to the following procedures:
  1. Distraction of child
  2. Verbal reminder of behavior needing modification
  3. Child will be given time away from the group, with supervision of a staff member, but within the classroom.
- Any acute disciplinary problems will be discussed with the Director and the parents.

### Dismissal from program:

The director reserves the right to cancel any child’s enrollment or dismiss a child whose mental condition, conduct, influence, or behavior is deemed unsatisfactory to the best interests of the program. You will have 10 days to make other arrangements for your child.

This notification must be given through a parent conference with written notification. If the behavior is deemed to be dangerous, there will be an immediate dismissal.

No refunds will be given.

**I have read, understand, and accept the rules, and the standards of conduct outlined in this document.**

<b>Child Name</b>	
<b>Parent/Guardian Signature</b>	
<b>Date</b>	

# Registration Materials Checklist

This packet contains the following forms to be submitted electronically.

**Registration Form** (1 per child)

**Emergency Form** (1 per family)

**Child Release Form** (1 per family)

**Universal Health Form** (1 per child)

The universal Health form is also located at [katzjcc.org/after-school-programs](https://katzjcc.org/after-school-programs) to be downloaded and submitted to your child's pediatrician.

**Medication Form** (1 per child)

**Food Allergy Information Form** (1 per child)

**Manual of Requirements** (1 per family)

**Communicable Disease Form** (1 per family)

**Homework Completion Form** (1 per family)

**Computer Usage Policy** (1 per family)

**Behavior Policy** (1 per family)

**Late Pick-Up Policy** (1 per family)

A parent handbook will be sent separately.

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

Please fill out the form below relating to those persons who have your permission to pick up your child from the Katz JCC Just 4 Kids After School Program.

If, due to unforeseen circumstances, you assign someone else to pick up your child, we will require permission by phone, e-mail or a note from you to release the child into their care. Please be aware that the person will be asked to identify him/herself with photo identification before receiving your child.

If there are any custody issues, we must have legal documentation regarding who is allowed to pick up the child/ren and on which days.

All information will be kept strictly confidential.

Child 1		Grade	
Child 2		Grade	
Child 3		Grade	

Parent/Guardian			
Cell #		Email	

Parent/Guardian			
Cell #		Email	

The following people are authorized to pick up my child from the Katz JCC Just 4 Kids After School Program. I authorize the release of my child to their care.

Name	Relationship	Phone Number

Authorized Signature	
Date	

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

The Katz JCC has established a computer network and is pleased to offer Computer access with Internet. In order to use the Computer System, members must first read and understand the following acceptable and unacceptable use of its Systems.

## Acceptable Uses

1. Use of the Internet is contingent upon members and/or parent/guardian permission in the form of a signed copy of this Computer Policy. Parents/guardians may revoke approval at any time.
2. Materials created and/or stored on the system are not guaranteed to be private. Network administrators may review the system from time to time to ensure that the system is being used properly. For this reason, members should expect that emails, materials placed on personal Web pages, and other work that is created on the network may be viewed by a third party.
3. Users are expected to adhere to the safety guidelines as listed.

## Unacceptable Uses

1. Network may not be used to download, copy, or store any software, shareware, or freeware.
2. Users are not permitted to install any software onto Katz JCC's computers.
3. Network may not be used for commercial purposes. Users may not buy or sell products or services through the system.
4. Use of the network for advertising or political lobbying is prohibited.
5. The network may not be used for any activity, or to transmit any material, that violates United States or local laws. This includes but is not limited to illegal activities such as threatening the safety of another person or violating copyright laws.
6. Users may not use vulgar, derogatory, or obscene language. Users may not engage in personal attacks, harass another person, or post private information about another person.
7. Users may not access web sites, newsgroups, or chat areas that contain material that is obscene or that promotes illegal acts. If a user accidentally accesses this type of information, he or she should immediately notify an employee of the Katz JCC immediately.
8. Users are not to access chat areas or use any type of instant messaging.
9. Users may not engage in "spamming" or participate in chain letters.
10. Users may not attempt to circumvent security system or to exploit or probe for security holes in computer system, nor may users attempt any such activity against other systems accessed through the Katz JCC's computer system.
11. Users may not attempt to repair, open or cause any damage physically or otherwise to the computers, printers and any other component of the Katz JCC's computer system.

## Safety Guidelines

1. Never give out your last name, address, or phone number.
2. Never agree to meet with anyone you have met online unless you first have the approval of your parent or guardian.
3. Notify an adult immediately if you receive a message that maybe inappropriate or if you encounter any material that violates this Computer Policy.
4. Your parents should instruct you if there is additional material that they think would be inappropriate for you to access. The Katz JCC expects you to follow your parents' wishes in this matter.

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

## Consent Form and Waiver for Children

The following form must be read and signed by you and your parent or legal guardian.

By signing the Consent and Waiver form attached, the \_\_\_\_\_ family agrees to abide by the following restrictions. We have discussed these rights and responsibilities. Further, we have been advised that the Katz JCC does not have control of the information on the Internet, although it attempts to provide prudent and available barriers. Other sites accessible via the Internet may contain material that is illegal, defamatory, inaccurate, or potentially offensive to some educational goals and objectives, users will have the ability to access other materials as well.

The Katz JCC believes that the benefits to children from access to the Internet, in the form of information resources and opportunities for collaboration, far exceed any disadvantages of access. But ultimately, the parent(s)/guardian(s) of minors are responsible for setting and conveying the standards that their student should follow. To that end, The Katz JCC supports and respects each family's right to decide whether to apply for Katz JCC network access.

**By signing this form, I agree to the terms in the Katz JCC Computer Policy.**

<b>Signature of Child</b>	
<b>Parent/Guardian Signature</b>	
<b>Date</b>	

# Emergency Form

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

Child Last Name \_\_\_\_\_ First \_\_\_\_\_ Initial \_\_\_\_\_ Date of Birth (MM/DD/YYYY) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone \_\_\_\_\_

**To Parent/Guardian:**

To serve your child in case of accident or sudden illness, it is necessary that you give the following information for EMERGENCY CALLS.

Parent/Guardian 1 Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_ Email \_\_\_\_\_

Parent/Guardian 2 Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_ Email \_\_\_\_\_

List two neighbors or nearby relatives who will assume temporary care of your child(ren) if you cannot be reached:

Neighbor/Relative 1 Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_ Email \_\_\_\_\_

Neighbor/Relative 2 Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_ Email \_\_\_\_\_

Does this child have any health insurance including NJ FamilyCare/Medicaid, Medicare, private or other?

**YES My child has health insurance.**

**NO My child does not have health insurance.** You may release my name and address to the NJ FamilyCare Program to contact me about health insurance.

Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Written consent required pursuant to 20 U.S.C. § 1232g(b)(1) and 34 C.F.R. 99.30(b). NJ FamilyCare provides free or low cost health insurance for uninsured children and certain low income parents. For more information visit [www.njfamilycare.org](http://www.njfamilycare.org) to apply online or call 1-800-701-0710.

List any medical/surgical care your child has received during the past year: \_\_\_\_\_

Allergies \_\_\_\_\_

Kind	Medications
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Allergic Reaction \_\_\_\_\_

Date	Medications
------	-------------

Immunizations/Tetanus \_\_\_\_\_

Date	Type
------	------

Restrictions \_\_\_\_\_

Doctor \_\_\_\_\_ Phone \_\_\_\_\_

Dentist \_\_\_\_\_ Phone \_\_\_\_\_

Hospital \_\_\_\_\_ Phone \_\_\_\_\_

Hospital Name/Address \_\_\_\_\_

I, the undersigned, do hereby authorize officials of the Katz JCC to contact directly the person(s) named on this card and do authorize the named physicians to render such treatment as may be deemed necessary in an emergency, for the health of said child. In the event that physicians, other persons named on this card, or parents/guardians cannot be contacted, the JCC officials are hereby authorized to take whatever action is deemed necessary in their judgment, for the health of the aforesaid child. I will be financially responsible for the cost of emergency care and/or transportation for my child. The JCC shall have no financial responsibility for same and I will indemnify and save the JCC harmless from any liability.

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

Date \_\_\_\_\_

# Food Allergy Information Form

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

At the Katz JCC After School Program, safety is our number one priority. We need your help to make your child's experience both fun and safe.

Please complete the form below only if your child has a medically diagnosed food allergy. Our staff will review this information. In addition, your child's group leader will use this information to plan for special events.

This information will be kept confidential and only provided to appropriate staff on a need-to-know basis.

My child has food allergies. If yes, continue to fill out information below      My child has NO known food allergies.

<b>Child's Name</b>	
<b>Grade</b>	
<b>Food Allergy 1</b>	
<b>Reaction to touch</b>	
<b>Reaction to smell</b>	
<b>Other</b>	
<b>Food Allergy 2</b>	
<b>Reaction to touch</b>	
<b>Reaction to smell</b>	
<b>Other</b>	
<b>Food Allergy 3</b>	
<b>Reaction to touch</b>	
<b>Reaction to smell</b>	
<b>Other</b>	

**Will you be sending an Epi-pen to be kept in the office? Is there a history of anaphylactic reactions?**

**Yes  
Yes**

**No  
No**

<b>If yes, please explain:</b>
<b>Emergency Medical Instructions:</b>

<b>Parent/Guardian Signature</b>	
<b>Date</b>	

# Homework Completion and Help

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

Each day at Just4Kids we offer your child time to complete their homework and assistance if needed.

Please note that our staff and volunteers can assist your child, but we are unable to provide private tutoring and ultimately, responsibility for your child's homework must be yours.

To avoid any confusion, please return this slip with your choice. Thank you.

- 
- I would like my child/ren to do his/her homework at Just4Kids when they arrive to the JCC.
  - I would like my child/ren to do part (1 period) of their homework at the Just 4 Kids Program.
  - I would prefer to have my child/ren do their homework at home

<b>Child 1</b>		<b>Grade</b>	
<b>Child 2</b>		<b>Grade</b>	
<b>Child 3</b>		<b>Grade</b>	

**Notes:**

<b>Name of Parent</b>	
<b>Signature</b>	
<b>Date</b>	

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

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 may 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 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.

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 Division of Youth and Family Services’ Office of Child Abuse Control, Toll-Free at (800) 792-8610, or to any District Office. 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, CN 717, Trenton, New Jersey 08625-0717.

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.

<b>Name of Child</b>	
<b>Name of Parent/Guardian</b>	
<b>Signature</b>	
<b>Date</b>	

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

The Program Director will administer medicine to a child only if the parent delivers the medication in its original package and with direction of administration on the prescription bottle/container.

We DO NOT administer over the counter drugs. If needed, over the counter medicines need to be transferred to a prescription requiring:

- Doctor’s prescription/note, along with the child’s name
- Prescribed dosage and time interval dosage with the actual times indicated by your child’s doctor, indicating that the medication is needed to be given to the child during their hours with us.

The Director will log each time the medicine is administered.

No medication will be administered on an “as needed” basis (except for emergency medication for asthma, severe allergic reaction; EpiPen).

Our staff cannot make decisions about whether medicine is to be given.

No medication can be given to a child that is “hidden” within a bottle or cup.

All medications are kept out of the reach of children in a locked container.

Insect repellent may be used with written parental permission on children older than 2 months once per day.

## Allergies

Please indicate your child’s allergies on the enrollment/intake forms. We are happy to work with you in ensuring your child is safe in our care. If it is a life-threatening allergy, we will need specific information and an action plan on treatment in case of contact as well as the appropriate supplies (for example an EpiPen, Benadryl).

We have several children highly allergic to nuts; therefore, our program is deemed “NUT AWARE”. Please do not send any food products that contain nuts or are processed in a facility that is not nut-free.

## Yes, I will be sending medication.

<b>Child Name</b>	
<b>Parent/Guardian Signature</b>	
<b>Physician Signature</b>	
<b>Date</b>	

# Policy of the Management of Communicable Disease

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

If a child exhibits any of the following symptoms, the child should not attend the Just 4 Kids Programs. If such symptoms occur at the center, the child will be removed from the group, and parents will be called to take the child home.

- Symptoms of COVID-19
- Severe pain or discomfort
- Acute diarrhea
- Episodes of acute vomiting
- Elevated oral temperature of 100.4 degrees Fahrenheit
- Lethargy
- Severe coughing
- Yellow eyes or jaundiced skin
- Red eyes with discharge
- Infected, untreated skin patches
- Difficult or rapid breathing
- Skin rashes in conjunction with fever or behavior changes
- Skin lesions that are weeping or bleeding
- Mouth sores with drooling
- Stiff neck

Once the child is symptom free or has a health care provider's note stating that the child no longer poses a serious health risk to himself/herself or others, the child may return to the center unless contraindicated by local health department or Department of Health.

## EXCLUDABLE COMMUNICABLE DISEASES

A child or staff member who contracts an excludable communicable disease may not return to the Katz JCC without a health care provider's note stating that the child presents no risk to himself/herself or others.

*Note: If a child has chicken pox, a note from a parent stating that all sores have dried and crusted is required. If a child is exposed to any excludable diseases at the center, parents will be notified in writing.*

## COMMUNICABLE DISEASE REPORTING GUIDELINES

Some excludable diseases must be reported to the health department by the center. The Department of Health's Reporting Requirements for Communicable Diseases and Work-Related Conditions Quick Reference Guide, a complete list of reportable excludable communicable diseases, can be found at: [http://www.nj.gov/health/cd/documents/reportable\\_disease\\_magnet.pdf](http://www.nj.gov/health/cd/documents/reportable_disease_magnet.pdf)

<b>Name of Parent/Guardian</b>	
<b>Signature</b>	
<b>Date</b>	