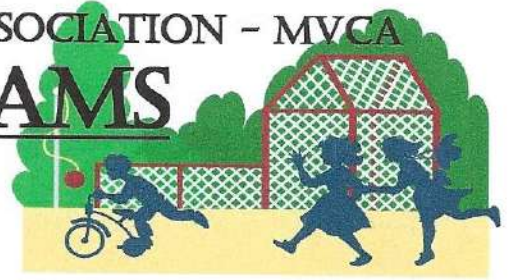


Sign up now for MVCA Programs!!

MUSCONETCONG VALLEY COMMUNITY ASSOCIATION - MVCA
CHILD CARE PROGRAMS

2021-2022



"EARLY BIRDS" at Old Farmers Rd. School

We offer a great before school care program at Old Farmers Road School from 7:00AM to 8:50AM. Children enjoy games, crafts and social time to get the day started off right. Bring breakfast if you wish. LVMS students are welcome and can catch the bus to school. *Non-refundable coupon books are available for those of you that need an occasional morning session.*

Before care monthly fees: 5 days per week/\$165 4 days per week/\$150 3 days per week/\$130
 2 days per week/\$100 *Coupon Book-5 sessions/\$65*

AFTER SCHOOL PROGRAM at Old Farmers Rd. School (K-8th)

The daily schedule includes outdoor and/or gym time whenever possible, homework time, snack, group and individual activities, arts and crafts, free play and social time. The program runs from school dismissal to 6:00. LVMS students are welcome, and transportation is provided.

After school care monthly fees: 5 days per week/\$320 4 days per week/\$275 3 days per week/\$225
 2 days per week/\$175 *Coupon Book-5 sessions/\$100*

AFTER SCHOOL CARE at Flocktown-Kossmann School (K-5th)

The MVCA is back for our 2nd year at Flocktown-Kossmann. The 2:00 school dismissal leaves the afternoon open for outside or inside play, homework time, crafts, games, and lots of socializing with friends. Pick-up is at Kossmann.

After school care monthly fees: 5 days per week/\$320 4 days per week/\$275 3 days per week/\$225
 2 days per week/\$175 *Coupon Book-5 sessions/\$100*

MVCA School-age Child Care Parent Manual may be viewed online at www.mvca.org

REGISTRATION FOR MVCA WASHINGTON TWP. SCHOOL-AGE CHILD CARE 2021-2022

Return with \$25 non-refundable deposit (per child) by August 1, 2021

MVCA, PO BOX 399, LONG VALLEY, NJ 07853 (908-876-3141) director@mvca.org

Child's name _____ School _____

Parent's name _____ email _____

Address _____

Phone _____ Grade in September, 2021 _____ Days needed M T W TH F

Program(s): OFRS Before Care OFRS After Care F/K After Care

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

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 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
- _____ Expulsion Policy
- _____ Social Media Policy

Signature _____ Date _____

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

Musconetcong Valley Community Association

Application for School Age Child Care Program

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 _____ 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

May your child bring/use electronics during the program? _____

Musconetcong Valley Community Association

Application for School Age Child Care Program

Permission to Transport

This form is required for:

- Transportation from Cucinella School to Kossmann/Flocktown
- LVMS pick-up to OFRS After Care
- Transportation via MVCA bus from school/program to home/designated location

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.

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

MUSCONETCONG VALLEY COMMUNITY ASSOCIATION

CHILD CARE PROGRAMS TUITION SCHEDULE 2021-2022

<u>PROGRAM</u>	<u>DAYS/WK</u>	<u>MONTHLY TUITION</u>	<u>TUITION DEPOSIT</u> Sept. & June payments due by 7/31/21
OFRS BEFORE CARE	5	\$165	\$330
	4	\$150	\$300
	3	\$130	\$260
	2	\$100	\$200
	(5 coupons)	\$ 65	-
OFRS AFTER CARE/ F-K AFTER CARE	5	\$320	\$640
	4	\$275	\$550
	3	\$225	\$450
	2	\$175	\$350
	(5 coupons)	\$100	

Tuition is a yearly fee divided into ten equal "monthly" payments. Tuition does not reflect the number of actual program days in a given month. The fees are calculated on 180 care days for those attending 5 days/week. Tuition includes coverage for scheduled early dismissal days.

Coupon books are available for occasional use.

Tuition payments are due on the first of the month for that month. There is a \$20 late fee for payments made after the 10th of the month. Accounts in arrears for a month or more may result in your child's dismissal from the program.

The tuition deposit of two months (first and last) is due when registration forms are completed and returned to the MVCA.

Let us know if you would like tuition payments automatically charged to your credit card.

