

# Musconetcong Valley Community Association

Valley Professional Center, 59 East Mill Road, PO Box 399, Long Valley, NJ 07853

**Phone:** 908-876-3141

**Fax:** 908-876-9435

**Web:** [www.mvca.org](http://www.mvca.org)

**Facebook:** MVCA (Musconetcong Valley Community Association)

Spring, 2016

Dear Parents,

Welcome to the MVCA 2016-2017 school-age child care programs. 2016 marks the MVCA's 22nd year of working with children and families in our community. We have enjoyed every moment along the way, and look forward to another great year.

Enclosed are the pieces of information that will become part of your child's file. Carefully read the Parent Handbook and pay close attention to, and familiarize yourself with, the MVCA's policies, especially those regarding inclement weather, tuitions and late pick-ups. Please complete all information, including health history, and return to the MVCA office by **May 31, 2016**.

Payment for September, 2016 and June, 2017 tuition is due at when the completed forms are submitted. Tuition payment invoices, as well as pertinent program information, will be distributed at the beginning of the program year.

Each child in our program is special to us. We strive to provide the highest quality care possible. The MVCA also prides itself on providing the flexibility that our families require. Please continue to let us know how best we can meet the needs of your family.

Sincerely,

Andi Huber  
MVCA Director

Enclosures: Application\*  
Medical History Form\*  
Emergency Information Form\*  
Special Interest Questionnaire\*  
Child Custody Policy\*  
Washington Township Transportation Form \*  
Parent Handbook, including:  
Communicable Diseases Policy+  
Positive Discipline Policy+  
Impaired Individual Policy+  
Information to Parents Statement+

\*Denotes document to be returned to MVCA

+ Signatures required on application form

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Dear Parent,

For safety reasons, it is important that we, the caregivers of your child, be aware of any situation of limited or sole custody. Please indicate on the lines below the name(s), address and business/all home phone numbers of limited or non-custodial parent(s). Please also note the days in which limited custodial parents may pick up your child.

Please be advised, the state licensing rules require that we have written notification from you if there are any changes to this information. This policy must be strictly enforced for the protection of your child.

If applicable, please attach a copy of any court order(s) concerning your child.

**If this form is not applicable to you, please check the box and sign.**

Thank you for your attention to this matter.

Sincerely,

Andi Huber  
MVCA Director

**Child's Name** \_\_\_\_\_

**This form *is not* applicable:**

This form is **NOT** applicable to my child's situation (please check).

Signature \_\_\_\_\_ Date \_\_\_\_\_

**This form *is* applicable:**

This form **IS** applicable to my child's situation (please check).

Name	Address	Work Phone	Home Phone	Days

Signature \_\_\_\_\_ Date \_\_\_\_\_

# Musconetcong Valley Community Association

Application for School Age Child Care Program

## Application Form

Please **print** neatly all information and fill out one application per child

**Circle which days attending** - M T W Th F Program(s) needed \_\_\_\_\_

Child's Name \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_

Date of birth \_\_\_\_\_ M/F \_\_\_\_\_ Home phone \_\_\_\_\_ Cell \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mother's Name \_\_\_\_\_ Father's Name \_\_\_\_\_

### **Parent Employment Information**

Mother Place of Employment \_\_\_\_\_ Address \_\_\_\_\_  
Business Phone \_\_\_\_\_ Hours \_\_\_\_\_  
Cell Phone \_\_\_\_\_ Email: \_\_\_\_\_

Father Place of Employment \_\_\_\_\_ Address \_\_\_\_\_  
Business Phone \_\_\_\_\_ Hours \_\_\_\_\_  
Cell Phone \_\_\_\_\_ Email: \_\_\_\_\_

*In case of an emergency or snow closing when a parent cannot be reached, please provide at least one local contact that will pick up and assume responsibility for your child.*

Name \_\_\_\_\_ Address \_\_\_\_\_

Daytime phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_

Daytime phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Relationship \_\_\_\_\_

*The individual(s) named below have my permission to pick up my child on the following days:*

Name \_\_\_\_\_ Address \_\_\_\_\_ Days M T W Th. F  
Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ Days M T W Th. F  
Phone \_\_\_\_\_ Relationship \_\_\_\_\_

My above named child has permission to participate in all activities that are a part of this program. I also give my permission to use any photos taken during this program for use in program literature and publicity.

Signature of parent or legal guardian \_\_\_\_\_ Date \_\_\_\_\_

I have received and read the MVCA Parent Handbook, and understand the following program statements and policies included therein (please initial each):

- \_\_\_\_\_ Parent Handbook, including Communicable Disease Policy
- \_\_\_\_\_ Positive Discipline Policy
- \_\_\_\_\_ Impaired Individual Policy
- \_\_\_\_\_ Information to Parents Statement

Signature \_\_\_\_\_ Date \_\_\_\_\_

Office use: Date received \_\_\_\_\_ Deposit \$ \_\_\_\_\_ Ck # \_\_\_\_\_ CC \_\_\_\_\_ A \_\_\_\_\_ B \_\_\_\_\_ C \_\_\_\_\_

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## **Emergency Information Form**

### **Child's Information**

Child's Name \_\_\_\_\_ Date of birth \_\_\_\_\_ Age \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_  
Phone Number \_\_\_\_\_

### **Mother's Information**

Mother's Name \_\_\_\_\_  
Place of Employment \_\_\_\_\_  
Business Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_  
Business Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

### **Father's Information**

Father's Name \_\_\_\_\_  
Place of Employment \_\_\_\_\_  
Business Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_  
Business Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

### **Additional Information**

In case of a medical emergency, every effort will be made to contact the parents or guardians of the child. We also request the following information to have on file in case of an emergency where parents cannot be reached.

Relative \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_  
Business Phone \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell \_\_\_\_\_  
Other contact \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_  
Business Phone \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell \_\_\_\_\_

**Musconetcong Valley Community Association**

Application for School Age Child Care Program

**Medical History Form**

Child's Name \_\_\_\_\_ Phone \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Health History:** (Give applicable dates or N/A to indicate No Problem for each item)

Heart Trouble \_\_\_\_\_

Measles \_\_\_\_\_

Mumps \_\_\_\_\_

Seizures \_\_\_\_\_

Fainting \_\_\_\_\_

Diabetes \_\_\_\_\_

Kidney Trouble \_\_\_\_\_

Asthma (give details) \_\_\_\_\_

Penicillin or other drug reactions (give details) \_\_\_\_\_

Behavior \_\_\_\_\_

Serious Injuries/surgeries \_\_\_\_\_

Reactions to Insect Bites or Stings \_\_\_\_\_

Any allergies or special problems that the staff should be aware of

Are there any specific activities to be restricted? \_\_\_\_\_

Is your child now receiving any medication? \_\_\_\_\_ If so, what kind? \_\_\_\_\_

For what reason \_\_\_\_\_

Please notify the MVCA staff or office if your child is exposed to any communicable diseases

As the parent/guardian of this child, I hereby certify that the information provided is complete and correct to the best of my knowledge, and that this child is in good health and can participate in the normal activities of the program. In the event that I cannot be reached in an emergency, I give my permission to the physician selected by the Director of the MVCA school age child care program to hospitalize, and/or otherwise secure proper treatment, including anesthesia and surgery, for the above named child.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Name of Child's Physician \_\_\_\_\_ Dr. Phone # \_\_\_\_\_

Address of Child's Physician \_\_\_\_\_

**Musconetcong Valley Community Association**

Application for School Age Child Care Program

**Special Interest Questionnaire**

Student's Name \_\_\_\_\_

Who lives at home? \_\_\_\_\_

Any pets? \_\_\_\_\_ Their names \_\_\_\_\_

Briefly describe your child's eating habits \_\_\_\_\_

Any special fears \_\_\_\_\_

Activities he/she enjoys \_\_\_\_\_

What special issues or characteristics should we be aware of regarding your child? \_\_\_\_\_

Recommendations for responding to your child's general behavior \_\_\_\_\_

What do you want your child to gain most from his/her participation in this program? \_\_\_\_\_

**Do you want your child to complete his/her homework at the program (after care only)?**

\_\_\_\_\_ **yes**      \_\_\_\_\_ **no**      \_\_\_\_\_ **daily choice by child**

**What movies may your child watch?**      \_\_\_\_\_ **G only**      \_\_\_\_\_ **PG**      \_\_\_\_\_ **PG13**

Any additional comments \_\_\_\_\_

**Musconetcong Valley Community Association**

Application for School Age Child Care Program

**Permission to Transport**

***This form is required for:***

- Kossmann/Flocktown Bus to Old Farmers After Care
- Kossmann/Flocktown Bus to Cucinella School
- Transportation from Cucinella School to Kossmann/Flocktown
- Cucinella Bus to Old Farmers After Care
- Valley Brook pick-up to Old Farmers after care

The state of New Jersey requires a parent's written permission to transport a child in a program such as ours, even if it is on a regular basis such as transporting to/from our program to a child's school. Please complete this form and send it along with your child's registration.

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I give the MVCA permission to transport my child \_\_\_\_\_

to/from **the MVCA school age child care** to/from my child's school.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date