

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 _____ Expulsion Policy
_____ Impaired Individual Policy _____ Social Media Policy
_____ Information to Parents Statement

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 _____

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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? _____