



AtlantiCare Before and After School Program Application

Please check off the following as you complete them:

- _____ Enrollment Form
- _____ Emergency Medical Care Form
- _____ Health Record Form
- _____ Medical Records Release
- _____ Photo/Video Consent
- _____ Activity Consent
- _____ Movie Permission Slip
- _____ Attendance Days
- _____ Employment Notification Agreement
- _____ Disciplinary Policy
- _____ Parent Receipt of Information Statement

_____ I have received, read and understand the Parent Handbook.

Having read the information above, including all policies and forms, I agree to enroll my child in the AtlantiCare Before and After School Program for the 2020 - 2021 school year.

Student #1 Name: _____ Grade: _____

Student #2 Name: _____ Grade: _____

Student #3 Name: _____ Grade: _____

Parent's Signature: _____ Date: _____



2. **2nd Student Name (if needed):** _____ **Birth Date:** _____
First Last MI Month/Day/Year

Gender : Male Female Race/Ethnicity: _____ Unspecified
Special Needs: Yes No Unspecified
Limited English Proficiency: Yes No Unspecified
Special Education: Yes No Unspecified
Free/Reduced Lunch: Yes No Unspecified

(Please let us know if you receive Free/Reduced Lunch, as there may be programs to help with program payment)

Grade/Class: _____ School Days: _____ Homeroom Teacher: _____

INFORMATION ABOUT CHILD

What are your child's interests (i.e. - what kind of clubs/activities do they want to participate in)?

Are there any particular areas on which you would like the program to focus (i.e. math, social skills, health awareness)?

I allow the school to release to the AtlantiCare Before and After School program, information about my child's school performance, including, but not limited to, IEP's, grades and test results. Yes No

3. **3rd Student Name (if needed):** _____ **Birth Date:** _____
First Last MI Month/Day/Year

Gender : Male Female Race/Ethnicity: _____ Unspecified
Special Needs: Yes No Unspecified
Limited English Proficiency: Yes No Unspecified
Special Education: Yes No Unspecified
Free/Reduced Lunch: Yes No Unspecified

(Please let us know if you receive Free/Reduced Lunch, as there may be programs to help with program payment)

Grade/Class: _____ School Days: _____ Homeroom Teacher: _____

INFORMATION ABOUT CHILD

What are your child's interests (i.e. - what kind of clubs/activities do they want to participate in)?

Are there any particular areas on which you would like the program to focus (i.e. math, social skills, health awareness)?

I allow the school to release to the AtlantiCare Before and After School program, information about my child's school performance, including, but not limited to, IEP's, grades and test results. Yes No



AtlantiCare Before & After-School Program
STUDENT ENROLLMENT FORM
FY 2020 - 2021

PARENT/GUARDIAN INFORMATION

Parent/Guardian #1

First Name Last Name

Relationship to Student

Home Phone

Employer

Work Phone

Cell Phone (can be used for program info communication)

E-mail (used for program info and communication)

Home Street Address

City State Zip

Parent/Guardian # 2

First Name Last Name

Relationship to Student

Home Phone

Employer

Work Phone

Cell Phone (can be used for program info communication)

E-mail (used for program info and communication)

Home Street Address

City State Zip





AtlantiCare Before & After-School Program

STUDENT ENROLLMENT FORM

FY 2020 - 2021

RELEASE OF CHILD/REN

My child will be picked up after school by me (parents) or one of the following individuals (must be 18 years of age or older):

Name Relationship to Child Telephone

Name Relationship to Child Telephone

Name Relationship to Child Telephone

Name Relationship to Child Telephone

Name Relationship to Child Telephone

DO NOT RELEASE MY CHILD TO THE FOLLOWING PEOPLE:

(**A court order needs to be supplied if Applicable**)

Name Relationship to Child

Name Relationship to Child

If any of your pick up persons change, please let us know in a timely manner, as we cannot release them to anyone that is not listed



EMERGENCY CONTACTS

**** Please identify two persons (not parents) who may be called between 6:30 a.m. and 8:30 a.m. and/or 3:00 p.m. and 6:00 p.m. if you are not available. ****
Students will only be released to these individuals in an emergency situation.
(You can put same the same people that are on your pickup list)

- 1. If my child(ren) requires emergency medical care and I cannot be reached, I give my consent to the above after-school program to obtain the necessary medical care for my child. I agree to pay all of the costs associated with the emergency medical care that my child receives. I understand that every effort will be made to contact me before and after medical care is provided.**
- 2. This information is strictly confidential and will not be shared with anyone without my written consent or in the case of emergency medical care.**
- 3. Following emergency medical care, my child may be released to the following people:**

First Name Last Name

First Name Last Name

Relationship to Student

Relationship to Student

Home Phone

Home Phone

Work Phone

Work Phone

Cell Phone

Cell Phone

Street Address

Street Address

City State Zip

City State Zip

PARENT/GUARDIAN SIGNATURE

I give my child permission to participate in the before and/or after-school program for the 2020 - 2021 school year:

Parent/Guardian Signature

Date





AtlantiCare Before and After-School Program

Health Insurance

(To be completed by the parent or guardian)

1. Health/Insurance Information:

Student #1: _____

Student's Doctor:	_____	Insurance Company:	_____
Phone:	_____	Policy Holder's ID:	_____
Address:	_____	Religious Preference (optional):	_____

Additional Comments:

Student #2 (if needed): _____

Student's Doctor:	_____	Insurance Company:	_____
Phone:	_____	Policy Holder's ID:	_____
Address:	_____	Religious Preference (optional):	_____

Additional Comments:

Student #3 (if needed): _____

Student's Doctor:	_____	Insurance Company:	_____
Phone:	_____	Policy Holder's ID:	_____
Address:	_____	Religious Preference (optional):	_____

Additional Comments:

2. I understand that this consent will be in effect as of the date of my signing this form and will continue as long as my child is enrolled the before and/or after-school program.

Parent/Guardian Signature

Date



ATLANTICARE BEFORE AND AFTER SCHOOL PROGRAM

HEALTH RECORD (To be completed by the parent or guardian)

This confidential health record will only be used to ensure the safety of the children in this program. This information will not be shared outside of this afterschool program. Feel free to continue your notes on back of this form.

Student #2 Name (if needed):

Date of Birth:

1. Please provide your child's medical history.

CONDITION	YES (if yes, write approx. date)	NO
Asthma	<input type="checkbox"/> _____	<input type="checkbox"/>
Convulsions/Seizures	<input type="checkbox"/> _____	<input type="checkbox"/>
Diabetes	<input type="checkbox"/> _____	<input type="checkbox"/>
Ear Infections	<input type="checkbox"/> _____	<input type="checkbox"/>
Chicken Pox	<input type="checkbox"/> _____	<input type="checkbox"/>
Measles	<input type="checkbox"/> _____	<input type="checkbox"/>
German Measles	<input type="checkbox"/> _____	<input type="checkbox"/>
Rheumatic Fever	<input type="checkbox"/> _____	<input type="checkbox"/>
Mumps	<input type="checkbox"/> _____	<input type="checkbox"/>
Corrective Device (glasses, hearing aid, etc.)	<input type="checkbox"/> _____	<input type="checkbox"/>
Does your child use an inhaler?	<input type="checkbox"/> _____	<input type="checkbox"/>

ALLERGY	YES	NO
Penicillin	<input type="checkbox"/>	<input type="checkbox"/>
Insect Stings	<input type="checkbox"/>	<input type="checkbox"/>
Foods	<input type="checkbox"/>	<input type="checkbox"/>
Plants	<input type="checkbox"/>	<input type="checkbox"/>
Hay Fever	<input type="checkbox"/>	<input type="checkbox"/>
Topical ointments	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>
If "yes" to any of the above, please specify allergy and describe reaction.		

2. List significant illnesses or surgeries. Provide the date and any instructions.

3. Special situations or needs that program staff should be aware of:

<input type="checkbox"/> Child has behavioral/emotional difficulties
<input type="checkbox"/> Child has physical disabilities
<input type="checkbox"/> Other (describe)

4. Special Health Care Needs

Does your child have special health care needs that require treatment and/or medication? YES NO
 If yes, describe below. If your child requires treatment and/or medication during after-school hours, complete the *Health Care Plan for a Child with Special Health Care Needs* form.

--

5. Medication

Does your child take medication for any condition or illness? YES NO If yes, describe below.
 If your child requires medication during after-school hours, complete the *Medication Consent* form.

--

6. Sunscreen and Topical Ointments

Do you give permission to the after-school program to apply sunscreen or other over-the-counter topical ointments on your child? YES NO

7. Activities to be encouraged:

--

8. Activities your child cannot participate in:

--

9. My child may participate in all program activities, except those noted in number 8 above.

--

Parent/Guardian Signature

Date

ATLANTICARE BEFORE AND AFTER SCHOOL PROGRAM

HEALTH RECORD (To be completed by the parent or guardian)

This confidential health record will only be used to ensure the safety of the children in this program. This information will not be shared outside of this afterschool program. Feel free to continue your notes on back of this form.

Student #3 Name (if needed):	Date of Birth:
-------------------------------------	-----------------------

1 . Please provide your child's medical history.

CONDITION	YES (if yes, write approx. date)	NO
Asthma	<input type="checkbox"/> _____	<input type="checkbox"/>
Convulsions/Seizures	<input type="checkbox"/> _____	<input type="checkbox"/>
Diabetes	<input type="checkbox"/> _____	<input type="checkbox"/>
Ear Infections	<input type="checkbox"/> _____	<input type="checkbox"/>
Chicken Pox	<input type="checkbox"/> _____	<input type="checkbox"/>
Measles	<input type="checkbox"/> _____	<input type="checkbox"/>
German Measles	<input type="checkbox"/> _____	<input type="checkbox"/>
Rheumatic Fever	<input type="checkbox"/> _____	<input type="checkbox"/>
Mumps	<input type="checkbox"/> _____	<input type="checkbox"/>
Corrective Device (glasses, hearing aid, etc.)	<input type="checkbox"/> _____	<input type="checkbox"/>
Does your child use an inhaler?	<input type="checkbox"/> _____	<input type="checkbox"/>

ALLERGY	YES	NO
Penicillin	<input type="checkbox"/>	<input type="checkbox"/>
Insect Stings	<input type="checkbox"/>	<input type="checkbox"/>
Foods	<input type="checkbox"/>	<input type="checkbox"/>
Plants	<input type="checkbox"/>	<input type="checkbox"/>
Hay Fever	<input type="checkbox"/>	<input type="checkbox"/>
Topical ointments	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>
If "yes" to any of the above, please specify allergy and describe reaction.		

2 . List significant illnesses or surgeries. Provide the date and any instructions.

3 . Special situations or needs that program staff should be aware of:

<input type="checkbox"/> Child has behavioral/emotional difficulties
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Does your child have special health care needs that require treatment and/or medication? YES NO
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Parent/Guardian Signature

Date

ATLANTICARE BEFORE AND AFTER SCHOOL PROGRAM

HEALTH RECORD (To be completed by the parent or guardian)

This confidential health record will only be used to ensure the safety of the children in this program. This information will not be shared outside of this afterschool program. Feel free to continue your notes on back of this form.

Student #1:

Date of Birth:

1. Please provide your child's medical history.

CONDITION	YES (if yes, write approx. date)	NO
Asthma	<input type="checkbox"/> _____	<input type="checkbox"/>
Convulsions/Seizures	<input type="checkbox"/> _____	<input type="checkbox"/>
Diabetes	<input type="checkbox"/> _____	<input type="checkbox"/>
Ear Infections	<input type="checkbox"/> _____	<input type="checkbox"/>
Chicken Pox	<input type="checkbox"/> _____	<input type="checkbox"/>
Measles	<input type="checkbox"/> _____	<input type="checkbox"/>
German Measles	<input type="checkbox"/> _____	<input type="checkbox"/>
Rheumatic Fever	<input type="checkbox"/> _____	<input type="checkbox"/>
Mumps	<input type="checkbox"/> _____	<input type="checkbox"/>
Corrective Device (glasses, hearing aid, etc.)	<input type="checkbox"/> _____	<input type="checkbox"/>
Does your child use an inhaler?	<input type="checkbox"/> _____	<input type="checkbox"/>

ALLERGY	YES	NO
Penicillin	<input type="checkbox"/>	<input type="checkbox"/>
Insect Stings	<input type="checkbox"/>	<input type="checkbox"/>
Foods	<input type="checkbox"/>	<input type="checkbox"/>
Plants	<input type="checkbox"/>	<input type="checkbox"/>
Hay Fever	<input type="checkbox"/>	<input type="checkbox"/>
Topical ointments	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>
If "yes" to any of the above, please specify allergy and describe reaction.		

2. List significant illnesses or surgeries. Provide the date and any instructions.

3. Special situations or needs that program staff should be aware of:

<input type="checkbox"/> Child has behavioral/emotional difficulties
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<input type="checkbox"/> Other (describe)

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Does your child have special health care needs that require treatment and/or medication? YES NO
 If yes, describe below. If your child requires treatment and/or medication during after-school hours, complete the *Health Care Plan for a Child with Special Health Care Needs* form.

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Do you give permission to the after-school program to apply sunscreen or other over-the-counter topical ointments on your child? YES NO

7. Activities to be encouraged:

--

8. Activities your child cannot participate in:

--

9. My child may participate in all program activities, except those noted in number 8 above.

--

Parent/Guardian Signature

Date



AtlantiCare Before and After-School Program

Release of Health Records

As per requirements from the State of New Jersey, AtlantiCare Before and After-School Program must obtain each child's health records, including immunization records from their school file.

This information will remain confidential, as with all student information.

I, _____ give permission for AtlantiCare Before and After-School Program to obtain my child(ren)'s health records from the school nurse, as well as, provide the school nurse with our records if need be, at the Warren E. Sooy Jr. Elementary School and/or ECEC.

Student(s) Name(s): _____

Parent/Guardian Signature: _____

Today's Date: _____

(This will expire on 6/30/2021)

Thank you for your cooperation.

Anella Scardino, Site Coordinator



I hereby grant permission to AtlantiCare, its employees and assigns and/or outside media to photograph, videotape or interview me and/or my dependent(s) on this date **9/1/2020 - 6/30/2021**. The specific information to be released to the media or AtlantiCare includes:

Photos

Videos

Interview

Other, describe:

I understand that the photographs, videotape or interview shall become the property of AtlantiCare and/or the outside media and that I shall not have any rights to the same. I also understand that I will not be compensated for participating in the taking of photographs, videotaping or interviewing and that I will not be entitled to compensation as a result of the broadcast or publication of the photographs, videotape or interview.

I understand that the photographs, videotape or interview may be used and redisclosed as a press release and shared with media for possible publication or broadcast. I also understand that the photographs, videotape or interview might be publicized or broadcast, or used in promotional materials that include, but are not limited to, brochures, billboards, advertisements, the AtlantiCare Internet site and the AtlantiCare Intranet site, Facebook and other media, publicity and marketing venues. I understand that the photographs, videotape or interview might be edited and I agree that AtlantiCare, its employees and/or agents shall have the right to, at any time, add to, edit, arrange, rearrange and/or revise such photographs, videotape or interview. I understand that AtlantiCare maintains the right to reuse the photograph, videotape, or interview for future purposes without additional authorization or release.

I release AtlantiCare, its employees and agents from any and all claims and from all liability including, without limitation, claims for libel, invasion of privacy and/or misappropriation of likeness arising out of the interviewing, photographing or videotaping and subsequent publication or broadcasting of this material. I understand that I am not required to sign this authorization and that AtlantiCare will not condition treatment on my execution of this authorization. I understand that I have the right to revoke this authorization at any time prior to AtlantiCare's compliance with the request. The revocation must be in writing and is subject to terms described in AtlantiCare's Notice of Privacy Practices and other AtlantiCare policies.

I understand that the terms of this authorization are governed by the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and other applicable state and federal regulations and that the information disclosed by this authorization may be redisclosed by the recipient and will no longer be protected by HIPAA. This authorization will expire 12-31-2076.

Child/ren Name (please print): _____

Home town _____

<input type="checkbox"/> Employee	<input checked="" type="checkbox"/> X - Patient	<input type="checkbox"/> Other Customer
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Signature: _____

If Subject is a Minor:

Name of Parent or Guardian (please print): _____

Signature: _____

Office Use Only Description: _____



AtlantiCare Before and After-School Program Activity Consent

My child/ren, _____ may be involved
in the following activities (if yes, please initial):

_____ Holiday Games and events (non-religious)

_____ Supervised Games on the iPads (including MineCraft)

If you did not give permission in the previous photo release page:

_____ I give permission for my child/ren to have their photo taken for
program projects ONLY (i.e. - holiday gifts). These pictures are for program use
only and may NOT be posted in any publications and/or on social media sites.

Parent Signature

Date





AtlantiCare Before and After-School Program

Movie Permission Slip

Throughout the school year, the AtlantiCare Before and After-School Program may plan for the children to view movies. All of the movies chosen will be screened by after school staff and will have either a "G" or a "PG" rating. Please check off one of the following options so that we can place your son/daughter in the appropriate movie selection when these occasions arise.

I give my child(ren), _____ permission to view movies based on the following choice.

_____ My child(ren) can only view G movies

_____ My child(ren) may view G or PG movies

_____ My child(ren) many not view movies

_____ Please notify me on an individual movie basis.

Parent/Guardian Signature

Date



AtlantiCare Before and After-School Program

Please check off the days/hours that your child(ren) will attend:

Before School Program

Drop-off Time:

- 6:30 a.m. - 7:30 a.m. _____
- 7:30 a.m. - 8:30 a.m. _____

After School Program

Pick-Up Time:


- 3:15 p.m. - 4:15 p.m. _____
- 4:15 p.m. - 5:15 p.m. _____
- 5:15 p.m. - 6:15 p.m. _____

_____ Monday

_____ Monday

_____ Tuesday

_____ Tuesday

 _____ Wednesday

 _____ Wednesday

_____ Thursday

_____ Thursday

_____ Friday

_____ Friday

Due to COVID -19 and our strict state ratio of 1:10 in a group, schedules cannot be on a daily as needed basis as it was in previous years. We will have to know at least a week in advance in order to make sure we have the proper staffing/grouping. Monthly Schedules are preferred.

_____ I will let you and my child's teacher know which days on a **monthly** basis.

_____ I will let you and my child's teacher know which days on a **weekly** basis.

Parent Signature

Date



**AtlantiCare Before and After-School Program
Located at
Warren E. Sooy Jr. Elementary School
601 North Fourth Street
Hammonton, NJ 08037**

I _____, agree to notify Anella Scardino, Site Coordinator of the AtlantiCare Before and After-School Program, at 609-567-2900 of any change in my household income. I will notify Ms. Scardino if I become unemployed or lose my Rutgers CCR&R benefit while my child is attending the after-school program.

I agree notification will be no later than 2 days after any changes take place to my income or Rutgers benefit.

If I do not comply with this agreement, I will be financially responsible for any and all balances owed due to the changes in income or Rutgers CCR&R benefits.

I also give permission for AtlantiCare Behavioral Health to contact my employer for verification of employment, when deemed necessary.

Late payments will jeopardize your child's enrollment in the program

Signature of Parent/Guardian

Date

Anella Scardino, Site Coordinator
AtlantiCare Before and After-School Program

Date



AtlantiCare Before and After-School Program Discipline Policy/Procedure

Unfortunately, there are sometimes reasons we have to suspend or dismiss a child from our program. 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 be enforced. This includes: always using positive methods and language while disciplining children, redirecting children from negative behavior and praising appropriate behaviors.

IMMEDIATE CAUSES FOR EXPLUSION:

- The child is at risk of causing serious injury to other children or himself/herself.
- Parent threatens physical or intimidating actions toward staff members or children.
- Parent exhibits verbal abuse to staff in front of enrolled children.

PARENTAL ACTIONS FOR CHILD'S EXPULSON:

- Failure to pay/habitual lateness in payments
- Failure to complete required forms.
- Habitual tardiness when picking up your child
- Verbal abuse to staff

CHILD'S ACTIONS FOR WRITE-UP:

- 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.
1. If a child is written up, they will remain in the cafeteria until picked up by a parent or guardian.
 2. The first two offenses (write-ups) will result in written warnings.
 3. Please see below for consequences of further write-ups:
 - a. 3rd Write-up - 1 Day Suspension (Out of Program)
 - b. 4th Write-up - 3 Day Suspension (Out of Program)
 - c. 5th Write-up - Dismissal from Program
 4. The Site Coordinator and/or Director reserve the right to change or alter the policy as they see fit. This includes the right to immediately dismiss a student from program.

THERE WILL BE NO EXCEPTIONS TO THE ABOVE!

I have read and understand the above policy.

Child(ren)'s Name(s): _____

Parent/Guardian Signature: _____

Date: _____

Signature of Site Coordinator: _____





AtlantiCare Before and After-School Program Parent Receipt of Information

****Located in Parent Handbook****

- Information to parents Document
- Policy of Release of Children
- Positive Guidance and Discipline/Expulsion Policy
- Policy of Methods of Parental Notification
- Policy on Communicable Disease Management
- Policy on the Use of Technology/Social Media

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

Name(s) of Child(ren): _____

Name of Parent: _____

Parent/Guardian Signature

Date



AtlantiCare Before and After School Program Parent Handbook

Warren E. Sooy Jr. Elementary School
601 N. Fourth Street
Hammonton, NJ 08037
(609) 204-2334

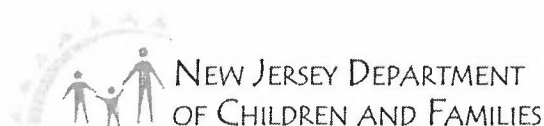
*(Please use this for communication during morning and afternoon program hours.
Can receive text messages.)*

Program e-mail: abh.afterschool@gmail.com

Office Address:
Hammonton Family Success Center
310 Bellevue Ave.
Hammonton, NJ 08037
(609) 567-2900
Fax: (609)567-3896

Anella Scardino
Site Coordinator
Ext. 104

School Year hours:
7:00 - 8:00 (School, Most Days)
10:30 - 2:30 (Office)
2:30 - 6:30 (School)



(Please keep for your records)

AtlantiCare Before and After School Program
Parent Handbook

Table of Contents

General Information/First Day of School

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Homework Policy/Outdoor Play

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Discipline/Expulsion Policy

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Tuition Payment Days

Tax ID Information (for Income Tax Purposes)

Information to Parents Document

Illness and Communicable Diseases Policy

Map of where to drop off/pick up

Hammonton School District Calendar

AtlantiCare Before and After School Program

(Please keep for your records)

General Information

Who we are:

This school year marks our 16th year in the Hammonton School System! We are a before and after school enrichment program that prides ourselves in helping students with their homework and providing them with fun and educational activities while in the after-school atmosphere. This gives them the opportunity to learn while making new friends in a structured environment.

Eligibility:

Any student enrolled in the Warren E. Sooy Jr. Elementary School or Early Childhood Education Center in PreK through 5th grades.

AM Pre-K may participate in AM Program ONLY.

PM Pre-K may participate in PM Program ONLY.

Hours of Operation and Ratio:

Monday - Friday during normal school days.

Before School Hours: 6:30 a.m. - 8:35 a.m.

After School Hours: 3:15 p.m. - 6:20 p.m.

Single Session Days (Afternoon Program): 1:15 p.m. - 6:20 p.m.

Staff/Child Ratio is 1:10 (K - 5th Graders)

1:10 (Pre-K)

First Day of School or First Day of Program:

- Send in a note to your child's teacher letting them know:
 - o Your child will be attending the AtlantiCare Before and/or After School Program
 - o Which days of week they will be attending or if you will be communicating that on a weekly/monthly basis.
- At school dismissal, the WES/ECEC front office will make announcement dismissing the students to program
- Staff will meet them in cafeteria where they will be separated into their groups.

ECEC After School Students:

- Students will meet their assigned staff in the cafeteria of the ECEC building.
- They will be signed in and walked over to the WES cafeteria for program.
- WES Cafeteria is where you will pick up.
- **They will not be in the WES cafeteria until 3:45, please do not pick up before this time.**
- Pre-K students who have classrooms in the WES building will be brought to the WES cafeteria by a teacher. This is where they will meet their group.

AtlantiCare Before and After School Program

(Please keep for your records)

Drop off/Pick-Up Policy

The main meeting area for students/staff/parents is in the cafeteria of the WES building. Please see the map at the end of the packet for directions on where to drop off/pick-up your child.

Before School Drop off:

- Parents/Drop-offs will not be allowed to enter the building.
- Students will need to be walked to the 4th Grade Hallway door where they will be greeted by a staff member.
- Temperatures and health checks will be taken before the student will be able to enter the building. Anyone with a fever in excess of 100.4 or higher, exhibit other symptoms, or have been exposed to someone with COVID 19 within 14 days will not be permitted into program.
- ECEC students: Please have your student to program **NO LATER than 8:15 am**. This is when they will be brought over to the ECEC Cafeteria for breakfast time.

Pick up:

- Parents or someone on your child's pick up list must park in the bus loop and walk to the 4th Grade doors where you will be greeted by an employee. No one will be allowed into the building.
- **Please do not enter the bus loop or building BEFORE 3:45 p.m. or until after the busses leave.**
 - o Students are being dismissed from classrooms and we are trying to account for all of our students.
 - o Please make sure you tell anyone picking your child up this as well.
- You also need to call the school's main office by 2:45 p.m. if you want your child to be a walker at the last possible second.
- **Parents may park in the visitor's lot or the bus loop lot (see map on last page).**
 - o **As per school administration, you may NOT park along the guard rail when picking up your child until after 5:00 p.m. (late busses may still come to pick up children and that is where they need to park).**
- Your child MUST be picked up before 6:20 p.m. daily.
 - o We understand emergencies happen and situations will arise but we need to be informed and ask that alternative pick up arrangements be made prior to 6:20 p.m.
- There will be a fee of five dollars for the first five minutes and a dollar per minute over that a child is here.
 - o See the late pick up policy on the next page.
 - o Please help us eliminate this process by picking your child up on time.

Change in dismissal status/address/phone numbers:

- **If there is ANY change in your child's schedule, it is imperative that the child's teacher, general office and our office are notified of any changes. please make sure you either:**
 - o Call, text or e-mail Anella and Teacher
 - o Write a note to teacher/AtlantiCare After-School Program/General Office
- We need to have current record at all times in case of an emergency. Please notify Anella if there is a change in your **address, phone number, work number, emergency contacts and pick-up lists**.

(Please keep for your records)

Pick-Up Lists:

- The only people that are allowed to pick up your child
 - o Both parents/guardians listed
 - o Those written down on your pick up list
- Emergency lists are just used for emergency purposes.
- Please make sure that if it someone's first couple of times picking your child up (and this includes parents), they must bring ID in with them (if they don't bring ID then we CAN NOT release your child to them).
- If at any time someone comes in to pick your child up and he/she is not on your list we will call you to make sure it is ok.
 - o If you do not answer the phone, we CAN NOT release your child with that person.
- You can add someone to or change your pick up list at any time.
- If there is an emergency and you need someone to pick your child up that is not on your list, you may write a note and send it in with your child or call/e-mail/text us.

****If a non-custodial parent has been denied access, or granted limited access, to a child by a court order, the custodial parent will provide the program documentation to that effect. ****

Release of a Child:

The AtlantiCare After-School Program CAN NOT and absolutely WILL NOT release a student to a parent or someone authorized by the parent(s) who appears to be physically and/or emotionally impaired to the extent that, in the judgment of the director and/or staff member, the child would be placed at risk of harm if released to such an individual. In the event that this occurs, staff members will attempt to contact the child's other parent or an alternative person(s) authorized by the parent(s). If we are unable to make alternative arrangements, as noted above, a staff member shall call the 24-hour *State Central Registry Hotline* to seek assistance in care for the child. Ensuring our students' safety is our top priority and we appreciate your cooperation in the policies discussed above.

LATE PICK UP POLICY

According to our contract for the program, pick-up time is between 6:00 p.m. and 6:20 p.m. daily. The following steps will be taken if your child/children are not picked up during the required times.

1. Parent will receive a verbal warning.
2. Parent will receive a written warning.
3. Third occurrence will result in the child's immediate dismissal from the program.

In accordance with these guidelines the Police and DCP&P will be notified if your child is not picked up within one hour of regular pick-up time and no contact with parents or emergency contacts has been made.

We operate under strict state guidelines that do not permit us to remain late with children.

AtlantiCare Before and After School Program **½ Days and Inclement Weather:**

Single Session Days: Program will run from the end of school (1:20 p.m.) until 6:20 p.m. All children must be picked up by this time or regular late policy applies.

In case of inclement weather:

- **Delayed Opening:** No before school program will be held. This is for the safety of our students, as well as, staff.
- **Early Dismissal:** No after-school program will be held.
- **School remains open all day:** If the weather is questionable and the school remains open, we will remain open but ask that parents pick up their student/s as early as possible so you and our staff can arrive home safely. If there is a need to close early, we will make a decision by 2:00 p.m. and will call all of our parents individually. You can also call (609)567-2900 or (609)204-2334 (Program Cell Phone). Both of those numbers will be able to give you information on early closings.
- **School Closure:** Program closed

Credits will not be issued for days when school is closed due to snow, and no additional charges will be incurred when the duration of the Program is extended in June.

Going back into the classroom:

- We are not allowed back into the classrooms after a certain time (**as per school administration**).
- Students have until 4:00 p.m. to return to their school day classroom to retrieve any forgotten homework and/or belongings (and we remind them of that when they come in).
- After that, classrooms are being cleaned and locked for the day and we are not allowed back in.

(Please keep for your records)

Before School Program

- Students have a variety of board/card games they can choose from, as well as, coloring or other fun worksheets. A movie or music for dancing may also be played once in a while.
- Please have all students to program by 8:15 a.m. This is for their safety as busses start to pull in after this time.
- At 8:15 a.m. the ECEC students are walked over to the ECEC for breakfast and WES students may choose to have breakfast at this time too.
- 8:35 a.m. - Students are dismissed to their classrooms for the school day.

Breakfast/Snack:

- WES students will eat breakfast in the WES cafeteria.
- ECEC students will be walked over to the ECEC cafeteria at 8:15 a.m., where they will have breakfast and then be taken to their classrooms.
 - o Students can:
 - Choose not to have breakfast (maybe they had it at home)
 - Buy breakfast (Paid through the school food services program)
 - Eat their own breakfast that they brought from home.
- We provide our students with an after-school snack when they sign into program. Snacks can include:
 - o 1 juice or milk and any combination of the following: cereal, string cheese and Ritz crackers, yogurt and graham crackers, popcorn, pretzels or 100 calorie Chips Ahoy (all peanut free).
 - o You may also send in a snack with your child.
- On ½ Days we will provide the first snack of the day but we ask that parents send in an extra snack for our second snack time (around 4:00 p.m.).

Changing Groups:

The children will be assigned into age appropriate groups. These will be their groups for the duration of the year. Your child will not be permitted to change groups until a meeting with the coordinator, the parents and program staff is held to determine the program and other methods of resolution before switching groups.

AtlantiCare Before and After School Program Homework Policy

Homework:

Helping the children with their homework is an important part of the program's objectives, however; it is not the only component. We allow each child time to work on their homework and during this time there are adults available to help (usually 1 hour). Please note that we can only enforce what we see in the child's planner. If we have no way to check what is due we cannot enforce its completion. Furthermore, our staff are not all certified teachers. While the staff helps the children, we cannot re-teach or redo homework for the child, nor can we check every child's homework to make sure it is correct. We advise you to go over your child's homework with them at home as well.

We hope to work hand in hand with the school to communicate about individual children's needs. Also, if there is an area that your child needs extra help with, please let us know so we can focus on those areas.

Once the allotted time for homework is over, the children will need to move on with the next activity and complete their homework at home. If your child is consistently not finishing their homework please let us know so that we can monitor more closely and determine the issue to remedy it quickly. Also, if your child has a lot of extracurricular activities after school and you want them to focus on completion instead of moving on to an activity, please let us know in advance.

If you do not want your child completing their homework or just certain subjects, please let us know. But we ask that you send your child in with a book so they do not disturb the other students. We also have activities for our students to complete if they finish early.

Homework time is held Monday through Thursday. We reserve Fridays for special events or free choice. If your child wants to finish their homework they may but it will be independent as the aides have other responsibilities on these days.

There will also be days that we may not provide a complete homework time or the allotted time will change because of school happenings or a special occasion for our program. We will do our best to let you know in advance if this happens and we apologize for any inconveniences this may cause.

Outdoor Play

Children who attend the After School Program can expect to spend a minimum of 20 minutes outside during the day. Outdoor play will be cancelled due to precipitation, icy ground conditions, temperatures below 20 degrees, or excessive wind or heat. In order to keep staffing levels at a safe number, we are unable to offer indoor supervision for children who prefer to remain inside. The children can expect to play outside year-round. Warm clothing, hats, and gloves are necessary for the winter months.

(Please keep for your records)

In Case of Emergency:

- In case of a special emergency within the building, children can be picked up at the:
 - o ECEC or
 - o High School
- A notice will be posted on the exterior doors of the fourth grade hallway and parents will be called individually once the students are settled.
- If there is an emergency outside of the building, the children will meet in the gymnasium of the elementary school.
- There are several emergency plans in place for a variety of situations. They are practiced frequently and can be viewed at any time. Please contact us should you want to see them.

Medication

The AtlantiCare After-School Program does not administer medication, except for the reasons stated below:

Allergies/Epi-Pens

- If your child has a severe allergy that requires the use of an Epi-Pen, it is imperative that you supply one to the after-school program.
 - o **We DO NOT have access to the nurse's office during before and after school hours and will need one in the event an emergency arises.**
 - o Please keep the Epi-Pen in its original packaging.

Asthma/Inhalers:

- If your child has asthma and needs access to their inhaler we will need parents to provide us with one.
 - o **We DO NOT have access to the nurse's office during before and after school hours and will need our own in the event an emergency arises.**
 - o Please keep the inhaler in its original packaging.

We will also need parents to fill out our "Care Plan for Children with Special Health Needs" form, which you can attain from the Program Coordinator.

Epi-pens/inhalers will be kept in our locked medical cabinet and given back to parents at the end of the year.

*Benadryl: For Insect Stings and Food Allergies - If your child doesn't need an Epi-Pen but will benefit from a dose of Benadryl you must fill out the "Care Plan for Children with Special Health Needs" and provide the Benadryl as well.

Injuries:

- Injuries will be treated as needed:
 - o Washing, applying Band-Aids or ice packs
 - o Parents will be notified upon pick up, and given an incident report explaining the details.
 - o Parents will be contacted immediately in the case of more serious injuries, and if a head/facial injury occurs.

All staff are First Aid/CPR Certified.

(Please keep for your records)

AtlantiCare Before and After School Program
Movie/Electronic Policy

Movies and Electronics:

The after-school program will occasionally show movies throughout the school year. These movies will be chosen by the site coordinator and will always be a PG or lower rating. Parents will be notified in advance as to what movie will be shown and have the option to deny permission for your child to view a particular movie.

The students may also use our iPads throughout the year. They will be used for educational purposes (Math and Spelling Apps, educational magazines, Research for projects) and occasionally for recreation (Weekly Clubs). Applications on the iPads are previously reviewed by the site coordinator and students will always be supervised while using them. Please let the Site Coordinator know if you do not want your child using our iPads.

Possessions from Home

Since we cannot guarantee the safe return of personal belongings, the After School Program asks that any personal possessions be left in backpacks during a child's time in program. We ask that the children do not bring in toys and/or electronics from home. Responsibility for the safekeeping of electronic games and toys brought from home remains with the child. The After School Program does not allow the use of toy weapons or trading cards at any time.

Cell Phones:

Cell Phones are not allowed during program hours (this includes texting). If you need to reach your child or vice versa, the program cell phone is always available from 3:00 p.m. - 6:20 p.m. for you to call or a student to use. If cell phones are lost, stolen or broken, we are not responsible for replacement. If a cell phone is seen by staff member it will be taken until a parent arrives at which point it will be handed over to the parent.



AtlantiCare Before and After School Program

Discipline/Expulsion Policy and Procedure

Unfortunately, there are sometimes reasons we have to suspend or dismiss a child from our program. 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. This includes: always using positive methods and language while disciplining children, redirecting children from negative behavior and praising appropriate behaviors.

IMMEDIATE CAUSES FOR EXPLUSION:

- The child is at risk of causing serious injury to other children or himself/herself.
- Parent threatens physical or intimidating actions toward staff members or children.
- 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.
- Habitual tardiness when picking up your child
- Verbal abuse to staff

CHILD'S ACTIONS FOR WRITE-UP:

- 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.

1. If a child is written up, they will remain in the cafeteria until picked up by a parent or guardian.
2. The first two offenses (write-ups) will result in written warnings.
3. Please see below for consequences of further write-ups:
 - a. 3rd Write-up - 1 Day Suspension (Out of Program)
 - b. 4th Write-up - 3 Day Suspension (Out of Program)
 - c. 5th Write-up - Dismissal from Program
4. The Site Coordinator and/or Director reserve the right to change or alter the policy as they see fit. This includes the right to immediately dismiss a student from program.

THERE WILL BE NO EXCEPTIONS TO THE ABOVE!

(Please keep for your records)

AtlantiCare Before and After-School Tuition Rates

2020 -2021 School Year

New program rates

1 hour -	\$7.00
2 hours -	\$8.00
3 hours -	\$9.00
4 hours -	\$10.00
5 hours -	\$11.00
6 hours (1/2 days only) -	\$12.00
7 hours (1/2 days only) -	\$13.00

Example: If a child comes for 2 hours a day, it would be \$8.00 per day. If a child comes for 3 hours a day it would be \$9.00 per day and so on.

Hours are:

(Children that attend both morning & afternoon)

AM Only:

6:30 - 8:30 (2 hours)

7:30 - 8:35 (1 hour)

AM/PM:

6:30 - 8:30 (2 hours)

7:30 - 8:35 (1 hour)

PM Only:

3:15 - 4:15 (1 hour)

4:15 - 5:15 (2 hours)

5:15 - 6:15 (3 hours)

3:15 - 4:15 (3 hours)

4:15 - 5:15 (4 hours)

5:15 - 6:15 (5 hours)

½ Day (PM Only):

1:15 - 2:15 (1 hour)

2:15 - 3:15 (2 hours)

3:15 - 4:15 (3 hours)

4:15 - 5:15 (4 hours)

5:15 - 6:15 (5 hours)

½ Day:

1:15 - 2:15 (3 hours)

2:15 - 3:15 (4 hours)

3:15 - 4:15 (5 hours)

4:15 - 5:15 (6 hours)

5:15 - 6:15 (7 hours)

A 20% second child discount is offered.

**Child Care subsidies are also available for low income families. **

Please call Anella to see if you qualify.

609-567-2900

***Rates will vary depending on how many school days are in each month. ***

Student Days/month:

September	-
October	-
November	-
December	-
January	-
February	-
March	-
April	-
May	-
June	-

(Please keep for your records)

Tuition Payment Dates

AtlantiCare Before and After School tuition is due on the 1st week of every month.

You will receive a bill either through the mail or when you pick your student(s) up at program. Before school students be given theirs in the morning and asked to put it in their backpacks.

You may bring your payment to program or our office.
(You can mail them to the office as well)

Debit/Credit (ONLY @ WES school), Cash, Checks and Money Orders are accepted.

Checks are to be made payable to:

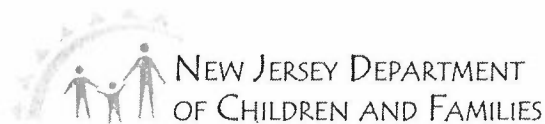
AtlantiCare Behavioral Health

**Hammonton Family Success Center - ATTN: Anella Scardino
Atlantic County Human Service Building
310 Bellevue Avenue
Hammonton, NJ 08037**

The AtlantiCare Before and After School Program is sponsored by AtlantiCare Behavioral Health and Family Friendly Centers (DCF) and supported by tuition fees. The parent/guardian will be responsible for payment of any fees from enrollment until withdrawal from the program.

**** All tuition fees must be kept current in order for child care services to be provided.**

*****If you are having problems making a payment please contact Anella to discuss a solution.**



(Please keep for your records)



Tax I.D. #

AtlantiCare After-School Program:

#210721208

This information along with your cancelled checks or receipts should be given to your tax preparer in order to receive the Child Care Tax Credit.

Please retain this letter for your records.
NO individual notices will be generated for students.

If you have any questions please call:

The Hammonton Family Success Center
(609) 567-2900
Ask for Anella

(Please keep for your records)

Department of Children and Families
Office of Licensing

INFORMATION TO PARENTS

Under provisions of the ***Manual of Requirements for Child Care Centers (N.J.A.C. 3A:52)***, 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 statement, 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 <http://www.nj.gov/dcf/providers/licensing/laws/CCCmanual.pdf> 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, PO Box 657, Trenton, NJ 08646-0657.

We encourage parents 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 policies 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 <https://childcareexplorer.njccis.com/portal/>.

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 <https://www.cpsc.gov/Recalls>. 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 hitting, 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 www.state.nj.us/dcf/.

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
- Two or more episodes of acute vomiting within a period of 24 hours
- Elevated oral temperature of 101.5 degrees Fahrenheit
- Lethargy that is more than expected tiredness
- Severe coughing
- Yellow eyes or jaundice 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, that have not been treated by a health care provider
- Mouth sores with drooling
- Stiff neck

Once the child is symptom-free, or has a health care provider's note, stating that their child no longer poses a serious health risk to himself/herself or others, the child may return to the center.

EXCLUDABLE COMMUNICABLE DISEASES

A child or staff member who contracts any of the following diseases 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 health care provider's note is not required for re-admitting the child to the center. A note from the parent is required, stating either that at least six days has elapsed since the onset of the rash, or that all sores have dried and crusted.

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

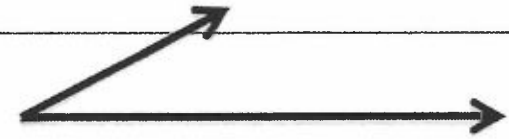
COMMUNICABLE DISEASE REPORTING GUIDELINES

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

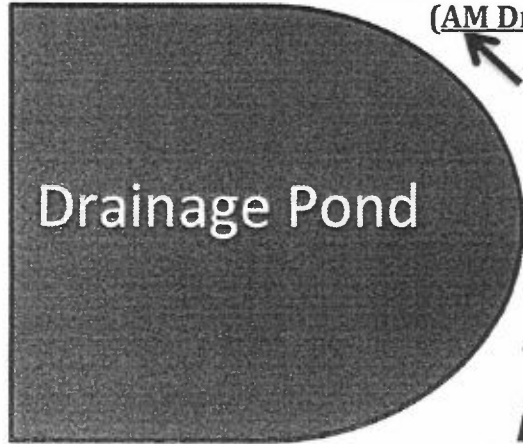
(Please keep for your records)

ECEC Building

Playground/Gym



Bus Parking:
PLEASE PARK HERE:
(PM: Do not pull in until 3:45 or when busses leave)
ENTER HERE →
(AM Drop off/PM pick up)



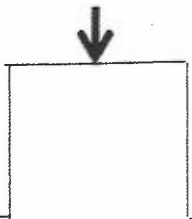
Drainage Pond

Guardrail: DO NOT PARK!

4th and 5th Grade Wing of School
Walk under big blue heating system and ring doorbell.

Warren E. Sooy Jr. Elementary School
Front Doors

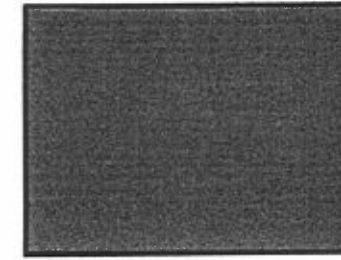
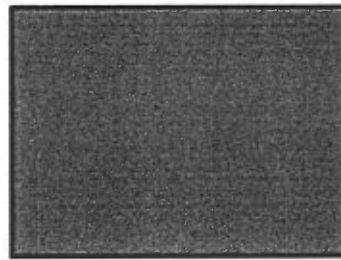
Front Wing of School



Walker Pick-up Loop



Visitor Parking



- Road to Excellence -

4th Street

