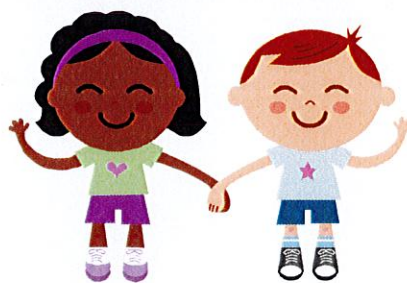


Immaculate Conception

After School Child Care (ASCC) Program K-8

Quality after school child care that meets the needs of
Immaculate Conception School Children



Registration Forms

September 2022 - June 2023

Please return pages 5 thru 12 in this packet for registration.

Immaculate Conception After School Child Care (ASCC) Program

ASCC is a carefully planned, supervised program for children in grades K-8. Children are provided with play and study time, as well as the opportunity to participate in a more structured environment. Program activities include:

Arts and crafts
Educational TV and VCR viewing (suitable for children)
Storytelling
Snack time
Quiet time for study
Indoor and Outdoor play (weather permitting)
Individual and/or small group play

The program is under the direction of Miss Mary Erath. Qualified staff assists in the implementation of the daily schedule.

Program Hours and Location

The 2022- 2023 ASCC Program is located at Immaculate Conception School and operates September through June. The designated area for ASCC will be Room 12. Operating hours are 2:15 - 5:30 pm on regular school days and 12:15 - 5:30pm on early dismissal days. **ASCC will only be available on the days when school (K-8) is in session unless otherwise indicated on the school calendar.** There is no ASCC on the day before Thanksgiving or on the half day before the beginning of vacations. A copy of the school calendar will be sent to you at the start of school. If Immaculate Conception School is closed for a holy day, holiday, snow day or other emergency, then the program will also be closed.

General Information

ENROLLMENT PLANS AND PROCEDURES

COSTS

Children may attend 1,2,3,4 or 5 days a week. Please indicate on registration form when they will attend. This can be changed at any time.

Each page of the registration packet must be completed, dated and signed before your child can attend. You must re-register each year.

****Please note the fees for the 2022-2023 school year.****

The fee for the 2:15-3:30 pick up is \$6.00 for the first child and \$4.00 for each additional child per day. The fee for the 3:30-4:30 pick up is \$12.00 for the first child and \$8.00 for each additional child per day. The fee for a regular school day is \$18.00 for the first child and \$ 12.00 for each additional child per day. For early dismissal days, the fee is \$20.00 for the first child and \$15.00 for each additional child per day.

PAYMENT POLICIES

1. At the beginning of each month, you will receive an invoice which will indicate the balance due for previous month of service. Full payment for that month's service must be made by the date specified on the invoice. If a payment remains outstanding on the last school day of the month, service will be denied on the first day of the new month. Child care services are contingent upon full, advance payment and will not be offered for delinquent accounts. To insure uninterrupted service, please submit your payment promptly, along with the duplicate copy of your invoice.

1. **Please make checks payable to ICS.** It is important that you identify ASCC Program on the outside envelope. Please do not send ASCC payments to the rectory or combine them with other school-related payments.
2. Payments will differ from month to month because the number of school days (regular and early dismissal) changes each month throughout the year. A copy of the 2022-2023 school calendars will be sent to you at the start of school.

OTHER CHARGES

A late pick up charge of \$15.00 per 10 minutes will be assessed for each child remaining in ASCC after 5:30 PM. Late fee will start at 5:31pm. Waiving of this fee for severe weather emergencies will be at the discretion of the director. Please be prompt. **A fee of \$20.00 will also be levied for returned checks.**

ATTIRE:

Children may bring clothing to change for play and other activities but this is not mandatory. Sneakers, however, **MUST** be worn for both playground and gymnasium play. It is highly recommended that all **CLOTHING BE LABELED** with your child's name.

TRANSPORTATION:

Parents will provide all transportation.

Provisions

ATTENDANCE AND DEPARTURE:

Children will meet in Room 12. A staff member will take attendance at the beginning of the ASCC program. At departure time, **parents or authorized persons are required to come into the building for the students** (please see Release Policy). All doors are locked and pick up persons must ring the ASCC doorbell at door #27(door near soccer field) to be let in . If the children are in the gym, a sign will be posted on the door and you can drive around to the gym to pick up.

ATTENDANCE NOTIFICATION FORM:

This form is used by **Daily** registrants to request child care for a particular day. Copies are included in this packet. Additional forms are available on the school web site.

DISCIPLINE AND DISMISSAL POLICY:

Dismissal of a student from the ASCC Program can occur at any time during the school year for lack of cooperation with the guidelines set down in this packet, for repeated incidents of disruptive behavior, for habitual late payments, for lack of payment, and for habitual late pickups.

Positive discipline, which reinforces appropriate behavior, will be used to handle daily minor incidents that may occur. Any unusual or major incidents (such as hitting, deliberate defacing property etc.) will be recorded and reported to the parents. Behavior considered inappropriate for the regular Immaculate Conception School program is considered inappropriate for the ASCC program. For your reference please see the Immaculate Conception School Parent-Student Handbook.

EXTRA CURRICULAR ACTIVITIES:

Children may participate in extra curricular activities provided parents have signed the **Extra Curricular Activity Form** included with this packet. This form authorizes the indicated persons to escort your child (ren) to and from ASCC. These persons are responsible for your child (ren) during his/her activity. Please remind your child, however, that he/she must always report first to ASCC in order to be accounted for and signed in. See release policy and **Extra-Curricular Activity Form** for more information. It is recommended that you sign this form in case a teacher would like to provide extra help or make-up work due to absence.

GUIDELINES:

ASCC reserves the right to set and change staffing, registration and program guidelines as necessary.

HOMEWORK:

While you may indicate that you definitely want your child to complete most of his/her homework, **please note that the ASCC staff is not responsible for its completion or correction. There might be unexpected occurrences throughout the school year when homework is not able to get done. Parents should check child's homework as many children worked independently.**

INSURANCE:

Children are covered under the school's insurance policy.

MEDICATION:

The enclosed **Medication Permission Form** must be completed if you want our staff to administer a particular type of medication. In addition to the parent's signature, please note that this form must also be signed by your physician. No exceptions can be made to this policy. A separate form is needed for each different type of medicine that you want dispensed. Additional forms are available upon request.

Because of increasing changes and complexities in the definition of parental status, ASCC requires that custodial parents/guardians also list themselves on the Release Form. Custodial parents need not fill out and carry an ASCC Pick-Up Authorization Badge for themselves. Please anticipate, however, that parents/guardians new to ASCC and unfamiliar to our staff will be asked for photo identification. The safety and security of your children is our utmost concern. We have found that parents are most appreciative of these policies and quite willing to oblige them.

IMPORTANT: Please note that a custodial parent must authorize a non-custodial parent to pick up his/her child (ren). The non-custodial parent's name must be included among those listed on the enclosed Release Form. If a non-custodial parent is not listed among those persons authorized by the custodial parent to pick up the child, the custodial parent must explain the situation in writing and attach a copy of appropriate court documents to the Release Form. WITHOUT PROPER COURT DOCUMENTS, CHILDREN WILL BE RELEASED TO EITHER PARENT. Entire court papers are not necessary; only sections pertaining to custody arrangements.

If you wish someone other than yourself to pick up your child (ren), you must completely fill out the enclosed Release Form. Please designate at least three (3) adult persons. No one under 18 years old will be permitted to sign out a child.

Should an emergency arise in which none of the designated persons can pick up your child (ren), then a release note signed by the parent (custodial, if applicable) must authorize the alternate person. This note must include all the same information about this alternate person as is requested on the enclosed Release Form. Please deliver, fax, or e-mail this note to the school no later than 9:00 AM of the same morning. Phone authorization of an alternate person (a person not listed on the Release Form) is not acceptable. However, at the discretion of ASCC staff, a note or fax may be confirmed with the parent/guardian by telephone.

If your child participates in an extra-curricular activity during ASCC, and plans to return to ASCC after his/her activity, parents must fill out the **Extra-Curricular Activities Form**. Activity leaders or teachers will then sign out your child when picking him/her up and sign him/her in when returning to ASCC.

It is the responsibility of parents to notify ASCC of any changes in marital status or home situation which may affect pick up of children.

For the safety of the children in this program, no child will be released to unauthorized persons. An unauthorized person is one who is not listed on your Release Form and who does not carry appropriate identification. For your child's security, please authorize adult persons who are on your Release Form to carry the proper identification with them (drivers license)

SNACKS:

Parents are urged to pack extra snacks and drinks that the children can eat at the designated snack time (shortly after dismissal). For early dismissal days, please pack both a lunch and a snack.

TELEPHONE AND FAX:

ASCC messages may be left on the school answering machine; the number is **(732) 251-3090**. Normally, between the hours of 4:00 PM to 5:30 PM the children are either outdoors or in the Gym and the staff cannot be reached. Please jot these numbers down as they can facilitate your contact with the ASCC program staff.

2022-2023 After School Child Care (ASCC) Registration Form

Please return this registration form promptly to reserve a space for your child (ren). All registrants must also include the following with this registration form: Pages 5 thru 12. These registration materials may be hand-delivered to the school or mailed to: Immaculate Conception School c/o ASCC Program, 23 Manalapan Road, Spotswood, New Jersey 08884.

Family Name _____ Date _____

Street Address _____

City _____ Zip _____

Home Phone _____ Other Phone _____

Father's Name _____ E-Mail _____

Business Address _____

Business Phone _____ Cell Phone # _____

Mother's Name _____ E-Mail _____

Business Address _____

Business Phone _____ Cell Phone # _____

Home Situation (Please check all that apply)

☐ Parents reside together ☐ Single parent home ☐ Parents separated ☐ Parents divorced

☐ Father remarried ☐ Mother remarried ☐ Guardian cares for child (ren) ☐ Other (please explain on reverse side)

In cases where parents are divorced/separated who has legal (official) custody of child (ren)? _____

Are both parents authorized to pick up children from ASCC? _____
(Please see release policies) **COURT DOCUMENTATION IS REQUIRED**

Please list children individually. Indicate their age and the grade they will be in for the 2022-2023 school year.

Name	Age	Grade
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please circle how many days a week **1 day** **2 days** **3 days** **4 days** **5 days**

Please circle specific days **M** **T** **W** **TH** **F**

Parent Signature _____ Date _____

RELEASE FORM

SUMMARY OF RELEASE POLICY:

Custodial parents/guardians must list themselves on the Release Form below. Parents new to ASCC and unfamiliar to our staff will be asked for photo identification. In addition, if you wish someone other than yourself to pick up your child (ren), you must fill out the form below. We recommend that you designate at least three (3) adult people.

IMPORTANT: Please note that a custodial parent must authorize a non-custodial parent to pick up their child (ren). The non-custodial parent's name must be included among those listed on the Release Form. This parent must present identification at pick up time.

CUSTODIAL PARENTS (ONLY)

Father's Name _____

Address _____

Home Phone _____ Work Phone _____

Father's Signature _____

Mother's Name _____

Address _____

Home Phone _____ Work Phone _____

Mother's Signature _____

AUTHORIZED RELEASE PEOPLE

1). Name_____

Relationship_____ Cell Phone_____

Address_____

Home Phone_____ Work Phone_____

2). Name_____

Relationship_____ Cell Phone_____

Address_____

Home Phone_____ Work Phone_____

3). Name_____

Relationship_____ Cell Phone_____

Address_____

Home Phone_____ Work Phone_____

4). Name_____

Relationship_____ Cell Phone_____

Address_____

Home Phone_____ Work Phone_____

5). Name_____

Relationship_____ Cell Phone_____

Address_____

Home Phone_____ Work Phone_____

EXTRA CURRICULAR ACTIVITY RELEASE FORM

If you want your child to participate in extra-curricular activities during ASCC, and want him/her to return to ASCC after his/her activity, you will need to fill out this Extra-Curricular Activity Form. This form authorizes the indicated persons to escort you child (ren) to and from ASCC. It also collectively gives ICS teachers permission to retain your child for extra assistance.

In the spaces provided, please fill in all information requested. It is your responsibility to find out the names of persons who are leading these activities and picking up you child (ren) from ASCC. Examples of activities that can be listed include, but not restricted to: Boy/Girl Scouts, Brownies, Cub Scouts, Cheerleading, Choir, Private Music Lessons, Basketball, Soccer, Bull Dogs, and Play practice.

1). I give my child _____ permission to participate in the following activities and to be signed out/in of ASCC by the persons named below. In addition, I collectively allow ICS teachers (not individually named) to sign out/in my child as needed for extra after school help by signing the bottom of this form.

<u>Activity</u>	<u>Person (s) Signing Out/In</u>	<u>Days</u>	<u>Time of Activity</u>	<u>Time Returned</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

2). I give my child _____ permission to participate in the following activities and to be signed out/in of ASCC by the persons named below. In addition, I collectively allow ICS teachers (not individually named) to sign out/in my child as needed for extra after school help.

<u>Activity</u>	<u>Person(s) Signing Out/In</u>	<u>Days</u>	<u>Time of Activity</u>	<u>Time Returned</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

3). I give my child _____ permission to participate in the following activities and to be signed out/in of ASCC by the persons named below. In addition, I collectively allow ICS teachers (not individually named) to sign out/in my child as needed for extra after school help.

<u>Activity</u>	<u>Person(s) Signing Out/In</u>	<u>Days</u>	<u>Time of Activity</u>	<u>Time Returned</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

ASCC EMERGENCY PROCEDURE

Child/Children of _____

Father

Mother

Last Name

Home Address _____

Child (ren) _____ Grade _____

_____ Grade _____

_____ Grade _____

_____ Grade _____

Please complete the following using numbers(1,2,3,4,5) to indicate the order of procedure to be followed in the event of illness or injury to children in the after school child care program:

() Contact Mother At _____
Phone Number _____

() Contact Father At _____
Phone Number _____

() Contact _____ at _____
Relative/Neighbor (circle one) Phone Number

() Contact _____ at _____
Physician Phone Number

() Take Child to the Nearest Hospital: Yes _____ No _____

Child _____ is Allergic to _____

Child _____ is Allergic to _____

Child _____ is Allergic to _____

Child _____ is Allergic to _____

In case of a serious emergency to the above named child (ren) and in the event that I cannot be reached by telephone, I hereby authorize a representative of the ASCC program to act in my child's best interests.

Date

Parent or Guardian

MEDICATION PERMISSION FORM

Kindly fill in all requested information below. Please note that both you and your child's physician must sign this form. No medication can be administered by ASCC staff without prior doctor's approval. Please use a separate form for each medication you wish to be dispensed. If you have more than one child in ASCC who requires medication, a separate form must also be completed for each individual child. Additional forms are available upon request.

Child's Name _____

Name of medication _____

Is this medication: _____ Prescription. _____ Non-prescription.

Condition for administering medicine _____

Amount to be administered _____

Number of times and/or hour(s) to be administered _____

Is refrigeration necessary? _____ Yes _____ No

Possible adverse reactions _____

Any other comments? _____

Parent's signature _____ Date _____

Physician's Signature _____ Date _____

-----Please do not write below this line-----

For ASCC Staff Use Only

Date/Time(s)
Administered

Adverse reactions
Observed

Staff Initials

In the event of an emergency/early dismissal of Immaculate Conception School due to inclement weather or other emergency situation, the After School Child Care Program **WILL NOT** be in operation.

Please make absolutely sure that your child's room mother has all the telephone numbers necessary to reach you during the school day. In the event of an emergency/early dismissal, my child (ren) should:

_____ Take his/her usual bus home. I will ensure that someone will meet my child at drop off.

_____ My child will be picked up at school at dismissal.

A copy of this form will be given to each of your child's teachers so he/she knows what procedure to follow.

Please keep in mind that in the event of an early dismissal, the school office telephone lines are constantly in use and it is very difficult to reach the school. Therefore, it is very important for you complete the above carefully. Thank you.

CHILD'S NAME_____

GRADE_____ROOM#_____

CHILD'S NAME_____

GRADE_____ROOM#_____

CHILD'S NAME_____

GRADE_____ROOM#_____

Parent Check List

Please check each applicable item before sending in your registration. **Sign your name at the bottom of this Check List and include it with your registration materials. Your registration will be considered incomplete without this form.**

I have:

_____ Read and understood the entire information/registration packet.

_____ Completely filled out the **Registration Form**.

_____ Completely filled out the **Extra-Curricular Activity Form** (If needed)

_____ Completed the **ASCC Emergency Procedure** form.

_____ Filled out the **Release Form** and submitted with registration form.

_____ Included custodial information and attached documents (if applicable).

_____ Filled out the **Medication Permission Form** (if needed) and submitted with registration.

_____ Signed my name and date on all forms where indicated.

Parents Signature _____

Relationship to child (ren) _____

Date _____

ASCC ATTENDANCE NOTIFICATION

(For Daily Option)

Today's Date _____

Dear ASCC Staff,

This is to notify you that my child (ren) _____

WILL/WILL NOT

(Please circle one) be in ASCC on _____

Date _____

I am enclosing my payment with this form.

Thank you,

Parent's Signature

Additional Comments:

ASCC ATTENDANCE NOTIFICATION

(For Daily Option)

Today's Date _____

Dear ASCC Staff,

This is to notify you that my child (ren) _____

WILL/WILL NOT

(Please circle one) be in ASCC on _____

Date _____

I am enclosing my payment with this form.

Thank you,

Parent's Signature

Additional Comments:
