

#### A.C.E. BEFORE AND AFTER SCHOOL PROGRAM RIVER VALE EDUCATIONAL FUND 172 BROADWAY, SUITE 210 WOODCLIFF LAKE, NJ 07677

May 2023

Dear Parents,

Enclosed is the registration packet for the 2023-2024 A.C.E. Before and After School Program. This program will provide your child with a caring, nurturing and supervised environment.

Please follow the instructions for all forms attached: \*Must be filled out and return

- 1- \*<u>Registration forms (pages 2-7)-</u>Print out and return to the Program Director (keep Terms of Agreement for your records)
- 2- <u>Medical Release Form (page 8)</u>-Must be submitted with doctor signature if your child requires an Epipen, inhaler or other medication while on site
- 3- \*Parent Receipt (page 9)- Sign and return-forms follow receipt
- 4- Parent Packet (pages 10-17)-Review and keep for your records
- 5- **Payment Coupons-** for your reference, can be submitted with check payments
- 6- **Parent Handbook and Student Code of Conduct**-To be reviewed and kept for your records-Please reiterate rules with your children

Completed packets are due no later than <u>July 21, 2023</u> and are required for your child to start the program. If registration forms are received after this date there will be a \$50 late fee assessed.

FOR THOSE PAYING BY CHECK-THE REGISTRATION FEE AND FIRST MONTH'S TUITION ARE DUE WITH THE PACKET

FOR THOSE PAYING BY CREDIT CARD-THE REGISTRATION FEE AND FIRST MONTH'S TUITION WILL BE PROCESSED AFTER JULY FIRST

<u>Please mail completed forms to:</u> **(NO scanned or faxed copies will be accepted)** RVEF 172 Broadway, Back Building-Suite 210 Woodcliff Lake, NJ 07677.

If the forms are received after August 11, 2023, your child will not be able to start the program on the first day of school. There will be a week delay; meaning, your child will not be able to begin the program until one full week of school has passed. A start date will be provided for all forms received after the registration deadline.

There is a maximum amount of students allowed in the program each day. Therefore, a cap is set to maintain these numbers. If a program has reached its limit, a waiting list will be held and families will be placed in the program in order the registration forms were received.

Registration will not be processed if payment or credit card details are missing, or, if the application is incomplete. Please call the Program Director with any questions at 862-345-0477, or e-mail <u>director@rvedfund.org</u>. We look forward to sharing this experience with you and your children.

|                            |                           | Date of birth                                  |                    | Age              |
|----------------------------|---------------------------|--|--------------------|------------------|
| Male EFem                  | ale Grade (in Sept        | 2023)  | New Child          | Returning Child  |
| Address                    |                           | Emers  | on, NJ 07630       |                  |
| My Child will be att       | ending (circle school o   | child will attend in Septem                    | ber 2023): Memoria | al Villano       |
| VILLANO)                   | -                         | School: (7:15 a.mfirst bell-                   |                    |                  |
| res, my child w            | ni be allending After Sc  | <b>chool</b> (Dismissal-6:30 p.m               | IANES PLACE AT     |                  |
| Yes, my child v<br>Pricing | will be attending After S | chool (Dismissal-4:30 p.m                      | -TAKES PLACE A     | T MEMORIAL) Tier |
| (Circle days that c        | hild is attending):       |  |                    |                  |
| Monday                     | Tuesday                   | Wednesday                                      | Thursday           | Friday           |
| PARENT/GUARDIA             | N INFORMATION             |  |                    |                  |
| Parent/Guardian #1         | Name:                     |  |                    |                  |
| Home                       | Work                      |  | _Cell              |                  |
| Employer                   |                           | Primary E-mail Address                         | 8                  |                  |
|                            |                           | Alt. E-Mail Address                            |                    |                  |
| Parent/Guardian #2         | 2 Name:                   |  |                    |                  |
| Home Phone                 |                           |  |                    |                  |
| Employer                   |                           | Primary E-mail Addres                          | S                  |                  |
|                            |                           | Alt. E-mail Address                            |                    |                  |
|                            |                           |  |                    |                  |
|                            |                           | [] mother [] father [] guardi                  |                    |                  |
|                            |                           | rovide specific instructions c<br>be required) |                    |                  |
|                            |                           |  |                    |                  |

#### Please print clearly

#### EMERGENCY CONTACTS/RELEASE INFORMATION (other than parent/guardian)

In the event the parents/guardian cannot be reached, individuals listed below will be contacted. Individuals listed should be able to: 1) give permission to administer health care 2) pick up if your child is ill or for other reasons; or 3) give advice about caring for your child.

| #1 Name  | Relationship   | ok to pick up Y or N  |
|--|--|---|
| Home Phone   | Work   | Cell  |
| #2 Name  | Relationship   | ok to pick up Y or N  |
| Home Phone   | Work   | Cell  |
| *If you would like to add more than (2) authorized back of this form*  | l individuals to pick up y   | our child(ren), please list them using the                                  |
| Dr.'s Name   | Phone Number   |   |
| Medical Issues/Allergies: Y or N; please descri  | ibe:   |   |
| **If child has medical issues/allergies requiring m  | edical treatment- a care   | plan from your doctor must be provided.                                     |
| To my knowledge, the child named on this contra<br>offered during program hours. If I cannot be read<br>physician listed above cannot be reached in an e<br>to obtain emergency medical care of my child wh<br>transporting, or sending my child to an available | ched, my child's emerge<br>mergency, I authorize A<br>ile under the programs ( | ncy contacts listed above or the .C.E. employees or legal representatives   |
| Signature of Parent/Guardian   |  | Date  |
| Does Child have any learning/behavioral issu   | <b>es</b> : Y or N; describe<br>Ade  | ditional paperwork may be required  |
| I understand I cannot hold the River Vale Educat<br>responsible for an event or condition that may oc<br>of my knowledge I have disclosed all pertinent in<br>allergies/medical conditions, medication needed<br>children of the program and the program itself. | cur from providing false<br>formation about my child                           | information above. I confirm to the best<br>I including but not limited to: |
| Signature of Parent/Guardian   |  | _ Date  |
|  |  |   |

| Please print clearl   | -                    | 2023-20                                   | )24 M                                | IONTI                           | HLY RATES   |                                  |   |
|---|----------------------|---|--------------------------------------|---------------------------------|---|----------------------------------|---|
|   |                      |   | -                                    | -                               | FORM  |                                  |   |
| Child's Name:   |                      |   |                                      |                                 | School Site:  |                                  |   |
| Check boxes that appl   | <u>y</u> :           |   |                                      |                                 |   |                                  |   |
| [] BEFORE SCHOOL  | . PROGRAM {7:        | 15 a.m. to f                              | irst bell]                           | }* BOT⊦                         | I AT VILLANO A  | ND MEN                           | IORIAL SCHOOLS  |
| Before school<br>ONE FEE PE   |                      |   |                                      |                                 | ORE CARE ONI<br>GISTERING FO                                    |                                  | RE AND AFTER CARE   |
| Before school   | monthly tuition      |   | \$185                                | .00                             |   |                                  |   |
| [] Drop-in Service ON   | LY: Before and/o     | r After Sch                               | ool Poli                             | cies/Pro                        | cedures can be f  | ound in t                        | he Parent Handbook  |
| Check boxes that appl   | <u>y</u> :           |   |                                      |                                 |   |                                  |   |
| [] AFTER SCHOOL I   | PROGRAM {Disn        | nissal to 6:                              | 30 p.m.                              | ONLY                            | AT MEMORIAL   | (VILLAN                          | O STUDENTS CAN ATTEND)  |
| After school re<br>ONE FEE PE   |                      |   | <mark>\$50.(</mark>                  | <mark>)0</mark> –AFT            | ER CARE ONLY  | ,                                |   |
| No. of days<br>[] 5 days<br>[] 4 days<br>[] 3 days<br>[] 2 days<br>[] 1 day | Mon Tues<br>Mon Tues | Wed T<br>Wed T<br>Wed T<br>Wed T<br>Wed T | hurs<br>hurs<br>hurs<br>hurs<br>hurs | Fri<br>Fri<br>Fri<br>Fri<br>Fri | First child/r<br>\$385.<br>\$355.<br>\$290.<br>\$225.<br>\$165. | 00<br>00<br>00<br>00<br>00<br>00 | Add'l child/month<br>\$350.00<br>\$325.00<br>\$265.00<br>\$205.00<br>\$150.00 |
| [] Drop-in Service ON   | LY: Belore and/o     | r Alter Sch                               | 001-P011                             | cies/Pro                        | cedures can be i  | ound in i                        |   |
|   |                      |   |                                      |                                 |   |                                  | Total \$  |
|   |                      | <u>will not</u> red                       | ceive a                              | montniy                         | bill. Payments a  | ire due b                        | y the <b>30<sup>™</sup> of each month</b> .                                   |
| Payments can be   |                      |   |                                      |                                 |   |                                  |   |
| [] <b>Check</b> -Mail and   | make checks pa       | yable to: R                               | VEF-17                               | 2 Broad                         |   |                                  |   |
|   |                      |   |                                      |                                 |   |                                  | ed \$   |
| [] Credit Card- ty  |                      |   |                                      |                                 |   | COVER                            |   |
| Name as it appear   | s on card            |   |                                      |                                 | E-Mail Addr   | ess                              | (FOR RECEIPTS)  |
| Card Number   |                      |   |                                      |                                 | Exp. Date   |                                  | CVV<br>(3 digit # on back)  |
|   | River Vale Educa     |   |                                      |                                 |   |                                  | (3 digit # on back)   |
| Signature:  |                      |   |                                      |                                 | Date:   |                                  | _   |

| 2023-2024 TIER PRICING<br>PAYMENT FORM   |
|--|
| FATMENT FORM   |
| Child's Name:          School:   |
| [] BEFORE SCHOOL PROGRAM {7:15 a.m. to first bell}* BOTH AT VILLANO AND MEMORIAL SCHOOLS   |
| <ul> <li>Before school registration fee \$30.00-BEFORE CARE ONLY OR,<br/>ONE FEE PER FAMILY</li> <li>\$60.00-IF REGISTERING FOR BEFORE AND AFTER CARE</li> </ul>   |
| <ul> <li>Before school monthly tuition \$185.00</li> </ul>   |
| [] Drop-in Service ONLY: Before and/or After School-Policies/Procedures can be found in Parent Handbook  |
| Total \$   |
| To qualify for tier pricing you must pick your child up no later than 4:30 p.m. each day your child attends the After<br>School Program. *See policies and procedures in Terms of Agreement (outlined in section 11) and the Parent<br>Handbook*<br>[] AFTER SCHOOL PROGRAM (Dismissal-4:30 p.m.) ONLY AT MEMORIAL (VILLANO STUDENTS CAN ATTEND) |
| <ul> <li>After school registration fee</li> <li>ONE FEE PER FAMILY</li> <li>\$50.00 -AFTER CARE ONLY</li> </ul>  |
| No. of days:Circle which days attendingFirst child/monthAdd'l child/month[] 5 daysMonTuesWedThursFri\$235.00\$225.00[] 4 daysMonTuesWedThursFri\$205.00\$195.00[] 3 daysMonTuesWedThursFri\$175.00\$165.00[] 2 daysMonTuesWedThursFri\$150.00\$140.00[] 1 dayMonTuesWedThursFri\$120.00\$110.00  |
| Total \$:  |
| Method of Monthly Payment: You <u>will not</u> receive a monthly bill. Payments are due by the <b>30<sup>TH</sup> of each month</b> .<br>Payments can be made as follows:<br>[] Check-Mail and make checks payable to: RVEF-172 Broadway, Suite 210 Woodcliff Lake, NJ 07677   |
| Total amount enclosed \$   |
| [] Credit Card- type of card (please circle) VISA MASTERCARD DISCOVER  |
| Name as it appears on card E-Mail Address(FOR RECEIPTS)  |
| Card Number CVV Exp. Date CVV (3 digit # on back)  |
| I hereby authorize River Vale Educational Fund to debit my credit card on the 30 <sup>th</sup> of each month for the monthly tuition as marked above.  |
| Signature: Date:   |
|  |

# Terms of Agreement (KEEP THIS PAGE FOR YOUR RECORDS)

- 1) I will complete all necessary forms before my child can attend the A.C.E. Before and/or After School Program. I will notify staff of any changes in registration information (e.g. address, phone numbers, emergency contacts, etc.).
- 2) I will be responsible for all tuition, fees which may be incurred, and pay them in a timely manner. **REGISTRATION FEE:** fee due at time of application and is non-refundable. One fee per family, not child. TUITION: Tuition is the monthly charge accepted two ways: check or credit/debit card. The first tuition payment is due upon completion of the application (check or credit card). Subsequent payments are due the 30<sup>th</sup> of each month. There will be no reimbursement for days outlined in section four (4) or sick/family vacation days.

LATE PAYMENT FEE: There will be a \$25.00 late payment fee assessed for all payments received after the 10<sup>th</sup> of the following month.

LATE PICK-UP FEES: We will assess a \$10.00 fee for every five (5) minutes extra your child is at after care starting at 6:31pm.

NON-SUFFICIENT FUNDS: We will assess a \$30.00 fee for non-sufficient funds/returned checks.

- 3) I will notify the Program Director in writing by the 15th of the month to withdraw from the **next** month's session. The same procedure is in place to change your child's scheduled days of attendance. Changes of scheduled days will be permitted on the basis there is enough space available.
- 4) I will make other arrangements for emergency closings, delays and dismissals (e.g., snow days, facility problems). I understand the Before and After School Program will not be in session when Emerson Schools are closed. The Before School Program will not operate when school has a delayed opening. I understand the After School Program will not operate if the schools are dismissed early due to emergency conditions.
- 5) An authorized person or I will accompany my child into the Before School Program and sign him/her in no earlier than 7:15 a.m. An authorized individual or I will pick my child up from After Care and fill out the sign out sheet no later than 6:30 p.m. without incurring fees.
- 6) I understand if my child brings personal belongings to the program, I will not hold A.C.E or the River Vale Educational Fund responsible if any such items are lost, stolen or broken.
- 7) I understand that if my child is posing a serious or reoccurring discipline problem, he or she may be suspended or dismissed from the A.C.E. Before or After School Program and payment for that month is non-refundable. If my child is dismissed from the program for any reason, I will not seek admittance in future years. Please refer to the Student Code of Conduct.
- 8) I will inform A.C.E., in writing, if I do not want my child's name or photograph to appear in: newsletters, newspapers, videos, or other public materials.
- 9) I agree to read the Parent Handbook located within this packet and on the RVEF website: www.rvedfund.org, which contains detailed information on, the Before and After School Program policies and procedures. I will keep myself informed of any modifications to the Parent Handbook via the RVEF website.
- 10) If I choose to use the "Drop-In" Service, I must contact the Program Director by phone or e-mail at least 24-hours in advance. I understand my child needs to be registered before dropping them off at the A.C.E. Program. I will pay the fee at the time of service either by check or credit card.
- 11) If I qualify for Tier Pricing, I understand if I am late four (4) or more times in a month, I will not be eligible for tier pricing for that month. I also understand if I am late four (4) or more times in any two months during the school year, tier pricing will not be made available to me for the remainder of the year.

# ACKNOWLEDGEMENT FORM

I AGREE TO ABIDE BY THE REQUIREMENTS LISTED ABOVE AS WELL AS ALL RULES SET FORTH IN THE PARENT HANDBOOK, STUDENT CODE OF CONDUCT AND ANY MODIFICATIONS THEREIN. THESE MANUALS WILL SERVE AS A REFERENCE FOR PROGRAM RULES, POLICIES AND PROCEDURES. I WILL CONTINUE TO VISIT THE RVEF WEBSITE: <u>WWW.RVEDFUND.ORG</u> FOR UPDATES TO THE STUDENT CODE OF CONDUCT, PROGRAM POLICIES AND THE PARENT HANDBOOK. IF MY CHILD OR I COMMIT ANY INFRACTIONS TO THESE POLICIES, IT IS MY UNDERSTANDING WE CAN BE EXPELLED FROM THE PROGRAM INDEFINITELY.

In addition to being in this registration packet, the RVEF website: <u>www.rvedfund.org</u> will also provide the parent/student handbook and code of conduct. I understand it is my responsibility to read all the policies and to return a signed copy of this "Acknowledgment Form" along with the registration forms, indicating the materials have been read.

Parent/ Guardian Print Name:

Parent/Guardian Signature:

Date:

Please keep the Terms of Agreement for your records.

| Student's Name   |                                       |
|--|---------------------------------------|
| List any known drug allergies/reactions  |                                       |
| PRESCRIBER AUTHORIZATION         Name of Medication       Reason for Taking         Dosage Route Frequency/Time(s) to be given         Begin Medication         Stop Medication         Date Date         Prescribing Doctor   |                                       |
| Name of Medication       Reason for Taking         Dosage       Route       Frequency/Time(s) to be given         Begin Medication   |                                       |
| Dosage Route Frequency/Time(s) to be given         Begin Medication Stop Medication         Date Date         Prescribing Doctor         Special Instructions:         Does medication require refrigeration? Yes □ No □         Is the medication a controlled substance? Yes □ No □         Is self-medication permitted and recommended for this student? Yes □ No □         If yes, do you recommend this medication be kept by the student? Yes □ No □         Additional Instructions (concerns):  |                                       |
| Begin Medication       Date         Date       Date         Prescribing Doctor   |                                       |
| Date       Date         Prescribing Doctor   |                                       |
| Prescribing Doctor   |                                       |
| Does medication require refrigeration? Yes □ No □         Is the medication a controlled substance? Yes □ No □         Is self-medication permitted and recommended for this student? Yes □ No □         If yes, do you recommend this medication be kept by the student? Yes □ No □         Additional Instructions (concerns):   |                                       |
| Is the medication a controlled substance? Yes  No Is self-medication permitted and recommended for this student? Yes  No If yes, do you recommend this medication be kept by the student? Yes  No Additional Instructions (concerns): Potential Side Effects/Contradictions/Adverse Reactions  |                                       |
| Is self-medication permitted and recommended for this student? Yes  No If yes, do you recommend this medication be kept by the student? Yes  No Additional Instructions (concerns):  Potential Side Effects/Contradictions/Adverse Reactions   |                                       |
| If yes, do you recommend this medication be kept by the student? Yes  Additional Instructions (concerns):  Potential Side Effects/Contradictions/Adverse Reactions   |                                       |
| If yes, do you recommend this medication be kept by the student? Yes  Additional Instructions (concerns):  Potential Side Effects/Contradictions/Adverse Reactions   |                                       |
| Additional Instructions (concerns): Potential Side Effects/Contradictions/Adverse Reactions  |                                       |
| Potential Side Effects/Contradictions/Adverse Reactions  |                                       |
| Treatment Order in the event of an adverse reaction:         (Attach additional sheet or use the back of this form if necessary)   |                                       |
| Signature of Prescriber (please print)DatePhoneFax   |                                       |
| PARENT AUTHORIZATION I authorize the ACE Staff, the task of assisting my child in taking the above medication. I understand that additional parent/prescri statements will be necessary if the dosage of medication is changed. I also authorize the ACE Staff to talk with the prescriber or pl question come up about the medication. Medication must be registered with the ACE Staff. It must be in the original, unopened, sealed container and be properly labeled w name, prescriber's name, date of prescription, name of medication, dosage, strength, time interval, route of administration and the original takes. | harmacist should a with the student's |
| expiration when appropriate.   |                                       |
| Signature of ParentDatePhoneCell   |                                       |
| <b>SELF-ADMINISTRATION AUTHORIZATION</b><br>I authorize and recommend self-medication by my child for the above medication. I also affirm that he/she has been instructed in a<br>administration of the prescribed medication by his/her attending physician. I shall indemnify and hold harmless the school, the ag<br>and the local board of education against any claims that may arise relating to my child's self-administration of prescribed medicat  | gents of the school,                  |
| SIGNATURE OF PARENT     DATE     PHONE     CEL   |                                       |
|  |                                       |

# **PARENT** RECEIPT OF INFORMATION:

Information to Parents Document

□ Policy on the Release of Children

□ Positive Guidance and Discipline Policy

□ Policy on Methods of Parental Notification

□ Policy on Communicable Disease Management

□ Expulsion Policy

□ Policy on the Use of Technology and Social Media

\*\* I have read and received a copy of the information/policies listed above. \*\*

Child(ren's) Name(s):

Parent/Guardian's Name:

Signature

Date

#### Department of Children and Families Office of Licensing INFORMATION TO PARENTS

Under provisions of the <u>Manual of Requirements for Child Care Centers (N.J.A.C. 3A:52)</u>, every licensed child care center in New Jersey must provide to parents of enrolled children written information on parent visitation rights, State licensing requirements, child abuse/neglect reporting requirements and other child care matters. The center must comply with this requirement by reproducing and distributing to parents and staff this written statements, prepared by the Office of Licensing, Child Care & Youth Residential Licensing, in the Department of Children and Families. In keeping with this requirement, the center must secure every parent and staff member's signature attesting to his/her receipt of the information.

Our center is required by the State Child Care Center Licensing law to be licensed by the Office of Licensing (OOL), Child Care & Youth Residential Licensing, in the Department of Children and Families (DCF). A copy of our current license must be posted in a prominent location at our center. Look for it when you're in the 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 for Child Care Centers and make it available to interested parents for review. If you would like to review our copy, just ask any staff member. Parents may view a copy of the Manual of Requirements on the DCF website at:

<u>http://www.nj.gov/dcf/providers/licensing/laws/CCCmanual.pdf</u> or obtain a copy by sending a check or money order for \$5 made payable to the "Treasurer, State of New Jersey," and mailing it to: NJDCF, Office of Licensing, Publication Fees, P.O. Box 657, Trenton, N.J. 08646-0657.

We encourage parent to discuss with us any questions or concerns about the policies and program of the center or the meaning, application or alleged violations of the Manual of Requirements for Child Care Centers. 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 requirements, you are entitled to report them to the Office of Licensing toll free at 1 (877) 667-9845. Of course, we would appreciate your bringing these concerns to our attention, too.

Our center must have a policy concerning the release of children to parents or people authorized by parents 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 administering medicine and health care procedures and the management of communicable diseases. Please talk to us about these so we can work together to keep our children healthy.

Our center must have a policy concerning the expulsion of children from enrollment at the center. Please review this policy so we can work together to keep your child in our center.

Parents are entitled to review the center's copy of the OOL's Inspection/Violation Reports on the center, which are available soon after every State licensing inspection of our center. If there is a licensing complaint investigation, you are also entitled to review the OOL'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 or you can view them online at <a href="https://data.nj.gov/childcare\_explorer">https://data.nj.gov/childcare\_explorer</a>.

Our center must cooperate with all DCF inspections/investigations. DCF staff may interview both staff members and children.

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 OOL 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 assist the center in complying with licensing requirements; and 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 interest with the center director, who can advise them of what opportunities are available.

Parents of enrolled children may visit our 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 our 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.

Our center is required to provide reasonable accommodations for children and/or parents with disabilities and to comply with the New Jersey Law Against Discrimination (LAD), P.L. 1945, c. 169 (N.J.S.A. 10:5-1 et seq.), and the Americans with Disabilities Act (ADA), P.L. 101-336 (42 U.S.C. 12101 et seq.). Anyone who believes the center is not in compliance with these laws may contact the Division on Civil Rights in the New Jersey Department of Law and Public Safety for information about filing an LAD claim at (609) 292-4605 (TTY users may dial 711 to reach the New Jersey Relay Operator and ask for (609) 292-7701), or may contact the United States Department of Justice for information about filing an ADA claim at (800) 514-0301 (voice) or (800) 514-0383 (TTY).

Our center is required, at least annually, to review the Consumer Product Safety Commission (CPSC), unsafe children's products list, ensure that items on the list are not at the center, and make the list accessible to staff and parents and/or provide parents with the CPSC website at <u>https://www.cpsc.gov/Recalls</u>. Internet access may be available at your local library. For more information call the CPSC at (800) 638-2772.

Anyone who has reasonable cause to believe that an enrolled child has been or is being subjected to any form of gitting, corporal punishment, abusive language, ridicule, harsh, humiliating or frightening treatment, or any other kind of child abuse, neglect, or exploitation by any adult, whether working at the center or not, is required by State law to report the concern immediately to the *State Central Registry Hotline, toll free at (877) NJ ABUSE/(877) 652-2873*. Such reports may be made anonymously. Parents may secure information about child abuse and neglect by contacting: DCF, Office of Communications and Legislation at (609) 292-0422 or go to <u>www.state.nj.us/dcf/</u>.

# POLICY ON THE RELEASE OF CHILDREN

Each child may be released only to the child's parent(s) or person(s) authorized by the parent(s) to take the child from the center and to assume responsibility for the child in an emergency if the parent(s) cannot be reached.

If a non-custodial parent has been denied access, or granted limited access, to a child by a court order, the center shall secure documentation to that effect, maintain a copy on file, and comply with the terms of the court order.

If the parent(s) or person(s) authorized by the parent(s) fails to pick up a child at the time of the center's daily closing, the center shall ensure that:

- 1. The child is supervised at all time;
- Staff members attempt to contact the parent(s) or person(s) authorized by the parent(s); and
- 3. An hour or more after closing time, and provided that other arrangements for releasing the child to his/her parent(s) or person(s) authorized by the parent(s), have failed and the staff member(s) cannot continue to supervise the child at the center, the staff member shall call the 24-hour State Central Registry Hotline 1-877-NJ-ABUSE (1-877-652-2873) to seek assistance in caring for the child until the parent(s) or person(s) authorized by the child's parent(s) is able to pick-up the child.

If the parent(s) or person(s) authorized by the parent(s) appears to be physically and/or emotionally impaired to the extent that, in the judgement of the director and/or staff member, the child would be placed at risk of harm if released to such an individual, the center shall ensure that:

- 1. The child may not be released to such an impaired individual;
- Staff members attempt to contact the child's other parent or an alternative person(s) authorized by the parent(s); and
- 3. If the center is unable to make alternative arrangements, a staff member shall call the 24-hour State Central Registry Hotline 1-877-NJ-ABUSE (1-877-652-2873) to seek assistance in caring for the child.

For school-age child care programs, no child shall be released from the program unsupervised except upon written instruction from the child's parent(s).

# **GUIDELINES FOR POSITIVE DISCIPLINE**

Positive discipline is a process of teaching children how to behave appropriately. Positive discipline respects the rights of the individual child, the group, and the adult. Methods of positive discipline shall be consistent with the age and developmental needs of the children, and lead to the ability to develop and maintain self-control.

Positive discipline is different from punishment. Punishment tells children what they should <u>not</u> do; positive discipline tells children what they <u>should</u> do. Punishment teaches fear; positive discipline teaches self-esteem.

You can use positive discipline by planning ahead:

- Anticipate and eliminate potential problems.
- Have a few consistent, clear rules that are explained to children and understood by adults.
- Have a well-planned daily schedule.
- Plan for ample elements of fun and humor.
- Include some group decision-making.
- Provide time and space for each child to be alone.
- Make it possible for each child to feel he/she has had some positive impact on the group.
- Provide the structure and support children need to resolve their differences.
- Share ownership and responsibility with the children. Talk about our room, our toys.

You can use positive discipline by interviewing when necessary:

- Re-direct to a new activity to change the focus of a child's behavior.
- Provide individualized attention to help the child deal with a particular situation.
- Use time-out by removing a child for a few minutes from the area or activity so that he/she may gain self-
- control. (One minute for each year of the child's age is a good rule of thumb).
- Divert the child and remove from the area of conflict.
- Provide alternative activities and acceptable ways to release feelings.
- Point out natural or logical consequences of children's behavior.
- Offer a choice only if there are two acceptable options.
- Criticize the behavior, not the child. Don't say "bad boy" or "bad girl." Instead you might say "That is not allowed here."

You can use positive discipline by showing love and encouragement:

- Catch the child being good. Respond to and reinforce positive behavior; acknowledge or praise to let the child know you approve of what he/she is doing.
- Provide positive reinforcement through rewards for good behavior.
- Use encouragement rather than competition, comparison or criticism.
- Overlook small annoyances, and deliberately ignore provocations.
- Give hugs and caring to every child every day.
- Appreciate the child's point of view.
- Be loving, but don't confuse loving with license.

#### Positive discipline is NOT:

- Disciplining a child for failing to eat or sleep or for soiling themselves
- Hitting, shaking, or any other form of corporal punishment
- Using abusive language, ridicule, harsh, humiliating or frightening treatment or any other form of emotional punishment of children
- Engaging in or inflicting any form of child abuse and/or neglect
- Withholding food, emotional responses, stimulation, or opportunities for rest or sleep
- Requiring a child to remain silent or inactive for an inappropriately long period of time

Positive discipline takes time, patience, repetition and the willingness to change the way you deal with children. But it's worth it, because positive discipline works.

# **Policy on Methods of Parental Notification:**

This letter is to inform you how you will receive notifications about:

- Program Policies
- Emergencies
- Events
- Scheduled days off
- Changes to Program

The main source of communication will be via email. The email address that communication will come from is: <u>director@rvedfund.org</u>

You will receive emails about: change in program policies, events scheduled, changes to anything that occurs with the program-reminders/updates and inclement weather updates.

Emergencies will be handled as follows:

- If the emergency is specifically about your child, we will call every number listed on the registration forms. If you cannot be reached, we will try your emergency contacts. We also might try to text you if we are not getting through with a call.
- If the emergency is program related: if there is time, an email will go out along with phone calls/text directly to the numbers listed on the registration packet. If time does not permit, you will receive a phone call/text

In Person Communication:

- There will be times the staff will have to talk to you directly about your child.

\*Please be sure you check your spam, many times the email address above will go to spam the first few emails\*

### **Policy on the Management of Communicable Diseases**

If a child exhibits any of the following symptoms, the child should not attend the center. If such symptoms occur at the center, the child will be removed from the group, and parents will be called to take the child home.

- Severe pain or discomfort
- Acute diarrhea
- Episodes of acute vomiting
- Elevated oral temperature of 101.5 degrees Fahrenheit
- Lethargy
- Sever coughing
- Yellow eyes or jaundiced skin
- Red eyes with discharge
- Infected, untreated skin patches
- Difficult or rapid breathing
- Skin rashes in conjunction with fever or behavior changes
- Skin lesions that are weeping or bleeding
- Mouth sores with drooling
- Stiff neck

Once the child is symptom-free, or has a health care provider's note stating that the child n longer poses a serious health risk to himself/herself or others, the child may return to the center unless contraindicated by local health department or Department of Health.

#### **EXCLUDABLE COMMUNICABLE DISEASES**

A child or staff member who contracts an excludable communicable disease may not return to the center without a health care provider's note stating that the child presents no risk to himself/herself or others.

Note: if a child has chicken pox, a note from the parent stating that all sores have dried and crusted is required.

If a child is exposed to any excludable disease at the center, parents will be notified in writing.

#### COMMUNICABLE DISEASE REPORTING GUIDELINES

Some excludable communicable diseases must be reported to the health department by the center. The Department of Health's Reporting Requirements for Communicable Disease and Work-Related Conditions Quick Reference Guide, a complete list of reportable excludable communicable diseases, can be found at:

http://www.nj.gov/health/cd/documents/reportable\_disease\_magnet.pdf.

## **EXPULSION POLICY**

# NAME OF CENTER: EMERSON ACE BEFORE AND AFTER SCHOOL PROGAM

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 including the child's action plan if required by a doctor
- Habitual tardiness when picking up your child.
- Verbal abuse to staff
- Other

#### 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

#### SCHEDULE OF EXPULSION:

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 an expulsion. An 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 and 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 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.

#### CHILD WILL NOT BE EXPELLED IF A PARENT/GUARDIAN:

- 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:

- Try to redirect child from negative behavior.
- Reassess classroom environment, appropriateness of activities, supervision.
- Always use positive methods and language while disciplining children.
- Praise appropriate behaviors.
- Consistently apply consequences for rules.
- Give the child verbal warnings.
- Give the child time to regain control.
- Document the child's disruptive behavior and maintain confidentiality.

- Give the parent/guardian written copies of the disruptive behavior that might lead to expulsion.
- Schedule a conference including the director, classroom staff, and parent/guardian to discuss how to promote positive behaviors.
- Give the parent literature of other resources regarding methods of improving behavior.
- Recommend an evaluation by professional consultation on premises or by local school district study team.

#### Policy on the Use of Technology and Social Media

This letter is to inform you about our Social Media Outlets:

The River Vale Educational Fund has a website: www.rvedfund.org. This website is for sharing Fund events, accomplishments that the Fund has obtained, Fund announcements and houses many documents you can use related to the Before/After School Program.

The site also shows you pictures and short biographies about the staff.

We do not share your children's picture to this site or any personal information.

The Fund also has a Facebook page. On this page, we share event information and announcements.

We will never share your child's picture on our page and we ask that if you do post to our site, you only post about your child. Any information/pictures not related to you or your child, will be removed. Any inappropriate content will also be removed.

Staff will not be allowed to post information/pictures of your child to their personal social media outlets.

As well, if there are computers provided on site that your child can use (for homework), and they are found using them inappropriately, their privileges will be revoked indefinitely.

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| A.C.E BEFORE/AFTER SCHOOL PROGRAM<br>PAYMENT COUPONS | A.C.E BEFORE/AFTER SCHOOL PROGRAM<br>PAYMENT COUPONS |
| NAME   | NAME   |
| CHILD'S NAME   | CHILD'S NAME   |
| AMOUNT \$  | AMOUNT \$  |
| PAYMENT DUE: OCTOBER 30, 2023                        | PAYMENT DUE: NOVEMBER 30, 2023                       |
| A.C.E BEFORE/AFTER SCHOOL PROGRAM<br>PAYMENT COUPONS | A.C.E BEFORE/AFTER SCHOOL PROGRAM<br>PAYMENT COUPONS |
| NAME   | NAME   |
| CHILD'S NAME   | CHILD'S NAME   |
| AMOUNT \$  | AMOUNT \$  |
| PAYMENT DUE: DECEMBER 30, 2023                       | PAYMENT DUE: JANUARY 30, 2024                        |
| A.C.E BEFORE/AFTER SCHOOL PROGRAM<br>PAYMENT COUPONS | A.C.E BEFORE/AFTER SCHOOL PROGRAM<br>PAYMENT COUPONS |
|  | NAME   |
| CHILD'S NAME   | CHILD'S NAME   |
| AMOUNT \$  | AMOUNT \$  |
| PAYMENT DUE: FEBRUARY 28, 2024                       | PAYMENT DUE: MARCH 30, 2024                          |
| A.C.E BEFORE/AFTER SCHOOL PROGRAM                    | A.C.E BEFORE/AFTER SCHOOL PROGRAM                    |
| PAYMENT COUPONS                                      | PAYMENT COUPONS                                      |
| NAME   | NAME   |
| CHILD'S NAME   | CHILD'S NAME   |
| AMOUNT \$  | AMOUNT \$  |
| PAYMENT DUE: APRIL 30, 2024                          | PAYMENT DUE: MAY 30, 2024                            |
| A.C.E BEFORE/AFTER SCHOOL PROGRAM                    |  |
| PAYMENT COUPONS NAME                                 | Make check payable to:                               |
|  | RVEF<br>Mail checks: 172 Broadway, Suite 210         |
| CHILD'S NAME   | Woodcliff Lake, NJ 07677                             |
| AMOUNT \$  |  |
| PAYMENT DUE: JUNE 30, 2024 FINAL PAYMENT             |  |
|  |  |



# A.C.E. BEFORE AND AFTER SCHOOL PARENT HANDBOOK

A.C.E. PROGRAM C/O RIVER VALE EDUCATIONAL FUND, INC 172 Broadway, Suite 210 Woodcliff Lake, NJ 07677 (862) 345-0477

### **MISSION**

"The River Vale A.C.E. Program will provide a safe and supportive environment to the children of the Memorial and Villano Schools (up to sixth grade) whose parents are seeking an effective bridge between their child's time between school and home hours. It will be founded on the principles of character development, wellness, caring and academic enrichment."

# SCHEDULE POLICIES

#### HOURS OF OPERATION/SCHEDULE

The A.C.E. Program will work in conjunction with your school's schedule. The Before Care Program will run from 7:15 a.m. to the first bell (provided at Memorial and Villano School) Monday through Friday. The After Care program will start from dismissal of school and operate until 6:30 p.m. Monday through Friday (provided at Memorial-Villano students will be shuttled by the district to be in our care at Memorial).

#### **PROGRAM CLOSINGS**

In the event of extreme weather, the program will adhere to the decision of the district regarding operations. If weather or other emergencies occur during after school hours, forcing the program to close early, we will contact parents by phone or email to arrange pickup of their children. School closings or early dismissals for inclement weather will result in the program being cancelled until school resumes normal operations.

**Example:** Delayed Opening results in Before Care Program to be cancelled Early Dismissal results in After Care Program to be cancelled School Closure results in both the Before and After Care programs to be cancelled

#### WHEN SCHOOL IS NOT IN SESSION

Please take note of the holidays and professional development days that are on the schools calendar. If full day coverage is being offered, you will be notified ahead of time. These days would require a signed permission slip and an additional fee. You will receive a Welcome Letter (emailed about a week before school starts) that will outline the days off. These days can take place at a local off site location other than your child's school.

#### SNOW DAYS ADDED BACK TO SCHOOL CALENDAR

In the case where snow days are built into the school calendar and not all are used, the school might "give" these days back. If school is not in session because of snow days "given back", we will not offer full day coverage for these days.

#### SCHEDULED HALF DAYS

On scheduled half days the program will run as normal from dismissal (12:50) until 6:30 p.m. There is no additional charge for these days. The Welcome Letter will outline the half days that are on the district calendar.

#### PARENT TARDNIESS

The program ends at 6:30 p.m. at your child's location. It is a parent or guardian's responsibility to ensure that children are picked up by that time. Parents will be assessed a late fee of \$10.00 for every additional five (5) minutes your child is there beginning at 6:31 p.m. After 7:00 p.m., we will call all emergency contacts to arrange an alternate pick up for your child. Continued tardiness may result in expulsion from the program. Parents will be required to sign the "late pick up log" at time of arrival and will be reminded of the fees assessed. These fees will be added on to your account balance.

#### **ABSENCE/SCHEDULE CHANGES**

If you know in advance that your child will be absent or have a change in schedule, please advise your Site Coordinator or Program Director in advance. If your child's schedule changes without notice, please call the Program Director and leave a message with your child's name, date of absence and a return phone number. You can also e-mail the Program Director at: <u>director@rvedfund.org</u>. Please call and/or e-mail prior to 2:00 p.m. If this change is last minute, I recommend you calling the main office as well so they can inform your child' teacher.

#### **CHECK IN/CHECK OUT PROCEDURES**

If your child is attending Before Care we will require a drop off by the parent/guardian/authorized person with a signature on our sign-in sheet. Your child, depending on his/her age will report directly to his/her assigned classroom/line or whatever method the school has in place for the students upon the first bell. If your child is in Pre-K or Kindergarten, they will be brought to his/her classroom/line etc.

If your child will be attending After Care, he/she will check into the program directly after school and will be in the care of A.C.E. program staff. We cannot assume any responsibility of your child until he/she has checked in. Your child will be in the staff's care until an authorized person arrives to check him/her out. We require that all children be signed out through a signature on our sign out sheet. For the first few weeks, we ask that as the parent/guardian you show ID to our staff on site when picking your child up from after care until the staff is familiar with you. If you will be sending someone who is not authorized previously by you to pick up your child, you will need to send an authorization with the person's full name, date and times of pick up. Please ask the individual picking up your child to bring a picture ID for verification of identity.

#### AFTER SCHOOL ACTIVITIES (SPONOSORED BY SCHOOL OR OTHER ORG)

If your child is part of an afterschool activity sponsored by the school or other organization, we must have written notification of these plans. Even though you inform the Program Director or staff of these plans, your child must still check in with us before they go to the scheduled activity. If your child will be returning to the aftercare program upon completion of a sponsored afterschool activity, we will expect notification of what time your child will be in our care. If under any circumstance, your child does not report directly to the After Care program when scheduled to arrive, the parent/guardian will be contacted and they will be held responsible for then locating the child. If the parent/guardian and/or emergency contacts cannot be reached staff may call the local police to report the missing child.

### **PROGRAM POLICIES**

#### **ENROLLMENT POLICY**

It is the policy of the A.C.E. program to enroll children who are students at the Memorial or Villano Schools (up to sixth grade) without bias towards sex, religion, race or physical disability. Every reasonable effort is made to accommodate any special needs. Our program provides supervisory care not medical or nursing care. Should your child require special care, please contact the Program Director to arrange a consultation between you and the staff. **ALL CHILDREN ENROLLED MUST BE POTTY TRAINED.** A child is considered enrolled only after the non-refundable registration fee has been received and all necessary forms have been completed and returned.

#### ENROLLMENT DELAY TIME

If you are enrolling your child during the school year, please note there will be a week delay from when forms are received and your child starting the program. A start date will be provided by the Program Director.

#### **PROGRAM MAXIMUM**

There is a maximum amount of students allowed in the program each day. Therefore, a cap is set to maintain these numbers. If a program has reached its limit, a waiting list will be held and families will be placed in the program in the order the registration forms were received.

#### PAYMENT

There will be no monthly bill sent out as a reminder. Payment is due by the 30<sup>th</sup> of each month. *For example: October fees are due on October 30<sup>th</sup>.* We accept payment two ways 1) Checks can be mailed to: RVEF-172 Broadway, Back Building-Suite 210 Woodcliff Lake, NJ 07677 2) a recurring card transaction can be set up by providing a credit card or debit card (Visa or MasterCard or Discover).

A form will be available if you would like to change your billing method at any point during the year. Calls/emails will be made to those who miss payments or if the card transaction was not approved. Any payments submitted late will be assessed a fee of \$25.00. If a payment is rejected for insufficient funds, a \$30.00 fee will be assessed.

\*We will revoke program privileges if your account is past due for two consecutive months. Once your account is current, your child can rejoin the program. After three months of non-payment, your account will be sent to our collection agency.\*

The monthly tuition payments are based on the school calendar year (180 days). All days off are taken into consideration, then a predetermined monthly fee is created.

#### **DROP-IN SERVICE:**

This service allows you to use the program on days you are not registered. For example, if you are registered for After Care and a need arises for Before Care, you can use the Before Care Program for a daily rate. You are able to sign up for just the Drop-In service and use it on an as needed basis. A 24-hour advance notification is required and the space is subject to availability. The proper registration forms must be filled out before any student can attend the program. Once you enroll your child with the appropriate paperwork, there will be no need to fill out additional forms. When the program is needed, send an e-mail or call the Program Director at least 24-hours in advance. There is a limited number of "drop-in" per month allowed; you can use six (6) for Before Care and three (3) for After Care. Pricing is as follows: \$15 for Before Care; \$30 for After Care. This service can be paid for by: check or credit card only.

#### **TIER PRICING**

Tier pricing is defined as having two different monthly tuition prices based upon the amount of days and the time the child is picked up from After Care.

#### Following are the criteria to qualify for tier pricing:

- The child will have to be picked up no later than 4:30 p.m. each day the child is enrolled in the program to be considered for the lower tier.
- If the parent picks the child up after 4:30 p.m. four (4) or more times in a month they will not be eligible for the reduced rate that tier pricing offers for that month. The difference in tuition will be added on to the next month's payment. This will be based on a monthly detail of their sign out report and staff observation. The parent can then continue to participate in the tier pricing program the following month.
- If a parent is late picking up their child(ren) four (4) or more times in any two months within the school year, the tier pricing option will no longer be available to them for the remainder of the year.
- Monthly tuition rates for the tier-pricing program can be found on the registration forms.

#### WITHDRAWL PROCEDURES

If you choose to withdraw from the program during the school year, please call or email the Program Director. All requests should be received by the 15<sup>th</sup> of the previous month to give enough time to stop the recurring billing on your account.

# **TERMINATION OF ENROLLMENT-Refer to the Expulsion Policy located within this packet**

The child's enrollment can be terminated or enrollment can be declined for any of the following reasons. Please note, if a child's enrollment is terminated due to behavior issues, that child may not be allowed to enroll in future sessions. This also stands if the child's enrollment is terminated due to the parent's behavior.

- Tuition or fees are continuously past due
- Recurring late pick-ups
- If the child is unable to abide by the rules, or the child's behavior is unsafe or unmanageable
- If the parent's behavior is inappropriate or the parent is unable or unwilling to work respectfully and cordially with the staff to resolve problems
- If a parent is unwilling to accept a resolution of the staff as to any matter
- If it is determined that registration forms and other necessary paperwork are falsified
- All decisions are at the discretion of A.C.E. and the RVEF

#### PARENT INVOLVEMENT/VISITATION

A.C.E encourages parent involvement and welcomes parents to visit the program. If you wish to visit and/or observe your child's program please see the Site Coordinator in advance to set up an appropriate time.

#### COMMUNICATION

We encourage parents to communicate with staff at your site. This helps to build positive relationships that greatly benefit your child. Frequent emails will be sent out by the Program Director to keep you informed about policy and procedure changes, events and other important information.

#### SNACKS

There will be one snack provided for the after school program. Please list any food allergies on the registration form. You may send your child with a snack or additional snacks. Please be mindful of those with nut allergies.

#### PERSONAL BELONGINGS

Although staff will make every effort to help children keep track of their personal belongings, the final responsibility rests on the child. If the items are lost, stolen or broken, A.C.E. and the RVEF are not responsible for the replacement or repair of these items. We prefer personal items be left at home or in his/her backpack during program hours. This helps us to avoid many issues among the children and keeps their belongings safe.

#### **CELL PHONE USE:**

A child may carry a cell phone for emergency purposes; however, the device should be kept in the child's backpack to avoid them being misused, lost, broken or stolen. If the child is misusing the phone, the device will be confiscated and returned to the parent upon pick up. Parents can call the site's phone at any time to speak with their children. As well, the children may ask to use our phone to call parents. We will limit the amount of calls a child makes to a parent if we feel they are disrupting the parent during working hours.

#### HEALTH AND WELLNESS PROCEDURES

#### UNSAFE CHILDREN'S PRODUCTS

It is state requirement that the Department of Law and Public Safety (DLPS), Division of Consumer Affairs' (DCA) list of unsafe children's products be reviewed regularly to ensure there are no unsafe products on site. Following is the site for your review as well: <u>www.state.nj.us/lps/ca/recall/recalls.htm</u>

#### **MEDICATIONS**

We understand some children need to take daily medications; we strongly recommend medication be administered at home or during school hours. If this is not possible, staff will administer medication <u>only</u> with the completion of a "Medical Authorization" form; these forms are available from your Site Coordinator. These forms must be completed for each medication. All medications must be in the original container labeled with the child's name and dosage information. If the child carries a self-administered inhaler a form must also be filled out to provide verification that the child has permission to carry the inhaler. Your child must keep his/her inhaler in his/her possession at all times and not share it with any other person.

#### ILLNESS/INJURY/EMERGENCIES

The safety of the children is the greatest concern at our program. If illness or injuries occur, the following guidelines will help to provide safety:

- Illness or Injury will be reported immediately to you.
- If the parent/guardian cannot be reached your emergency contacts will be notified. In the case your child needs to be picked up for illness reasons, we ask you set up transportation (preferably an appointed authorized pick-up individual) if you are not available. It is our goal to keep our environment clear of illnesses to keep your children safe and healthy.
- In the case of a minor accident/injury, staff will administer basic first aid.
- If serious injury occurs first aid will be administered, and the parent/guardian will be contacted immediately to assist in deciding an appropriate course of action.
- If injury is life threatening, the emergency squad will be contacted, parents notified and a staff member will accompany your child to their destination. Parents are to grant permission for emergency transportation at the time of registration. Parents are responsible for any medical or transportation cost incurred.

#### INJURIES THAT REQUIRE DOWN TIME:

It is imperative that the staff is told if your child should not participate in activities during before or after care. You can let the staff know directly, or email the director and the information will be passed along.

#### MANAGEMENT OF COMMUNICABLE DISEASE POLICY

If a child exhibits any of the following symptoms, he/she should not attend the A.C.E. Before and After Care Program. If such symptoms occur at any of our programs, the child will be removed from the group and you will be called to take him/her home.

Severe pain or discomfort Acute Diarrhea Episodes of acute vomiting Elevated Temperature Sore throat or severe coughing Yellow eyes or jaundice skin Red eyes with discharge Infected, untreated skin patches Difficulty breathing Swollen joints Visibly enlarged lymph nodes Stiff Neck Blood in urine Skin rashes lasting longer than 24 hours

Once the child is symptom free, or has a physician's note stating that he/she no longer poses a serious health risk to himself/herself or others, he/she may return to our programs.

If a child contracts any of the following diseases, please report it to us immediately. The child my not return to school without a physician's note stating that the child presents no risk to himself/herself or others.

#### Table of Communicable Diseases

#### **Respiratory Illnesses**

Chicken Pox German measles\* Hemophilus Influenzae\* Measles\* Whooping Cough Shigella\* Meningoccus\* Mumps\* Strep Throat Tuberculosis\* Gastrointestinal Illnesses Giardia Lamblia\* Hepatitis A\* Salmonella\* Shigella\* Contact Illnesses Impetigo Lice Scabies

\*Reportable disease, as specified in N.J.A.C. 10:122-7 10 (a).

#### DYFS-HOW WE REPORT/HOW CAN YOU REPORT

It is the A.C.E. Before and After School Program and The River Vale Educational Fund's legal responsibility to report to DYFS if abuse is suspected. The staff will report if the following occurs:

- Abuse is witnessed
- A child reports abuse
- A child says something to a child or adult eluding to abuse

If you suspect abuse to a child, it is your responsibility to call 877-NJ-ABUSE and report what you have seen or heard. A third party cannot make the report for you.

#### **RULES AND CONSEQUENCES**

Our Before and After School Program is structured to provide your child a safe, supportive and positive environment in which to learn and grow. Your child's safety is our main concern. The following is a list of rules and consequences that we hope you will review with your child/ren.

#### MINOR INFRACTIONS TO THE RULES (NON-SAFETY)

After minor infractions to the rules an initial warning is given for inappropriate behavior and an explanation on the given rule with emphasis on safety will be given to the child. In the case there is no resolution to a conflict or if inappropriate behavior is repeated the "Time Out" system will be used. The child will be separated from the group and sit out an appropriate amount of time to "regroup and think" then will be allowed to rejoin the group.

#### SAFETY INFRACTIONS

Following a safety-related rule infraction, more immediate consequences will be imposed. Staff will intervene immediately, rules reiterated and a "Time Out" is likely to allow a child opportunity to reflect on the safety rules in question. Staff will discuss the importance of the safety rule with the child, assure understanding and allow the child to rejoin the group after an appropriate amount of time. If safety rules continue to be broken, parents will be involved as allies in reinforcing rules with children.

#### WILLFULL HARM INFRACTIONS

A willful harm infraction, in which a child deliberately harms or tries to harm another child, will result in immediate consequences. Depending upon the seriousness of the violation a child will be disciplined immediately and appropriately and may be suspended for one or more days by the Program Director. Parents may be asked to meet for a conference prior to the child's return to the Before and/or After Care Program to help ensure the child understands the program rules, as well as the consequences on non-compliance. A second incident or willful harm may result in expulsion from the program.

#### SUSPENDABLE OR TERMINABLE OFFENSES:

Depending on the behavior and its frequency, the below will result in either: a written report or an immediate phone call to the parents for pick up from the program. If the below behaviors are repeated (will have written reports on file), your child will be suspended or terminated indefinitely from the program.

- 1) Destruction of property and inappropriate use of materials-throwing rocks, using materials as weapons, defacing school property, etc.
- 2) Running away from the school or staff members
- 3) Being away from the group without the staff members knowledge
- 4) Repeated refusals to take necessary time outs
- 5) Fighting or conflicts with other children/staff members (physically endangering others)
- 6) Engaging in inappropriate behavior-refusing to stop dangerous activities
- 7) Disregarding program safety rules-uncontrollable behavior
- 8) Repeated or significant infractions of any rule or expectation
- 9) Frequent bathroom accidents

# A.C.E. BEFORE AND AFTER CARE STUDENT CODE OF CONDUCT

The goal of the River Vale Educational Fund and the A.C.E. Before and After Care School Program is to promote positive behavior and treat all children equally. Staff will attempt to avoid discipline problems by planning activities that are fun, educational and appealing. Clear and concise rules will be set for all students to follow. All of the children are expected to follow the rules set in the code of conduct and the rules posted at each individual site. Because the children are aware of the rules, if they choose not to follow them, they also choose to have staff implement the behavior code of conduct. Each situation will be handled on a case to case basis.

## **Expectations:**

- 1. <u>Respect one Another</u>
  - Encourage others rather than put them down
  - Do not use offensive or negative language
  - Respect each other's personal space
  - Show good sportsmanship and follow all rules to all games played
  - No using physical violence towards one another
  - No throwing or using items as a weapon
- 2. <u>Respect the staff</u>
  - Ask permission before switching activities
  - Address the staff by name only
  - Trust the staff to make good decisions
  - Follow directions properly
  - No using physical violence for any reason towards a staff member
  - No running away from staff

#### 3. <u>Respect the Environment</u>

- Always use the furniture and equipment for the purpose it was designed for
- Walk, do not run inside the building
- Report all broken equipment immediately
- Care for our indoor and outdoor surroundings

# **IMPLEMENTATION OF THE CODE OF CONDUCT**

# The following procedures are to be followed when disciplining program participants

| 1 <sup>st</sup> Offense | The child will be taken away from the situation, the<br>behavior will be identified and the rules/safety will<br>be reviewed for complete understanding. The child<br>will be informed of the consequences if this behavior<br>continues.  |
|-------------------------|--|
| 2 <sup>nd</sup> Offense | The child will be removed from the situation and will<br>be given a 'time out'. The rules will be reinforced<br>and the child will have time to 'regroup/think' about<br>their actions. After the appropriate amount of time the child will rejoin the<br>group. The parent will be notified of this repeat behavior. At this time the<br>parent will be asked to intervene to reinforce the rules to the child. |
| 3 <sup>rd</sup> Offense | Child will be removed, put in a time out, and the parent will be asked to pick the child up immediately from the program. At this time the child will be suspended for a full day from the program.  |
| 4 <sup>th</sup> Offense | Child will be removed from the situation and the parent<br>will be asked to pick the child up immediately from the<br>program. At this time a one week's (5 full days) suspension from the<br>program, will be implemented.  |
| 5 <sup>th</sup> Offense | Child will be removed from the situation and the parent<br>will be asked to pick the child up immediately from the<br>program. The child will then be permanently dismissed<br>from the program. At this time it is prohibited for the<br>child to enroll in the Before/After School Program for future years.   |

Certain behaviors including but not limited to the following will be punishable by skipping directly to steps 3, 4 or 5:

- Assault (i.e., hitting, kicking, spitting, etc.)
- Bullying, Intimidation and Harassment
- Threats
- Falsifying or accusing another of bullying, harassment, intimidation
- Retaliating acts against a person who reports bullying, harassment and intimidation

In cases regarding discipline actions, program refunds will not be given.

### **PROGRAM SITE INFORMATION**

Memorial Elementary School 1 Haines St Emerson, NJ 07630 Site Coordinator: Mary Kenny 201-749-0694

Villano School 175 Linwood Ave. Emerson, NJ 07630 Site Coordinator: Annamarie Fanto

Program Director Alyssa Pulver 862-345-0477 Director@rvedfund.org