



**Joseph H. Firth Youth Center**  
 108 Fleming Drive, Phillipsburg, NJ 08865  
 Phone: 908-454-7281 ♦ Fax: 908-454-8814

July 16, 2019

Dear Parent/Guardian:

Welcome back to a new and exciting school year! We are certainly looking forward to hosting countless programs at the Firth Youth Center this year and hope your child will join in on the fun! To make sure we have successful Before and After School Care Programs, and to also maintain our low fees, we ask you do the following:

- All children must be a Firth Youth Center Member for the 2019-2020 program year.
  - Call the Firth Youth Center at 908-454-7281 if your child will not be attending. Please leave a message if no one answers. **This is for the safety of your child.**
  - School scheduled half days are included. **Make sure to send a lunch on these days!**
  - The packet must be completed, turned in, and approved **prior** to your child starting.
- Holidays, snow days, delayed openings, and emergency closings are subject to change, please visit our website at [www.firthyouthcenter.com](http://www.firthyouthcenter.com) to verify if we will be open on these days. We will make every effort to open on emergency school closures but need to keep our staff's safety in mind as well.
  - Transportation arrangements are the responsibility of the parent.
  - Our program ends at 6pm. A late pickup fee will apply and is outlined in Enrollment & Payment Agreement.
  - Failure to adhere to Firth Youth Center Policies or Code of Conduct will result in removal from program.
  - Pricing is listed below. Depending on need, scholarships and subsidy may be available.

|   |  |                    |
|---|--|--------------------|
| <b>After School Care</b><br>Grades 2 <sup>nd</sup> -8 <sup>th</sup>                     | <b>2:45-6:00PM</b><br><b>12:30-6:00PM (on scheduled half days)</b>                       | <b>\$150/Month</b> |
| <b>Before School Care</b><br>Grades 3 <sup>rd</sup> -5 <sup>th</sup>                    | <b>7:00-8:30AM</b><br><b>Students will be escorted to PES for breakfast</b>              | <b>\$150/Month</b> |
| <b>Before &amp; After School Care Bundle</b><br>Grades 3 <sup>rd</sup> -5 <sup>th</sup> | <b>7:00-8:30AM</b><br><b>2:45-6:00PM</b><br><b>12:30-6:00PM (on scheduled half days)</b> | <b>\$280/Month</b> |

Should you have any questions regarding our program, please feel free to contact us at your convenience. Again, we look forward to a great year and thank you for choosing the Joseph H. Firth Youth Center!

Sincerely,

Kelly Post-Sheedy  
 Executive Director

Meghan Santowasso  
 Program Director

| <b>FYC USE ONLY</b>   |                        |
|---|------------------------|
| Date Received: _____  | By (initials): _____   |
| Child Name: _____   | Gr: _____              |
| <input type="checkbox"/> BCC <input type="checkbox"/> ACC               | FYC Membership: YES/NO |
| Subsidy Contract: <input type="checkbox"/> Y <input type="checkbox"/> N | Co-Pay: \$ _____       |

Date Paid: \_\_\_\_\_ Staff Initial: \_\_\_\_\_ Circle one: Check OR Cash (Annual Youth Membership: \$15)  
 Please consider my child as a scholarship candidate. *Housing Authority residents must complete through PHA Office & membership fee will be waived.*

## 2019-2020 MEMBERSHIP/ EMERGENCY CONTACT/ PARENTAL CONSENT FORM

|              |             |        |   |
|--------------|-------------|--------|---|
| CHILD'S NAME | BIRTH DATE: | GRADE: | <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE |
|--------------|-------------|--------|---|

ADDRESS:

|                          |        |
|--------------------------|--------|
| PARENT/GUARDIAN #1 NAME: | PHONE: |
|--------------------------|--------|

ADDRESS:

EMAIL ADDRESS TO BE ADDED TO OUR E-NEWSLETTER SYSTEM FOR IMPORTANT UPDATES & ANNOUNCEMENTS:

|                          |        |
|--------------------------|--------|
| PARENT/GUARDIAN #2 NAME: | PHONE: |
|--------------------------|--------|

ADDRESS:

Please fill individuals as Emergency Contacts and Alternate Pick-Ups below. For safety, we will not release your child to anyone not on this list, unless you call us in advance. If you need additional space, write on back. Photo ID will be required upon pick-up. If phone numbers change, it is your responsibility to inform our Office immediately.

|   |        |
|---|--------|
| EMERGENCY CONTACT/ALTERNATE PICK UP #1: | PHONE: |
|---|--------|

|   |        |
|---|--------|
| EMERGENCY CONTACT/ALTERNATE PICK UP #2: | PHONE: |
|---|--------|

|   |        |
|---|--------|
| EMERGENCY CONTACT/ALTERNATE PICK UP #3: | PHONE: |
|---|--------|

|                                 |        |
|---------------------------------|--------|
| NAME OF PRIMARY CARE PHYSICIAN: | PHONE: |
|---------------------------------|--------|

ADDRESS:

|                        |  |
|------------------------|--|
| SPECIAL NEEDS (IF ANY) | ALLERGIES, INCLUDING MEDICATION REACTION |
|------------------------|--|

|                            |                           |
|----------------------------|---------------------------|
| HEALTH INSURANCE COVERAGE: | POLICY NUMBER (REQUIRED): |
|----------------------------|---------------------------|

**GENERAL PERMISSIONS:** By **initialing** below, I indicate my permission for the preferences listed:

| YES | NO | Description  |
|-----|----|--|
|     |    | Use my child's photograph in marketing and publicity pieces. Publicity pieces include but are not limited to news releases, social media, publications and web use. This is a way to help encourage awareness of the programs offered by the Firth Youth Center.               |
|     |    | Permission to post my child's allergies in staff binders and pantry. I understand staff cannot administer medication.  |
|     |    | In the event of minor injury, I authorize Firth Youth Center staff to administer basic First Aid to my child. If serious medical attention is required, I give Firth Youth Center permission to call EMS/EMT and/or transport my child to the nearest emergency room for care. |
|     |    | I give Firth Youth Center staff permission to walk with my child around our local neighborhood.  |
|     |    | I give Firth Youth Center staff permission to walk my child to the Elementary School for Before School Care.   |
|     |    | I understand "Drop-In" members can sign themselves in and out of the Firth Youth Center and do not need staff permission to leave.   |
|     |    | I give permission for my child to walk home any time during After School Care, even before it ends.  |
|     |    | I give permission for my child to walk home, but <b>only</b> with verbal parent permission via phone with a Counselor that day.  |

By signing below, I willingly agree to comply with the policies, terms and rules put in place by the Joseph H. Firth Youth Center and allow my child to participate in all programs afforded to him/her as a Member. I, as parent/guardian with legal responsibility for the participant, release and agree to indemnify and hold harmless the Joseph H. Firth Youth Center, employees, officers, officials, and/or other participants from any and all liability incidents to my minor child's involvement or participation in programs, even if arising from the negligence of the releases, to the fullest extent permitted by law. Additionally, I understand that photographs and/or videos may be taken of my child and used for promotional and marketing of Firth Youth Center programs. I have the right to refuse photographs and/or video to be taken and will attach a letter to this membership with such instructions.

|  |               |
|--|---------------|
| _____<br>Parent/Legal Guardian Signature | _____<br>Date |
|--|---------------|

# Firth Youth Center Standard Policies

- **Registration:** Applications must be received with payment by Friday, Aug. 16<sup>th</sup> to begin the first week of school. If starting within the school year, notice of enrollment from Administrative Staff must be received prior to starting. All registrations must be done at the Firth Youth Center Office. Packets will **not** be accepted by counselors.
- **Payments:** Monthly payments must be made by the first of each month by cash or check only. I understand that if my payment is received late, a late fee of \$15 will be charged to my account. Failure to make payment may jeopardize by child's spots and will result in temporary suspension or termination. Program staff are not allowed to handle registration fees. Should it become necessary to make a payment when the office is not open, it must be in a sealed envelope and placed in the black mailbox outside the office door. The Center is not be responsible for lost payments when made outside of office hours.
- **Returned Check:** After one returned check, all payments must be made in cash or money order. The returned check fee is \$35.
- **Late Pick Up Fee:** \$20 for the first 15 minutes past program hours selected and \$1.00 each minute thereafter.
- **Absences/Vacation Days/Holidays:** Parent/Guardian is responsible for paying the required tuition amount each month. No credit will be given for days during the session not in attendance. No credit will be given for days registered, but unattended. Children who receive subsidy should see below policy regarding absence/sick days.
- **Outstanding Balances:** If your child has an outstanding balance your child will be declined the ability to attend, register for the summer, transition to a new program, transfer records, or obtain end of year statements until the account balance is current or paid in full.
- **Refunds/Credit Policy:** First month's tuition is nonrefundable. All refund requests must be approved by Director. Refunds will be made for medical reasons only and a doctor's excuse will be required.
- I acknowledge that I have received, reviewed and understand the information on the Emergency Operations Plan and Statement of Understanding for the Firth Youth Center. I understand that persons listed on the Emergency Contact Sheet will be designated custodians for release of my child and will be required to present photo identification.
- **Medical Emergency:** In case of an emergency due to illness or accident, when it is thought advisable to have immediate medical attention for my child, I hereby authorize the Joseph H. Firth Youth Center to send my child to the nearest hospital: St. Luke's Warren Campus. I agree to meet the Firth Youth Center staff person at the hospital as soon as possible after being notified. I understand that I must bear all expenses, including those incurred to transport my child to the hospital.
- **Inclement Weather:** I understand that there may not be Before or After School programs on days the school district closes and/or if the school closes early due to bad weather. I have reviewed this information with my child.
- **Lost Items:** I understand that the Firth Youth Center is not responsible for items my child brings to the facility. It is strongly discouraged to bring items of value, such as cell phones or money to the facility. Lockers are available in the Locker Room and children are welcome to bring a lock to secure belongings. Under no circumstances are staff to be held responsible for your child's belongings.
- **The following policies are additional for our Subsidized Care E-Child clients:**
  - I (or my authorized pick up or drop-off person) will SWIPE my child in and out every day on the site POS machine. I will continue to sign my child in/out every day and record the time of drop-off and pick-up on the attendance sheets.
  - I will be current with swiping as of 4:00pm on Thursday of each week.
  - If I lose my card, I will contact Norwescap immediately. If I do not have my card within 7 days, then my child(ren) cannot participate in the program or I may be charged the full rate.
  - If myself or my child(ren) is sick or has a scheduled doctor's appointment, I will swipe or call out my child SICK that day. If my child has an unexcused Absence, I will swipe or call out my child ABSENT that day.
  - If I fail to swipe my child(ren)'s attendance for five (5) days, my childcare services will be suspended until all days attendance are swiped and up to day\*\*
  - Any day(s) of which Firth Youth Center is not paid due to missing swipes or swiping incorrectly, I understand that the Joseph H.Firth Youth Center will charge me those unpaid fees.
  - All co-pays must be current as of the first of the month.
  - Late payment fees may be applied to late co-payments unless prior arrangements are approved by the office in advance. Every effort will be made to work with our clients.
  - I understand the Sanction Policy set forth by the State of New Jersey and that if I fail or refuse to swipe, I will be required to attend a training provided by Norwescap within two weeks. If I do not comply with this, the State of New Jersey will suspend my child care subsidy according to their sanction policy.
  - I understand the above policy and procedures set by the Joseph H. Firth Youth Center and I will adhere to them. I understand all other sections of the Center's Standard Payment Policy apply.

I, the parent/guardian have reviewed and approved this registration information. I have read, understand and agree to comply with the Firth Youth Center's payment procedures and policies. I understand that my child will become ineligible for participation in programs if payment has not been received by the Firth Youth Center prior to or on scheduled due date. I agree to update the emergency contact, parent consent form, and agreement forms whenever changes occur. I understand that the Firth Youth Center will be observing holidays throughout the school year.

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_