

New City Kids – After School Center
Enrollment Application - 2010-2011 School Year

Child's name: _____

Child's date of birth: _____ Today's date (ASC enrollment): _____

Child's grade ('10-'11): _____ Child's school: _____

Home address (street and apt. #, city, state, and zip): _____

Mother/guardian's name: _____

Home address (if different): _____

Home phone: _____ Cell phone: _____

Work phone: _____ Work name and address: _____

Father/guardian's name: _____

Home address (if different): _____

Home phone: _____ Cell phone: _____

Work phone: _____ Work name and address: _____

Emergency contact information

Please list below the person(s) authorized to assume responsibility for the child if the parent/guardian is not available.

Name: _____ Name: _____

Relationship: _____ Relationship: _____

Address: _____ Address: _____

Phone: _____ Phone: _____

Please check all that apply:

- Please pick my child up from **PS 17** (students are to meet in the school cafeteria, promptly following dismissal at 2:40pm). There is a limit of 30 spots available for PS 17 pick-up and these spots are filled on a first-come/first-serve basis (*please confirm with Deborah*).
- My child is allowed to be **dismissed daily at 5:45pm to walk home**.
- My child will be **picked up daily at 5:45pm**.

In addition to the parent/guardian and emergency contacts previously listed, the following people are authorized to pick up the child from the ASC (please list names):

Medical Information

Child's doctor: _____

Phone: _____ Address: _____

Medications child is taking, reason for medication, dosage, frequency, and name of person who administers medication: _____

Allergies: _____

Please check boxes that apply:

- My child is in good physical health and can participate in the normal activities of the program. I assume full responsibility for my child's health while she/he is in care of New City Kids' After School Center.
- My child has the following health issues and/or activity restrictions:

- My child's immunizations are up-to-date.
- My child's immunization record is on file with the child's school.

Tuition Contract

Please check the box that applies:

- Urban League Scholarship.** I have applied for an Urban League Scholarship
- Cash Monthly Payment.** I am paying the monthly tuition fee of \$75/month (full time enrollment, for 1st child, \$60/month for siblings), or \$55/month (part time enrollment, for 1st child, \$40/month for siblings).

There are some New City Kids scholarships available for families who have submitted Urban League applications but have been placed on the waiting list or declined. Scholarships are awarded at the discretion of NCK staff—please speak to the Director about any financial concerns. We do not wish for finances to be a hindrance, preventing your child from attending the ASC!

For those making cash monthly tuition payments:

Tuition is due on the first day of the month, and must be paid with cash or a money order. There will be a five-day grace period extended for tuition payments (the first week of the month). A late-fee of \$10 will be added to payments made during the second week of the month. A child whose tuition remains unpaid by the third week of the month will not be allowed to attend the ASC.

Monthly payments are non-refundable, should you decide to withdraw your child from the ASC. The actual cost of the ASC program is \$20 per day, per child. We offer the discounted rate of \$75 per month, per child, or about \$3.75 per day, per child. To be able to sustain this, New City Kids partners with generous donors and foundations. By signing the agreement below, you are giving permission for New City Kids to take photographs and create promotional material that may contain pictures or general information about your child.

Parental Covenant

All of the information I am submitting is accurate, to the best of my knowledge. I have read, and agree to all of the above information, as well as all of the policies and regulations of the New City Kids After School Center (included in the Parent Handbook). I agree to abide by all that is outlined in the enrollment packet that I have both received and read.

I also accept that failure to comply with these policies and regulations will result in a conference with the After School Center Director to determine my child's continuance in the program.

Signature of parent/guardian: _____ Date: _____

The After School Center receives a grant called the Community Service Block Grant through the government, and so we are required to ask for the following information. We realize that it is sensitive information and this form is kept in a locked file—we are committed to confidentiality. If you are unwilling to complete the following pages, please speak with the ASC Director. Thank you!

Please complete the following information for **you, the parent** (do not fill in the blanks below with the child's information).

Please circle the appropriate answer:

Are you married?	Yes	No
Are you disabled?	Yes	No
Are you homeless?	Yes	No
Is a female the head of your household?	Yes	No
Are you a veteran?	Yes	No

How many members are there in your household (include yourself)? _____

Please write what race/ethnicity you consider yourself: _____

Are you currently employed? Yes No

What is your current household annual income? _____

Are you eligible for the free lunch program? Yes No

Please put a check by any of the following form of income/benefits you are receiving (mark all that apply):

- _____ Temporary Assistance for Needy Families (TANF)
- _____ General Assistance
- _____ Supplemental Security Income (SSI)
- _____ Social Security Disability (SSD)
- _____ Social Security Benefits
- _____ Veterans Benefits
- _____ Unemployment Benefits
- _____ Other Retirement Benefits

Do you have health insurance? Yes No

Does your child have health insurance? Yes No
(If yes, please indicate provider: _____)

New City Kids
After School Center
240 Fairmount Ave.
Jersey City, NJ 07306
201.915.9896

Dear Parent/Guardian:

In keeping with New Jersey's child care center licensing requirements, we are obliged to provide you, as the parent of a child enrolled at our center, with an informational statement (found on the New City ASC Parent Handbook page 7-9).

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 license and to comply with licensing standards; and the obligation of all citizens to report suspected child abuse/neglect/exploitation to the State Child Abuse Hotline 1 (877) NJ ABUSE.

Please read this statement carefully (included in the After School Center handbook), and if you have any questions, feel free to contact me at 201.915.9896.

As part of the Lead Testing Notification Program, we are also required by ordinance of Jersey City to inform parents of their right to have their children tested for lead. The State of New Jersey will provide free lead testing to children who are uninsured or underinsured. All primary care physicians are required to screen children with insurance for lead.

Sincerely,

-Deborah Lemmen
New City Kids After School Center Director

Please print and sign the following.

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 (see Parent Handbook, pages 7-9). I also understand my rights to have my child tested for lead through their primary care physician or the State of New Jersey.

Signature: _____ Date: _____
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