

# Center

Registration Handbook



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





www.cranfordaftercare.com www.discoverychildcarenj.com www.diamondgymnasticsacademy.com

# **Discovery Learning Center**

Virtual Learning Program: Begins Tuesday Sept. 8, 2020



Discovery INC, licensed by the New Jersey Department of Children and Family Services has been a staple in the Cranford community for over 30 years will now be offering space for *Virtual Learning*. Our child care program (Discovery Child Care Center) has been operational since covid-19 under the DOH, DCF and CDC guidelines and has been working diligently to provide the safest care possible.

With the upcoming school year upon us under COVID-19 restrictions we have incorporated a safe new space for our grade school students:

- All students and staff are screened prior to entering our facility to reduce any exposure to the virus.
- Parents are not allowed into our facility (as per State guidelines) further reducing the risks of exposure.
- Once students are in our facility they are encouraged to wash their hands, wear a mask and place their belongings in a secure area.
- Students are separated with the appropriate guidelines recommended and will be monitored by *an adult instructor* to allow for students to spread out and participate in their school's virtual learning.
- Instructors will be available to provide support and oversee virtual learning through each students' school's virtual learning program.
- It is still the responsibility of the parent, teacher and child to make sure standards are being met. In addition to a space for E-Learning, we will offer physical education/gymnastics out of Diamond Gymnastics Academy and other activities (arts & crafts, recreational games, etc).

Eass Day/Month

#### **Important: Parent Responsibilities:**

- Parents provide 2 Snacks, a Lunch and a drink.
- Provide laptop, charger and any other materials your child may need for their e-learning.
- Please label all personal items being sent in.

|                     |                    | rees rer/Month: |           |           |
|---------------------|--------------------|-----------------|-----------|-----------|
|                     |                    | <u>3-Day</u>    | 4-Day     | 5-Day     |
| School Day Program: | 8:30 am to 3:00 pm | \$685.00        | \$ 875.00 | \$1025.00 |
| Full Day Program:   | 7:00 am to 6:00 pm | \$850.00        | \$1050.00 | \$1250.00 |
| Half Day Program:   | 1:00 pm to 6:00 pm | \$610.00        | \$ 760.00 | \$ 900.00 |

#### Program Policies:

- No Refunds for any missed day(s).
- This program is subject to change and/or cancellation due to federal, state and local guidelines.
- All fees are paid in full and automatically deducted via credit/debit card on the 27th of the month prior to service.
- No refunds for any missed day(s) or state required shut downs. In the event the facility is forced to be shut down, any fees paid may be converted into credits (exp. 1 yr from date of service that was lost). that can be used for all programs ran out of our facility. If credit cannot be used, a refund will not be given. No exceptions.

Space is extremely limited and available on a First Come First Serve basis. Interested families re-

| 2020-21 E-Learning Registration Form                                    |        |                  |   |
|---|--------|------------------|---|
| Please submit this form with your first months non-refundable tuition   |        |                  |   |
| along with appropriate registration fee                                 |        |                  |   |
| Student   | DOB    | Age              |   |
| Address   | City   | Zip              |   |
| Home Phone #  | Cell # | Email:           |   |
| Please circle appropriate areas below:                                  |        |                  |   |
| 3 or 4 Day Option: M T W Th F 5-Day Option School Day Half Day Full Day |        |                  |   |
| Parent Signature  |        | Amount Enclosed: | _ |

# Application for Enrollment One Commerce Drive Cranford, NJ 07016

908-272-3500

(Please print clearly)

www.cranfordaftercare.com

| Name of Child   | Child's Date of Birth     |                                |  |
|---|---------------------------|--------------------------------|--|
| Home Address:   |                           | Zip                            |  |
|   | 5 School Days             | *School days are 9:00-3:00 PM  |  |
|   |                           | *Half days are 1:00-6:00 PM    |  |
|   |                           | *Full days are 7:00 AM-6:00 PM |  |
| Mother's/Guardian Name  |                           |                                |  |
| Home Phone #  | Cell Phone #              |                                |  |
| Home Phone #Home Address  | _City                     | 7in                            |  |
| Mom's Email   |                           |                                |  |
| Mother/Guardian's place of work   |                           |                                |  |
| Work Address  | City                      | Zin                            |  |
| Work Phone #  | _ City<br>_ Hours at Work | Zip                            |  |
| WOLK I HOLIC #  | _ 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             |                                |  |
| NameAddress:Relationship  | Phone #<br>City           | Zip                            |  |
| Name  | Phone #                   |                                |  |
| Address:  | City —                    | Zip                            |  |
| Relationship  | <u> </u>                  |                                |  |
| Names and ages of other children in NameAge: NameAge:   | the family:<br>           |                                |  |
| Is there a physical, medical or emotional projustment to this program? Is so, please describ                        | oe:                       |                                |  |
| I,(Parent/Guardian  | ) wish to enroll          |                                |  |
| (Child's Name) in the E-Learning Program fo   | y, wish to childing s     | chadula:                       |  |
| Hours your shild is attending   | Dlaga Cir                 | ole: Man Tua Wad Thur Fri      |  |
| Hours your child is attending   | Flease CIII               | cie. Mon Tue Wed That Th       |  |
| Enclosed are the enrollment fees (Non-Refunderstand all policy information and agree to continuous enrollment fees) |                           |                                |  |
| Signature   | Date:                     |                                |  |

#### DISCOVERY E-LEARNING CENTER/CRANFORD AFTER CARE SCHOOL

#### **Information To Parents**

Our center is required by the State Child Care Center Licensing Law to be licensed by the Bureau Department of Children and Families, Office of Licensing. 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 <u>The Manual of Requirements for Child Care Centers</u> (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 Department of Children and Families, Office of Licensing, 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 brining 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 DCF inspections/investigations. DCF staff may interview both staff members and children.

#### DISCOVERY E-LEARNING CENTER/CRANFORD AFTER CARE

#### **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 Bureau Department of Children and Families, Office of Licensing 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, Bureau Department of Children and Families, Office of Licensing, CN 717, Trenton, New Jersey 08625-0717

One Commerce Drive Cranford, NJ 07016 (908) 272-3500 www.cranfordaftercare.com

#### DISCOVERY E-LEARNING CENTER/CRANFORD AFTER CARE

#### **Drop Off & Pick Up Procedures:**

- Students will be dropped off and picked up at the Cranford After Care Door (last red door w/awning that says cheerleading). All students and staff are screened prior to entering our facility to reduce any exposure to the virus.
- Parents are not allowed into our facility (as per State guidelines) further reducing the risks of exposure.
- Once students are in our facility they are encouraged to wash their hands, wear a mask and place their belongings in a secure area.
- *Upon Picking up* your child you are required to text your child's First and Last Name and program to 908-272-3500 and your child will be released to you.

#### **Attendance:**

Our staff member will take attendance upon arrival and throughout your child's day.

• Students are separated with the appropriate guidelines recommended and will be monitored by *an adult instructor* to allow for students to spread out and participate in their school's virtual learning.

#### **Activities:**

- Recreational Games, Sport Games, Gymnastics, Arts & Crafts
- Instructors will be available to provide support and oversee virtual learning through each students' school's virtual learning program.
- It is still the responsibility of the parent, teacher and child to make sure standards are being met. In addition to a space for E-Learning, we will offer physical education/gymnastics out of Diamond Gymnastics Academy and other activities (

#### Important: Parent Responsibilities:

- Parents provide 2 Snacks, a Lunch and a drink.
- Provide laptop, charger and any other materials your child may need for their e-learning.
- Please label all personal items being sent in.

#### **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.

## **Discovery Learning Center Cranford After Care School**

#### **Policies & Procedures:**

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 along with your first months tuition. Applications cannot be processed and/or accepted-without proper fees made.
- Monthly tuition payments are automatically charged and always pre-paid a month in advance. First months full tuition and registration fee is due upon registering. Subsequent payments will be automatically charged with a credit card on file on or before the 27th of the month for the following months after care.
- A credit card/debit card must be left on file.
- Any declined charges may result in termination of your child from the program.
- There are absolutely no discounts for sick days or vacations.
- No Refunds or credits for any missed day(s).
- This program is subject to change and/or cancellation due to federal, state and local guidelines.
- All fees are paid in full and automatically deducted via credit/debit card on the 27th of the month prior to service.
- No refunds for any missed day(s) or state required shut downs. In the event the facility is forced to be shut down, any fees paid may be converted into credits (exp. 1 yr from date of service that was lost). that can be used for all programs ran out of our facility. If credit cannot be used, a refund will not be given. No exceptions.

#### **Monthly Tuition Schedule:**

#### **Fees Per/Month:**

|                     |                    | <u>5-Day</u> | 4-Day     | <u> 5-Day</u> |
|---------------------|--------------------|--------------|-----------|---------------|
| School Day Program: | 8:30 am to 3:00 pm | \$685.00     | \$ 875.00 | \$1025.00     |
| Full Day Program:   | 7:00 am to 6:00 pm | \$850.00     | \$1050.00 | \$1250.00     |
| Half Day Program:   | 1:00 pm to 6:00 pm | \$610.00     | \$ 760.00 | \$ 900.00     |

#### **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 \$10.00 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

## Discovery Learning Center/Cranford After Care

#### **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 a  | uthorize:   |
| Name:  | Relationship  |
| Address:   |   |
|  | Work Phone  |
| Name:  | Relationship  |
| Address:   |   |
| Home Phone:  | Work Phone  |
|  | ese instructions should change, I will let you know in ecial instructions and the names of persons <i>not</i> au- |
| Please text 908-272-3500 your child's first at A staff member will escort your child to be | and last name and the program they are enrolled in. released to you.  |
| Signature of parent/guardian   | Date  |
| MUST HAVE PICTURE ID ON FILE!  |   |

# **DISCOVERY INC.,**

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

### Automatic Credit/Debit Card Withdrawal Form

| √ Please Check Appropriate Are  | ea Below.           |   |
|---|---------------------|---|
| Discovery Child Care (Infar<br>Discovery Learning Center/<br>Diamond Gymnastics Acade | Cranford After Care |   |
| Name on Credit/Debit Card<br>Student  |                     |   |
| Visa Master Card  | American Express    | Debit Card Discover   |
| Credit/Debit Card Number  |                     | Expiration Date   |
| Amount to be Withdrawn  |                     |   |
| •   | -                   | he amount above from my account<br>our front office to cancel automatic |
| Parent Signature  |                     | Date  |