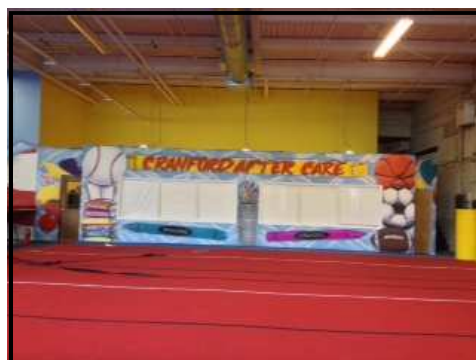


# Cranford After Care School Program

## Registration Handbook



ONE COMMERCE DRIVE, CRANFORD, NJ 07016 • (908) 272-3500



[www.cranfordaftercare.com](http://www.cranfordaftercare.com)  
[www.discoverychildcarenj.com](http://www.discoverychildcarenj.com)  
[www.diamondgymnasticsacademy.com](http://www.diamondgymnasticsacademy.com)



## 2019-20 Renewal Registration

Dear Parents,

Registration for the 2019-20 school year is NOW going on. Please fill out the registration form below and return it with your Annual Registration Fee (\$45.00 Single Member or \$60.00 Family Member) and a Half Month September Tuition by January 31, 2019. In addition we will be emailing you shortly the Public School Closings Form so that you can plan your Half and Full Day Care needs in advance.

*Please fill out the bottom portion of this notice and return it with your registration fee and half your September Tuition to hold your space.*

### Activities:

- Homework Time
- Sport & Recreation Games
- Gym Time
- Computer Games
- Wii Games
- Arts & Crafts
- Karate
- Tutoring



### Schools & Transportation Cranford:

- Walnut Avenue School
- Livingston Avenue School
- Hillside Avenue School
- Bloomingdale Avenue School
- Orange Avenue School



### 2019-20 School Year Fees:

Annual Registration Fee: \$45.00 Single Member  
\$60.00 Family Member

3-Day After Care: **\$235.00** Pre Care (7-8:00 AM): Add \$70.00 pr/month Night Owl (6-6:30) Add \$30.00 pr/mth  
4-Day After Care: **\$280.00** Pre Care (7-8:00 AM): Add \$80.00 pr/month Night Owl (6-6:30) Add \$35.00 pr/mth  
5-Day After Care: **\$315.00** Pre Care (7-8:00 AM): Add \$90.00 pr/month Night Owl (6-6:30) Add \$40.00 pr/mth

**Care is available for when the public schools are closed. Drop off your child at our center and they will participate in a variety of games to include, soccer, sport games, recreation games, bowling and movies.**

### 2019-20 After Care Registration Form

(Total Amount Due with this Form: Reg Fee plus 1/2 Month of September)

Student \_\_\_\_\_ DOB \_\_\_\_\_ Age \_\_\_\_\_ Public School Attending \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
Phone # \_\_\_\_\_ Cell # \_\_\_\_\_  
Email: \_\_\_\_\_ Email \_\_\_\_\_

\_\_\_ 3 or 4 Day Option: M T W Th F (Please circle 3/4 days requesting)

\_\_\_ 5-Day Option

\_\_\_ Pre Care Option (7:00 AM Drop off) \*See Additional Pricing Above.

\_\_\_ Extended Care Option (until 6:30 PM) \*See Additional Pricing Above.

Amount Enclosed: \_\_\_\_\_

# Application for Enrollment

One Commerce Drive Cranford, NJ 07016

908-272-3500

www.cranfordaftercare.com

(Please print clearly)

Name of Child \_\_\_\_\_ Child's Date of Birth \_\_\_\_\_  
 Home Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
 \_\_\_ Pre Care ONLY \_\_\_ After Care ONLY (till 6:00) \_\_\_ Pre & Extended After Care

Mother's/Guardian Name \_\_\_\_\_  
 Home Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_  
 Home Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
 Mom's Email \_\_\_\_\_  
 Mother/Guardian's place of work \_\_\_\_\_  
 Work Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
 Work Phone # \_\_\_\_\_ Hours at Work \_\_\_\_\_

Father's/Guardian Name \_\_\_\_\_  
 Home Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_  
 Home Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
 Dad's Email \_\_\_\_\_  
 Father/Guardian's place of work \_\_\_\_\_  
 Work Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
 Work Phone # \_\_\_\_\_ Hours at Work \_\_\_\_\_

In case of emergency, give names of persons (reachable emergency numbers) who can be called if we cannot reach parents (and be sure that these people know you have given us their names):

Name \_\_\_\_\_ Phone # \_\_\_\_\_  
 Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
 Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone # \_\_\_\_\_  
 Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
 Relationship \_\_\_\_\_

***Names and ages of other children in the family:***

Name \_\_\_\_\_ Age: \_\_\_\_\_  
 Name \_\_\_\_\_ Age: \_\_\_\_\_

Is there a physical, medical or emotional problem which might interfere with your child's adjustment to this program? Is so, please describe: \_\_\_\_\_

I, \_\_\_\_\_ (Parent/Guardian), wish to enroll \_\_\_\_\_  
 (Child's Name) in the After Care Program for the following schedule:  
 Hours your child is attending \_\_\_\_\_ Please Circle: Mon Tue Wed Thur Fri  
 School Your Child Is Attending \_\_\_\_\_

Enclosed are the enrollment fees (Non-Refundable if my child is accepted) and a full months tuition as a deposit. I have read and understand all policy information and agree to comply with these policies.

Signature \_\_\_\_\_ Date: \_\_\_\_\_

## CRANFORD AFTER CARE SCHOOL PROGRAM

### **Information To Parents**

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 by the entrance into our center.

To be licensed our center must comply with **The Manual of Requirements for Child Care Centers** (the official licensing regulations). The regulations cover such areas as: physical environment/life-safety; staff qualifications, supervision, and staff/child ratios; program activities and equipment; health, food and nutrition, rest and sleep requirements; parent/community participation, administrative and record keeping requirements; and others.

Our center must have on the premises a copy of the Manual of Requirements 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, for a nominal fee, by writing to the Bureau of Licensing, Division of Youth and Family Services, CN 717, Trenton, New Jersey 08625-0717, telephone (609) 292-1021 or (609) 272-9220.

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. We will be happy to arrange a convenient opportunity for you to review and discuss these matters with us. If you suspect our center may be in violation of licensing standards, you are entitled to report them to the Bureau of Licensing. Of course, we would appreciate you bringing these concerns to our attention, too.

Our center must have a copy concerning the release of children to parents or people authorized by parents(s) 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 dispensing medicine and the management of communicable diseases. Please talk to us about these policies so we can work together to keep our children healthy.

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 DFYS inspections/investigations. DFYS staff may interview both staff members and children.

***Discovery Inc.***

One Commerce Drive Cranford, NJ 07016

(908) 272-3500

**[www.cranfordaftercare.com](http://www.cranfordaftercare.com)**

## CRANFORD AFTER CARE PROGRAM

### **Information To Parents Continued:**

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 opportunity 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 interests with the center director who can advise them of what opportunities are available.

Parents of enrolled children may visit the center at any time without having to secure prior approval from the director or any staff member. Please feel free to do so when you can. We welcome visits from 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.

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 an adult, whether working at the center or not, is required by the 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 District Office. Such reports may be made anonymously.

Parents may secure information about abuse and neglect by contacting: Community Education Office, Division of Youth and Family Services, CN 717, Trenton, New Jersey 08625-0717

***Discovery Inc.***

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## **Cranford After School Program**

### **School Pick Up:**

As students are dismissed they will report to an area by the front office. A Cranford After Care staff member will wait with the students until our licensed school bus arrives.

### **Attendance:**

Our staff member will take attendance at the school prior to getting on the bus. Attendance will also be taken at the center by an additional staff member in the After Care Program. Parents MUST sign their child out upon picking up their child.

Parents are required to call our center by 1:30 PM if your child is not coming to After Care that day. If our staff is not notified we will be looking for your child. Please call 908-272-3500.

Emergency Procedure:

1. Ask the front office personnel at your child's public school to verify your child has not been in school.
2. Call the parent/guardian's place of work.

### **Activities:**

While your child is enrolled at Cranford After Care he/she will:

- Do their homework (group and individual homework help is available)
- Sport Games
- Gymnastics
- Arts & Crafts
- Dance, Dance Revolution
- Battle of The Bands
- Pizza Day
- Ice Cream Party Days

*A monthly activities calendar is posted and handed out each month.*

### **Snacks:**

Fruit Juice, Apple Juice or water with a nutritious snack is given upon arrival from school. On Pizza Party and Ice Cream days a smaller snack is given at 3:00 and Pizza/Ice Cream is served at 5:00.

### **Homework:**

All students are encouraged to finish their homework before they leave for the day. Individual and group homework assistance is also available when students are having difficulty. If you do not wish your child to do homework while they are in aftercare please send us a note.

# **Cranford After Care School Program**

## **Tuition Policies**

The After School Care tuition payments are divided into ten equal monthly payments therefore payments remain the same. Monthly fees take into consideration the holidays and school closings for each month.

## **Fees**

- A non-refundable \$45.00(single) or \$60.00 (family) annual registration fee is due at the time of registration and again each September. Applications cannot be processed without proper security deposits and registrations fees made.
- A one week security deposit is due with each application. Monthly tuition payments are always pre-paid a month in advance. The first payment for students starting in September is due by August 27th. Monthly payments thereafter will also be due on or before the 27th of the month for the following months after care.
- A late fee of \$35.00 will be assessed for payments not received by the 27th of the month. Any returned payments for insufficient funds or other issues will be assessed a \$35.00 fee along with the standard late fee.
- Non-payment of monthly tuition is grounds for immediate dismissal.
- There are absolutely no discounts for sick days or vacations.

## **Monthly Tuition Schedule:**

	<u>1st Child</u>	<u>2nd Child</u>	<u>3rd Child</u>
3 Days Pr/Week	\$235.00	\$211.50 (10% Off)	\$199.75 (15% Off)
4 Days Pr/Week	\$280.00	\$252.00 (10% Off)	\$238.00 (15% Off)
5 Days Pr/Week	\$315.00	\$283.50 (10% Off)	\$267.75 (15% Off)

**Early Bird Pre Care:** Pre Care is available at the center from 7:00 AM until School Bell.

3-Day Pre-Care:	\$70.00 pr/month (includes transport to school)
4 Day Pre-Care:	\$80.00 pr/month (includes transport to school)
5-Day Pre-Care:	\$90.00 pr/month (includes transport to school)

Half and Full Day Care is available when public schools are closed. Please complete the **Extended Care** form and return with full payment (See Fees Below):

**Half Day and Full Day Extra Care Fees:** \$25.00 per half day (In Advance)      \$35.00 Day Of.  
\$50.00 per full day closing (In Advance)      \$60.00 Day Of.

**Nigh Owl Extended Day Fees (until 6:30 PM):**      3 Day Extended Hours:      \$30.00 pr/month  
4 Day Extended Hours:      \$35.00 pr/month  
5 Day Extended Hours:      \$40.00 pr/month

## **Refunds:**

Our center must be notified in writing 45 days prior to their last day and security deposits will be returned within 60 days of last day of enrollment. Early termination without a 45-Day written notice will result in security deposit not being refunded.

## **Late Pick-Up:**

Our program ends at 6:00 PM sharp. There will be a \$5.00 late fee for every five minutes that you are late. (Extended hours are available). Your emergency contacts will be notified by 6:15 PM.

## **Federal Tax ID #**

80-0403038

[www.cranfordaftercare.com](http://www.cranfordaftercare.com)

## Cranford After School Program

### Emergency Information Form

Name of Child \_\_\_\_\_ Date of Birth \_\_\_\_\_

Home Address: \_\_\_\_\_

Mother's/Guardian's Name: \_\_\_\_\_ Telephone \_\_\_\_\_

Home Address: \_\_\_\_\_

Work \_\_\_\_\_ Hours at Work \_\_\_\_\_

Emergency Cell # \_\_\_\_\_ Alternate # \_\_\_\_\_

Father's/Guardian's Name: \_\_\_\_\_ Telephone \_\_\_\_\_

Home Address: \_\_\_\_\_

Work \_\_\_\_\_ Hours at Work \_\_\_\_\_

Emergency Cell # \_\_\_\_\_ Alternate # \_\_\_\_\_

In case of an emergency, give names of persons who can be called if we cannot reach parents  
(and be sure that these people know you have given us their names):

Name: \_\_\_\_\_ Telephone \_\_\_\_\_

Address: \_\_\_\_\_ Relationship \_\_\_\_\_

Name: \_\_\_\_\_ Telephone \_\_\_\_\_

Address: \_\_\_\_\_ Relationship \_\_\_\_\_

Is there is a physical or emotional problem which might interfere with your child's adjustment  
to this program? If so, please describe: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_



## Cranford After School Program

### **Authorization for Pick Up**

The following authorizations are necessary for the staff to act in your child's best interest at all times. Please complete and sign each one.

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

### **Pick-Up Authorization: I hereby authorize:**

Name: \_\_\_\_\_ Relationship \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone \_\_\_\_\_

Name: \_\_\_\_\_ Relationship \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone \_\_\_\_\_

To pick up my child from the facility. If these instructions should change, I will let you know in advance and in writing. (Please note any special instructions and the names of persons ***not*** authorized to remove your child from the gym).

Signature of parent/guardian \_\_\_\_\_ Date \_\_\_\_\_

**MUST HAVE PICTURE ID ON FILE!**

***One Commerce Drive Cranford, NJ 07016 (908) 272-3500***

**[www.cranfordaftercare.com](http://www.cranfordaftercare.com)**

# DISCOVERY INC.,

Discovery **Child Care** Center • Cranford **Afterschool** Care • Diamond **Gymnastics** Academy

## Automatic Credit/Debit Card Withdrawal Form

✓ *Please Check Appropriate Area Below.*

☐ Discovery Child Care (Infant thru Kindergarten)  
☐ Cranford After Care School Program (1st Grade-8th Grade)  
☐ Diamond Gymnastics Academy

Name on Credit/Debit Card \_\_\_\_\_  
 Student \_\_\_\_\_

☐ Visa    ☐ Master Card    ☐ American Express    ☐ Debit Card    ☐ Discover

Credit/Debit Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_  
 Amount to be Withdrawn \_\_\_\_\_

I authorize Discovery Inc. to withdraw the amount above from my account each month. A two week written notice must be given to our front office to cancel automatic withdrawal.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

One Commerce Drive Cranford, NJ 07016(908) 272-3500

[www.cranfordaftercare.com](http://www.cranfordaftercare.com)  
[www.discoverychildcarenj.com](http://www.discoverychildcarenj.com)  
[www.diamondgymnasticsacademy.com](http://www.diamondgymnasticsacademy.com)