### Musconetcong Valley Community Association

Web: www.mvca.org

Facebook: MVCA (Musconetcong Valley Community Association)

Spring, 2022

Dear Parents,

Welcome to the MVCA 2022-2023 school-age child care programs. 2022 marks the MVCA's 27<sup>th</sup> year working with children and families in our community. We strive to offer the highest quality programs possible, and look forward to another great year with you and your children.

Enclosed are the documents that will become part of your child's file. Carefully read the Parent Handbook, also available at <a href="https://www.mvca.org">www.mvca.org</a>, 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 <a href="https://www.mvca.org">May 31, 2022</a>. As the State of NJ requires all forms included in this packet, any incomplete pieces will be returned to you for follow-up.

Tuition payment for September, 2022 and June, 2023, as well as a \$25 non-refundable deposit, 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. Our greatest hope is that your child feels safe and comfortable when he/she is in our care. 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 director@mvca.org

**Enclosures:** 

Application\*

Medical History Form\*

Emergency Information Form\*

Special Interest Questionnaire\*

Child Custody Form\*

Washington Township Schools Transportation Form\*
MVCA Permission to Transport Form (if applicable)\*

Parent Handbook, including:

Communicable Diseases Policy+

Expulsion Policy+ Social Media policy+

Positive Discipline Policy+ Impaired Individual Policy+

Information to Parents Statement+

<sup>\*</sup>Denotes document to be returned to MVCA

<sup>+</sup> Initials required on application form

### 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

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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 y	our attention to this matter.
Sincerely,	
Andi Huber MVCA Director	
Child's Name_	
	This form <i>is not</i> applicable:
G: .	$\hfill \square$ This form is $\ensuremath{\mathbf{NOT}}$ applicable to my child's situation (please

Signature	This form is <b>NOT</b> a	pplicable to my child's s	ituation (please chec Date	k). -
		nis form <u>is</u> applicable		
Name	Address	able to my child's situati	Home Phone	Days
Signature			Date	

#### **Application Form**

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

Child's Nai	me	Grade	School
Date of bir	th M/F	Home phone	Cell
Home Add	ress	City	State Zip
Mother's N	lame	Father's	Name State Zip
Parent Er	mployment Information		
Mother			Address
	Business Phone		Hours
	Cell Phone	Email:	
Father			Address
	Business Phone		Hours
	Cell Phone	Fmail	
Daytime pr	none Cell	Phone	Relationship
Name			
		Address	
Daytime ph	none Cell	Address I Phone	
Daytime pr	one Cell	Phone	Relationship
The indivia	none Cell lual(s) named below have my p	Phone permission to pick up n	Relationship ny child on the following days:
Daytime pr <i>The indivia</i> Name	none Cell   <i>fual(s) named below have my</i> 	Phone permission to pick up n ddress	ny child on the following days:
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Name Name Phone Name Phone My above n	amed child has permission to ion to use any photos taken d	Phone  permission to pick up n  ddress Relationship  ddress Relationship  participate in all activiti uring this program for u	Relationship  ny child on the following days:  Days M T W Th. F  Days M T W Th. F  es that are a part of this program. I also given use in program literature and publicity.
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#### **Emergency Information Form**

	Child's Infor	mation		
Child's NameAddressPhone Number	City			
	0.			
	Mother's Info	rmation		
Mother's Name Place of Employment Business Address Business Phone	City			
	Fotbor's Infor	mation		
Father's Name Place of Employment Business Address Business Phone	City	State _	Zip	
			Spring Fault St.	
In case of a medical emergency, e child. We also request the following parents cannot be reached.	every effort will be m	ade to contact the pa		rdians of the
Relative		Relationship		-
Address				
Business Phone	_ Home Phone	Cell		
Other contact		Relationship		
Address				
Business Phone				

#### Medical History Form

Child's Name		Phone
Date of Birth	Age	10.10
Address	City	State Zip
Health History: (Give appli	cable dates or N/A to indi	cate No Problem for each item)
Heart Trouble Seizures Kidney Trouble	Measles Fainting	
Asthma (give details)		
Penicillin or other drug react	ions (give details)	
Behavior		
	Stings	
Any allergies or special prob	ems that the staff should	
Is your child now receiving a For what reason?		If so, what kind?
Please notify the MVCA staf	f or office if your child is e	xposed to any communicable diseases
the best of my knowledge, and the program. In the event that	that this child is in good heal I cannot be reached in an er MVCA school age child care	information provided is complete and correct to alth and can participate in the normal activities of mergency, I give my permission to the physician program to hospitalize, and/or otherwise secure above named child.
Signature of Parent/Guardia	n	Date
		Phone #
Address of Child's Physician		

#### **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)?yesnodaily choice by child
What movies may your child watch?G onlyPGPG13
lay your child bring/use electronics during the program?