

# TEANECK RECREATION DEPARTMENT

## After School Child Care Program



2022-2023



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 8 , 2022 and ending Thursday, June 16, 2023. 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.

All children will have their temperature taken prior to entering the classroom each day. Parents **MUST** pick up their child immediately if the child has a fever (100.4 degrees Fahrenheit or higher) or other signs of illness.

Mask wearing is optional.

*\*This policy may be amended at a later date due to changing State of New Jersey, Office of Licensing guidelines.\**

**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, 2022.

There is an initial application fee for each child of \$25.00 The application fee is due at the time of registration and is non-refundable.

**Register** by **Mail or Drop Box** located on the first floor of the Richard Rodda Community Center or Municipal Building. Registration begins **May 25<sup>th</sup>** and is **ONLY** open to residents of Teaneck.

For your convenience, a check list with all necessary documents to be completed and returned is provided on the last page of application.



**Payment Schedule 2022-2023**



Date Due	Application Fee	Amount per Child	Sibling	Period Covered
At Registration	\$25.00 (per child)	\$150.00	\$125.00	September 2022
September 1		\$150.00	\$125.00	October 2022
October 1		\$150.00	\$125.00	November 2022
November 1		\$150.00	\$125.00	December 2022
December 1		\$150.00	\$125.00	January 2023
January 1		\$150.00	\$125.00	February 2023
February 1		\$150.00	\$125.00	March 2023
March 1		\$150.00	\$125.00	April 2023
April 1		\$150.00	\$125.00	May 2023
May 1		\$150.00	\$125.00	June 2023

**\$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 should be made at the Recreation Department’s Administrative Office between the hours of 8:15 a.m. to 5:00 p.m. (Tuesdays until 6:30 p.m.). Payments can be mailed, placed in the Rodda Center Drop Box or Municipal Building Drop Box. We recommend if payment is mailed allow 5 business days prior to the date to ensure proper processing.

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



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

\_\_\_\_\_ Application fee (\$25.00) for each child and first payment (\$150.00 or \$125.00 for sibling) payable to the "Township of Teaneck"





TEANECK RECREATION DEPARTMENT



**AFTER SCHOOL CHILD CARE PROGRAM**

**SEPTEMBER 8, 2022- JUNE 16, 2023**

**NAME**

LAST \_\_\_\_\_ FIRST \_\_\_\_\_ MIDDLE \_\_\_\_\_

NICKNAME \_\_\_\_\_ GENDER \_\_\_\_\_

ADDRESS \_\_\_\_\_

TELEPHONE \_\_\_\_\_ BIRTH DATE \_\_\_\_\_ AGE \_\_\_\_\_

FATHER CELL # \_\_\_\_\_ MOTHER CELL # \_\_\_\_\_

EMAIL CONTACT \_\_\_\_\_

SCHOOL \_\_\_\_\_ GRADE AS OF SEPTEMBER 2022 \_\_\_\_\_

\*\*\*\*\*

**FATHER'S NAME** \_\_\_\_\_

EMPLOYER NAME & ADDRESS \_\_\_\_\_

HOURS OF WORK \_\_\_\_\_ BUSINESS PHONE \_\_\_\_\_

\*\*\*\*\*

**MOTHER'S NAME** \_\_\_\_\_

EMPLOYER NAME & ADDRESS \_\_\_\_\_

HOURS OF WORK \_\_\_\_\_ BUSINESS PHONE \_\_\_\_\_

Legal Guardian(s) \_\_\_\_\_ (2) \_\_\_\_\_

**Please supply required information**

CHILD'S NAME \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

ADDRESS \_\_\_\_\_

EMERGENCY CONTACT \_\_\_\_\_ Phone # \_\_\_\_\_ 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.

**\* Center will not administer any medications other than for life threatening illnesses \***

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'S 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 & 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

**PARENT'S SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

\*\*\*\*\*

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 16, 2023. 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'S SIGNATURE**

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
Lisa Skulnik  
Assistant Superintendent of Recreation

Child's Name \_\_\_\_\_

**CHILD'S HEALTH RECORD - School Year 2022-2023**

**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 Spells  
 \_\_\_\_\_ High Blood Pressure \_\_\_\_\_ Allergy or reaction to medicine, food plant, animals or insect  
 \_\_\_\_\_ Other condition that may require emergency/special care or knowledge

Explain restrictions or limitations: \_\_\_\_\_

**\*If your child has asthma they must have their inhaler with them and know how to use it\***

**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'S SIGNATURE** \_\_\_\_\_

**DATE** \_\_\_\_\_

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

**NAME OF CHILD:** \_\_\_\_\_

**SIGNATURE OF PARENT:** \_\_\_\_\_

Unfortunately, there are sometime 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 including the child’s immunization records
- 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**

- If after the remedial actions above have not worked, the child’s parent/guardian will be advise verbally and in writing about the child’s or parent’s behavior warranting expulsion. And expulsion 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 expulsion period.

**After School Child Care Application 2022-2023**

Teaneck Recreation Department

- 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.
- Parent/guardian will be given written copies of the disruptive behaviors that might lead to expulsion.
- The director, classroom staff, and parent/guardian will have a conference(s) to discuss how to promote positive behaviors.
- The parent will be given literature or other resources regarding methods of improving behavior.
- Recommendation of evaluation by professional consultation on premises.
- Recommendation of evaluation by the local school district child study team.