AtlantiCare Before and After School Program
Application

Please check off the following as you complete them:

- Enrollment Form
- Emergency Medical Care Form
- Health Record Form
- Medical Records Release
- Photo/Video Consent
- Activity Consent
- Movie Permission Slip
- Attendance Days
- Employment Notification Agreement
- Disciplinary Policy
- Parent Receipt of Information Statement

- I have received, read and understand the Parent Handbook.

Having read the information above, including all policies and forms, I agree to enroll my child in the AtlantiCare Before and After School Program for the 2018 -2019 school year.

Student #1 Name: ___________________________________________ Grade: ______________
Student #2 Name: ___________________________________________ Grade: ______________
Student #3 Name: ___________________________________________ Grade: ______________

Parent’s Signature: _________________________________________ Date: ________________
AtlantiCare Before & After-School Program
STUDENT ENROLLMENT FORM
FY 2018 - 2019

This form must be completed and signed by the parent or guardian of a student enrolling in the after school program.

1. Student Name: ___________________________ Birth Date: ________________
   First                      Last                      MI                      Month/Day/Year

   Gender: □ Male     □ Female     Race/Ethnicity: ___________________________ □ Unspecified
   Special Needs: □ Yes     □ No       □ No       □ Unspecified
   Limited English Proficiency: □ Yes     □ No       □ No       □ Unspecified
   Special Education: □ Yes     □ No       □ No       □ Unspecified
   Free/Reduced Lunch: □ Yes     □ No       □ No       □ Unspecified

   Grade/Class: ___________ School Attending: ___________________________ Homeroom Teacher: ___________________________

INFORMATION ABOUT CHILD

What are your child’s interests (i.e. - what kind of clubs/activities do they want to participate in)?

______________________________________________________________________________________________

Are there any particular areas on which you would like the program to focus (i.e. math, social skills, health awareness)?

______________________________________________________________________________________________

I allow the school to release to the AtlantiCare Before and After School program, information about my child’s school performance, including, but not limited to, IEP’s, grades and test results. □ Yes □ No
2. **2<sup>nd</sup> Student Name (if needed):**

<table>
<thead>
<tr>
<th>First</th>
<th>Last</th>
<th>MI</th>
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</thead>
</table>

**Birth Date:**

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<thead>
<tr>
<th>Month</th>
<th>Day</th>
<th>Year</th>
</tr>
</thead>
</table>

- **Gender:**
  - □ Male
  - □ Female
- **Race/Ethnicity:**
- **Special Needs:**
  - □ Yes
  - □ No
- **Limited English Proficiency:**
  - □ Yes
  - □ No
- **Special Education:**
  - □ Yes
  - □ No
- **Free/Reduced Lunch:**
  - □ Yes
  - □ No

**Grade/Class:**

**School Attending:**

**Homeroom Teacher:**

---

**INFORMATION ABOUT CHILD**

What are your child's interests (i.e. - what kind of clubs/activities do they want to participate in)?

---

Are there any particular areas on which you would like the program to focus (i.e. math, social skills, health awareness)?

---

I allow the school to release to the AtlantiCare Before and After School program, information about my child's school performance, including, but not limited to, IEP's, grades and test results. □ Yes □ No

3. **3<sup>rd</sup> Student Name (if needed):**

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<th>MI</th>
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</table>

**Birth Date:**

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<thead>
<tr>
<th>Month</th>
<th>Day</th>
<th>Year</th>
</tr>
</thead>
</table>

- **Gender:**
  - □ Male
  - □ Female
- **Race/Ethnicity:**
- **Special Needs:**
  - □ Yes
  - □ No
- **Limited English Proficiency:**
  - □ Yes
  - □ No
- **Special Education:**
  - □ Yes
  - □ No
- **Free/Reduced Lunch:**
  - □ Yes
  - □ No

**Grade/Class:**

**School Attending:**

**Homeroom Teacher:**

---

**INFORMATION ABOUT CHILD**

What are your child's interests (i.e. - what kind of clubs/activities do they want to participate in)?

---

Are there any particular areas on which you would like the program to focus (i.e. math, social skills, health awareness)?

---

I allow the school to release to the AtlantiCare Before and After School program, information about my child's school performance, including, but not limited to, IEP's, grades and test results. □ Yes □ No
# AtlantiCare Before & After-School Program

**STUDENT ENROLLMENT FORM**  
**FY 2018 - 2019**

<table>
<thead>
<tr>
<th>Parent/Guardian #1</th>
<th>Parent/Guardian #2</th>
</tr>
</thead>
<tbody>
<tr>
<td>First Name</td>
<td>First Name</td>
</tr>
<tr>
<td>Last Name</td>
<td>Last Name</td>
</tr>
<tr>
<td>Relationship to Student</td>
<td>Relationship to Student</td>
</tr>
<tr>
<td>Home Phone</td>
<td>Home Phone</td>
</tr>
<tr>
<td>Employer</td>
<td>Employer</td>
</tr>
<tr>
<td>Work Phone</td>
<td>Work Phone</td>
</tr>
<tr>
<td>Cell Phone <em>(can be used for program info communication)</em></td>
<td>Cell Phone <em>(can be used for program info communication)</em></td>
</tr>
<tr>
<td>E-mail <em>(used for program info and communication)</em></td>
<td>E-mail <em>(used for program info and communication)</em></td>
</tr>
<tr>
<td>Home Street Address</td>
<td>Home Street Address</td>
</tr>
<tr>
<td>City</td>
<td>City</td>
</tr>
<tr>
<td>State</td>
<td>State</td>
</tr>
<tr>
<td>Zip</td>
<td>Zip</td>
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</tbody>
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**NEW JERSEY DEPARTMENT OF CHILDREN AND FAMILIES**
AtlantiCare Before & After-School Program
STUDENT ENROLLMENT FORM
FY 2018-2019

RELEASE OF CHILD/REN

My child will be picked up after school by me (parents) or one of the following individuals (must be 18 years of age or older):

<table>
<thead>
<tr>
<th>Name</th>
<th>Relationship to Child</th>
<th>Telephone</th>
</tr>
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<tbody>
<tr>
<td></td>
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</table>

DO NOT RELEASE MY CHILD TO THE FOLLOWING PEOPLE:

<table>
<thead>
<tr>
<th>Name</th>
<th>Relationship to Child</th>
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**If any of your pick up persons change, please let us know in a timely manner, as we cannot release them to anyone that is not listed**
**EMERGENCY CONTACTS**

**Please identify two persons (not parents) who may be called between 3:00 p.m. and 6:00 p.m. if you are not available.**

Students will only be released to these individuals in an emergency situation.

(You can put the same people that are on your pickup list)

1. If my child(ren) requires emergency medical care and I cannot be reached, I give my consent to the above after-school program to obtain the necessary medical care for my child. I agree to pay all of the costs associated with the emergency medical care that my child receives. I understand that every effort will be made to contact me before and after medical care is provided.

2. This information is strictly confidential and will not be shared with anyone without my written consent or in the case of emergency medical care.

3. Following emergency medical care, my child may be released to the following people:

<table>
<thead>
<tr>
<th>First Name</th>
<th>Last Name</th>
<th>Relationship to Student</th>
<th>First Name</th>
<th>Last Name</th>
<th>Relationship to Student</th>
</tr>
</thead>
<tbody>
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<table>
<thead>
<tr>
<th>Home Phone</th>
<th>Work Phone</th>
<th>Cell Phone</th>
<th>Street Address</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
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</table>

**PARENT/GUARDIAN SIGNATURE**

I give my child permission to participate in the before and/or after-school program for the 2018 - 2019 school year:

Parent/Guardian Signature

Date
AtlantiCare Before and After-School Program

Health Insurance
(To be completed by the parent or guardian)

1. Health/Insurance Information:

   Student #1: ________________________________
   
   Student’s Doctor: _________________________ Insurance Company: __________________________
   Phone: ___________________________ Policy Holder’s ID: ________________________________
   Address: ___________________________ Religious Preference (optional): ____________________

   Additional Comments: ________________________________________________________________

   Student #2 (if needed): ________________________________
   
   Student’s Doctor: _________________________ Insurance Company: __________________________
   Phone: ___________________________ Policy Holder’s ID: ________________________________
   Address: ___________________________ Religious Preference (optional): ____________________

   Additional Comments: ________________________________________________________________

   Student #3 (if needed): ________________________________
   
   Student’s Doctor: _________________________ Insurance Company: __________________________
   Phone: ___________________________ Policy Holder’s ID: ________________________________
   Address: ___________________________ Religious Preference (optional): ____________________

   Additional Comments: ________________________________________________________________

2. I understand that this consent will be in effect as of the date of my signing this form and will continue as long as my child is enrolled the before and/or after-school program.

   Parent/Guardian Signature ___________________________ Date ___________________________
ATLANTICARE BEFORE AND AFTER SCHOOL PROGRAM
HEALTH RECORD (To be completed by the parent or guardian)
This confidential health record will only be used to ensure the safety of the children in this program. This information will not be shared outside of this after-school program. Feel free to continue your notes on back of this form.

**Student #1:**

<table>
<thead>
<tr>
<th>CONDITION</th>
<th>YES (if yes, write approx. date)</th>
<th>NO</th>
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</thead>
<tbody>
<tr>
<td>Asthma</td>
<td></td>
<td></td>
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<tr>
<td>Convulsions/Seizures</td>
<td></td>
<td></td>
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<tr>
<td>Diabetes</td>
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<tr>
<td>Ear Infections</td>
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<tr>
<td>Chicken Pox</td>
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<tr>
<td>Measles</td>
<td></td>
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<tr>
<td>German Measles</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rheumatic Fever</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mumps</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Corrective Device (glasses, hearing aid, etc.)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Does your child use an inhaler?</td>
<td></td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>ALLERGY</th>
<th>YES</th>
<th>NO</th>
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</thead>
<tbody>
<tr>
<td>Penicillin</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Insect Stings</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Foods</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Plants</td>
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<tr>
<td>Hay Fever</td>
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<tr>
<td>Topical ointments</td>
<td></td>
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<tr>
<td>Other</td>
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</tbody>
</table>

If "yes" to any of the above, please specify allergy and describe reaction.

2. List significant illnesses or surgeries. Provide the date and any instructions.

3. Special situations or needs that program staff should be aware of:

- Child has behavioral/emotional difficulties
- Child has physical disabilities
- Other (describe)

4. Special Health Care Needs
Does your child have special health care needs that require treatment and/or medication?  □ YES □ NO
If yes, describe below. If your child requires treatment and/or medication during after-school hours, complete the Health Care Plan for a Child with Special Health Care Needs form.

5. Medication
Does your child take medication for any condition or illness?  □ YES □ NO  If yes, describe below.
If your child requires medication during after-school hours, complete the Medication Consent form.

6. Sunscreen and Topical Ointments
Do you give permission to the after-school program to apply sunscreen or other over-the-counter topical ointments on your child?  □ YES □ NO

7. Activities to be encouraged:

8. Activities your child cannot participate in:

9. My child may participate in all program activities, except those noted in number 8 above.

Parent/Guardian Signature  Date
ATLANTICARE BEFORE AND AFTER SCHOOL PROGRAM

HEALTH RECORD (To be completed by the parent or guardian)

This confidential health record will only be used to ensure the safety of the children in this program. This information will not be shared outside of this afterschool program. Feel free to continue your notes on back of this form.

Student #2 Name (if needed): ___________________________ Date of Birth: ___________________________

1. Please provide your child's medical history.

<table>
<thead>
<tr>
<th>CONDITION</th>
<th>YES (if yes, write approx. date)</th>
<th>NO</th>
</tr>
</thead>
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<td>Does your child use an inhaler?</td>
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2. List significant illnesses or surgeries. Provide the date and any instructions.

3. Special situations or needs that program staff should be aware of:
   - [ ] Child has behavioral/emotional difficulties
   - [ ] Child has physical disabilities
   - [ ] Other (describe)

4. Special Health Care Needs
   Does your child have special health care needs that require treatment and/or medication?  [ ] YES  [ ] NO
   If yes, describe below. If your child requires treatment and/or medication during after-school hours, complete the Health Care Plan for a Child with Special Health Care Needs form.

5. Medication
   Does your child take medication for any condition or illness?  [ ] YES  [ ] NO
   If yes, describe below. If your child requires medication during after-school hours, complete the Medication Consent form.

6. Sunscreen and Topical Ointments
   Do you give permission to the after-school program to apply sunscreen or other over-the-counter topical ointments on your child?  [ ] YES  [ ] NO

7. Activities to be encouraged:

8. Activities your child cannot participate in:

9. My child may participate in all program activities, except those noted in number 8 above.

Parent/Guardian Signature ___________________________ Date ___________________________
ATLANTICARE BEFORE AND AFTER SCHOOL PROGRAM

HEALTH RECORD (To be completed by the parent or guardian)

This confidential health record will only be used to ensure the safety of the children in this program. This information will not be shared outside of this after-school program. Feel free to continue your notes on back of this form.

Student #3 Name (if needed):
Date of Birth:

1. Please provide your child's medical history.

<table>
<thead>
<tr>
<th>CONDITION</th>
<th>YES (if yes, write approx. date)</th>
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</tr>
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<tr>
<td>Corrective Device (glasses, hearing aid, etc.)</td>
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<tr>
<td>Does your child use an inhaler?</td>
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<td></td>
</tr>
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2. List significant illnesses or surgeries. Provide the date and any instructions.

3. Special situations or needs that program staff should be aware of:
   - Child has behavioral/emotional difficulties
   - Child has physical disabilities
   - Other (describe)

4. Special Health Care Needs
   Does your child have special health care needs that require treatment and/or medication? ☐ YES ☐ NO
   If yes, describe below. If your child requires treatment and/or medication during after-school hours, complete the Health Care Plan for a Child with Special Health Care Needs form.

5. Medication
   Does your child take medication for any condition or illness? ☐ YES ☐ NO If yes, describe below.
   If your child requires medication during after-school hours, complete the Medication Consent form.

6. Sunscreen and Topical Ointments
   Do you give permission to the after-school program to apply sunscreen or other over-the-counter topical ointments on your child? ☐ YES ☐ NO

7. Activities to be encouraged:

8. Activities your child cannot participate in:

9. My child may participate in all program activities, except those noted in number 8 above.

Parent/Guardian Signature
Date
AtlantiCare Before and After-School Program

Release of Health Records

As per requirements from the State of New Jersey, AtlantiCare Before and After-School Program must obtain each child’s health records, including immunization records from their school file.

This information will remain confidential, as with all student information.

I, __________________________ give permission for AtlantiCare Before and After-School Program to obtain my child(ren)’s health records from the school nurse at the Warren E. Sooy Jr. Elementary School.

Student(s) Name(s): ____________________________________________

Parent/Guardian Signature: ______________________________________

Today’s Date: __________________

(This will expire on 6/30/2019)

Thank you for your cooperation.

Anella Scardino, Site Coordinator
Tricia Donio, Director
I hereby grant permission to AtlantiCare, its employees and assigns and/or outside media to photograph, videotape or interview me and/or my dependent(s) on this date 9/1/18-6/30/19. The specific information to be released to the media or AtlantiCare includes:

- Photos ☑
- Videos ☑
- Interview ☐
- Other, describe:

I understand that the photographs, videotape or interview shall become the property of AtlantiCare and/or the outside media and that I shall not have any rights to the same. I also understand that I will not be compensated for participating in the taking of photographs, videotaping or interviewing and that I will not be entitled to compensation as a result of the broadcast or publication of the photographs, videotape or interview.

I understand that the photographs, videotape or interview may be used and redisclosed as a press release and shared with media for possible publication or broadcast. I also understand that the photographs, videotape or interview might be publicized or broadcast, or used in promotional materials that include, but are not limited to, brochures, billboards, advertisements, the AtlantiCare Internet site and the AtlantiCare Intranet site, Facebook and other media, publicity and marketing venues. I understand that the photographs, videotape or interview might be edited and I agree that AtlantiCare, its employees and/or agents shall have the right to, at any time, add to, edit, arrange, rearrange and/or revise such photographs, videotape or interview. I understand that AtlantiCare maintains the right to reuse the photograph, videotape, or interview for future purposes without additional authorization or release.

I release AtlantiCare, its employees and agents from any and all claims and from all liability including, without limitation, claims for libel, invasion of privacy and/or misappropriation of likeness arising out of the interviewing, photographing or videotaping and subsequent publication or broadcasting of this material. I understand that I am not required to sign this authorization and that AtlantiCare will not condition treatment on my execution of this authorization. I understand that I have the right to revoke this authorization at any time prior to AtlantiCare’s compliance with the request. The revocation must be in writing and is subject to terms described in AtlantiCare’s Notice of Privacy Practices and other AtlantiCare policies.

I understand that the terms of this authorization are governed by the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and other applicable state and federal regulations and that the information disclosed by this authorization may be redisclosed by the recipient and will no longer be protected by HIPAA. This authorization will expire 12-31-2076.

**Child/ren Name (please print):**

**Home town:**

- [ ] Employee
- [ ] Patient
- [ ] Other Customer

**Signature:**

**If Subject is a Minor:**

**Name of Parent or Guardian (please print):**

**Signature:**

**Office Use Only Description:**
AtlantiCare Before and After-School Program
Activity Consent

My child/ren, ______________________________________ may be involved in the following activities (if yes, please initial):

_______ Holiday Games and events (non-religious)

_______ Supervised Games on the iPads (including MineCraft)

If you did not give permission in the previous photo release page:

_______ I give permission for my child/ren to have their photo taken for program projects ONLY (i.e. - holiday gifts). These pictures are for program use only and may NOT be posted in any publications and/or on social media sites.

__________________________________________  ____________________________
Parent Signature  Date
AtlantiCare Before and After-School Program

Movie Permission Slip

Throughout the school year, the AtlantiCare Before and After-School Program may plan for the children to view movies. All of the movies chosen will be screened by after school staff and will have either a “G” or a “PG” rating. Please check off one of the following options so that we can place your son/daughter in the appropriate movie selection when these occasions arise.

I give my child(ren), ____________________________ permission to view movies based on the following choice.

_______ My child(ren) can only view G movies

_______ My child(ren) may view G or PG movies

_______ My child(ren) many not view movies

_______ I would like to make the viewing decision when the movies are selected. Please notify me on an individual movie basis.

__________________________
Parent/Guardian Signature

__________________________
Date
AtlantiCare Before and After-School Program

Please check off the days/hours that your child(ren) will attend:

<table>
<thead>
<tr>
<th>Before School Program</th>
<th>After School Program</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Drop-off Time:</strong></td>
<td><strong>Pick-Up Time:</strong></td>
</tr>
<tr>
<td>- 6:30 a.m. - 7:30 a.m.</td>
<td>- 3:15 p.m. - 4:15 p.m.</td>
</tr>
<tr>
<td>- 7:30 a.m. - 8:30 a.m.</td>
<td>- 4:15 p.m. - 5:15 p.m.</td>
</tr>
<tr>
<td>- 5:15 p.m. - 6:15 p.m.</td>
<td>- 5:15 p.m. - 6:15 p.m.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Days</th>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
</tr>
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**AM: As needed basis** (I will call, email or text the program as soon as I know)

**PM: As needed basis** (I will call, email or text the program as soon as I know)

I will let you and my child’s teacher know which days on a monthly basis.

Parent Signature ___________________________ Date ___________________________
AtlantiCare Before and After-School Program  
Located at  
Warren E. Sooy Jr. Elementary School  
601 North Fourth Street  
Hammonton, NJ 08037

I ____________________________, agree to notify Tricia Donio, Director of the AtlantiCare After-School Program, at 609-567-2900 of any change in my household income. I will notify Ms. Donio if I become unemployed or lose my Rutgers CCR&R benefit while my child is attending the after-school program.

I agree notification will be no later than 2 days after any changes take place to my income or Rutgers benefit.

If I do not comply with this agreement, I will be financially responsible for any and all balances owed due to the changes in income or Rutgers CCR&R benefits.

I also give permission for AtlantiCare Behavioral Health to contact my employer for verification of employment, when deemed necessary.

Late payments will jeopardize your child’s enrollment in the program.

__________________________________________  ________________________
Signature of Parent/Guardian  Date

Tricia Donio  7/30/2018
Tricia Donio, Director  Date
Hammonton Family Success Center
AtlantiCare Before and After-School Program
AtlantiCare Before and After-School Program
Discipline Policy/Procedure

Unfortunately, there are sometimes reasons we have to suspend or dismiss a child from our program. 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 be enforced. This includes: always using positive methods and language while disciplining children, redirecting children from negative behavior and praising appropriate behaviors.

IMMEDIATE CAUSES FOR EXPLUSSION:
- The child is at risk of causing serious injury to other children or himself/herself.
- Parent threatens physical or intimidating actions toward staff members or children.
- Parent exhibits verbal abuse to staff in front of enrolled children.

PARENTAL ACTIONS FOR CHILD’S EXPULSION:
- Failure to pay/habitual lateness in payments
- Failure to complete required forms.
- Habitual tardiness when picking up your child
- Verbal abuse to staff

CHILD’S ACTIONS FOR WRITE-UP:
- 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.

1. If a child is written up, they will remain in the cafeteria until picked up by a parent or guardian.
2. The first two offenses (write-ups) will result in written warnings.
3. Please see below for consequences of further write-ups:
   a. 3rd Write-up - 1 Day Suspension (Out of Program)
   b. 4th Write-up - 3 Day Suspension (Out of Program)
   c. 5th Write-up - Dismissal from Program
4. The Site Coordinator and/or Director reserve the right to change or alter the policy as they see fit. This includes the right to immediately dismiss a student from program.

THERE WILL BE NO EXCEPTIONS TO THE ABOVE!

I have read and understand the above policy.

Child(ren)'s Name(s): __________________________________________________________________________

Parent/Guardian Signature: ____________________________________________________________________

Date: ____________________________________________

Signature of Site Coordinator: __________________________________________________________________

Signature of Director: _________________________________________________________________________
AtlantiCare Before and After-School Program
Parent Receipt of Information
**Located in Parent Handbook**

☐ Information to parents Document

☐ Policy of Release of Children

☐ Positive Guidance and Discipline/Expulsion Policy

☐ Policy of Methods of Parental Notification

☐ Policy on Communicable Disease Management

☐ Policy on the Use of Technology/Social Media

______________________________________________________________________________

I have read and received a copy of the information/policies listed above.

Name(s) of Child(ren): ________________________________

Name of Parent: ________________________________

_________________________________________  _____________
Parent/Guardian Signature  Date
AtlantiCare Before and After School Program
Parent Handbook

Warren E. Sooy Jr. Elementary School
601 N. Fourth Street
Hammonton, NJ 08037
(609) 204-2334
(Please use this for communication during morning and afternoon program hours.
Can receive text messages.)
Program e-mail: abh.afterschool@gmail.com

Office Address:
Hammonton Family Success Center
310 Bellevue Ave.
Hammonton, NJ 08037
(609) 567-2900
Fax: (609)567-3896

Tricia Donio
Director
Ext. 103
Office hours: 9 - 6 (M - Th.)
9 - 12:30 (F)

Anella Scardino
Site Coordinator
Ext. 104
School Year hours: 10:30 - 2:30 (Office)
2:30 - 6:30 (School)
AtlantiCare Before and After School Program
Parent Handbook

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Hammonton School District Calendar

(Please keep for your records)
AtlantiCare Before and After School Program

General Information

Who we are:
This school year marks our 14th year in the Hammonton School System! We are a before and after school enrichment program that prides ourselves in helping students with their homework and providing them with fun and educational activities while in the after-school atmosphere. This gives them the opportunity to learn while making new friends in a structured environment.

Eligibility:
Any student enrolled in the Warren E. Sooy Jr. Elementary School or Early Childhood Education Center in PreK through 5th grades.

AM Pre-K may participate in AM Program ONLY.
PM Pre-K may participate in PM Program ONLY.

Hours of Operation and Ratio:
Monday - Friday during normal school days.

Before School Hours: 6:30 a.m. - 8:35 a.m.
After School Hours: 3:15 p.m. - 6:20 p.m.
Single Session Days (Afternoon Program): 1:15 p.m. - 6:20 p.m.

Staff/Child Ratio is 1:15 (K - 5th Graders)
1:12 (Pre-K)

First Day of School or First Day of Program:
- Send in a note to your child’s teacher letting them know:
  - Your child will be attending the AtlantiCare Before and/or After School Program
  - Which days of week they will be attending or if you will be communicating that on a weekly/monthly basis.
- At school dismissal, the WES/ECEC front office will make announcement dismissing the students to program
- Staff will meet them in cafeteria where they will be separated into their groups.

ECEC After School Students:
- Students will meet their assigned staff in the cafeteria of the ECEC building.
- They will be signed in and walked over to the WES cafeteria for program.
- WES Cafeteria is where you will pick up.
- They will not be in the WES cafeteria until 3:45, please do not pick up before this time.
- Pre-K students who have classrooms in the WES building will be brought to the WES cafeteria by a teacher. This is where they will meet their group.

(Please keep for your records)
AtlantiCare Before and After School Program
Drop off/Pick-Up Policy

The main meeting area for students/staff/parents is in the cafeteria of the WES building. Please see the map at the end of the packet for directions on where to drop off/pick-up your child.

Before School Drop off:
- Please make sure your student is safely in the building before pulling away.
- If walking your child to the door or in to the sign in desk, pull your car all the way up or park further out in the lot. This is so that parents who are dropping off can see into the building.
- ECEC students: Please have your student to program NO LATER than 8:15 am. This is when they will be brought over to the ECEC Cafeteria for breakfast time.

Pickup:
- Parents or someone on your child’s pick up list must park in the bus loop and walk to the WES cafeteria, via the 4th grade doors, to sign your student out.
  - Please do not enter the bus loop or building BEFORE 3:45 p.m. or until after the busses leave.
    - Students are being dismissed from classrooms and we are trying to account for all of our students. It is a security hazard to enter the building before 3:45 p.m.
    - Please make sure you tell anyone picking your child up this as well.
- You also need to call the school’s main office by 2:45 p.m. if you want your child to be a walker at the last possible second.
- Parents may park in the visitor’s lot or the bus loop lot (see map on last page).
  - As per school administration, you may NOT park along the guard rail when picking up your child until after 5:00 p.m. (late busses may still come to pick up children and that is where they need to park).
- Your child MUST be picked up before 6:20 p.m. daily.
  - We understand emergencies happen and situations will arise but we need to be informed and ask that alternative pick up arrangements be made prior to 6:20 p.m.
- There will be a fee of five dollars for the first five minutes and a dollar per minute over that a child is here.
  - See the late pick up policy on the next page.
  - Please help us eliminate this process by picking your child up on time.

Change in dismissal status/address/phone numbers:
- If there is ANY change in your child’s schedule, it is imperative that the child’s teacher, general office and our office are notified of any changes. please make sure you either:
  - Call, text or e-mail Anella and Teacher
  - Write a note to teacher/AtlantiCare After-School Program/General Office
- We need to have current record at all times in case of an emergency. Please notify Anella if there is a change in your address, phone number, work number, emergency contacts and pick-up lists.

(Please keep for your records)
**Pick-Up Lists:**
- The only people that are allowed to pick up your child
  - Both parents/guardians listed
  - Those written down on your pick up list
- Emergency lists are just used for emergency purposes.
- Please make sure that if it someone’s first couple of times picking your child up (and this includes parents), they must bring ID in with them (if they don’t bring ID then we CAN NOT release your child to them).
- If at any time someone comes in to pick your child up and he/she is not on your list we will call you to make sure it is ok.
  - If you do not answer the phone, we CAN NOT release your child with that person.
- You can add someone to or change your pick up list at any time.
- If there is an emergency and you need someone to pick your child up that is not on your list, you may write a note and send it in with your child or call/e-mail/text us.

**If a non-custodial parent has been decided access, or granted limited access, to a child by a court order, the custodial parent will provide the program documentation to that effect. **

**Special Events:** If your child is signed up for one of the program’s special events he/she will have to stay for the duration of the program so we do not disrupt the presenter and/or team balance. If this is not possible we will need a time you will be picking him/her up so we can schedule accordingly.

**Release of a Child:**
The AtlantiCare After-School Program CAN NOT and absolutely WILL NOT release a student to a parent or someone authorized by the parent(s) who 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. In the event that this occurs, staff members will attempt to contact the child’s other parent or an alternative person(s) authorized by the parent(s). If we are unable to make alternative arrangements, as noted above, a staff member shall call the 24-hour State Central Registry Hotline to seek assistance in care for the child. Ensuring our students’ safety is our top priority and we appreciate your cooperation in the policies discussed above.

**LATE PICK UP POLICY**
According to our contract for the program, pick-up time is between 6:00 p.m. and 6:20 p.m. daily. The following steps will be taken if your child/children are not picked up during the required times.

1. Parent will receive a verbal warning.
2. Parent will receive a written warning.
3. Third occurrence will result in the child’s immediate dismissal from the program.

In accordance with these guidelines the Police and DCP&P will be notified if your child is not picked up within one hour of regular pick-up time and no contact with parents or emergency contacts has been made.

We operate under strict state guidelines that do not permit us to remain late with children.

(Please keep for your records)
School Run After School Programs and Teacher's Helpers:
- If you are signing your student up for one or more of the various school led after-school activities (i.e.- Theater, Art, STEM, Robotics, etc.) you must:
  - Write AtlantiCare After-School Program a note or email stating that you give them permission to be in the club, the dates and times your child will be participating in these activities and if they will be dismissed to us after the club is done.

Also, throughout the year students like to help their teachers at the end of the school day. They cannot do this unless we receive a letter from the parents letting us know they have your permission to do so.

The students are AtlantiCare After-School Program’s responsibility from 3:15pm until an authorized person picks them up. Safety is our top priority and in order to keep the students safe we need to be able to see them. They are more than welcome to help their teachers or participate in school led activities (this includes after-school music practice) as long as a note is written to give us parental permission.

Visitors/ Volunteers:
You, as the parent are free to visit your child at any time. We prefer advanced notice and you will need to be signed in before going to the classroom.

Should you want to volunteer at any time please feel free to call us and make arrangements, particularly if you have a skill, talent or experience to share with the children.

AtlantiCare Before and After School Program
½ Days and Inclement Weather:

Single Session Days: Program will run from the end of school (1:20 p.m.) until 6:20 p.m. All children must be picked up by this time or regular late policy applies.

In case of inclement weather:

- **Delayed Opening:** No before school program will be held. This is for the safety of our students, as well as, staff.
- **Early Dismissal:** No after-school program will be held.
- **School remains open all day:** If the weather is questionable and the school remains open, we will remain open but ask that parents pick up their student/s as early as possible so you and our staff can arrive home safely. If there is a need to close early, we will make a decision by 2:00 p.m. and will call all of our parents individually. You can also call (609)567-2900 or (609)204-2334 (Program Cell Phone). Both of those numbers will be able to give you information on early closings.
- **School Closure:** Program closed

Credits will not be issued for days when school is closed due to snow, and no additional charges will be incurred when the duration of the Program is extended in June.

(Please keep for your records)
Going back into the classroom:
- We are not allowed back into the classrooms after a certain time (as per school administration).
- Students have until 4:00 p.m. to return to their school day classroom to retrieve any forgotten homework and/or belongings (and we remind them of that when they come in).
- After that, classrooms are being cleaned and locked for the day and we are not allowed back in.

Before School Program
- Students have a variety of board/card games they can choose from, as well as, coloring or other fun worksheets. A movie or music for dancing may also be played once in a while.
  - Two days a week the students have the choice to join in a group game in the gym.
- Please have all students to program by 8:15 a.m. This is for their safety as busses start to pull in after this time.
- At 8:15 a.m. the ECEC students are walked over to the ECEC for breakfast and WES students may choose to have breakfast at this time too.
- 8:35 a.m. - Students are dismissed to their classrooms for the school day.

Breakfast/Snack:
- WES students will eat breakfast in the WES cafeteria.
- ECEC students will be walked over to the ECEC cafeteria at 8:15 a.m., where they will have breakfast and then be taken to their classrooms.
  - Students can:
    - Choose not to have breakfast (maybe they had it at home)
    - Buy breakfast (Paid through the school food services program)
    - Eat their own breakfast that they brought from home.
- We provide our students with an after-school snack when they sign into program. Snacks can include:
  - 1 juice or milk and any combination of the following: cereal, string cheese and Ritz crackers, yogurt and graham crackers, popcorn, pretzels or 100 calorie Chips Ahoy (all peanut free).
  - You may also send in a snack with your child.
- On ½ Days we will provide the first snack of the day but we ask that parents send in an extra snack for our second snack time (around 4:00 p.m.).

Changing Groups:
The children will be assigned into age appropriate groups. These will be their groups for the duration of the year. Your child will not be permitted to change groups until a meeting with the coordinator, the parents and program staff is held to determine the program and other methods of resolution before switching groups.

(Please keep for your records)
Homework:

Helping the children with their homework is an important part of the program’s objectives, however; it is not the only component. We allow each child time to work on their homework and during this time there are adults available to help (usually 1 hour). Please note that we can only enforce what we see in the child’s planner. If we have no way to check what is due we cannot enforce its completion. Furthermore, our staff are not all certified teachers. While the staff helps the children, we cannot re-teach or redo homework for the child, nor can we check every child’s homework to make sure it is correct. We advise you to go over your child’s homework with them at home as well.

We hope to work hand in hand with the school to communicate about individual children’s needs. Also, if there is an area that your child needs extra help with, please let us know so we can focus on those areas.

Once the allotted time for homework is over, the children will need to move on with the next activity and complete their homework at home. If your child is consistently not finishing their homework please let us know so that we can monitor more closely and determine the issue to remedy it quickly. Also, if your child has a lot of extracurricular activities after school and you want them to focus on completion instead of moving on to an activity, please let us know in advance.

If you do not want your child completing their homework or just certain subjects, please let us know. But we ask that you send your child in with a book so they do not disturb the other students. We also have activities for our students to complete if they finish early.

Homework time is held Monday through Thursday. We reserve Fridays for special events or free choice. If your child wants to finish their homework they may but it will be independent as the aides have other responsibilities on these days.

There will also be days that we may not provide a complete homework time or the allotted time will change because of school happenings or a special occasion for our program. We will do our best to let you know in advance if this happens and we apologize for any inconveniences this may cause.

Outdoor Play

Children who attend the After School Program can expect to spend a minimum of 20 minutes outside during the day. Outdoor play will be cancelled due to precipitation, icy ground conditions, temperatures below 20 degrees, or excessive wind or heat. In order to keep staffing levels at a safe number, we are unable to offer indoor supervision for children who prefer to remain inside. The children can expect to play outside year-round. Warm clothing, hats, and gloves are necessary for the winter months.
In Case of Emergency:
- In case of a special emergency within the building, children can be picked up at the:
  o ECEC or
  o High School
- A notice will be posted on the exterior doors of the fourth grade hallway and parents will be called individually once the students are settled.
- If there is an emergency outside of the building, the children will meet in the gymnasium of the elementary school.
- There are several emergency plans in place for a variety of situations. They are practiced frequently and can be viewed at any time. Please contact us should you want to see them.

Medication

The AtlantiCare After-School Program does not administer medication, except for the reasons stated below:

Allergies/Epi-Pens
- If your child has a severe allergy that requires the use of an Epi-Pen, it is imperative that you supply one to the after-school program.
  o We DO NOT have access to the nurse’s office during before and after school hours and will need one in the event an emergency arises.

Asthma/Inhalers:
- If your child has asthma and needs access to their inhaler we will need parents to provide us with one.
  o We DO NOT have access to the nurse’s office during before and after school hours and will need our own in the event an emergency arises.

We will also need parents to fill out our “Care Plan for Children with Special Health Needs” form, which you can attain from the Program Coordinator.

Epi-pens/inhalers will be kept in our locked medical cabinet and given back to parents at the end of the year.

*Benadryl: For Insect Stings and Food Allergies - If your child doesn’t need an Epi-Pen but will benefit from a dose of Benadryl you must fill out the “Care Plan for Children with Special Health Needs” and provide the Benadryl as well.

Injuries:
- Injuries will be treated as needed:
  o Washing, applying Band-Aids or ice packs
  o Parents will be notified upon pick up, and given an incident report explaining the details.
  o Parents will be contacted immediately in the case of more serious injuries, and if a head/facial injury occurs.

All staff are First Aid/CPR Certified.

(Please keep for your records)
AtlantiCare Before and After School Program
Movie/Electronic Policy

Movies and Electronics:

The after-school program will occasionally show movies throughout the school year. These movies will be chosen by the site coordinator and will always be a PG or lower rating. Parents will be notified in advance as to what movie will be shown and have the option to deny permission for your child to view a particular movie.

The students may also use our iPads throughout the year. They will be used for educational purposes (Math and Spelling Apps, educational magazines, Research for projects) and occasionally for recreation (Weekly Clubs). Applications on the iPads are previously reviewed by the site coordinator and students will always be supervised while using them. Please let the Site Coordinator know if you do not want your child using our iPads.

Possessions from Home

Since we cannot guarantee the safe return of personal belongings, the After School Program asks that any personal possessions be left in backpacks during a child’s time in program. We ask that the children do not bring in toys and/or electronics from home. Responsibility for the safekeeping of electronic games and toys brought from home remains with the child. The After School Program does not allow the use of toy weapons or trading cards at any time.

Cell Phones:

Cell Phones are not allowed during program hours (this includes texting). If you need to reach your child or vice versa, the program cell phone is always available from 3:00 p.m. - 6:20 p.m. for you to call or a student to use. If cell phones are lost, stolen or broken, we are not responsible for replacement. If a cell phone is seen by staff member it will be taken until a parent arrives at which point it will be handed over to the parent.

(Please keep for your records)
AtlantiCare Before and After School Program

Discipline/Expulsion Policy and Procedure

Unfortunately, there are sometimes reasons we have to suspend or dismiss a child from our program. 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. This includes: always using positive methods and language while disciplining children, redirecting children from negative behavior and praising appropriate behaviors.

**IMMEDIATE CAUSES FOR EXPELSION:**
- The child is at risk of causing serious injury to other children or himself/herself.
- Parent threatens physical or intimidating actions toward staff members or children.
- Parent exhibits verbal abuse to staff in front of enrolled children.

**PARENTAL ACTIONS FOR CHILD’S EXPULSION:**
- Failure to pay/habitual lateness in payments
- Failure to complete required forms.
- Habitual tardiness when picking up your child
- Verbal abuse to staff

**CHILD’S ACTIONS FOR WRITE-UP:**
- 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.

1. If a child is written up, they will remain in the cafeteria until picked up by a parent or guardian.
2. The first two offenses (write-ups) will result in written warnings.
3. Please see below for consequences of further write-ups:
   a. 3rd Write-up - 1 Day Suspension (Out of Program)
   b. 4th Write-up - 3 Day Suspension (Out of Program)
   c. 5th Write-up - Dismissal from Program
4. The Site Coordinator and/or Director reserve the right to change or alter the policy as they see fit. This includes the right to immediately dismiss a student from program.

**THERE WILL BE NO EXCEPTIONS TO THE ABOVE!**

(Please keep for your records)
AtlantiCare Before and After-School Tuition Rates
2018 - 2019 School Year

1 hour - $6.00
2 hours - $7.00
3 hours - $8.00
4 hours - $9.00
5 hours - $10.00
6 hours (1/2 days only) - $11.00
7 hours (1/2 days only) - $12.00

Example: If a child comes for 2 hours a day, it would be $7.00 per day. If a child comes for 3 hours a day it would be $8.00 per day and so on.

Hours are:

(Children that attend both morning & afternoon)

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<th>AM Only:</th>
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<td>6:30 - 8:30 (2 hours)</td>
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<td>7:30 - 8:35 (1 hour)</td>
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PM Only:

| 3:15 - 4:15 (1 hour) | 3:15 - 4:15 (3 hours) |
| 4:15 - 5:15 (2 hours) | 4:15 - 5:15 (4 hours) |
| 5:15 - 6:15 (3 hours) | 5:15 - 6:15 (5 hours) |

½ Day (PM Only):

| 1:15 - 2:15 (1 hour) | 1:15 - 2:15 (3 hours) |
| 2:15 - 3:15 (2 hours) | 2:15 - 3:15 (4 hours) |
| 3:15 - 4:15 (3 hours) | 3:15 - 4:15 (5 hours) |
| 4:15 - 5:15 (4 hours) | 4:15 - 5:15 (6 hours) |
| 5:15 - 6:15 (5 hours) | 5:15 - 6:15 (7 hours) |

*A 20% second child discount is offered.*

**Child Care subsidies are also available for low income families.**
Please call Tricia or Anella to see if you qualify.
609-567-2900

***Rates will vary depending on how many school days are in each month.***

Student Days/month:

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(Please keep for your records)
Tuition Payment Dates

AtlantiCare Before and After School tuition is due on the 1st week of every month.

You will receive a bill either through the mail or when you pick your student(s) up at program. Before school students be given theirs in the morning and asked to put it in their backpacks.

You may bring your payment to program or our office. (You can mail them to the office as well)

Debit/Credit (ONLY @ WES school), Cash, Checks and Money Orders are accepted.

Checks are to be made payable to:

AtlantiCare Behavioral Health

Hammonton Family Success Center - ATTN: Tricia Donio-Mento
Atlantic County Human Service Building
310 Bellevue Avenue
Hammonton, NJ 08037

The AtlantiCare Before and After School Program is sponsored by AtlantiCare Behavioral Health and Family Friendly Centers (DCF) and supported by tuition fees. The parent/guardian will be responsible for payment of any fees from enrollment until withdrawal from the program.

** All tuition fees must be kept current in order for child care services to be provided.

***If you are having problems making a payment please contact Tricia Donio to discuss a solution.

NEW JERSEY DEPARTMENT
OF CHILDREN AND FAMILIES

(Please keep for your records)
Tax I.D. # AtlantiCare After-School Program:

#210721208

This information along with your cancelled checks or receipts should be given to your tax preparer in order to receive the Child Care Tax Credit.

Please retain this letter for your records.

NO individual notices will be generated for students.

If you have any questions please call:

The Hammonton Family Success Center
(609) 567-2900
Ask for Tricia or Anella

(Please keep for your records)
Under provisions of the *Manual of Requirements for Child Care Centers (N.J.A.C. 3A:52)*, 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 and staff this written statement, prepared by the Office of Licensing, Child Care & Youth Residential Licensing, in the Department of Children and Families. In keeping with this requirement, the center must secure every parent and staff member’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 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; 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 view a copy of the Manual of Requirements on the DCF website at [http://www.nj.gov/dcf/providers/licensing/laws/CCCmanual.pdf](http://www.nj.gov/dcf/providers/licensing/laws/CCCmanual.pdf) 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: NJDCF, 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 available soon 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 or you can view them online at https://data.ni.gov/childcare_explorer.

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 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 filing an ADA claim at (800) 514-0301 (voice) or (800) 514-0383 (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 the list accessible to staff and parents and/or provide parents with the CPSC website at https://www.cpsc.gov/Recalls. 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) NU ABUSE/(877) 652-2873. Such reports may be made anonymously. Parents may secure information about child abuse and neglect by contacting: DCF, Office of Communications and Legislation at (609) 292-0422 or go to www.state.nj.us/defc/.
POLICY ON THE MANAGEMENT OF COMMUNICABLE DISEASES

If a child exhibits any of the following symptoms, the child should not attend the center. 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.

- Severe pain or discomfort
- Acute diarrhea
- Two or more episodes of acute vomiting within a period of 24 hours
- Elevated oral temperature of 101.5 degrees Fahrenheit
- Lethargy that is more than expected tiredness
- Severe coughing
- Yellow eyes or jaundice 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, that have not been treated by a health care provider
- Mouth sores with drooling
- Stiff neck

Once the child is symptom-free, or has a health care provider’s note, stating that their child no longer poses a serious health risk to himself/herself or others, the child may return to the center.

EXCLUDABLE COMMUNICABLE DISEASES

A child or staff member who contracts any of the following diseases MAY NOT return to the center 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 health care provider’s note is not required for re-admitting the child to the center. A note from the parent is required, stating either that at least six days has elapsed since the onset of the rash, or that all sores have dried and crusted.

If a child is exposed to any excludable disease at the center, parents will be notified in writing.

COMMUNICABLE DISEASE REPORTING GUIDELINES

Some excludable communicable 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 on the following page.

(Keep for your records)
AtlantiCare Before/After School Program Drop-off/Pick-Up Procedures

Pull into loop and form a line at the rail to watch students walk in.
If you are walking in with your student or plan to get out of your car, please pull up to where it says to “Park Here.”
This way, it doesn’t create a log jam for parents staying in their cars and they can still see their students get in the door.

ECEC Parents: Please drop your student/s off before 8:15 a.m.

After-School Program:
No one can enter the bus loop and/or school until the buses leave at 3:40.
Please park where it says “Park Here” and NOT along the rail until after 5:00.
Enter the building by ringing the doorbell under the Blue Heating System.
One of the staff members will buzz you in.
Pick up is no later than 6:20.
## Hammonton School District 2018-2019 SCHOOL CALENDAR

### August
- 20 New Teacher Orientation
- 29 New Teacher/Non-Tenure Teacher Workshop
- 30,31 Teacher In-Service - No Classes
- SEPTEMBER
- 2 Labor Day
- 4 Classes Begin

### September
- 6 Columbus Day - No School
- 8 Single Session - Teachers Only
- 10 Election Day - No School
- 11 Teacher In-Service - No Classes
- 12 No School - Teachers Only
- 19 Single Session - Teachers
- 21 Memorial Day - No School
- 23 Classes Resume
- 25 Take Our Children to Work - Information Only
- 27 New Teacher Orientation
- 28 Conference - Middle School Only - Information Only

### October
- 2 Conference - ECEC and WES Only
- 3 Teacher In-Service - Single Session (MS&HS Only) - Hop
- 4 No School
- 6 Teacher Close Out
- 7 Teacher In-Service - No Classes
- 21 Last Day Before Thanksgiving - Single Session
- 22,23 Thanksgiving - No School
- 25,26,27 SINGLE SESSION - ECEC and WES Only
- 28 Conference - ECEC and WES Only

### November
- 1 Teacher In-Service - Single Session (MS&HS Only) - Hop
- 6 ECEC and WES Full Days
- 8 President's Day - No School
- 13 Last Day Before Winter Recess - Single Session
- 18 Veterans Day - No School
- 21 Last Day Before Spring Recess - Single Session
- 23 Martin Luther King Day - No School
- 25 Conference - ECEC and WES Only
- 26 Conference - ECEC and WES Only

### December
- 1 Teacher In-Service - Single Session (MS&HS Only) - Hop
- 23 Classes Resume
- 25 Conference - ECEC and WES Only
- 27 Conference - ECEC and WES Only

### January
- 2 Conference - ECEC and WES Only
- 3 Teacher In-Service - Single Session (MS&HS Only) - Hop
- 5 New Year's Day - No School
- 7 Teacher In-Service - No Classes
- 21 Last Day Before Winter Recess - Single Session
- 23 Last Day Before Spring Recess - Single Session

### February
- 1 Teacher In-Service - Single Session (MS&HS Only) - Hop
- 3 Single Session - Teachers Only
- 8 Special Education Day - No School
- 9 NJEA Convention - No School
- 10 Last Day Before Spring Recess - Single Session

### March
- 1 Teacher In-Service - Single Session (MS&HS Only) - Hop
- 4 ECEC and WES Full Days
- 6 ECEC and WES Full Days
- 23 Conference - ECEC and WES Only
- 27 Conference - ECEC and WES Only

### April
- 1 Teacher In-Service - Single Session (MS&HS Only) - Hop
- 2 Conference - ECEC and WES Only
- 3 Conference - ECEC and WES Only
- 5 Teacher In-Service - Single Session (MS&HS Only) - Hop
- 6 Teacher In-Service - Single Session (MS&HS Only) - Hop

### May
- 2 Teacher In-Service - Single Session (MS&HS Only) - Hop
- 3 Conference - ECEC and WES Only
- 5 Conference - ECEC and WES Only
- 6 Conference - ECEC and WES Only
- 7 Conference - ECEC and WES Only

### June
- 1 Teacher In-Service - Single Session (MS&HS Only) - Hop
- 2 Conference - ECEC and WES Only
- 3 Conference - ECEC and WES Only
- 5 Conference - ECEC and WES Only
- 6 Conference - ECEC and WES Only

### Subject to Change Based Upon Weather
- HEA Supports November 7, 2018 as a Day to Celebrate Veteran's Day

### For Students:
- 1st Snow Day will be June 17, 2019
- 2nd Snow Day will be June 18, 2019
- 3rd Snow Day will be June 19, 2019
- 4th Snow Day will be June 20, 2019
- 5th Snow Day will be June 21, 2019

**BOE Approval April 12, 2018**