

Monmouth-Ocean Educational Services Commission

www.moesc.org

WELCOME TO OUR SCHOOL AGE CHILD CARE PROGRAM

Attached please find our **2010-2011**
School Age Child Care Application

To confirm your child's attendance in our SACC Program complete and return pages 1-10. Apply signatures where required. Please note the application must be notarized on page 9. Return application with a check for the registration fee of \$35 per child ASAP. Upon receipt of your completed application, we will process & notify you of your child's acceptance into the SACC Program. You will receive our confirmation notice with payment due along with your tuition forms to submit your monthly tuition. The tuition due for the 1st month and deposit for June 2011 must be received by Friday, August 13th.

**IF CONFIRMATION NOTICE IS NOT RECEIVED,
CALL OFFICE TO VERIFY START DATE FOR YOUR CHILD.**

Registration Rate = \$35 per child

Registration fee is non-refundable

COMPLETED APPLICATIONS RECEIVED IN OUR OFFICE
BY 2 PM ON FRIDAY, AUGUST 6TH
WILL HAVE A START DATE FOR THE **1ST DAY OF SCHOOL**

APPLICATIONS RECEIVED AFTER AUGUST 6TH
WE WILL NOTIFY YOU OF THE START DATE

Applications are accepted year round (7:30 am – 3:00 pm)

Office will close 12:00 pm on the following days:

May 27 *July 2 * September 3

Check parent handbook for additional dates

From October – June allow one week for processing paperwork
and placement of your child into the SACC Program

No schedule changes for the month of September

Please direct all questions to our office (732) 389-3192 ext 1090 / fax #732-389-3854

2010 - 2011
APPLICATION

for

School Age Child Care (SACC) Program
Monmouth-Ocean Educational Services Commission
100 Tornillo Way - Suite 2
Tinton Falls, NJ 07712
(732) 389-3192 ext 1090

COMPLETING THIS APPLICATION REPRESENTS YOUR EXPRESSION OF INTEREST IN THE PROGRAM AND DOES NOT CONSTITUTE ACCEPTANCE INTO THE PROGRAM. **PLEASE PRINT CLEARLY AND COMPLETE IN BLACK OR BLUE INK.**

SECTION I. GENERAL INFORMATION:

| Child's Name | School | Grade | Age | Date of Birth | Sex |
|--------------|--------|-------|-------|---------------|-------|
| 1. _____ | _____ | _____ | _____ | _____ | _____ |
| 2. _____ | _____ | _____ | _____ | _____ | _____ |
| 3. _____ | _____ | _____ | _____ | _____ | _____ |

Parents or Guardian(s) with whom child(ren) reside(s): Mom Dad Both

| | |
|---------------------------|---------------------------|
| 1. _____ Parent's Name | 2. _____ Parent's Name |
| _____ Street Address | _____ Street Address |
| _____ City, State, Zip | _____ City, State, Zip |
| _____ Employer | _____ Employer |
| _____ Work Hours | _____ Work Hours |
| _____ Home Phone | _____ Home Phone |
| _____ Cell Phone | _____ Cell Phone |
| _____ Work Phone | _____ Work Phone |

Person Responsible for Payment:

I agree to be responsible for the Payment of SACC cost (See tuition payment form for rates). MOESC is not responsible to contact anyone other than the person whose signature appears below for payment.

*

Signature of parent/guardian (required for application to be processed) **Date**

Persons Authorized to Pick Up Your Child(ren)

Authorized pick up must be 18 years or older

and should be in the vicinity of the school district during the hours of the program

Any changes in this list must be received from you in writing (*via fax or mail*) prior to going into effect

Minimum of (2) names must be listed below other than parent/guardian:

| Name | Relationship | Home Phone # | Cell Phone # |
|------|--------------|--------------|--------------|
|------|--------------|--------------|--------------|

| Name | Relationship | Home Phone # | Cell Phone # |
|------|--------------|--------------|--------------|
|------|--------------|--------------|--------------|

| Name | Relationship | Home Phone # | Cell Phone # |
|------|--------------|--------------|--------------|
|------|--------------|--------------|--------------|

| Name | Relationship | Home Phone # | Cell Phone # |
|------|--------------|--------------|--------------|
|------|--------------|--------------|--------------|

Please Note: The tuition rate will be based on the same pick-up time each day.

A late charge of \$30.00 for up to 30 minutes late per child will be assessed for late pick-up of child(ren).

A late charge of \$60.00 for 31 minutes to 60 minutes late per child will be assessed for late pick-up of your child(ren).

Late charges begin to incur at the contracted pick up time. This late pick up charge will be due immediately.

A record of lateness is kept in the office. Habitual lateness for student pick-up is a reason for termination.

*

Signature of Parent or Guardian (required for application to be processed)

Monmouth-Ocean Educational Services Commission

SECTION II. Registration policies of the SACC Program for 2010-2011 School Year

1. I understand that I am enrolling my child(ren) _____

2. I understand that on **days that school is closed**, as specified in the school calendar and/or emergency closure days, **there will be no program**. It is my responsibility to make alternate arrangements. On ½ day dismissal days for parent-teacher conferences or when the physical facility is open, then MOESC accommodates those ½ days.

I understand that in the event of delayed openings or early closings due to emergency situations there will be no program. The school is responsible to contact parents/guardians in such situations.

3. If my child attends less than 5-days and a ½ day is not one of his/her scheduled days and I will need him/her in attendance, I agree to call in advance to schedule aftercare and agree to pay the additional charge.

4. I understand that I am responsible to make monthly payments in full of the specified contracted fees and any other incurred fees on or before first of each month. M-OESC grants a 10-day grace period for the US Postal Service and the bank to process payments. **Payments received after the 10th of the month will be charged a \$30.00 late fee. Post-dated checks will not be accepted.**

5. a. I agree to pay monthly tuition as specified by my chosen program. Payment by check or money order is to be made payable to MOESC. I understand that I will send payment of monthly fee to:

**Monmouth-Ocean Educational Services Commission
100 Tornillo Way – Suite 2
Tinton Falls, New Jersey 07712**

b. I understand my child will be cancelled from the program, effective the 16th of the month if my payment is not received in full.

c. I agree to pay the first and last month’s tuition of the selected program upon acceptance into the program.

d. All checks returned to the Commission as unpaid for any reason will result in a charge of **\$35.00** per item to the check issuer.

e. In the event of illness, vacation or other absences such as scouts, music lessons and other after-school activities, the SACC Program staff shall be notified prior to absence.

f. Regardless of absences and their reason, I agree to be responsible for my child(ren)’s full fee payment in the Program. Provided advance notice is given, special consideration may be given when a child is absent from school for more than ten (10) consecutive school days. Monmouth-Ocean Educational Services Commission must approve fee reductions.

g. I agree to pay \$30.00 in late charges for up to 30 minutes late per child if I am late to pick up my child. A late charge of \$60.00 for 31 minutes to 60 minutes late per child will be assessed for late pick up of your child(ren). If I am over one (1) hour late for pick up after the end of the program and have not notified the SACC Program careperson, I understand and agree that the Division of Youth and Family Services and possibly other law enforcement bodies may be contacted.

h. 2010-2011 Rates: See tuition payment form for tuition rates

i. I agree to pay any/all fees incurred with child’s involvement with SACC Program.

6. If my child(ren) is/are having problems adjusting to the program, a conference will be arranged between myself and the staff. **Children may be dismissed from the Program if behavior is not acceptable.**
7. Subject to this application's disclaimers and the SACC Program's rules and practices, the Program staff will assume the child care responsibility, as defined by the SACC program, for my child(ren) from the time he/she arrives at the Program until dismissal time. **Each child must check in upon arrival and be signed out by an authorized person, 18 years or older. Children will be dismissed from the Program if parents or guardians are continually late in picking up their children from the Program.**
8. I agree that an adult **18 years or older** will sign my child into the before school program.
9. *If an emergency arises and I will be late, **I understand it is my responsibility** to call my contact person to pick the child up from the Program on time. See section II 5g for late charges.*
10. I give permission for my child(ren) to participate in recreational activities indoors and outdoors.
11. For medical/health related procedures, See Section III of this application. If a medical emergency arises, the Program staff will first attempt to contact me. If I cannot be reached, the Program staff will contact 911. If the emergency is such that immediate hospital attention is necessary, my child may be taken to the hospital by emergency medical personnel.
12. **I will notify the Program careperson and the MOESC office of any change in the information given herein, including, but not limited to, contact persons, addresses, phone numbers, health concerns, allergies, special needs, non-custodial parent information, and departure times throughout the school year as necessary.**
13. I agree to the terms and conditions of the health policy in the parent handbook, which I received with the application.
14. I have read and understand the SACC Program description attached to the SACC application and the SACC Parent Handbook, which accompanies the SACC application.

I agree to the above stated terms and conditions and to adhere to the **SACC Program Registration Policies**. I give my authorization and permission as required here in so that my children may participate in the program.

Print name of Parent(s) or Guardian(s): _____

Signature of Parent(s) or Guardian(s): * _____

DATE: _____

Monmouth-Ocean Educational Services Commission

SECTION III. Authorization For Emergency Medical Care and Permission to View Child's Medical and Educational Records (Medical pages must be completed in order for child to be considered for enrollment)

- A. I understand that the MOESC staff will make a good faith attempt to notify me of a medical emergency at the earliest opportunity in the event prior notice is not reasonably available to staff.

- B. I hereby authorize emergency care for my child(ren), listed below, during the attendance at the School Age Child Care After-School Program if, in the judgment of the SACC Program staff or MOESC employees, treatment is required for an injury or illness:

Name of Student _____
Name of Student _____
Name of Student _____

I hereby authorize hospital emergency room physicians to administer medications, treatments and anesthesia in an emergency situation.

The MOESC and SACC Program staff and emergency medical personnel are hereby granted all legal authorization to access my child's medical and educational records in the event of an emergent need as reasonable determined by the MOESC or SACC program staff.

*

Signature of Parent / Guardian _____ **Date** _____

C. MEDICATIONS

My child is taking the following medication(s):

| Child's Name | Medication | Reason for Medication |
|--------------|------------|-----------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Does your child have an inhaler with the school nurse? Yes No

If yes, include the M-OESC medical release forms with your application.
Forms available online at www.moesc.org or call 732-389-3192 ext 1090 to have them mailed to you.

Parent/Guardian Signature:

*

SECTION III. (cont'd)

D. ALLERGIES

My child **is allergic** to the following:

| Child's Name | Food/Other Medications | Reaction |
|--------------|------------------------|----------|
| | | |
| | | |
| | | |

Does your child have an allergy that requires epinephrine (Epi-Pen) as the first drug used in emergency care of a life threatening reaction? Yes No _____

If yes, include the M-OESC medical release forms with your application.
Forms available online @ www.moesc.org or call 732-389-3192 ext 1090 to have them mailed to you.

E. SPECIAL NEEDS

Does your child have any educational, emotional, behavioral or medical needs?

Child's Name:

| | | |
|--|------------------------------|-----------------------------|
| | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Does your child have an IEP? Yes No

Does your child have a 504 Plan? Yes No

Include a copy of IEP or 504 Plan w/application

Is your child subject to seizures?

Child's Name:

| | | |
|--|------------------------------|-----------------------------|
| | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

F. CHILD(S) PHYSICIAN:

| Name | Address | City/State/Zip | Phone # |
|------|---------|----------------|---------|
|------|---------|----------------|---------|

Parent/Guardian Signature *

Date

SECTION III (cont'd)

G. AUTHORIZATIONS/AGREEMENTS/DISCLAIMERS

1. *I hereby give permission for MOESC's SACC Program to contact my child's school nurse and my child's physician if necessary, receive a copy of any medical instructions/history/procedures.*
2. *I hereby give permission for MOESC's SACC Program to contact my child's school staff, Child Study Team case manager and classroom teacher regarding my child and if necessary, perform a school observation. In addition, MOESC/SACC Program staff are authorized to obtain, maintain and use as necessary a copy of my child's IEP or 504 Plan.*
3. *MOESC urges all parents to enroll their child(ren) in the voluntary student accident insurance program. Forms for this insurance are generally available through your child(ren)'s school .*
4. *MOESC is not responsible for doctor, emergency, medical or other bills incurred as a result of an accident during the SACC Program hours.*
5. *If my child(ren)'s medical conditions and educational status changes during the school year, I will immediately disclose the updated medical and educational information to the SACC Program.*
6. *I agree and understand my child(ren)'s participation in the SACC Program may be reviewed at any time at the discretion of MOESC/SACC Program in order to determine whether the SACC Program has the ability to provide a safe environment for my child.*
7. *I understand that I am financially responsible for any expenses for medical care of transportation incurred on my child(ren)'s behalf.*
8. *If my child(ren) have a medical condition requiring specialized medical instructions/care, then I shall provide SACC with instructions from my child's physician and/or training of SACC Carepersons as maybe necessary in the doctor's opinion.*
9. *I hereby authorize SACC Carepersons to implement those medical instructions/care.*

*

Signature of Parent Guardian

Date

SECTION IV.

ASSUMPTION OF RISK AGREEMENT, WAIVER OF LIABILITY and PRE-OCCURRENCE RELEASE

This Assumption of -Risk Agreement, Waiver of Liability and Pre-Occurrence Release is executed on this _____ day of _____ by the undersigned in favor of Monmouth-Ocean Educational Services Commission collectively, (“MOESC”).

A. As consideration for MOESC admitting my child(ren) into the School Age Child Care Program (“SACC”), I hereby release and fully and forever discharge and hold harmless MOESC and its employees from any and all liability, claims, demands, damages, rights of action or causes of action, present or future, of whatever kind of nature, either in law or equity, which has arisen or which may hereafter arise, anticipated or unanticipated, resulting from my child(ren)’s enrollment, attendance and presence at SACC, including any medical treatment described in paragraph E below.

B. I hereby waive any rights that I may have against MOESC arising from my child(ren)’s attendance at SACC.

C. I understand that this Release discharges MOESC from any liability or claim that I may have against MOESC with respect to any bodily injury, personal injury, illness, death or property damages that may result from the SACC Program operation, whether caused by the negligence of MOESC or its employees, agents or otherwise.

D. I also understand that MOESC does not assume any responsibility for or obligation to provide financial assistance or any other assistance, including but not limited to, medical, health or disability insurance in the event of injury or illness at the SACC Program.

E. I hereby release and forever discharge MOESC and its employees from any claim or liability whatsoever which arises or which may hereafter arise on account of any first aid, emergency medical treatment or other health service as directed and authorized by the child’s physician rendered pursuant to the SACC Program, which may include but not be limited to the administration of inhaler, epi-pen, prescription medications, seizure procedures, and condition monitoring.

F. I understand that MOESC and its employees are not and will not be liable for any injury or damages sustained by my child(ren) arising out of or resulting from the SACC Program operation.

G. I expressly agree that this Release is intended to be as broad and inclusive as permitted by the laws of the State of New Jersey, and that this Release shall be governed by and interpreted in accordance with the laws of the State of New Jersey.

H. I agree that in the event of any clause or provision of this Release that shall be held to be invalid by any court of competent jurisdiction, the invalidity of such clause or provision shall not otherwise affect the remaining provisions of this Release, which shall continue to be enforceable.

I. I have been advised that my execution of this Release may have significant legal consequences in the event of injury or damage and that I am permitted to review this Release with an agent or representative of my choice before signing.

J. This Release supersedes and replaces all prior negotiations and all agreements proposed or otherwise, whether written or oral, concerning all subject matters covered herein. This instrument, along with the Authorization (including any additional physicians instructions or clarifications), which is hereby incorporated by reference, constitutes the entire agreement among the parties with respect to the subject matters discussed herein.

K. The reference in this Release to the term “SACC” shall include MOESC, its affiliates, successors, directors, officers, employees, and representatives. The terms Parent(s)/Guardian(s) shall include the dependents, heirs, executors, administrators, assigns, guardians, and successors or each judicially appointed representative/agents.

L. If one or more of the provisions of this Release shall for any reason be held invalid, illegal or unenforceable in any respect, such invalidity, the illegality or unenforceability shall not effect or impair any other provision of the release. This Release shall be construed as if such invalid, illegal or unenforceable provisions had not been contained herein.

M. I have read and I understand this understand this document and all of its provisions.

IN WITNESS WHEREOF, I have executed this Release as of the day, month and year of the SACC Program Application.

Notary Signature

Signature of (Parent or Guardian) Date

Print Name

Address

Notary Seal

Expiration Date

SACC STUDENT DATA SHEET

The application is not complete unless this page is entirely filled out

| CHILD | SCHOOL | GRADE | AM or PM | DAYS to ATTEND | PICK-UP TIME |
|-------|--------|-------|----------|----------------|--------------|
|-------|--------|-------|----------|----------------|--------------|

| | | | | | |
|-------|-------|-------|-------|-------|-------|
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |

Requested Start Date: _____

PARENT / GUARDIAN:

| | |
|---------------------------|---------------------------|
| 1. _____ Parent's Name | 2. _____ Parent's Name |
| _____ Address | _____ Address |
| _____ City, State, Zip | _____ City, State, Zip |
| _____ Home Phone | _____ Home Phone |
| _____ Cell Phone | _____ Cell Phone |
| _____ Work Phone | _____ Work Phone |

AUTHORIZED / EMERGENCY PICK-UP INFO:

| | |
|------------------|------------------------------|
| 1. _____ Name | Cell # _____ Home # _____ |
| 2. _____ Name | Cell # _____ Home # _____ |

Photographic Permission:

I give permission to have my child appear in any media coverage approved by the SACC Program: Yes No

Custodial Directive Attached

Medical Information Attached

Checklist

- **Registration fee** (\$35 per child) **must accompany your application**
- To start 1st day of school your application must be received Friday, August 6th by 2 pm
- Signatures required on pages (1-10) where noted
- Minimum of (2) names required on your authorized pick up list other than parent or guardian (page 2)
- Authorized pick up person must be 18 years old or older
- Complete section III (Medical) in full
- If attending less than 5 days, specify which days and time of pick up
- Notary required – See page 9
- Custodial parent/guardian legal documentation required each year (if applicable)
- Student data sheet must be completed in full
- We do not issue monthly invoices/bills
- Return your tuition form along with your payment (payable to MOESC)
- If child has an inhaler or Epi Pen, visit our website at www.moesc.org for M-OESC medical release forms or call 732-389-3192 ext 1090
(this will help avoid delay in processing your application)
- Include your child's IEP or 504 Plan
- **All incomplete applications will be returned**

