

TEANECK RECREATION DEPARTMENT

After School Child Care Program 2024-2025



TOWNSHIP OF TEANECK
RECREATION DEPARTMENT - YOUTH DIVISION
After School Child Care Program

The After-School Child Care Program, held in the Youth Division of the Richard Rodda Community Center, operates from school dismissal to 6:00 p.m. Monday thru Friday starting Thursday, September 4, 2024 and ending Thursday, June 19, 2025 (tentative dates). The program follows the Teaneck Public School Calendar including snow days, holidays, vacations, as well as all Municipal holidays. Children may participate all five days or any combination of days during the week; however, no reduction of fee will apply for partial attendance. Transportation **is not** provided by the Recreation Department.

The philosophy of the program is to enable the child to foster their self-esteem socially, cognitively, physically and emotionally through age appropriate, supervised activities. Daily activities include time for homework (with staff assistance), sports, free play, arts and crafts and an assortment of board games. We believe that by incorporating all of the mentioned, we encourage independent thinking and cultivate individual talents. Daily snacks are provided. This program is for children grades Kindergarten thru Middle School. **Children Must Be Toilet Trained.** No child will be permitted to enroll in the program if over age thirteen after the date of September 30, 2024.

Registration will begin May 23, ***and will be accepted, In Person, Drop-Box or Mail, Online registration will tentatively begin May 28, at teaneck.gov/online-registration.*** Registration for our program is open to residents of Teaneck only. We are a New Jersey State Licensed program. Spaces are available on a first-come first-served basis. **Parents must provide copies of proof of residency, and a birth certificate** for your child. In order to be eligible for our program the student must reach the age of three by October 1, 2024 and must be toilet trained.**

There is an initial application fee for each child of \$25.00 (non-refundable), along with the first month payment.

***ONLINE REGISTRATION AVAILABLE.** To register online you can reserve a spot by paying the non-refundable registered fee. However, registration will not be completed until all required documents are submitted, (completed application, copy of birth certificate** and proof of residency). Due date will be provided for these documents, approximately five (5) business days after reserving spot or when required.

** Unless previously submitted for other programs



**Payment Schedule 2024-2025
(Subject to change)**

Date Due	Application Fee	Amount per Child	Sibling	Period Covered
At Registration	\$25.00 (per child)	\$150.00	\$125.00	September 2024
September 1		\$150.00	\$125.00	October 2024
October 1		\$150.00	\$125.00	November 2024
November 1		\$150.00	\$125.00	December 2024
December 1		\$150.00	\$125.00	January 2025
January 1		\$150.00	\$125.00	February 2025
February 1		\$150.00	\$125.00	March 2025
March 1		\$150.00	\$125.00	April 2025
April 1		\$150.00	\$125.00	May 2025
May 1		\$150.00	\$125.00	June 2025

\$25.00 non-refundable application fee for all participants of After School Program.

LATE PICK UP FEE:

There will be a late pickup fee of **\$30.00** per family after 6:15 p.m. Your child will not be permitted to return to the program unless this fee is paid.

PLEASE NOTE: Payment is due on the first of the month. If payment is not received by the close of business, 5:15 p.m. on the 5th of the month there will be a **\$50.00** non-negotiable late charged assessed per family. **Failure to pay by the 12th of the month will result in your child being automatically suspended from the program until payment is made.**

Monthly payments can either be made at the Recreation Department’s Administrative Office between the hours of 8:15 a.m. to 5:00 p.m. (Tuesdays until 7:00 p.m.), mailed, or paid on line. We recommend payment be mailed to the Teaneck Recreation Department no later than 3 business days prior to the date to ensure proper processing.

ALL Checks should be made payable to the “TOWNSHIP OF TEANECK”



TEANECK RECREATION DEPARTMENT
AFTER SCHOOL CHILD CARE PROGRAM

Date: _____

SEPTEMBER 4, 2024- JUNE 19, 2025(tentatively)



FOR OFFICE USE ONLY:
Enrollment Date: _____
Proof of Residency _____
Birth Certificate _____
Immunization Record _____
Doctor's Note _____
Proof of Health Ins. _____
Application Fee _____
First Payment _____

NAME

LAST _____ FIRST _____ MIDDLE _____

NICKNAME _____ PREFERRED GENDER _____

ADDRESS _____

TELEPHONE _____ BIRTH DATE _____ AGE _____

FATHER CELL # _____ MOTHER CELL # _____

SCHOOL _____ GRADE AS OF SEPTEMBER 2024 _____

EMAIL CONTACT _____

FATHER'S NAME _____

EMPLOYER NAME & ADDRESS _____

HOURS OF WORK _____ BUSINESS PHONE _____

MOTHER'S NAME _____

EMPLOYER NAME & ADDRESS _____

HOURS OF WORK _____ BUSINESS PHONE _____

Legal Guardian _____

Please supply required information

CHILD'S NAME _____ Age _____ Date of Birth _____

ADDRESS _____

EMERGENCY CONTACT _____ Phone # _____ Cell# _____

MOTHER'S NAME _____ FATHER'S NAME _____

Home Phone # _____ Home Phone # _____

Bus. # _____ Bus. # _____

Cell # _____ Cell # _____

CHILD'S MEDICAL INFORMATION

Is your child under any medical/physical restrictions? _____ Yes _____ No
If yes, _____

Is your child taking any medication? _____ Yes _____ No
Please name _____

Has your child been under a doctor's care or hospitalized within the past three years? _____ Yes _____ No
If yes _____

Is your child allergic to any medication/food/insect stings? _____ Yes _____ No
If yes _____

Any special needs that we should be aware of? _____ Yes _____ No
If yes, please explain _____

As parent/guardian of the above participating child, I certify that he/she is in good physical health and may participate in all of the activities of the program, except as noted on application.

Does your child need a modification because of a disability or special needs to enjoy this program?

Yes or No (*circle one*)

If yes, please explain _____

Pictures may be taken by a Recreation Department employee to be used for publicity purposes. If you have any questions or concerns please contact the Recreation office in writing.

Parent/Guardian signature _____ Date _____

I HEREBY GIVE PERMISSION TO HAVE MY CHILD PICKED UP AT THE RECREATION CENTER BY THE FOLLOWING: (ALL AUTHORIZED PERSONS ARE 16 YEARS OR OLDER)

1. Name _____ Phone _____ Relationship _____

2. Name _____ Phone _____ Relationship _____

PARENT'S SIGNATURE _____ DATE _____

Child's Name _____

PARENTAL AUTHORIZATION FOR EMERGENCY TREATMENT

LIST ANY MEDICAL RESTRICTIONS AND/OR ALLERGIES: _____

IN CASE OF EMERGENCY, PLEASE INDICATE NAME AND PHONE NUMBER OF PERSON TO BE CONTACTED IF PARENT CANNOT BE REACHED: _____

NAME OF FAMILY PHYSICIAN _____

ADDRESS OF FAMILY PHYSICIAN _____ PHONE NUMBER _____

PARENT'S SIGNATURE: _____ **DATE** _____

CHILD HEALTH INSURANCE: Company/HMO

Group Number _____ Identification # _____

I (we) state that we are the parent(s)/guardian(s) having legal custody of the above child and attest that the information above is correct. I (we) authorized the above child care center director or director's designee to obtain emergency treatment for my child. I consent to an x-ray examination, anesthetic, medical or surgical diagnosis or treatment, and hospital care to be rendered to the minor at a recognized medical facility under the general or special supervision of licensed physician or surgeon.

The following steps will be followed in an emergency:

1. The parent/guardian will be contacted immediately.
2. The child's physician will be contacted.
3. We will attempt to contact you through all the emergency persons listed on the child's application form.
4. If we cannot contact you or your child's physician, we will do any or all of the following:
 - (a) Call for emergency first aid assistance/transportation.
 - (b) Call another physician.
 - (c) Have the child transported to an emergency hospital in the company of staff

I, the undersigned agree to hold the Township Of Teaneck harmless for any accident, incident, injury or loss of personal property that may occur as a result of my child's participation in this program. With this knowledge, I agree that I will not seek any claims for injury or liability against the Teaneck Recreation Department and/or the Township.

PARENT'S SIGNATURE _____ **DATE** _____

TOWNSHIP OF TEANECK

TEANECK RECREATION DEPARTMENT



AFTER SCHOOL CHILD CARE PROGRAM

This serves as a contract between the Teaneck Recreation Department and parent/guardian of

_____ enrolled in the After School Child Care Program.

Child's Name

I am in receipt of the program dates, guidelines, parent information, and schedule of payment. I fully understand that the program will end on Thursday, June 19, 2025 (tentatively). I further understand that my child/children are to adhere to the specified guidelines of the program and that if timely payments including incurred monthly late fees are not received as indicated on the payment schedule my child/children's enrollment will be suspended and/or expelled from this program.

I have been informed that employees are not permitted to accept any compensation nor tokens of appreciation as this would be a breach in the code of ethics.

Parent/Guardian's Signature Date

Lisa Skulnik
Assistant Superintendent of Recreation

Child's Name _____

CHILD'S HEALTH RECORD - School Year 2024-2025
IMMUNIZATIONS AND TESTS

(Exact dates from certificates signed by physician or official agency)

	<i>Diphtheria Pertussis Tetanus</i>	<i>Polio Vaccine</i>	<i>Measles</i>	<i>Rubella</i>	<i>Varicella</i>	<i>HIB</i>	<i>Hepatitis "B"</i>	<i>Monteux TB</i>
	<i>Date</i>	<i>Date Specify type</i>	<i>Date</i>	<i>Date</i>	<i>Date</i>	<i>Date</i>	<i>Date</i>	<i>Date</i>
<i>1st</i>								
<i>2nd</i>								
<i>3rd</i>								<i>Flu Vaccine Date</i>
<i>1st Booster</i>								
<i>2nd Booster</i>								
<i>3rd Booster</i>								

EMERGENCY MEDICAL INFORMATION

Has or is subject to: (check and give details)

_____ *Asthma _____ Convulsions _____ Heart Trouble _____ Diabetes _____ Fainting Spells0

_____ High Blood Pressure _____ Allergy or reaction to medicine, food plant, animals or insect

_____ Other condition that may require emergency/special care or knowledge _____

The Youth Division Staff will not administer any medications other than for life threatening illnesses.

All emergency medications must be at school in original container/box with the allergies/anaphylaxis paperwork completed by parent/guardian and physician note by the first day of school.

MEDICAL HISTORY

Date of most recent physical exam (Month & Year) _____

Any current health problems _____

Remarks _____

Date _____ Physician's Signature _____ Telephone # _____

POLICY ON AGGRESIVE BEHAVIOR



Our mandate is to provide a safe environment in all Recreation Department Youth Division programs. Therefore, we have set forth the following policy on aggressive behavior. This policy addresses physical contact between children and/or verbal/physical confrontational behavior of parents.

Any aggressive behavior such as hitting, kicking, punching, play fighting and/or fighting during the program that results in physical altercations will not be tolerated. In addition, any physical/verbal threats of any kind by children or parents will not be tolerated. Any such behavior will be addressed as follows:

- | | |
|----------------|----------------------------|
| First offense | 3 day suspension |
| Second offense | 5 day suspension |
| Third offense | Dismissal from the program |

An Aggressive Incident Report form describing aggressive behavior will be presented to keep you informed of any incidents of disciplinary action.

If your child is dismissed from the program, no refunds will be permitted.

We would like you to address this with your child/children to make them understand that physical/verbal aggression is not the solution to any problem and will not be tolerated.

We thank you in advance for your cooperation. If you have any questions you may speak with Lisa Skulnik, Assistant Superintendent of Recreation at 201-837-7130. Please sign below and return this letter to us.

Parent Signature _____

Date _____

NAME OF CENTER: Township of Teaneck – After School Child Care Center

NAME OF CHILD: _____

SIGNATURE OF PARENT: _____

Unfortunately, there are sometimes reasons we have to expel a child from our program either on a short term or permanent basis. 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. The following are reasons we may have to expel or suspend a child from this center:

IMMEDIATE CAUSES FOR EXPULSION

The child is at risk of causing serious injury to other children or himself/herself

Parent threatens physical or intimidating actions toward staff members

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

Other (explain)

CHILD'S ACTIONS FOR EXPULSION

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

Excessive biting

Other (explain)

SCHEDULE OF EXPULSION/SUSPENSION

If after the remedial actions above have not worked, the child's parent/guardian will be advised verbally and in writing about the child's or parent's behavior warranting expulsion. A suspension action is meant to be a period of time so that the parent/guardian may work on the child's behavior or to come to an agreement with the center.

The parent/guardian will be informed regarding the length of the suspension period.

The parent/guardian will be informed about the expected behavioral changes required in order for the child or parent to return to the center.

The parent/guardian will be given a specific expulsion date that allows the parent sufficient time to seek alternate child care (approximately one to two weeks' notice, depending on the risk to other children's welfare or safety).

Failure of the child/parent to satisfy the terms of the plan may result in permanent expulsion from the center.

A CHILD WILL NOT BE EXPELLED

If a child's parent(s):

Made a complaint to the Office of Licensing regarding a center's alleged violations of the licensing requirements.

Reported abuse or neglect occurring at the center.

Questioned the center regarding policies and procedures.

Without giving the parent sufficient time to make other child care arrangements.

PROACTIVE ACTIONS THAT CAN BE TAKEN IN ORDER TO PREVENT EXPULSION

Staff will try to redirect the child from negative behavior.

Staff will reassess classroom environment, appropriateness of activities, supervision.

Staff will always use positive methods and language while disciplining children.

Staff will praise appropriate behaviors.

Staff will consistently apply consequences for rules.

Child will be given verbal warnings.

Child will be given time to regain control.

Child's disruptive behavior will be documented and maintained in confidentiality.

Parent/guardian will be notified verbally.

Check list with all necessary documents to be completed and returned:

_____ Completed Application

_____ Proof of Residency & Birth Certificate

_____ Signed “Aggressive Behavior Policy” Form

_____ Signed “Expulsion Policy” Form

_____ Completed Immunization History with physician’s signature

