



NEIGHBORHOOD CENTER, INC.

278 Kaighns Avenue • Camden, NJ 08103

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TIMOTHY HUMENIUK
Executive Director

Program Enrollment 2007-2008

	Last Name	First Name	Gender	D.O.B	Age	Program
Child 1						
Child 2						
Child 3						
Child 4						

Address: _____

_____ City: _____ State: _____ Zip: _____

Mother's Name: _____ Home # _____ Work # _____ Cell # _____

Father's Name: _____ Home # _____ Work # _____ Cell # _____

Family Church (if any): _____

Emergency Contact

Name: _____ Phone # _____ Relationship to child(ren): _____

Name: _____ Phone # _____ Relationship to child(ren): _____

Any health concerns we should be aware of: _____

Does child need to take medication during Program? _____

(If so, please fill out medical form and attach Doctor's note.)

For Office Use Only

Registration Date: _____ Start Date: _____

Total monthly fee w/ transportation: _____

Received shot recodes yes _____ no _____

Q-books _____ Emergency List _____ Staff initials _____

Registration Checklist (Daycare/Preschool only)

Please check to make sure you have included the following when registering your child:

- Completed Enrollment Form
- Completed Lunch Form
- Completed Language Survey
- Completed White & Blue Emergency Cards (both sides)
- Proof of address Type: _____
- Birth Certificate
- Social Security cards: child(ren) & parent
- Physical Exam Form completed by Doctor
- Updated Immunization Record
- Completed AM/PM Extended Care Form
- Letter from employer on company letterhead

Bus Rules
(After School & Junior Teen)

- _____ I will show respect to others and the Driver while riding the Neighborhood Center bus.
- _____ I will stay seated & wear my seatbelt while bus is in motion.
- _____ Therefore, not changing seats or moving around unless directed by the Driver.
- _____ I will not scream, yell or throw anything on the bus.
- _____ I will not scream, yell or throw anything out the windows of the bus.
- _____ I will not leave trash or create any window art on the bus.
- _____ I will not discuss inappropriate gossip on the bus.

Student Signature(s)

School Pick-Up

Child's Name	Grade	School	Teacher's Name

Program Rules
(After School, Junior Teen & SEP)

Below you will find a list of rules and policies that we expect each of the participants to follow in order to make their experience at the Neighborhood Center most rewarding to everyone.

Please read through this information with your child(ren) so they will have a clear understanding of our expectations for their behavior at the Center and on Center vehicles. We ask that your child(ren) sign the rules and parents sign the policies.

After-School, Junior Teen & SEP

1. I will show respect to others. I will not tease, push, shove or hit anyone.
2. I will respect my Counselors. I will listen to them and obey them.
3. I will not talk back to them.
4. I will not talk when others are talking.
5. I will not curse or fight at the Center, but will go straight to my Counselor when there is trouble.
6. I will not wander away from my Counselor or class without permission.
7. I will stay in my seat and talk quietly while riding on the bus or van during a Center trip.

Junior Teen & SEP

8. I agree to bring my Bible with me every day.
9. I will not bring toys or games that are not God honoring.
10. I will tell the truth even when I may suffer a consequence.
11. I will never bring any weapons into the Neighborhood Center or on the Neighborhood Center bus.
12. I will not use drugs, alcohol or any other mind-altering substances while at the Neighborhood center.

I have read and agree to these conditions:

Student Signature(s)

Program Agreement

I/We understand that there is available the service or activity of the Program, which can be rendered to my son, daughter or ward whose name(s) is/are:

_____, _____
& _____

I/We hereby consent to our child's obtaining this service and/or participation in this activity; and we further agree and understand that neither the Neighborhood Center, Inc., in Camden, nor any of its officers, employees or agents will be responsible in any manner for any accidents or injuries sustained by the above named child(ren) and we do hereby release and forever discharge the Neighborhood center, Inc., from any and all liability with respect thereto. We further agree and understand that neither the Neighborhood Center nor any of its officers, employees, or agents will be responsible in any way for any damage to personal property of the above named child(ren); and we also hereby release and forever discharge the Neighborhood Center, Inc., from any and all liability with respect thereto.

We further agree to indemnify and hold harmless the Neighborhood Center, Inc., from any and all claims, suits, or proceedings of any nature whatsoever that may be at any time from this date forward.

We understand that the purpose of this instrument is to enable the Neighborhood Center, Inc., to render the above service or permit participation in the above described, and thus release them from any liability as a result of the same.

Mother (Guardian) Printed Name

Father (Guardian) Printed Name

Mother (Guardian) Signature

Father (Guardian) Signature

Home Address

Emergency Phone Number

Date

Important: The Neighborhood Center is not responsible for any lost or stolen items. Please do not send valuable items to the Center.

Off-Site Permission Slip

I hereby consent and allow _____ , _____
 _____ Child(ren)'s Name(s) _____
 _____ & _____ to ride the Neighborhood
 Center vehicles for off-site trips and activities.

 Signature of Parent or Guardian Date



Permission to Engage in Swimming Activities

We would like your permission to let your child participate in water activities. Your signature gives us consent and releases the Neighborhood Center and its staff from any liability.

I hereby consent and allow my chil(ren) named on this enrollment form to participate in the above activities.

 Signature of Parent or Guardian Date



Permission to Use Film and Video of child

I hereby give permission for photographs and video film to be used by the Neighborhood Center for publicity purposes such as featuring children in our Newsletters and on our Website.

 Signature of Parent or Guardian Date

Child Pick-Up Notification

All children must be signed out with their Counselor or Teacher each day before leaving the property. The authorized pick-up person must be at least 18 years of age or older. In order to secure the safety of each child at the Center, we ask that you fill out the information below for your child's file. **Please make sure the Authorized person has proper identification.**

My child may be picked up from the Neighborhood Center by the following people:

Authorized Person	Relationship	Phone Number

Child's Name: _____ Grade: _____

Child's Name: _____ Grade: _____

Child's Name: _____ Grade: _____

Child's Name: _____ Grade: _____

Parent/Legal Guardian's Signature: _____

Consent to Share Information

I, _____ give my consent for the staff at the Neighborhood
(Parent/Guardian's Name)

Center to share medical and other information as needed concerning my child _____
(Child's Name)

with appropriate staff members on a "need to know" basis.

(Parent/Guardian's Signature)

Date

Staff member may include, but not limited to: the Nurse, Counselor, Cook, Program/Executive Director



Medical Permission Slip

In case of emergency, I give my permission to the Neighborhood Center to act on my behalf in decisions concerning necessary medical treatment for my child(ren)

_____, _____
_____, _____

Doctor's Name: _____

Address: _____

Phone: _____

Signature of Parent/Guardian

Date

Reminder: We need a copy of your child's shot record.



Health Statement

My signature below attests that my child(ren) named on this enrollment form is/are in good health and can participate in the normal activities of the program.

Signature of Parent/Guardian

Date

Medical/Allergy Information

Child's Name: _____ Age: _____

To better care for your child(ren), it would be helpful for us to be aware of any known allergies. Has your child had any of the following:

Condition	NO	YES	Date
German Measles			
Chicken Pox			
Asthma			
Allergies			
Bronchitis			
Frequent Sore Throats			
Ear Infection			
Nosebleeds			
Anemia			
Eczema			
Hives			
Convulsions or Seizures			
Nervousness, Nail Biting			
Any Operations			
Any Hospitalizations			
Heart Murmurs			
Any Other Conditions			
Any Regular Medication			

Please indicate what medication: _____

Allergy	Yes	No	Details
Food Items			
Medications			
Animals or Insects			
Air-borne Items			

*If you are registering more than one child, you must complete a separate Medical/Allergy Information form for each child.

Health Questionnaire

Child's Name: _____

Any concerns with the following? If yes, comment below	Yes	No
Hearing		
Vision		
Height		
Weight		
Eating		
Asthma		
Seasonal Allergies		
Eczema		
Food Allergies		
Diabetes		
Seizures/Convulsions		
Behavior		
Speech/Communication		
Daytime Wetting		
Bedwetting		
Constipation/Soiling		
Bone/Joint Problem		
Heart Condition		
ADD/ADHD		

Comments: _____

In the past year, has your child... (Please explain all yes responses below)

- Had any serious illness? Yes ___ No ___
- Had any serious injuries? Yes ___ No ___
- Been hospitalized? Yes ___ No ___
- Had surgery? Yes ___ No ___
- Had mental health problems? Yes ___ No ___

Comments: _____

List all medication taken by your child

At home _____

At school _____

If you child needs medication to be administered during our Center times, you will need to have the Medication Administration form completed by your Doctor/Health Practitioner.

*If you are registering more than one child, you must complete a separate Health Questionnaire for each child.

Medication Administration Form

Physician's Orders
(to be filled out by Physician)

Name of Patient _____

Name of Medication _____

Date of Prescription _____

Dosage (amount) _____ Time _____

Condition _____

If Asthma Inhaler/EPI PEN, is child authorized to self medicate? YES [] NO []

Comments: _____

Doctor's Name (please print) _____

Doctor's Signature _____ Date _____

Parental Permission

I request that the enclosed medication in the original be administered to my child as prescribed, and shall release school personnel from all liability.

Name of Child _____

Name of Medication _____

Dosage _____

Purpose _____

Parent/Guardian Signature _____ Date _____



To Be Filled out by School Nurse

Prescription # _____ Date _____

Pharmacy _____ Phone # _____ Medication _____

Name of Physician _____ Phone # _____

Expulsion Policy

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

- Physical or ongoing verbal abuse to staff or other children.

CHILD'S ACTIONS FOR EXPULSION

- Ongoing physical or verbal abuse to staff or other children.
- Excessive biting.

SCHEDULE OF EXPULSION

- If 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 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.
- The parent/guardian will be informed about 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.

PROACTIVE ACTIONS THAT CAN BE TAKEN IN ORDER TO PREVENT EXPULSION

- Staff will try to redirect child from negative behavior.
- Staff will praise appropriate behaviors.
- Staff will consistently apply consequences for rules.
- Child will be given verbal warnings.
- Child will be given time to regain control.
- Child's disruptive behavior will be documented and maintained in confidentiality.

Name of Child: _____

Signature of Parent _____ Date _____

Statement of Receipt of Required

My signature below attests that I have been given the Program Handbook, that I have read its contents thoroughly, and that all my questions have been answered.

The Program Handbook contains the items listed below:

- a) Neighborhood Center, Inc. Purpose & Mission
(as specified in N.J.A.C 10:122-45 (b):3)
- b) Individual Program Goals & Objectives
(as specified in N.J.A.C 10:122-45 (b):3)
- c) Special Requirements to prevent child abuse and neglect
(as specified in N.J.A.C 10:122-4-8)
- d) The Center's Policy on the Release of Children
(as specified in N.J.A.C 10:122-6-5)
- e) The Center's Discipline Policy
(as specified in N.J.A.C 10:122-6-6)
- f) The Center's Policy on Management of Communicable Diseases
(as specified in N.J.A.C 10:122-7-.1 through 7.11)
- g) The Center's Policy on the Administration & control of Prescription & Non-Prescription Medicines
(as specified in N.J.A.C 10:122-7.5)

Parent/Guardian Signature

Date