2021 TEEN SUMMER PROGRAM REGISTRATION

Check Unit: ☐Hoboken ☐Jersey City

BOYS & GIRLS CLUBS
OF HUDSON COUNTY

Child's Name:		**Date of Birth:**
Address:		**Home Phone:**
City:	**State:** **Zip:**	**School:**
Mother's Name:	**Cell or Work Phone:**	**OFFICE USE ONLY (Pick Up & Drop Off Location):**
Father's Name:	**Cell or Work Phone:**	**OFFICE USE ONLY (Shirley or Dana Bus):**
Type of Proof of Age: ☐ Birth Certificate ☐ Passport		Parent Email: **(Required)**

Session 1: June 21st-July 2nd
Session 2: July 6th-July 16th (Closed July 5th)
Session 3: July 19th-July 30th
Session 4: August 2nd – August 13th
Session 5: August 16th-August 27th

SESSION DATES REQUESTED: SESSION 1☐ SESSION 2 ☐ SESSION 3 ☐ SESSION 4 ☐ SESSION 5 ☐	**NOTE:**

To Parent or Guardian: In consideration of this summer program application for the participant, I agree to the following conditions: (1) to allow my child to attend the summer program; (2) to contribute the amount of money specified for my child to attend the summer program; (3) to allow my child to receive basic First-Aid Care in case of minor accidents. I understand that the club and its personnel are not responsible for personally injury or loss of property. I give my consent for any photographs in which my child may appear to be used by the club in their literature & publicity.

I hereby waive any liability that the Boys & Girls Clubs of Hudson County, its officers, directors, trustees, agents, servants, and employees might have and agree that said Boys & Girls Clubs of Hudson County, shall not be liable for any bodily injury to the participant while participating in any Boys & Girls Clubs of Hudson County program.

_____
Parent Signature Date

OFFICE USE ONLY:

Urban League:	**Co-Pay: $**	**Registration Fee Paid:**
Out of Pocket:	**Debit/Credit (NO CASH ACCEPTED):**	**Amount Paid:**

Boys & Girls Clubs of Hudson County
Jersey City Club ◆ 225 Morris Blvd. ◆ Jersey City, NJ 07302 ◆ Phone: (201) 333-4100 Fax: (201) 333-5640
Edward A. Dalton Club ◆ 123 Jefferson Street ◆ Hoboken, NJ 07030 ◆ Phone: (201) 963-6443 Fax: (201) 963-8117
www.bgchc.org

GREAT FUTURES START HERE.

BOYS & GIRLS CLUBS

Dear Parent(s) and/or Guardian(s),

Thank you for choosing Boys & Girls Clubs of Hudson County (BGCHC) as your youth development program provider. As a member of BGCHC, your child will participate in programs led by trained, dedicated and caring Youth Development Professionals that will guide your child through our core program areas: Academic Success, Character & Leadership Development and Healthy Lifestyles. We do this so that all of Hudson County's youth have an opportunity for a GREAT FUTURE. BGCHC operates with generous support from individuals, businesses, foundations, United Way, and government sources. Because of this support, we can offer school-year membership at no or very low cost to you. We are grateful to our many supporters; it's because of them that we can keep our doors open for all the youth of the community.

To be a member of the Boys & Girls Club, you must complete the attached membership application package. The application allows us the opportunity to document emergency contact information for your child(ren), as well as collect information critical to keeping in compliance with many of our funders and state laws. **Please note that your child will not be able to attend the club until the membership application is completed in its entirety and all necessary support documentations are provided.** Proof of benefits/services or income will be required; accepted documentation is listed on the Page 2 of the Membership Application form. Please be sure to provide your Club with the correct documentation at the time of registration as your child(ren)'s membership will not be activated until his/her application is considered complete.

Again, this information is required by our funders, and without funding we would not be able to provide specialized youth development programming and services to your child(ren) at no or very low cost per school year.

We look forward to having your child become a member of Boys & Girls Clubs of Hudson County. Please know that your child isn't just joining a program, but a movement! We are dedicated to ensuring our community's young people, especially those who are most in need of our help, have greater access to quality programs and services that provide promise, hope and opportunities for a **GREAT FUTURE**.

Sincerely,

Gary Greenberg
Executive Director & CEO

BOYS & GIRLS CLUBS
OF HUDSON COUNTY

225 Morris Boulevard • Jersey City, NJ 07302 • Tel 201.333.4100 • Fax 201.333.5640
123 Jefferson • Street Hoboken, NJ • Tel 201.963.6443 • Fax 201.963.8117
www.bgchc.org

TO DO CHECK OFF LIST

Please complete and return the following:

- ☐ **Membership Application Form (front and back)**
- ☐ **Income Guideline Disclaimer Form (Proof Required)**
- ☐ **Food Allergy Alert Form**
- ☐ **Community Food Bank of NJ Release Form for Minors**
- ☐ **Documents Provided to Parents (checkmark or initial and sign)**
- ☐ **Bus Rules (Sign and Date)**
- ☐ **Bus Permission (Complete, Sign, and Date)**
- ☐ **Computer Lab Rules (Sign and Date)**

Documents to Keep:

-Information to Parents
-Licensing Statement
-Policy on Release of Children
-Policy on Management of Communicable Diseases
-Policy on the Administration & Control of Medication and Health Care Providers
-Discipline Policy
-Expulsion Policy

OFFICE PERSONNEL MUST VERIFY COMPLETION
OF APPLICATION PACKAGE

INITIALS:_____ DATE:_____ UNIT:_____

BOYS & GIRLS CLUBS
HUDSON COUNTY

Jersey City Unit | 225 Morris Boulevard, Jersey City, NJ 07302 | Tel: 201.333.4100 | Fax: 201.333.5640
Edward A. Dalton Unit | 123 Jefferson Street, Hoboken, NJ 07030 | Tel: 201.963.6443 | Fax: 201.963.8117
www.bgchc.org

ALL SUMMER CAMP MEMBERS MUST BE PICKED UP BY 6:00PM

FOR OFFICE USE ONLY:

Membership Type: ☐ Rising STARs ☐ Middle School ☐ GPTTO ☐ Career Launch ☐ YAC ☐ Alumni

Initials: _____ **Date:** _____

Unit: _____ **Paid:** _____ **Method:** _____

CHILD'S GENERAL INFORMATION:

First Name: _____ Middle: _____ Last Name: _____

Birth Date: _____ Gender: ☐ Male ☐ Female

Race: _____ Multi-Racial ☐ Yes ☐ No If yes, specify _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Mobile: _____ Email: _____

Requires a Parent/Guardian Pickup: ☐ Yes ☐ No Requires Bus Transportation: ☐ Yes ☐ No

New or Renewal Member: _____ Club Member Since: _____

SCHOOL INFORMATION:

Current School: _____ Current Grade: ____ Last Grade Attended if Not Enrolled_____

Current Teacher: _____ Food Program: ☐ Reduced ☐ Paid ☐ Free

Guardian/Parent (Primary Contact)

Relationship: _____

Name: _____

Employer: _____

Occupation: _____

Work Address: _____

Phone1: _____ Phone2: _____

Guardian/Parent (Secondary Contact)

Relationship: _____

Name: _____

Employer: _____

Occupation: _____

Work Address: _____

Phone1: _____ Phone2: _____

EMERGENCY CONTACTS AUTHORIZED TO PICK UP CHILD IF PARENTS ARE NOT AVAILABLE:

Name: _____

Phone1: _____ Phone 2: _____

Relationship: _____

Name: _____

Phone1: _____ Phone 2: _____

Relationship: _____

Please feel free to add additional emergency contacts on a separate page

(over)

MEDICAL INFORMATION:

Doctor Name:_____ Doctor Phone: _____

Permission for Doctor/Hospital: ☐ Yes ☐ No

Does your family have health and/or accident insurance: ☐ Yes ☐ No

Childs Insurance Carrier:_____ Policy No._____ Group No._____

If Child has Special Needs, Explain: _____

Has a physician diagnosed your child with asthma? ☐ Yes ☐ No

Serious health Problems: ☐ Yes ☐ No If Yes, Explain:_____

Child taking any medications: ☐ Yes ☐ No If Yes, Explain: _____

Child allergic to any foods/medicine: ☐ Yes ☐ No If Yes, Explain:_____

Child is in good health and has no restrictions: ☐ Yes ☐ No If Yes, Explain: _____

HOUSEHOLD INFORMATION:

This information will be held in the strictest confidence and solely used for statistical purposes in reporting to Boys & Girls Clubs of America and funding sources. Providing this documentation allows us to offer the highest quality services free or at a very low cost.

Annual Gross Household Income: _____ Current Number in Household: _____

Which of the following forms of income/benefits are you receiving? (check all that apply)

☐ TANF ☐ General Assistance ☐ Supplemental Security ☐ Social Security Disability ☐ Veteran Benefits

☐ Social Security Benefits ☐ Unemployment ☐ Other Retirement Benefits

Does your child live with: ☐ Mother ☐ Stepmother ☐ Father ☐ Stepfather ☐ Grandparent ☐ Other: _____

Current Head of Household: ☐ Male ☐ Female Current Single Parent: ☐ Yes ☐ No

Is your child handicapped? ☐ Yes ☐ No

INSURANCE DISCLAIMER AND PERMISSION STATEMENT

By signing below, I hereby give my child permission to attend and participate in all activities sponsored by the Boys & Girls Clubs of Hudson County (B&GCHC) on their premises or otherwise, its employees, associates and contributors. I will hold harmless BGCHC from any claim by me or my child or any entity on behalf of myself or my child arising from my child's participation in the program. Furthermore, in the event of an accident and after all efforts to contact myself or other designated persons have been exhausted, I hereby do authorize medical examination and treatment of my child by a qualified licensed physician and I agree to assume responsibility for charges associated with this or any other treatment given to my child. In addition, I hereby consent the use of, by B&GCHC or anyone authorized by BGCHC, my child's photograph or any reproduction thereof, for editorial illustration advertising or non-profit promotional purposes. I also consent to the use of my name in connection therewith. The Boys & Girls Clubs of Hudson County is not responsible for lost, stolen or damaged personal property.

I have read and understand all policies and procedures for the Boys & Girls Clubs of Hudson County. My signature below indicates my acceptance of these.

Parent's Signature: _____ Child's Signature: _____

Date: _____ Date: _____

NOTE: Please ensure that the application is completed in its entirety. Incomplete applications will not be accepted and your child will not be admitted to any program until a completed application is submitted.

BOYS & GIRLS CLUBS
OF HUDSON COUNTY

MEMBER NAME:_____

ADDRESS:_____

FY 2019 COMMUNITY DEVELOPMENT BLOCK GRANT (CDBG) INCOME GUIDELINES
(PLEASE CIRCLE THE APPROPRIATE FAMILY SIZE AND INCOME RANGE FOR YOUR HOUSEHOLD):

FAMILY SIZE	30% Very Low Income	50% Very Low	80% Low Income
1	19,250	32,100	51,350
2	22,000	36,700	58,700
3	24,750	41,300	66,050
4	27,500	45,850	73,350
5	29,700	49,550	79,250
6	31,900	53,200	85,100
7	34,100	56,900	91,000
8	36,300	60,550	96,850

IF YOU FAMILY SIZE DOES NOT FIT WITHIN THE ABOVE INCOME RANGE, PLEASE FILL IN THE INFORMATION BELOW:

OTHER INCOME

_____

Under penalty of perjury, I affirm that my income is within Community Development Block Grant guidelines for financial eligibility to participate in the federally and state funded programs. I certify that the statements made by me are true. If they are willfully false, I will be subject to the penalty of the law.

Parent Name: _____

Signature: _____

Date: _____

BOYS & GIRLS CLUBS

OF HUDSON COUNTY

Consent for Release of Information

I, _____ (*parent/guardian)* of _____ hereby give permission for the Boys & Girls Club or other third party to release and receive any pertinent information regarding my child to each other. The sharing of any information is understood to be confidential and only of relevance to my child and that this release will be effective for one year or date services are terminated.

Verbal Contact ☐ **Written Contact** ☐ **All relevant info** ☐

Parent/guardian: _____
Signature

Phone #: _____

Date: _____

Exception: Persons or other parties listed below **may not receive or release any information** regarding my child.

_____

_____

Witness: _____ Title: _____
(printed name)

_____
(signature)

BOYS & GIRLS CLUBS
OF HUDSON COUNTY

FOOD ALLERGY ALERT

Name of Member: _____ **Name of Parent:** _____

Allergies:

1. _____
2. _____
3. _____

Food Allergy Symptoms: red eyes, itchy nose, red face, swollen eyes (and/or lips, tongue, face), hives, rash, labored breathing, wheezing, itchy throat, cramps, vomiting, anaphylactic shock

Is your child on a special diet due to food allergies? _____

If so, what diet: _____

In the event of a severe food allergic reaction, call 911.

Guardian Contact Information: _____

_____

Other Instructions: _____

*Please provide medical documentation along with this form so that your child will not be served any food items that may cause an allergic reaction. Providing medical documentation will allow us to leave a part of the meal you child is allergic to off his or her plate. If medical documentation is not provided, your child could be served an item he or she may be allergic to.

Community Food Bank of New Jersey | Release Form for Minors
Authorization and Consent to Publish

I, _____(print name of parent/guardian), represent and warrant that I am the parents or legal guardian of _____(print name of child), on whose behalf I have full power to grant permission and release set forth herein, and that I hereby authorize and give the Community Food Bank of New Jersey ("Community Food Bank") and its agents permission to record the image and/or voice of the named child, and that I do hereby grant the Community Food Bank all rights to use these sounds, still and/or moving images of the named minor in any medium for any educational, promotional, advertising or other purposes that support the mission of the Community Food Bank in such a manner and at such times at the Community Food Bank, in its sole discretion, shall determine. My consent to the release of these sound, still and/or moving images is unconditional.

I, on my own behalf and on behalf of the named child, as well as on behalf of all our heirs, successors and/or assigns, do hereby release the Community Food Bank and its Board of Trustees, Officers, Directors, Agents, and Employees, and all of its and their heirs, successors and assigns, from any and all claims, demands, liability of whatever kind, including but not limited to, for payment of any compensation, for misappropriation or misuse of any publicity, trademark, copyright, or other rights of the named child and/or myself and our heirs, successors and/or assigns, arising out of the use by the Community Food Bank of the sound, still and/or moving images of the named child.

_____
Child's Name

_____ _____
Printed Name of Parent or Guardian **Printed Name of Witness**

_____ _____
Signature of Parent or Guardian **Signature of Witness**

_____ _____
Relationship to Named Minor **Date**

BOYS & GIRLS CLUBS
OF HUDSON COUNTY

Documents Provided and Accepted (Indicate by checkmark OR initial and Sign)

Name of Member: _____ **Name of Parent:** _____

I have read and received a copy of the following documents provided by the Boys & Girls Clubs of Hudson County:

_____ Information to Parents Document _____ Licensing Statement
_____ Policy of Release of Children _____ Policy of Management Communicable Diseases
_____ Policy on the Administration and Control of Medication and Health Care Providers
_____ Discipline Policy _____ Expulsion Policy

Signature: _____ **Date:**_____

Bus Rules (Sign and Date)

Transportation provided by the Boys & Girls Clubs of Hudson County is a voluntary service and privilege that the Club offers to its members. It is not a mandatory requirement of membership, and children must follow all of the bus rules for safety or the privilege will be revoked.

- Children must remain seated with a seat belt secured at all times.
- Children must refrain from putting their hands out of the windows or throwing anything from the bus or inside the bus.
- Children are expected to respect the bus as Boys & Girls Clubs of Hudson County property and not vandalize or graffiti the interior.
- Embarking and exiting the bus can present a danger due to traffic patterns, so it is extremely important that children do not run on or off the bus.
- If there is any disagreement between members, children need to make the bus attendant aware of the situation immediately.

Parent Signature: _____ **Date:**_____

Member Signature: _____ **Date:**_____

Bus Permission (Fill out, Sign and Date)

I _____ give the Boys & Girls Clubs of Hudson County permission to pick up my child
(Parent/Guardian Name Printed)
_____ at _____and permission to release my son/daughter to go home
(Child's Name Printed) **(School or Location of Pick Up)**
to be dropped off at _____.
(Drop off Location)

Parent Signature: _____ **Date:**_____

Computer/Technology/Media Rules (Sign and Date)

1. Follow established rules and procedures when using computers in the rooms.
2. For your safety, no use of computers for logging on to chat rooms, inappropriate or offensive websites or games, social networks (such as Facebook), etc. is allowed.
3. No violent games, graffiti programs, music videos, sites with inappropriate material, or the potential to include such material is permitted.
4. Do not make unauthorized changes to the computers (includes Hardware & Software).
5. Do not use computers for sending frivolous, obscene, or harassing messages.
6. Be aware that confidentiality and privacy are not guaranteed.
7. Do not bring food or beverages into the computer labs or in the vicinity of laptops, I-pads, Kindles, etc.
8. Do not use the computers to threaten, harass, or intimidate others.
9. Vandalism, disruption of services, attempting to circumvent security measures, spreading computer viruses or worms, viewing/transmitting pornography, promoting hate sites and installing software is prohibited.
10. The use of television, computers, tablets, and other video/technology equipment is limited to educational and instructional use, is age and developmentally appropriate, and is not used as a substitute for planned activities and passive viewing.
11. You are responsible for logging off, keeping the area clean and any damage to the technology.

Parent Signature: _____ **Date:**_____

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. 10:122), 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 this written statement, prepared by the Office of Licensing, Child Care & Youth Residential Licensing, in the Department of Children and Families (DCF). In keeping with this requirement, the center must secure every parent'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, 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 secure a copy of the Manual of Requirements by sending a check or money order for $5 made payable to the "Treasurer, State of New Jersey", and mailing it to: NJ Department of Children and Families, 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 Office of Licensing's Inspection/Violation Reports on the center, which are issued after every State licensing inspection of our center. If there is a licensing complaint investigation, you are also entitled to review the Office'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.

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 Office 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 http://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.nj.gov/dcf and select Publications.

OOL1/29/14

GREAT FUTURES START HERE.

BOYS & GIRLS CLUBS
OF HUDSON COUNTY

LICENSING STATEMENT

Dear Parents:

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 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 (201) 333-4100.

Sincerely,

Gary Greenberg
Executive Director & CEO

BOYS & GIRLS CLUBS OF HUDSON COUNTY
SCHOOL AGE CHILD CARE | POLICY ON RELEASE OF CHILDREN

1. Each child may be released only to the child's custodial parent(s) or person(s) authorized **in writing (including via fax and/or email)** by the custodial parent(s), to take the child from the center and to assume responsibility for the child in an emergency if the custodial parent(s) cannot be reached. *We encourage parents to add as many names to the list as possible.*

   Please be sure that when picking up your child, you (or your authorized person) have a photo ID.

   If a non-custodial parent has been denied access, or granted limited access, to the child by a court order, you must supply the Boys & Girls Clubs of Hudson County with all documentation to that effect. The center will maintain a copy in the file and comply with the terms of the court order. If the court order is changed and/or updated, it is the parent's responsibility to provide the center with updated copies.

2. Written procedures to be followed by staff member(s) if the parent(s) or person(s) authorized by the parent(s), as specified above, fails to pick-up a child at the time of the center's daily closing. The procedure shall require:
   a. The child is supervised at all times;
   b. Staff members attempt to contact the parent(s) or person(s) authorized by the parent(s); and
   c. An hour or more after closing time, and provided that other arrangements for releasing the child to his/her parent(s) or authorized person(s) have failed and the staff member(s) cannot continue to supervise the child at the center, the staff member shall call the Department's 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 pickup the child; and;

3. Written procedures to be followed by a staff member(s) if the parent(s) or person(s) authorized by the parent(s), as specified above, appear 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. The procedures shall require that:
   a. The child may not be released to such an impaired individual;
   b. Staff members attempt to contact the child's other parents or an alternative person(s) authorized by the parent(s); and
   c. If the center is unable to make alternative arrangements, as noted above, a staff member shall call the Department's State Central Registry Hotline (1-877-NJ ABUSE/1-877-652-2873) to seek assistance in caring for the child.

4. No child shall be released from the program unsupervised except upon written instruction from the child's parent.

5. Children will only be transported home from the Boys & Girls Clubs of Hudson County with written bus permission from the parent(s). They will be returned to the stop nearest their home. Children under 10 years of age will not be allowed to debark from the bus unless a parent or authorized person(s) is at the stop to meet them (unless written permission to debark unaccompanied is provided to the Club or an older sibling is accompanying them on the bus).

BOYS & GIRLS CLUBS OF HUDSON COUNTY
POLICY ON MANAGEMENT OF COMMUNICABLE DISEASES
& POLICY ON THE ADMINISTRATION AND CONTROL OF MEDICATION AND HEALTH CARE PROCEDURES

A center serving well children (such as the Boys & Girls Clubs of Hudson County) shall not permit a child who has any of the illnesses or symptoms of illnesses specified in (i) through (xiii) below to be admitted to the center on a given day unless medical diagnosis from a health care provider, which has been communicated to the center in writing, or verbally with a written follow-up, indicates that the child poses no serious health risk to himself or herself or to other children. Such illnesses or symptoms of illness shall include, but not be limited to, any of the following:

i. Severe pain or discomfort;
ii. Acute diarrhea, characterized as twice the child's usual frequency of bowel movements with a change to a looser consistency within a period of 24 hours, or bloody diarrhea;
iii. Two or more episodes of acute vomiting within a period of 24 hours;
iv. Elevated oral temperature of 101.5 degrees Fahrenheit or over or axillary temperature of 100.5 degrees Fahrenheit or over in conjunction with behavior changes;
v. Lethargy that is more than expected tiredness;
vi. Yellow eyes or jaundiced skin
vii. Red eyes with discharge
viii. Infected, untreated skin patches
ix. Difficult or rapid breathing or severe coughing
x. Skin rashes in conjunction with fever or behavior changes;
xi. Weeping or bleeding skin lesions that have not been treated by a health care provider;
xii. Mouth sores with drooling; or
xiii. Stiff neck

Once the child is symptom-free, a health care provider indicates that the child poses no serious health risk to him/herself or other children, he/she may return to the center.

If a child who has already been admitted to the center manifests any of the illnesses or symptoms of illnesses specified in (i) through (xiii) above, the center shall remove the child from the group of well children to a separate room or area until:

i. He or she can be taken from the center;
ii. The director or his or her designee has communicated verbally with a health care provider, who indicates that the child poses no serious health risk to himself or herself or other children, at which time the child may return to the group.

The center may exclude a child whose illness prevents the child from participating comfortably in activities, or results in a greater need for care than the staff can provide without compromising the health and safety of other children at the center.

The following provisions relate to excludable communicable diseases:

The center shall not permit a child or staff member with an excludable communicable disease, as set forth in the Department of Health's Reporting Requirements for Communicable Diseases and Work-Related Conditions Quick Reference Guide, revised July 2011, and available at http://www.nj.gov/health/cd/documents/reportable_disease_magnet.pdf, incorporated herein by reference, as amended and supplemented to be admitted to or remain at the center, until:

i. A note from the child's or staff member's health care provider states that the child or staff member, respectively, has been diagnosed and presents no risk to himself, herself, or to others;

ii. The center has contacted the Communicable Disease Program in the State Department of Health, or the local health department pediatric health consultant, and is told the child or staff member poses no health risk to others; or
iii. If the child or staff member has chicken pox, the center obtains a note from the parent or staff member stating that all sores have dried and crusted.

In the event of an outbreak of an excludable disease at the center, all parents shall receive written notice.

Exclusion List of Infection/Conditions:

Conjunctivitis, purulent	Pertussis
E. Coli	Rubella (German measles)
Coxsackievirus	Salmonella Typhi
Head Lice	Salmonella non-typhoid
Hepatitis A	Scabies
Influenza like illness	Shigella
Measles	Staphyloccal or streptococcal skin infections (includes MRSA & impetigo)
Meningitis, Bacterial	Streptococcal pharyngitis (strep throat)
Meningitis, Viral	Tuberculosis
Mononucleosis	Varicella-Herpes Zoster (Shingles)
Mumps	Norovirus

Policy on the Administration and Control of Medication and Health Care Procedures

The Boys & Girls Clubs of Hudson County does not administer prescription or non-prescription medicine and/or health care procedures to children. In the event that a child has special needs and failure to administer the medication or health care procedure would jeopardize the health of the child or prevent the child from attending the center, self-administration shall be allowed under the following conditions:

- The center obtains written authorization for self-administration from the child's parent(s) which includes the name of the medication or health care procedure, the condition for which the medication or health care procedure is being used and the instructions for administration, including the dosage and frequency.
- The medication or health care procedure is administered under the supervision of authorized staff.
- All prescription medication for a child shall be:
    1. Prescribed in the name of and specifically for the child;
    2. Stored in its original prescription container, which has the child's name, the name and expiration date of the medication, the date it was prescribed and directions for its administration printed on the label.

All prescribed medications shall be kept in a locked area inaccessible to children. Children may not carry medication on their persons at the Boys & Girls Clubs of Hudson County.

BOYS & GIRLS CLUBS OF HUDSON COUNTY
DISCIPLINE POLICY

The Boys & Girls Clubs of Hudson County uses positive discipline rather than punishment. 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.

Positive discipline is used by planning ahead:

- Anticipate and eliminate potential problems.
- Have a few consistent, clear rules that are explained to children and involve the children in creating the group rules.
- Plan for ample elements of engaging activities, fun and humor.
- Include some group decision-making.
- Make it possible for each child to feel that s/he 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 Club, our room, our supplies, etc.

Positive discipline can also be used to discipline when necessary:

- Re-direct to a new activity to change the focus of the child's behavior;
- Provide individualized attention to help the child deal with a particular situation;
- Use time out – removing and supervising a child for a short time from the area or activity so that s/he may gain self-control. (One minute for each year of the child's age is a good rule of thumb.)
- Provide alternate 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 that they are bad or "acting bad". Instead you might say, "That is not allowed at the Boys & Girls Club."

Positive discipline can be used by showing love and encouragement:

- "Catch" the child being well-behaved. Respond to and reinforce positive behavior; acknowledge or praise to let the child know you approve of what s/he is doing.
- Provide positive reinforcement through rewards for good behavior. This may be extra time in a favorite activity or a prize or being the "assistant" in the activity.
- Use encouragement rather than competition, comparison or criticism.
- Overlook small annoyances and deliberately ignore provocations.
- Give caring and positive attention to every child every day.
- Appreciate the child's point of view.
- Be loving, but don't confuse loving with permission.

Children will never be disciplined for:

- Failing to eat;
- Falling asleep; or
- Soiling themselves;

Our discipline policy prohibits:

- Withholding active play time unless the child's actions or behavior present a danger to themselves or others.
- 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;
- Any form of child abuse and/or neglect;
- Withholding food, emotional responses, stimulation or the opportunity for rest;
- Requiring a child to remain silent or inactive for an inappropriately long period of time for the child's age.

Recognizing and Reporting Child Abuse and/or Neglect:

Abuse is the physical, sexual or emotional harm or risk of harm to a child under the age of 18 caused by a parent or other person who acts as a caregiver for the child.

Neglect occurs when a parent or caregiver fails to provide proper supervision for a child or adequate food, clothing, shelter, education or medical care although financially able or assisted to do so.

In New Jersey, any person having reasonable cause to believe that a child has been subjected to abuse or acts of abuse should immediately report this information to the State Central Registry (SCR). If the child is in immediate danger, call 911 as well as **1-877 NJ ABUSE (1-877-652-2873)**.

Whenever possible, a caller should provide all of the following information:

- **Who:** The child and parent/caregiver's name, age and address and the name of the alleged perpetrator and that person's relationship to the child.
- **What:** Type and frequency of alleged abuse/neglect, current or previous injuries to the child and what caused you to become concerned.
- **When:** When the alleged abuse/neglect occurred and when you learned of it.
- **Where**: Where the incident occurred, where the child is now and whether the alleged perpetrator has access to the child.
- **How:** How urgent the need is for intervention and whether there is a likelihood of imminent danger for the child.

Program staff must alert the Unit Director and Executive Director as soon as possible.

The sponsor/sponsor representative, director, or any staff member shall verbally notify the State Central Registry Hotline (1-877 NJ ABUSE/1-877-652-2873) immediately whenever there is reasonable cause to believe that a child has been subjected to abuse and/or neglect by a staff member(s) or any other adult, pursuant to the Child Abuse and Neglect Law.

For children under the Department's supervision, the sponsor, sponsor representative, director, or any other staff member shall report any suspected abuse or neglect of the child by his/her parent(s) or other family members to the State Central Registry Hotline (1-877 NJ ABUSE/1-877-652-2873).

In addition to the reporting requirement specified above, the sponsor, director or any staff member shall advise the parent(s) of the occurrence of any unusual incident(s) that occurred at the Club and that might indicate possible abuse and/or neglect involving the child. Such notification shall be made on the same day on which the incident occurred. Such incidents may include, but are not limited to, unusual sexual activity; violent or destructive behavior; withdrawal or passivity; or significant change(s) in the child's personality, behavior or habits. The center will maintain on file a record of such incidents and documentation that parents have been informed of them.

BOYS & GIRLS CLUBS OF HUDSON COUNTY
EXPULSION POLICY

Unfortunately, there are sometimes reasons that it is necessary to expel a child from the Boys & Girls Clubs of Hudson County either on a short term or permanent basis. The staff will do everything possible to work with the family of the child(ren) in order to prevent this policy from being enforced. However, the following are reasons we may have to expel or suspend a child from the center:

Immediate Causes for Suspension or Expulsion

i. The child is at risk of causing serious injury to other children or himself/herself;
ii. Ongoing physical or verbal abuse of staff or other children;
iii. Parent threatens physical or intimidating actions toward staff members;
iv. Parent exhibits verbal abuse to staff;
v. Child brings drugs and/or weapons to the Boys & Girls Clubs of Hudson County;
vi. Uncontrollable tantrums/angry outbursts;
vii. Ongoing refusal to follow program rules;
viii. Child is involved in vandalism of Club property or theft of personal and/or Club property;
ix. Failure of child to adjust after a reasonable amount of time;
x. Parent interferes with the normal operation of the center.;
xi. Parent refuses to follow policies, including but not limited to policy on release of children, showing ID, failure to pay for services.

Proactive Actions That May Be Taken In Order to Prevent Suspension or Expulsion

- Staff will try to redirect child from negative behavior.
- Staff will praise appropriate behaviors.
- Staff will use positive methods and language while disciplining children.
- Child will be given verbal warnings (except in cases of violence).
- Child's disruptive behavior will be documented.
- Parent/guardian will be notified verbally and given written copies of the disruptive behaviors that might lead to expulsion.
- The director, program staff and parent/guardian will be available for a conference to discuss how to promote positive behaviors.
- The parent will be given resources and/or referrals regarding methods of improving behavior.

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 period of time so that the parent/guardian may work on the child's behavior or to come to an agreement with the Boys & Girls Clubs of Hudson County. The parent 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/guardian to return to the Boys & Girls Clubs of Hudson County. The parent/guardian will be given a specific expulsion date that allows the parent sufficient time to seek alternate child care, except in cases of a potentially dangerous child and/or parent/guardian. Failure of the child/parent to satisfy the terms of the plan may result in permanent expulsion.

A Child Will Not Be Expelled

If a child's parent(s):

- Make a complaint to the Office of Licensing regarding the Boys & Girls Clubs of Hudson County
- Report abuse or neglect occurring at the Boys & Girls Clubs of Hudson County
- Question the Boys & Girls Clubs of Hudson County regarding policies and procedures
- Without giving the parent sufficient time to make other child care arrangements, except in cases of potential danger to staff or other children.

Parents/guardians will be contacted by the Director or his/her designee, via telephone, regarding any behavior requiring immediate suspension. Suspension will be effective for the child's next scheduled day of programming.

BOYS & GIRLS CLUBS
OF HUDSON COUNTY

Summer Program 2021
Field Trip Permission Slip

By signing this permission slip you are giving your child permission to attend all trips scheduled for the Boys & Girls Clubs of Hudson County's Summer Program.

Also, please complete the attached permission slip to be able to swim with the Boys & Girls Club's Summer Program at Ferris (4th & Up) and/or at #16 school (K-3rd grade).

Child's Name:_____

Parent/Guardian Name:_____

Phone Number in case of an Emergency:_____

Parent/Guardian Signature:_____

Date:_____

GREAT FUTURES START HERE.

Jersey City Recreation

Aquatics Program

Permission Slip

Pool Rules

1. One (1) long whistle means "EMERGENCY", exit water immediately. Two (2) short whistles means stop and look at the lifeguard, then listen for instructions.
2. No running anywhere
3. No diving in water less than 9 feet deep
4. No rude or unruly behaviour
5. No glass objects
6. Absolutely no smoking, drinking or eating allowed in, or around the pool complex
7. We are not responsible for lost or stolen property.
8. Proper bathing attire (bathing suit with lining) will be worn by all persons using the pool. Cut-off jeans or T-shirts of any kind are not allowed. Remove underwear.
9. Hair that is below the jaw line must be tied back. This applies to both males and females.
10. Please be advised that it is the responsibility of the lifeguard to enforce all the rules and regulations. Lifeguards are the ultimate authority in the facility. Please obey all rules and regulations for your safety and the safety of others.

Childs Name: _____ ( ) Boy ( ) Girl

Child's Address: _____

Home Telephone: _____ Work /Cell Telephone: _____

Date of Birth: _____ School: _____ Grade: _____

Parent/Guardian's Name: _____ Relationship: _____

PERSON TO CALL IN CASE OF EMERGENCY:

Name: _____ Telephone; _____

AGREEMENT: I have read the above rules and regulations and in signing this application, I believe that my child is qualified physically and mentally to participate in the Jersey City Recreation Swim Program. I agree to place my child in the care of the staff, subject to all its rules and requirements. I give my permission for him/her to take part in all activities. In the event that I can not be reached in an emergency, I give my permission to the physician or designated hospital selected by the staff to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery for my child. I also give permission for my child to attend field trips.

Print Name: _____

Signature: _____ Date: _____