



AL-MINHAAL ACADEMY

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Dear Parents,

Thank you for your interest in our before care/after care program. We are proud to offer this program for children whose parents are working full time. Our goal as always will be to provide an after school care for children in grades Infant- 12th grade in a safe, warm, friendly, faith-filled environment on school/parish grounds, staffed by familiar school members at reasonable prices.

The aftercare school session will be from 3:00 to 5:30 p.m. Attendance will be taken. The afternoon will be planned with designated intervals for homework time, snack time, playtime (games, board games etc.), coloring/story time/study time, etc. Upon every student's exit, a parent or guardian must sign him or her out each day.

The program rates are as follows:

Before Care 7-8am- \$ 75 a month per child

After care 3:00-5:30 \$ 150 a month per child

Before care & after care \$ 175 a month per child

*** there will be a \$20 discount per month for siblings**

** there will be a \$1.00 charged for every minute late after 5:30*

Please fill out the following forms and submit to the office to start enrollment

PLEASE CAREFULLY READ AND FILL OUT ALL PAGES

After-care Program RULES AND REGULATIONS

In order to ensure your child a safe and enjoyable experience the following rules and Regulations will be strictly enforced:

1. CHILD CARE WILL **ONLY** BEGIN ON THE **FIRST** OF EACH MONTH.

Applications must be **in the office** by the **5th of every month**.

2. REGISTRATION IS FOR 3, 4, or 5 days per week. If registering for less than 5 days per week, the days of the week must be the same for the full month. The program is run on a full month only. No partial enrollments will be accepted.

3. Payments must be to the After-care Program and must be **in the office by the 5th of each month. (See #10)**

4. If your child will be absent from school for either a single day or an extended period you **must** contact the aftercare office 732 572 3344 **between 9:00 a.m.–3:00 p.m.**

5. If your child is to be taken out of school during the day for medical, legal or personal reasons you **must** call the office to notify us that he/she will not be present at Child Care.

6. We will **NOT** be in session on scheduled half-days or emergency early dismissal days. This also applies to the half-day sessions when Parent-Teacher Conferences are held in the fall.

7. For security purposes, you must sign your child out every day when you pick him/her up whether from the site, and be prepared to show ID. Your child will not be released to anyone unless they are on the authorized pick up form.

8. Parents/Guardians are responsible for providing a snack and/or drink for your child. Also, please list any food allergies.

9. Please be sure to pick up your child no later than **5:30 p.m.** **There will be a \$ 1 dollar fee for every minute late.** Our staff is scheduled to leave at 6:00 pm. **A LATE FEE OF \$ 25 PER 15-MINUTE PERIOD** beyond **6:00 p.m.** will be charged. On the second lateness, the rate will increase to \$30 **for every fifteen minutes.** Habitual late pick-ups may result in termination.

10. Children are not allowed to bring personal items such as toys, games, and sports equipment to the After-care site.

11. Every form in this packet must be completed in full or packet will be returned to you. This may delay your enrollment. Your signature is required to confirm that you have read and understand the above.

Signature of Parent/Guardian

Date

**After-care Program
EMERGENCY FORM PART I**

The After-care staff will take responsible measures to supervise your child's daily activities. However, emergencies may necessitate contact with you at your work. Please provide us with the necessary information. If any changes occur please provide us with the change.

Child's Name _____ Male _____

Female _____ Age _____

Address _____ Cell # Phone _____

Date of Birth _____

School Grade _____

Father or Guardian's Name _____

Occupation _____

Name of Employer _____

Business Address _____

Business Phone # Cell Phone/Beeper # _____

Mother or Guardian's Name _____

Occupation _____

Name of Employer _____

Business Address _____ Business # _____

**After-care Program
EMERGENCY/ESCORT FORM PART II**

Child's Name _____

Emergencies may necessitate contact with designated individuals who can assume responsibility for the welfare of your child when you are unavailable. Please review this form and carefully choose people who you feel should be called in an extreme emergency when you cannot be reached. **You must provide the names of three people. It is imperative that your selection is based on several criteria:**

1. Be sure that individuals are in **close proximity** to the After-care site and are responsible individuals who your child trusts.
2. Notify these individuals that you have designated them to serve in this capacity on this form.

For our program, you must provide three (3) names and full addresses other than parents:

Name _____
Address _____
Phone # Cell Phone/Beeper # _____
Relationship to child _____

Name _____
Address _____
Phone # Cell Phone/Beeper # _____
Relationship to child _____

Name _____
Address _____
Phone # Cell Phone/Beeper # _____
Relationship to child _____

After-care Program

EMERGENCY FORM PART III

Child's Name _____

Please describe any medical information that might be useful to the staff in dealing with your child.

List any known allergies:

Food _____

Drug _____

Beverages _____

Insects _____

Outdoor Vegetation _____

List all medications that your child uses on a regular basis:

List any other HEALTH/ MEDICAL issue you would like us to be aware of:

NOTE: IF YOUR CHILD NEEDS TO RECEIVE MEDICATION, WE MUST HAVE A WRITTEN NOTE FROM THE DOCTOR, WHICH INCLUDES THE DOSAGE AND TIME. THE MEDICINE MUST BE IN THE ORIGINAL PRESCRIPTION BOTTLE.

**After-care Program
EMERGENCY FORM -PART IV**

Child's Name _____

Does your child have any physical conditions that may limit participation in activities?

_____ YES _____ NO: Please Explain _____

Please describe your child's preferences with respect to activities (artistic, athletic, creative, board, games, etc.)

List any information (special needs) that may be pertinent in caring for your child:

DOCTOR TO BE NOTIFIED IN CASE OF EMERGENCY:

Name _____

Phone # _____

Address _____

Insurance Company Policy # _____

Signature of Parent/Guardian Date _____

After-care Program
DISRUPTIVE BEHAVIOR POLICY

In the event of disruptive behavior on the part of any student at the site, the following steps will be taken in the order listed below if the behavior does not significantly improve.

1. The teacher will speak to that student and encourage improvement in his/her behavior.
2. The teacher will speak to a parent/guardian about his/her behavior.
3. Management will speak to the student regarding the disruptive behavior.
4. Management will telephone the parent/guardian about the continued disruptive behavior.
5. Management will send a letter to the parent/guardian warning them that another infraction will result in a suspension from the program.
6. Management will send a letter informing the parent/guardian and home school of the Suspension. The length of the suspension from the program will be determined accordingly.
7. A letter requesting a conference with parent/guardian and teacher discussing the termination of the child from the program.
8. A permanent termination letter will be sent home, effective immediately.

A child may also be terminated from the program in the event payment has not been made on time, by the 15th of each month starting November 15, 2010, and /or if a child is picked up from the program later than 6:25 p.m. more than three times at the After-care site.

I have read and understood the above policy and have discussed it with my child (ren).

Signature of Parent/Guardian _____

Date _____

