

DATE CONTRACT REC'D: _____



Before & After School Program
Summer Camp

REGISTRATION

SCHOOL: _____ SCHOOL YEAR: 20__/20__ GRADE: _____
CHILD'S NAME: _____ AGE: _____ DOB ___/___/___ SEX: M / F
ADDRESS: _____ CITY: _____ NJ ZIP: _____

PLEASE CHECK T-SHIRT SIZE: YOUTH: SMALL ___ MEDIUM ___ LARGE ___ ADULT: SMALL ___ MEDIUM ___

PARENTS INFORMATION:

MOTHER'S NAME: _____ DOB ___/___/___
ADDRESS: _____ CITY: _____ NJ ZIP: _____
PHONE: _____ CELL PHONE: _____
EMPLOYER: _____ ADDRESS: _____ WORK #: _____
EMAIL ADDRESS: _____

WHO IS GUARDIAN? ___ BOTH PARENTS ___ MOTHER ___ FATHER ___ GRANDPARENTS ___ GUARDIAN

FATHER'S NAME: _____ DOB ___/___/___
ADDRESS: _____ CITY: _____ NJ ZIP: _____
PHONE: _____ CELL PHONE: _____
EMPLOYER: _____ ADDRESS: _____ WORK #: _____
EMAIL ADDRESS: _____

WHO IS GUARDIAN? ___ BOTH PARENTS ___ MOTHER ___ FATHER ___ GRANDPARENTS ___ GUARDIAN

EMERGENCY CONTACT /AUTHORIZED PICK-UP

Person(s) authorized to pick-up and/or contact in case of emergency if neither parent is available. The individuals are required to show identification when picking up your child and must be 18 years old and over.

- 1. NAME: _____ RELATIONSHIP TO CHILD: _____ PHONE NO: _____
ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____
- 2. NAME: _____ RELATIONSHIP TO CHILD: _____ PHONE NO: _____
ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

HEALTH AND INSURANCE INFORMATION:

DOES YOUR CHILD HAVE HEALTH INSURANCE? ___ YES ___ NO
CHILD'S PHYSICIAN: _____ ADDRESS: _____ PHONE NO: _____
INSURANCE PROVIDER: _____ ADDRESS: _____ PHONE NO: _____



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EMERGENCY MEDICAL INFORMATION:

Please check if the participant has a history of any of the following:

____ ASTHMA ____ DIABETES ____ HEART TROUBLE ____ FAINTING SPELLS

____ HIGH BLOOD PRESSURE ____ CONVULSIONS ____ CONTACT LENS ____ GLASSES

____ ALLERGY, IS SO WHAT? _____

____ ANY OTHER CONDITION REQUIRING SPECIAL CARE, MEDICATION OR KNOWLEDGE, IF SO WHAT _____

DEMOGRAPHIC INFORMATION (OPTIONAL):

____ HISPANIC ____ AFRICAN AMERICAN/BLACK ____ ALASKAN NATIVE ____ NATIVE AMERICAN ____ ASIAN

HEALTH VERIFICATION, ACTIVITY AUTHORIZATION AND PHOTOGRAPHY RELEASE:

As the parent/guardian, I verify that my child is in good physical health and is authorized to participate in all activities including, but not limited to, HIKING, WATER ACTIVITIES and COMPETITIVE SPORTS. I understand that the program may take WALKING TRIPS within the neighborhood. INITIAL _____

I understand that in the event of an emergency, I authorize the transfer of my child's health record to the health provider.

INITIAL _____

I authorize ALL STARS ACADEMY staff to provide minor first aid, as deemed necessary, for the well-being of my child.

INITIAL _____

I understand that my child may be photographed while at activities, camp, and programs. I give ALL STARS ACADEMY permission to use the picture/videos of my child for the ALL STARS ACADEMY promotional and marketing materials such as newsletters, local newspaper, website and/or brochures. INITIAL _____

STATEMENT OF VERIFICATION:

I have completed this application accurately and I understand that misinformation can result in immediate dismissal from ALL STARS ACADEMY programs.

Parent's Signature: _____ **Date:** _____



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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: _____

Parent/Guardian's Name: _____

Parent/Guardian's Signature: _____ Date: ____/____/____



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CENTER'S COPY

Dear Parent:

In keeping with New Jersey's childcare center licensing requirements, we are obliged to provide you, as the parent of a child enrolled at our center, with this informational statement.

The statement highlights, among other things: your right to visit and observe our center at any time without having to secure prior permission; the center's obligation to be licensed and to comply with licensing standards; and the obligation of all citizens to report suspected child abuse/neglect/exploitation to the State Central Registry Hotline (877) NJ ABUSE/ (877) 652-2873. Please read this statement carefully and, if you have any questions, feel free to contact me at: 732-934-5088.

Sincerely,

Jeanette Rios, Director

Please complete and return this portion to the center. Please print below.

Name of Child: _____

Name of Parent(s): _____

I have read and received a copy of the Information to Parents statement prepared by the Office of Licensing, Child Care & Youth Residential Licensing, in the Department of Children and Families.

Parent Signature : _____ **Date:** _____

347 Maple Street, Perth Amboy, NJ 08861
Phone : 732-934-5088 Fax : 848-242-2105
Email : allstarsacademyllc@gmail.com



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FIELD TRIP PERMISSION SLIP

Dear Parent(s),

All Star's Academy LLC is planning a field trip. Please read and sign the following permission slip granting or declining your child to participate in this field trip.

Trip Date: _____ Departure Time: _____ Arrival Time:

Trip Location: Local parks, Holiday events (during school closures)

Transportation will be provided via:

Center Bus Leased Bus

Driver(s) will be:

Center's Employees Leased Bus Company's Staff

Comments: _____

Child(s) Name(s): _____

(Please check one)

_____ I hereby give my child permission to attend the field trip stated above and to receive emergency care if necessary.

_____ I do not give my child permission to attend the field trip stated above.

Parents Signature : _____ Date : _____



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PERMISSION FOR CHILD TO WALK HOME

I hereby grant permission for my child, _____, to leave the premises of All Stars Academy, located at 347 Maple Street in Perth Amboy, to walk home.

I understand that my child will be walking home unsupervised.

Time child may leave the center to walk home: _____

Parent Signature : _____ Date : _____

***Notice:** In the event of inclement weather, parents should prepare to leave work early or arrange for an alternate to pick up their child.



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COMMUNICATION TO PARENTS/SOCIAL MEDIA POLICY

Part I: Communication to Parents in Case of Emergency

- Parents may request meetings with staff to discuss child-related issues, giving one week notice to allow staff time to prepare.
- Staff may request meetings with parents to discuss their child, giving one week's notice, allowing parents time to prepare.
- Verbal and written forms of communication will be used to allow parents alternative ways to communicate with staff.
- Parents are also able to e-mail staff at the Center at allstarsacademyllc@gmail.com or contact center via phone 732-934-5088 or through our website on Facebook – All Star's Academy. The director will check the e-mail daily and pass on any correspondence to staff.
- Parents are encouraged and reminded to inform staff of any sickness, medications, inoculations, or contagious illnesses that the child has had in the past 24 hours as this may affect the child's temperament at the Center, and the staff's interactions with the child.
- The director is responsible for translating information if necessary for families and for the public.
- Staff will make all efforts to maintain effective levels of communication with parents.

Part II: Social Media Policy

- The use of e-mail, text messages and other electronic means of communication with staff and parents:
 1. The types of social media that the center uses.
 2. The methods and devices the staff use to communicate with parents.
 3. The guidelines for appropriate conduct by staff members.
 4. The guidelines for parents include, but not limited to, prohibiting the posting of photographs or videos of any child other than their own.
- The center shall distribute a copy of the social media policy to the parent of each enrolled child/children and to each staff member and secure and maintain on file a record of each parent's signature and each staff member's signature attesting to the receipt of the policy.

Child/Children's Name: _____

Parent's Signature: _____ Date: _____



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PERMISSION FOR MINOR CHILD TO PICKUP SIBLING FROM ALL STAR'S ACADEMY, LLC

I HEREBY GRANT PERMISSION FOR MY MINOR CHILD, _____, TO
PICKUP MY SON/DAUGHTER _____ FROM THE PREMISES OF ALL
STAR'S ACADEMY, LLC – **347 Maple Street** IN PERTH AMBOY, NJ IN ORDER TO TAKE HIM/HER HOME.

I UNDERSTAND THAT BOTH CHILDREN WILL BE WALKING HOME UNSUPERVISED.

TIME CHILD MAY LEAVE THE CENTER TO WALK HOME: _____.

NAME OF CHILD : _____

ROOM # : _____

Parent's Signature: _____ **Date:** _____

***Notice:** In the event of inclement weather, parents must notify All Stars Academy, LLC with specific arrangements for their child.



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TRANSPORTATION PERMISSION SLIP

Please be advised that the student below is enrolled in our center's Latch Key Child Care Program. The student's parent has given our center permission to pick up and/or drop off the child named below from school to the center and from the center to the school depending on your child's Latch Key Program using the center's vans. Any questions please contact us at (732) 934-5088.

Child's Name: _____ DOB: _____

Child's Address: _____

Child's Grade: _____ School: _____

Session Attending: _____ AM Latch Key _____ PM Latch Key _____ Both

Parent(s) Name: _____

Parent(s) Phone #: _____

Parent(s) Signature: _____ Date: _____



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SCHOOL NOTIFICATION OF ENROLLMENT

Please be advised the student below is enrolled in All Stars Academy's Latch Key Child Care Program. The student's parent has given our center permission to pick up and/or drop off the child named below from/at your school. All Stars Academy's Bus will be transporting this child to/from your school. If you have any questions, please contact us at 732-934-5088.

Child's name: _____ D.O.B. _____

Child's address: _____

Child's Grade: Grade K 1st Grade 2nd Grade 3rd Grade 4th Grade
 5th Grade 6th Grade

Child's School: Anthony V. Ceres J.J. Flynn
 Edward J. Patten Dr. H.N. Richardson
 Robert N. Wilentz Samuel Shull School
 W.C. McGinnis Rose Lopez
 Catholic School Dual Language School
 Stem Charter Other _____
 YMCA
 Carlock

Sessions Attending: AM Latch Key PM Latch Key AM & PM Latch Key

• **Start Date:** _____



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CENTER'S COPY

PARENT'S MANUAL RECEIPT

I have received and reviewed the **All Stars Academy Parent's Manual**. I am aware of the policies on enrollment, fees & late charges, hours of operation, discipline, behavior, confidentiality, Parents Code of Conduct, communicable diseases, release of children and my right to have immediate access to my child.

By signing below, I certified I received and reviewed the **All Stars Academy Parent's Manual**.

Name of Child: _____

Name of Parent(s): _____

Parent's Signature: _____ Date: _____