

June 2008

Dear Parents,

Thank you for your interest in the YWCA of Bergen County School Age Programs. If you are interested in registering your child for a before or afterschool program for the 2009-10 school year you've come to the right place!!

To register – on the web page click on your school district and it will give you the information about your YWCA program. Print out the forms and mail them in. If you have any questions there are plenty of people ready to help you out.

Maire Brosnan Katavolos is the **Director of School Aged Programs** for the YWCA of Bergen County, this includes all Before / After School Programs as well as summer camps. Her office phone number is (201) 881-1726. Her email is MKatavolos@ywcabergencounty.org

Robyn Knapp is Assistant Director of School Age for the YWCA. Her office phone number is (201) 881-1727 her email is RKnapp@ywcabergencounty.org

Mary Agnello is the Office Manager for the School Aged Programs. Mary handles registration, billing, scheduling. Her office phone number is (201) 881 –1728. her email is MAgnello@ywcabergencounty.org

FIRST DAY OF SCHOOL 2009-10 SCHOOL

(the YWCA is not open on September 7th (Labor Day))

Allendale – September 3rd
Cresskill – September 2nd
Dumont – September 2nd
Hillsdale – September 2nd
Old Tappan - September 2nd
Oradell - September 8th
Ridgewood School – September 2nd
River Vale School – September 3rd
Westwood – September 8th
Woodcliff Lake - September 2nd

As always our goal is another terrific year – please do not hesitate to contact us if we can be of any assistance.

Maire BK Robyn K Mary A



June 2009

Dear Westwood Regional School District Parents,

Thank you for your interest in the YWCA Before / After School programs. We offer many care options to best serve working families.

Before School Options

Fulltime program is for those who need the program on a regular basis. The Before School starts at 7:30 and runs until the first bell.

Coupon book is offered for those families who may only need the program a few times a year. Coupon books entitle you to 10 visits to the Before School program. A limit of 2 books per child can be purchased each school year.

After Kindergarten Options

We offer a fun, enriching offsite after kindergarten program for those children enrolled in the ½ day kindergarten. At dismissal time YWCA transportation will pick the kindergarten children up and transport them to our location in Ridgewood. The program starts at dismissal and runs until 4pm. Lunch and transportation are included in the tuition. You can also extend the day until 7:00pm by registering for the after kindergarten into afterschool options.

After School Options

Families can register for 5, 4, 3, 2, 1 days a week options. Days must be consistent. The program starts at dismissal and runs until 7pm.

To register, please complete the enclosed packet, and submit the packet and all required payments to our office prior to August 14th.

Our Address is:

YWCA of Bergen County
School Age Programs
2 University Plaza – Suite 208
Hackensack, NJ 07601

Registration is first come first served. If you have any questions please feel free to contact the school age program staff at (201) 881 -1728, 881-1727 or 881-1730

Sincerely,
Maire Brosnan Katavolos
Director of School Age Programs

**YWCA SCHOOL AGE PROGRAM
Westwood Regional School District
Registration for 2009-10 Before & After School Program**

Serving: Berkeley, Brookside (afterschool only), Jessie George, Ketler, Washington

Fees due at registration:

1. Registration Fee

Before School Program: \$30.00 per application

After School Program: \$60.00 per application

2. Membership Fee: \$50.00 per family – must be current through 10/09

3. Tuition

Before School Program

7:30am-first bell

Offered 5 days a week	\$110 per month	\$104.50 per month each additional child
10 Visit coupon book	\$125 (limit 2 per year)	

Monthly Off Site After Kindergarten Program

12:00 – 4:00

5 days a week	\$525 per month	\$498.75 per month each additional child
4 days a week	\$466 per month	\$442.70 per month each additional child
3 days a week	\$349 per month	\$331.55 per month each additional child
2 days a week	\$233 per month	\$221.35 per month each additional child
1 day a week	\$116 per month	\$110.20 per month each additional child

Off Site After Kindergarten into After School Program

12:00 – 7:00pm

5 days a week	\$828 per month	\$786.60 per month each additional child
4 days a week	\$746 per month	\$708.70 per month each additional child
3 days a week	\$571 per month	\$542.45 per month each additional child
2 days a week	\$392 per month	\$372.40 per month each additional child
1 day a week	\$202 per month	\$191.90 per month each additional child

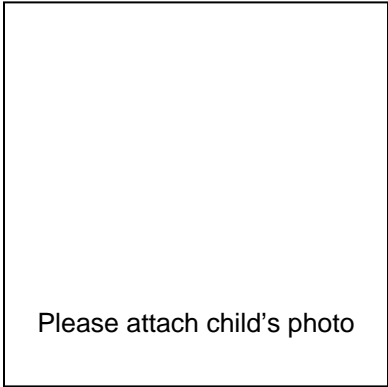
On Site After School Program

3:00-7:00pm

5 days a week	\$303 per month	\$287.85 per month each additional child
4 days a week	\$280 per month	\$266.00 per month each additional child
3 days a week	\$222 per month	\$210.90 per month each additional child
2 days a week	\$159 per month	\$151.05 per month each additional child
1 day a week	\$86 per month	\$81.70 per month each additional child

****Tuition is based on 180 school days****
Days must be consistent – no switching of days

school age programs before/afterschool application



Child's Name _____

Date of Birth _____ Age _____ Male Female

Address _____ City _____ State _____ Zip _____

Child's Start Date _____ Grade _____

Name of Afterschool Site Berkeley Brookside Jessie George Ketler Washington off site AK
program registration

- | | | | |
|---|-------------------|------------------------------------|---|
| <input type="checkbox"/> Before School Program | 7:30 – first bell | <input type="checkbox"/> Full Time | <input type="checkbox"/> "10 Coupon" Book *restrictions apply |
| <input type="checkbox"/> After Kindergarten Program | 12:00 – 4:00 | <input type="checkbox"/> Mon | <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thur <input type="checkbox"/> Fri |
| <input type="checkbox"/> After Kindergarten Program | 12:00 – 7:00 | <input type="checkbox"/> Mon | <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thur <input type="checkbox"/> Fri |
| <input type="checkbox"/> After School Program | 3:00 – 7:00pm | <input type="checkbox"/> Mon | <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thur <input type="checkbox"/> Fri |

family information / communication

Parent/ Guardian Name _____ Date of Birth _____
Home Address _____ City _____ State _____ Zip _____
Home Phone _____ Work Phone _____ Cell Phone _____
Employer _____ Email Address _____

Parent/ Guardian Name _____ Date of Birth _____
Home Address _____ City _____ State _____ Zip _____
Home Phone _____ Work Phone _____ Cell Phone _____
Employer _____ Email Address _____

Do parents live together? _____ **If no, with whom does the child reside?** _____
If parents are divorced / separated, please give specific instructions and a copy of court order concerning visits and pick-up by non-custodial parent. Are there restrictions on pickups or visitation? no yes – court order attached

emergency information / communication if neither parent / guardian can be contacted, please call

Name _____ Relationship to Child _____
Daytime Phone _____ Cell Phone _____

Name _____ Relationship to Child _____
Daytime Phone _____ Cell Phone _____

ywca school age program
medical update/ personal data form

Parents: We wish to provide the best possible environment for your child, accordingly, help us get to know your child. All information will be kept confidential and is used to help create a fun, safe, supportive environment for all children. Any information found to be deliberately incorrect will cause possible dismissal from the program.

Child's Name _____ Age _____

Date of last Physical Exam _____ Were results of exam normal Yes No

Pediatrician's Name _____ Phone _____

Immunizations are up to date? yes if no we need a copy of exemption letter

Does your child have any allergies that require medical treatment? Yes No

If yes, list allergies & have your doctor complete a Care Plan

Does your child have any chronic medical conditions/ related surgeries? Yes No

If yes, list medical conditions/ surgeries: _____

Does your child take any medication / treatments (at home or school)? Yes No

If yes, list medication, treatments: _____

Does your child have any limitations to physical activity? Yes No

If yes, list limitations: _____

Does your child have any behavioral classification or diagnosis? Yes No

If yes, what? _____

Does your child have an IEP (Individualized Educational Plan)? Yes No

If yes, your child is not confirmed in the program until we have reviewed the IEP

Describe your child's personality (any fears or phobias) _____

Describe any changes in your family in the past year that might have an effect on your child?

_____ When? _____

I do declare that the child named on this contract is in good health and is able to fully participate in all activities offered at the before and after school programs.

Signature of Parent/ Guardian

Date

ywca school age programs
medical release / permission form

Child's Name _____ Name of Afterschool Site _____

release to pick up children (other than parents)

Please local adults, other than parents, who can pick up your child if you are delayed or if there is an emergency.

Name _____ Relationship to Child _____

Daytime Phone _____ Work Phone _____ Cell _____

Name _____ Relationship to Child _____

Daytime Phone _____ Work Phone _____ Cell _____

Name _____ Relationship to Child _____

Daytime Phone _____ Work Phone _____ Cell _____

YES, I have access to a copy of the parent handbook, which includes the Management of Communicable Diseases, Expulsion / Discipline Policy, Release of Children Policy, Medication Policy, and the **Information to Parents from the Bureau of Licensing in the Division of Family and Youth Services (DYFS)** (always available on online at www.ywcabergencounty.org)

YES, In the event of any sudden illness or accident, it is understood that the **YWCA of Bergen County** will attempt to contact me. However, if medical care becomes necessary, I give permission for my child to receive such treatment from and as deemed appropriate by the nearest hospital, its Medical Staff, agents, and representatives.

YES, I'm aware that if my child has allergies that require medication or treatment I must submit a plan of care from my physician. **I understand failure to submit care plan will delay my child's start date.**

YES, I'm aware that if my child has an IEP - I must submit this IEP. **I understand failure to submit the IEP will delay my child's start date.**

Signature of Parent/ Guardian

Date

ywca photo release form

This form indicates whether you do/do not give the YWCA of Bergen County permission to use your or your child's photograph for public relations and/or marketing purposes*.

Yes, you have permission to use my or my child's photo for the following:

(Please check all appropriate boxes below)

- Flyers & Brochures
- Website
- Internal Displays
- Newsletters/Annual Report
- Newspaper Advertising
- Community Events/Displays

No, you do not have my permission.

Date: _____ Parent/ Guardian's Name: _____

Child's Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Telephone No: _____ Email: _____

Signature: _____

Site: _____ Camp: _____ Program: _____

*Your consent gives the YWCA of Bergen County permission to use any photo for two years from the above date.

YWCA of Bergen County
PR Department
112 Oak Street
Ridgewood, NJ 07450
201-444-5600
www.ywcabergencounty.org

**eliminating racism
empowering women**
ywca
bergen county

ywca school age programs payment information

Child's Name _____ **After School Site:** _____

Payment Information

Fees: - Monthly before and afterschool costs are based on 180 days of school divided by 10 equal payments. Tuition is paid **August – May**. Payment is due the first of each month for the upcoming month. Tuition not received by the 10th of the month is subject to a \$25.00 late fee. No bill will be sent and that tuition cannot be dropped off at the program site. I understand that **thirty days notice** is required for withdrawal from the program without penalty. I understand that days must be consistent each week for that month. No switching of days is permitted. I understand there is an additional fee for attendance on vacation days. If my child's schedule changes, I must fill out a change of attendance form provided by your site supervisor. **I understand all fees are non refundable**

Fee Calculations

YWCA Membership Fee \$50.00 if not current through 10/09 _____

Before School Registration Fee \$30.00 per application _____

Monthly Before School Full Time Tuition \$110 /104.50 additional child _____

Before School "10 Coupon" Book \$125 per book (*maximum of 2 books per year*) _____

These books are non refundable – not transferable

After School /After Kindergarten Registration \$60 per application _____

Off Site After Kindergarten Program **12:00 – 4:00**

5 days a week - \$525/\$498.75 additional child _____

4 days a week- \$466/\$442.70 additional child _____

3 days a week - \$349 /\$331.55 additional child _____

2 days a week - \$233/\$221.35 additional child _____

1 day a week - \$116 /\$110.20 additional child _____

Off Site After Kindergarten/After School Program **12:00 – 7:00pm**

5 days a week - \$828/\$786.60 additional child _____

4 days a week- \$746/\$708.70 additional child _____

3 days a week - \$571 /\$542.45 additional child _____

2 days a week - \$392/\$372.40 additional child _____

1 day a week - \$202/\$191.90 additional child _____

On Site After School Program **3:00-7:00pm**

5 days a week - \$303/ \$287.85 additional child _____

4 days a week - \$280 /\$266.00 additional child _____

3 days a week - \$222/\$210.90 additional child _____

2 days a week - \$159 /\$151.05 additional child _____

1 day a week - \$86 /\$81.70 additional child _____

Check for \$ _____ enclosed

*5% Discount on **tuition only** is given to additional children registered in program - discount is off lesser amount*

Method of Payment each Month:

You will not receive a monthly bill. Payments are due by the first of the month and may be paid as follows:

Check – payments can be mailed to the **YWCA School Age Program 2 University Plaza – Suite 208 Hackensack, NJ 07601**. Your cancelled check will serve as your receipt.

Credit Card – Payments can be automatically charged to your Visa, Master Card or American Express on the first business day of each month. Automatic payments start with the child's second payment. **First month's payment must be made by check.**

If you have any questions, contact the Billing Coordinator, School Age Program at 201 881-1730

CREDIT CARD AUTHORIZATION Visa Master Card American Express

Name as it appears on card: _____ Daytime Phone Number: _____

Billing Address for this card: _____

Card number: _____ Expiration date: _____

Child's name: _____ After School Site: _____

I herby authorize the YWCA of Bergen County School Age Program to charge my credit card for my child's tuition, on the first business day of each month from September through May. **First month's payment must be made by check.**

Signature: _____ Date: _____

UNIVERSAL CHILD HEALTH RECORD

Endorsed by: American Academy of Pediatrics, New Jersey Chapter
New Jersey Academy of Family Physicians
New Jersey Department of Health and Senior Services

SECTION I - TO BE COMPLETED BY PARENT(S)					
Child's Name (Last)		(First)		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth / /
Does Child Have Health Insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, Name of Child's Health Insurance Carrier			
Parent/Guardian Name		Home Telephone Number		Work Telephone/Cell Phone Number	
Parent/Guardian Name		Home Telephone Number		Work Telephone/Cell Phone Number	
I give my consent for my child's Health Care Provider and Child Care Provider/School Nurse to discuss the information on this form.					
Signature/Date				This form may be released to WIC. <input type="checkbox"/> Yes <input type="checkbox"/> No	
SECTION II - TO BE COMPLETED BY HEALTH CARE PROVIDER					
Date of Physical Examination:		Results of physical examination normal? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Abnormalities Noted:			Weight (must be taken within 30 days for WIC)		
			Height (must be taken within 30 days for WIC)		
			Head Circumference (if <2 Years)		
			Blood Pressure (if ≥3 Years)		
IMMUNIZATIONS		<input type="checkbox"/> Immunization Record Attached <input type="checkbox"/> Date Next Immunization Due:			
MEDICAL CONDITIONS					
Chronic Medical Conditions/Related Surgeries • List medical conditions/ongoing surgical concerns:		<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached		Comments	
Medications/Treatments • List medications/treatments:		<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached		Comments	
Limitations to Physical Activity • List limitations/special considerations:		<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached		Comments	
Special Equipment Needs • List items necessary for daily activities		<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached		Comments	
Allergies/Sensitivities • List allergies:		<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached		Comments	
Special Diet/Vitamin & Mineral Supplements • List dietary specifications:		<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached		Comments	
Behavioral Issues/Mental Health Diagnosis • List behavioral/mental health issues/concerns:		<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached		Comments	
Emergency Plans • List emergency plan that might be needed and the sign/symptoms to watch for:		<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached		Comments	
PREVENTIVE HEALTH SCREENINGS					
Type Screening	Date Performed	Record Value	Type Screening	Date Performed	Note if Abnormal
Hgb/Hct			Hearing		
Lead: <input type="checkbox"/> Capillary <input type="checkbox"/> Venous			Vision		
TB (mm of Induration)			Dental		
Other:			Developmental		
Other:			Scoliosis		
<input type="checkbox"/> I have examined the above student and reviewed his/her health history. It is my opinion that he/she is medically cleared to participate fully in all child care/school activities, including physical education and competitive contact sports, unless noted above.					
Name of Health Care Provider (Print)			Health Care Provider Stamp:		
Signature/Date					



Dear Parent,

Attached you will find a blank copy of the YWCA plan of care for children with allergies/asthma.

On your child's application you stated they had an allergy or asthma. As requested on your initial application we need a completed plan of care from your physician addressing this allergy.

According to NJ State Regulations 10:122-7.3 we need to have this completed care plan in our office by October 15th or your child cannot continue attending the before or afterschool program.

Please feel free to give me a call if you have any questions, I can be reached at 201 881-1726.

Maire BK

Maire Brosnan Katavolos
Director of School Age Programs



YWCA School Age Program Allergy Action Plan

Please complete the following action plan if your child has any allergy that may require medication or medical intervention. This form must be signed by your child's Doctor.

Child's Name: _____
D.O.B: _____ **Weight:** _____ **YWCA Site:** _____
Allergic to: _____
Asthmatic Yes* No **Higher risk for severe reaction*

YWCA Action Principles:

- Give Medication
- Call 911
- Notify Parents/ Supervisor

WHAT TO DO IF.....

Symptoms	Medications	
	To be determined by physician authorizing treatment	
If a food allergen has been ingested, but no symptoms	Epinephrine	Antihistamine
Mouth - Itching, tingling, or swelling of lips, tongue, mouth	Epinephrine	Antihistamine
Skin - Hives, itchy rash, swelling of the face or extremities	Epinephrine	Antihistamine
Gut Nausea - abdominal cramps, vomiting, diarrhea	Epinephrine	Antihistamine
Throat - Tightening of throat, hoarseness, hacking cough	Epinephrine	Antihistamine
Lung - Shortness of breath, repetitive coughing, wheezing	Epinephrine	Antihistamine
Heart - Weak thready pulse, low blood pressure, fainting, pale, blueness	Epinephrine	Antihistamine
Other symptoms:	Epinephrine	Antihistamine

Dosage

Epinephrine: inject intramuscularly (circle one) EpiPen® EpiPen® Jr. Twinject® 0.3 mg Twinject® 0.15 mg
(see reverse side for instructions)

Antihistamine: _____
Medication /dose /route

Other: _____
Medication /dose /route

Doctor's Signature _____ Date _____
Dr's Signature is required

I give permission to YWCA staff to follow the above directed action plan in case of allergic reaction. This plan has been reviewed and approved by my child's doctor.

Parent's Signature _____ Date _____

Parent's Signature _____ Date _____



Parent Handbook

Before & After School Programs

Revised 5/2009

Visit our website:

www.ywcabergencounty.org

Welcome to the YWCA of Bergen County School Age Programs

Welcome to the YWCA family!

You have chosen an organization that has proven its commitment to serving the needs of all children, not only locally – as the largest provider of child care in Bergen County – but statewide, nationwide, and, in fact, globally. We are proud of our over 75-year history and we are delighted to include you in our ever-growing family.

YWCA MISSION

The Young Women’s Christian Association of the United States is a women’s membership movement nourished by its roots in the Christian faith and sustained by the richness of many beliefs and values. Strengthened by diversity, the Association draws together members who strive to create opportunities for women’s growth, leadership, and power in order to attain a common vision: peace, justice, freedom, and dignity for all people. The Association will thrust its collective power toward the elimination of racism wherever it exists and by any means necessary.

In keeping with our mission the YWCA of Bergen County offers exceptional before and after-school programs on site at many schools throughout Bergen County. Our programs combine guidance and security with fun to give school age children the freedom and structure they need. Kids are active, so we promote indoor and outdoor play and cooperative games. They are creative, so we encourage dramatic play and arts and crafts. Our programs are personalized, so those kids who need to do homework are given a quiet space to do so. We also provide a healthy snack every afternoon.

School Age Program Contact Information:

Maire Brosnan Katavolos

Director School Age Programs
mkatavolos@ywcabergencounty.org
Tel: (201) 881-1726
Fax: (201) 487-5911

Robyn Knapp

Assistant Director School Age Programs
rknapp@ywcabergencounty.org
Tel: (201) 881-1727
Fax: (201) 487-5911

Mary Agnello

Office Manager
magnello@ywcabergencounty.org
Tel: (201) 881-1728
Fax: (201) 487-5911

Ming Tseng

Billing & Tuition Coordinator
mtseng@ywcabergencounty.org
Tel: (201) 881-1730
Fax: (201) 487-5911

All tuition, payments and other correspondence should be mailed to our administrative offices:

YWCA of Bergen County
School Age Programs
2 University Plaza – Suite 208
Hackensack, NJ 07601

HOURS OF OPERATION

Before School Program hours are 7:30am – the first bell. (Ridgewood 7:15am- first bell)

After Kindergarten program hours are: 11:15 – 3:00 in Ridgewood

*River Vale families at Roberge and Woodside Schools- hours are 12:30pm – 3:00pm.

**Rivervale program operates for the month of September only.*

After School Program hours are 3:00pm – 7:00pm with coverage for some early dismissals.

*Dumont sites close at 6:00pm

Vacation Days operate from 7:30am to 7:00pm on certain school breaks throughout the school year. Advance registration is required and there is an additional fee for this service.

*** Note: School Age Programs will be closed Labor Day, Thanksgiving Day, the Friday after Thanksgiving, the week between Christmas and New Year's Day, Good Friday, and Memorial Day.*

Early Dismissals will be held at your child's site and the program will open early on these days.

PROGRAM FEES, POLICIES, AND PROCEDURES

YWCA Membership	\$50 (includes 1 adult and all children under 12)
After School Registration Fee	\$60
Before School Registration Fee	\$30

1. All fees are non-refundable.
2. Monthly fees are based on the entire school calendar year, which equates to 180 days divided over ten months. Therefore, no matter how many school days there are in a month the monthly fee will remain the same.
3. Tuition is due on the 1st of each month. Tuition received after the 10th of the month will result in a \$25 late fee. Tuition is payable August thru May
4. Non payment or continued late payment will result in you removal from program.
5. If your credit card is declined twice you will be subject to a \$25 administrative fee.
6. We offer automatic monthly credit card payments. See the credit card form on application
7. Your credit card statement and/or canceled check will serve as your receipt of payment.
8. If you have a flex spending account, please send the paperwork with a self addressed stamped envelope and we will complete the necessary information. Our Provider Tax Id is # 22-149-4725.
9. If a child is left at the program beyond 7pm (6pm- Dumont), a \$25.00 late fee will be charged. If by 7:15 (6:15 - Dumont) we are unable to contact a parent or the emergency persons, the Police Department will be called to assist in locating a parent or guardian. If the child is left for more than one hour without notification from a parent, DYFS will be called. More than 3 late pickups will require your removal from the program.
10. Withdrawal from program requires 30 days written notice; otherwise, you will be responsible for the following month's tuition.
11. To drop a day, or add a day, a Change in Attendance form must be completed. Ask your Site Supervisor for this form. There is an extra day fee of \$25.00 per child, per day.
12. Tuition credit is not given for absence due to illness or vacation.

EMERGENCY CONTACTS: Your emergency people are very important and should be aware of their responsibility. All emergency contacts should be able to pick up your child within a reasonable time frame if we cannot reach you. Phone numbers need to be updated regularly.

HOMEWORK POLICY: The After School Program staff is responsible for providing a quiet place and a staff person daily to supervise and monitor homework time. We do not provide tutoring or one to one assistance. We provide a contract for parent and children to discuss and fill out. The After School Program staff will *never* force a student to do his/her homework and will not be responsible for the completion of the child's homework.

INFORMATION CHANGE: Parents are responsible for informing the SAP of any changes in address, phone numbers and persons authorized to pick up children. It is very important that this information be kept up to date.

PARENTAL PARTICIPATION: Parents are welcome to observe and participate in the SAP. The staff welcomes your comments and is available to discuss any aspect of the program. Parents are reminded that all interactions with children must be positive in nature and any parent who engages in any negative interaction with a child, not their own, will face immediate removal from the program and termination of their child's future participation.

SIGN IN / SIGN OUT PROCEDURES:

Before School Program – Children are to be escorted and signed into program each morning by a parent. After School Program- Each child must be signed out of program each evening. It is our policy that the person picking up your child is at least 18 years of age.

TRANSPORTATION: **not applicable to all sites*

- **FOR CHILDREN ATTENDING THE BETHLEHEM LUTHERAN CHURCH OR YWCA OAK STREET LOCATIONS** – Transportation is provided by the YWCA / Sunlight Transportation. All vans and school buses are equipped with seat belts.

***Please Note:** Children who miss the bus or van should go directly to the school secretary. The school secretary will call the After School Program office to inform us that the child has missed the transportation. We will send a vehicle to pick the child up as soon as possible. A fee of \$5 will be charged to the parent on that day, to cover the cost of sending the vehicle back to the school.

Toys: We do not encourage children to bring cell phones, I-Pods, Gameboys, PSPs, DS etc. to program. These items can be easily misplaced, lost, or stolen. The YWCA of Bergen County assumes no responsibility for misplaced, lost, or stolen items.

ATTENDANCE POLICY

1. If a child is going to be absent from the program the parent must inform the Site Supervisor by telephone, in writing, or in person. All programs have 24-hour voice mail service. Please do not rely on the child's teacher or school to notify YWCA staff.
2. If the child fails to arrive on a day when he/she is scheduled to attend the program, and we have not been notified by a parent, we will try to locate the child according to the following procedure:
 - i) The child's teacher or school secretary will be contacted to find out if the child was absent from school or missed transportation.
 - ii) The child's parents will be called at all available phone numbers.
 - iii) All emergency telephone numbers will be called.
 - iv) If at this point, the child has not been located, the local Police Department will be called to assist in locating the child.

ANTI-BULLYING POLICY

In keeping with our mission to promote acceptance and tolerance for all people and in order to keep all the children in our programs safe, the YWCA OF BERGEN COUNTY in accordance with its discipline policy, cannot allow any child in our program to hurt or be hurt by others. This can include physical, emotional, or verbal actions.

The YWCA has instituted the following policy:

- Any incidents of the above behaviors will be brought to the attention of the Director of School Age Programs. Each incident will be handled on a case-by-case basis. All discipline actions will be in accordance with the YWCA Discipline Policy in an age appropriate fashion.
- The local police department and the Division of Youth and Family Services (DYFS) will be notified if any child is found to be in possession of a weapon. Further action will be under the advisement of the above agencies and the YWCA OF BERGEN COUNTY administration.

CHILD RELEASE POLICY

Parents **must** come into the program to physically sign children out. We cannot release a child unless an authorized person can come into the program to sign the child out.

Parents **must** inform the Site Supervisor in advance if someone other than the parent will be picking up. If the pick up person is not listed on the child's emergency data form and we have not been notified by the parent, the Site Supervisor **will not** release the child.

We do require that parents show identification until the Site Supervisor and staff become familiar with you. This step is taken for the safety of your child.

The YWCA of Bergen County has no responsibility for a child after the child has been signed out of the program. Children signed out of program by someone other than a parent cannot return to the after school program.

Furthermore, the YWCA of Bergen County has no responsibility or involvement with any arrangements for transporting a child home from the center or for the babysitting of a child. In the event that a YWCA staff person enters into a working agreement with a parent, the YWCA does not approve of this, has no responsibility for this and requires that both parties sign a release form enclosed.

CONFIDENTIALITY POLICY

The policy of the YWCA School Aged Programs in regard to the issue of confidentiality of information is as follows:

1. Information about a child belongs to the child with the parents acting on the child's behalf. Consequently, parents have unlimited access to the records of their child.
2. YWCA staff will be permitted access to records on a need to know basis as determined by the Site Supervisor.
3. Records will not leave the site without permission of the director.
4. No information about a YWCA family may be released to another agency without the written consent of the family, **unless required by law**.
5. Information that families give to the YWCA staff will be shared with other staff, only on a need to know basis.
6. All YWCA staff members are required to treat information about YWCA families responsibly and with discretion. Staff are permitted to discuss information about families with other staff only on a need to know basis. Information about YWCA families or staff members is not a suitable topic of casual conversation among staff or in the presence of children.
7. Staff that violates a family's or staff member's right to privacy will be subject to personnel action as determined by the director. When warranted, such action may include suspension or dismissal.
8. Staff is advised to refrain from any discussion of YWCA staff or program information that is pertinent only to the YWCA.

DELAYED OPENINGS/EMERGENCY CLOSINGS

School Closing - If schools are **closed** for any reason all YWCA programs will be **closed**.

Delayed Opening – The Before School Program will be closed, but the After Kindergarten and After School Program will operate according to schedule.

Early Dismissal due to weather – The After Kindergarten and After School Program will be closed.

*If weather conditions become hazardous during after school program we reserve the right to close the After School Program early. **In this situation, you must make arrangements to pick you child up at the modified time. For details view www.cancellations.com and our updated information will be posted.**

DISCIPLINE POLICIES AND PROCEDURES

It is the YWCA's goal to educate the student and instill in them the ability to self-discipline. Misbehavior is seen as a chance to educate a student about appropriate behavior. It is understood that all children require firm and consistent limits and that no child will be permitted to endanger himself, others, or to damage property. It is the policy of the YWCA to use appropriate physical restraint only when absolutely necessary for the welfare of the child or the protection of life and property.

Clear and consistent guidelines are presented to children so that they are aware of their responsibilities and can be held accountable for their behavior. Children whose needs, abilities and values vary are treated in such a way that recognizes these differences.

Examples of unacceptable behavior include:

Physical aggression

Use of foul language

Disrespectful / Intolerant words or actions

Disrespect to staff or other children

Consistently ignoring program rules

Leaving program area without permission

Discipline will be administered as soon as possible and will be consistent with the severity of the problem.

Should there be an infraction of the rules, the following consequences will occur:

1. **Verbal Warning** -We remind children of appropriate behavior
2. **Five Minute Time Out**- This gives a child a break to cool off.
3. **Ten Minutes Time Out**- Again a cooling off period and chance for re-direction. Staff will inform parents at pickup
4. **Written Note** - Student writes a note to parent explaining behavior. This allows the student a chance to separate from the problem and cool down. It also forces the child to review the situation from start to end. Child will give the written note to the parent in the presence of staff.
5. **Removal** - Parents are called and asked to pick up the child immediately. This happens in rare cases where a child's actions are detracting from the safety of the group.
6. **If a child reaches step 5** - in order to return to the program, the parent and child must meet with the program director and create a behavior contract that addresses the behavioral problems. This contract must be signed by all adults and children involved. Any violation of this contract will result in the child's permanent removal from program.

Fighting or intentional physical aggression for any reason results in immediate jump to #5 Any child that does not respond to the consequences, and/or leaves the group, and/or is verbally/ physically abusive toward the staff or participants may be suspended from the program for a period of time fitting the severity of the incident. **Any child that is disruptive to the point that it interferes with the daily operation of the program may be asked to leave the program permanently.**

The YWCA program will not tolerate any parent reprimanding, punishing or verbally threatening any child on our premises. If there is a problem, you will be asked to leave immediately. The safety of all the children in our care is our first priority.

MEDICAL & HEALTH POLICIES AND PROCEDURES

1. Your child must have an up-to-date medical record and immunization record on file the day he/she begins the program. All allergies and medical concerns must be documented on the child's medical and emergency data form.
2. For the welfare of your child and the other children in the group, your child must be kept home if he/she appears ill or has been ill during the night.
3. A child will be sent home if any of the following symptoms are present: fever, vomiting, diarrhea, relentless coughing, and/or skin rashes. All emergency phone numbers on file must be kept up-to-date. If you are called to pick up your child, please do so within an hour of the phone call. In some instances, a child may not be permitted to return the following day without a doctor's note.
4. Medication will be administered only after the receipt of written approval from a child's parent. This medication must be in its original container, labeled with child's name, physician's name, date, and dosage. Medication will only be administered and recorded by a Site Supervisor.
5. If a child sees a doctor for an infection or illness of any kind, please inform the staff. This is important information for the center to have on file. Concerns for which a child must see a physician will include, but are not limited to: red eyes with discharge and skin rashes lasting more than one day. A note from your child's physician is required stating that the child is not contagious before re-admission.
6. If your child is sent home from school for any reason, he/she may not attend the After Kindergarten/After School Program that afternoon.

MANAGEMENT OF COMMUNICABLE DISEASES POLICY

If a child exhibits any of the following symptoms, he/she should not attend the YWCA Before School, After Kindergarten, or After School programs. If such symptoms occur at any of our programs, the child will be removed from the group and you will be called to take him/her home.

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

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

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

Table of Excludable Diseases

Respiratory Illnesses

Chicken Pox
 German Measles*
 Hemophilus Influenzae*
 Measles*
 Meningococcus*
 Mumps*
 Strep Throat
 Tuberculosis*
 Whooping Cough

Gastrointestinal Illnesses

Giardia Lamblia*
 Hepatitis A*
 Salmonella*
 Shigella*

Contact Illnesses

Impetigo
 Lice
 Scabies

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

DYFS INFORMATION TO PARENTS

Under provisions of the Manual of Requirements for Child Care Centers (N.J.A.C 10:122), every licensed child care center in New Jersey must provide to parents of enrolled children written information on parent visitation rights, State licensing requirements, child abuse/neglect reporting requirements and other child care matters. The center must comply with this requirement by reproducing and distributing to parents written statement, prepared by the Bureau of Licensing in the Division of Youth and Family Services (DYFS). In keeping with this requirement, the center must secure every parent's signature attesting to his/her receipt of the information.

Our center is required by the State Child Care Center Licensing law to be licensed by the Bureau of Licensing of the New Jersey Division of Youth and Family Services. A copy of our current license must be posted in a prominent location at our center. Look for it when you are in the center.

To be licensed, our center must comply with the **Manual of Requirement 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 centers must have on the premises a copy of the Manual of Requirements for Child Care Centers and make it available to interested parents for review. If you would like to review our copy just ask any staff member. Parents may secure a copy of the Manual of Requirements for Child Care Centers by sending a check or money order for \$5 made payable to the "Treasurer, State of New Jersey", and mailing to : State of New Jersey, Department of Human Services, Licensing Publication Fees, PO Box 34399 Newark, NJ 07189-4399.

We encourage parents to discuss with us any questions or concerns about the policies and programs 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. The YWCA SAP office can be reached at 201 881-1726 or 881-1727. If you suspect our center might be in violation of licensing standards, you are entitled to report them to the Bureau 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 medication 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 our discipline policy so we can work together to keep your child in our center.

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

Our center must cooperate with all DYFS inspections/investigations. DYFS staff may interview both staff 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 opportunities 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 – parents are always welcome to observe our programs.

Parents of enrolled children may visit our center 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 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 (42U.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 at (800) 514-0301 (voice) or (800) 514-0983 (TTY).

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 DYFS 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, PO Box 717, Trenton, New Jersey 08625-0717.

ADMINISTRATIVE OFFICE CONTACT INFORMATION

Maire Brosnan Katavolos- Director 201-881-1726

Robyn Knapp- Assistant Director 201- 881-1727

Mary Agnello- Office Manager 201- 881-1728

Ming Tseng- Billing & Tuition Coordinator 201- 881-1730

Brian Scanlon- Manager 201- 881-1732 (Travell School, Westwood, Washington Township)

Danielle Guitian- Manager 201- 881-1733 (Dumont, Cresskill)

Erica Bixby- Manager 201- 881-1734 (Allendale, Ridgewood, Meadowbrook School)

Mike Mitchell- Manager 201- 881-1735 (Old Tappan, River Vale, Woodcliff Lake, Hawes School, Smith School)

SCHOOL AGE PROGRAM SITES

HILLSIDE SCHOOL	ALLENDALE	201-327-0091
BROOKSIDE SCHOOL	ALLENDALE	201-760-8740
BRYAN SCHOOL	CRESSKILL	201-569-8484
MERRITT SCHOOL	CRESSKILL	201-541-1031
GRANT SCHOOL	DUMONT	201-384-6371
HONISS SCHOOL	DUMONT	201-384-6357
LINCOLN SCHOOL	DUMONT	201-384-6457
SELZER SCHOOL	DUMONT	201-384-6349
MEADOWBROOK SCHOOL	HILLSDALE	201-664-3503
SMITH SCHOOL	HILLSDALE	201-666-0301
T. BALDWIN DEMAREST	OLD TAPPAN	201-664-2920
ORADELL PUBLIC SCHOOL	ORADELL	201-986-0320
HAWES SCHOOL	RIDGEWOOD	201-670-3755
ORCHARD SCHOOL	RIDGEWOOD	201-670-1230
PRETEEN PROGRAM	RIDGEWOOD	201-444-5600 X 308
SOMERVILLE SCHOOL	RIDGEWOOD	201-493-1207
TRAVELL SCHOOL	RIDGEWOOD	201-493-1809
WILLARD SCHOOL	RIDGEWOOD	201-
ROBERGE SCHOOL	RIVERVALE	201-722-1361
WOODSIDE SCHOOL	RIVERVALE	201-391-8241
JESSIE GEORGE SCHOOL	WASH. TWP.	201-722-8908
WASHINGTON SCHOOL	WASH. TWP.	201-666-1393
BROOKSIDE SCHOOL	WESTWOOD	201-664-7147
KETLER SCHOOL	WESTWOOD	201-722-1653
BERKELEY SCHOOL	WESTWOOD	201-664-4324
DORCHESTER SCHOOL	WOODCLIFF LAKE	201-391-1388