



STACK Sports

After-School Athletics

March 2016 - June 2016

Dear Parents:

Thank you for choosing the STACK Sports After-School Athletics Program. STACK Sports prides itself on providing a fun, safe and exciting learning environment each and every day.

Please complete and return the following information to STACK Sports 300 Route 17 South Mahwah, NJ -7430. Forms can also be emailed to ryan.tremblay@stackspt.com or faxed to 201-490-1774

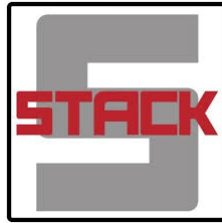
- 2015-2016 Registration Forms (2 pages)
- Consent for Administration for Medication Permission Form (if applicable)
- Parent Contract
- Tuition Payment Agreement
- Financial Assistance Information
- Transportation Authorization Form (if applicable)
- Basic Membership Form

Enrollment is limited and space is available on a first come, first served basis. Forms submitted incomplete will delay the registration process. 5 days prior to starting is the deadline to ensure your child will begin the After-School Athletics Program. A start date will be provided once registration forms have been submitted and processed.

Once your registration is processed, you will receive an enrollment confirmation email.

Please be sure to encourage open communication with your child's school and STACK Sports. Notify the school in writing that your child is participating in the STACK Sports After-School Athletics Program. Be sure to include your child's entire STACK schedule, as well as all transportation instructions. If your child attends extra-curriculum activities after school, inform STACK Sports and the school office so that your child is properly accounted for at all times.

If you have any questions please contact Ryan Tremblay of STACK Sports at: (201)684-9190.



STACK Sports After-School Athletics Program

Monthly Tuition Information: 2015 – 2016

- Sibling Discount Rate: 25% reduction to the tuition will be applied to those families who have more than one child participating in the STACK Sports After-School Athletics Program.
- 4:30pm Pick Up Incentive: A reduced rate will be applied to the 6pm After-School Athletics Rate when a child is picked up no later than 4:30pm.
- Incentives cannot be combined.
- Financial Assistance is available through the efforts of STACK Sports and its supporters. Please complete a Financial Assistance application and submit it with your registration for the STACK Sports After-School Athletics Program.
- All participants and their family members of the STACK After-School Athletics Program get significant discounts toward other STACK Sports services.
(Please contact STACK Sports at 201-684-9190 for more info)
- Registration is not considered active until payment and completed paperwork is processed.

STACK After-School Athletics Program REGISTRATION FORM (Spring 2016)

<i>Office Use Only</i>
Date Received: _____
Start Date: _____

Child's Name: _____ School: _____

Male: Female: Grade in 9/15: _____ Birth Date: _____

Primary Parent/Guardian Name: _____ Secondary Parent/Guardian Name: _____

Relationship to child: _____ Relationship to Child: _____

Email: _____ Email: _____

Address: _____ Address: _____

Town: _____ Zip: _____ Town: _____ Zip: _____

Home Phone: _____ Home Phone: _____

Cell Phone: _____ Cell Phone: _____

Work Phone: _____

Place of Employment: _____ Place of Employment: _____

Business Address _____ Business Address _____

Preferred Method of Contact _____ Preferred Method of Contact _____

Does your child have a sibling enrolled in the STACK Sports After-School Athletics Program in 2016? If yes, please indicate name(s) _____

ENROLLMENT SELECTION:

School Ends till 4:30pm	School Ends till 6:00pm
M T W TH F	M T W TH F
<i>Circle Days will Attend</i>	<i>Circle Days will Attend</i>

- I will pick up my child by 4:30pm and receive a reduction from the 6pm rate.**
- I will pick up my child by 6pm**
- I have submitted a Financial Assistance Application**
- I am a STACK Sports Staff Member**

For Office Use Only

<p><i>For staff:</i> Fee \$ _____ Discount \$ _____ Total tuition to be paid \$ _____</p>
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STACK After-School Athletic Program Registration Form

Child's Name: _____ Date: _____

oYes oNo I permit STACK Sports to print or display any photographs of my child in STACK publications, on the STACK website and/or press releases. *(Child's name or identifiers will not be used)*

PLEASE INITIAL AND SIGN BELOW:

_____ I give permission for the STACK Sports staff to communicate with my child's school and teachers regarding my child.

_____ In case of a medical emergency, I authorize STACK Sports to initiate emergency care in the event that I cannot be reached.

_____ I have received and read the Department of Children and Families Office of Licensing Information to Parents Statement. *(Included within this packet)*

_____ I give my child permission to participate in the STACK Sports After-School Athletic Program. In consideration for accepting my child in the STACK Sports After-School Athletic, I agree on behalf of my child to hold the STACK Sports staff, agents and employees harmless against any loss or injury of any kind as a result of my child's activities while participating in this program.

_____ I give the STACK Sports permission to text inclement weather school closings to my cell phone.

Parent/Guardian Signature: _____ Date: _____

Emergency Contacts/Authorized Pick-Up

Please list adults (18 yrs. of age or older)*, other than parents, who can pick up your child if you are delayed or if there is an emergency. A valid phone number must be provided for each emergency contact. *Siblings under the age of 18 will not be allowed to pick up the child.

Emergency Contact/Authorized Pick-up* <i>(other than parents)</i>	Phone Number	Relationship
Full Name		
Full Name		
Full Name		
Full Name		
Full Name		

Are there any custodial limitations? Yes No (If yes, parent must attach a current copy of court documents). These documents must be delivered to STACK Sports prior to child's scheduled start date in the program.

Medical Information

In order to best care for your child, our staff must be aware of any medical, physical or special needs your child has, including but not limited to the following.

- Diabetes Seizures Asthma Allergies: _____
 Chronic Condition _____ Activity Restriction _____
 Surgery & Other Health Issues _____
 Behavioral Condition _____

List any other medical conditions, special needs or physical limitations we should be aware of:

A doctor's note must accompany the registration listing restrictions and/or limitations.

When your child is ill, parent will be called immediately to pick him or her up from the program.

Consent for Administration of Medication Permission Form Individual Medication Record

Below is the “**Consent for Administration of Medications**” form. If your child requires the administration of a prescription medication during any STACK Sports Program, state laws require that the form below be completed and signed by a physician before any STACK Sports staff can administer any medication. Any prescription medication for a child must be:

- 1) Prescribed in the name of and specifically for the child.
- 2) Stored in its prescription container, which has been labeled with the child’s name, the name of the medication, the date it was prescribed or updated, and directions for its administration.

Upon written permission by the parent, the STACK Sports staff will administer the following types of non-prescription over the counter medicines only: antihistamines/decongestants, acetaminophens (Tylenol), cough suppressants and topical ointments. Non-prescription over the counter medications other than those listed require the form below be completed and signed by a physician before the STACK Sports staff can administer the medication.

Please be aware that the medication will only be accepted in the original labeled container, in a clear plastic bag which has been labeled with the child’s name, the name of the medications, the date it was prescribed or updated, and directions for its administration along with the “Consent for Administration”

Child’s Name: _____

Name of medication: _____

Prescription Non-Prescription Doctor’s approval required
(in original bottle) (in original container)

Condition for administering medicine: _____

Amount to be administered: _____

Times to be administered: _____

Refrigeration necessary: Yes No

Possible adverse reactions: _____

Staff member authorized to administer medication: _____

Date

Parent/Guardian Signature

Date and Time Administered	Adverse Reactions Observed	Y Staff signature

School Age Child Care Program Parent Contract

Please read contract carefully.

I understand that I am enrolling my child, _____ into the STACK Sports program and agree to the following:

1. Tuition:

I have signed and completed the TUITION PAYMENT AGREEMENT. I agree to pay monthly installments by cash, check, money order OR automatic credit card draft (MasterCard, Visa or American Express) based on the number of contracted days my child attends the program. Monthly payments will remain constant regardless of holidays or break weeks from school. Multi-Child Discount (25%) applies when enrolling a second child in our STACK Sports program.

- Monthly cash, check or money order payments are due by the 1st of each month. Payments should be mailed to: STACK Sports 300 Route 17 S Mahwah, NJ 07430. Payments may also be dropped off at the STACK Sports Facility. Site supervisors and assistants are not permitted to accept payments.
- Automatic credit card draft payments will be processed monthly. If my credit card tuition payment is declined in any given month, the subsequent month will be charged the declined amount. Returned checks incur a \$20.00 bank-processing fee.
- For updated information about your account and your monthly tuition rate you can access your account online. For instructions see the Parent Handbook.

2. Schedule Changes:

I understand that scheduled days must be consistent each week for the month. I will notify the STACK Sports Facility of any changes to my child's attendance schedule or withdrawal from the program no later than the 15th of the previous month. You will be notified of approval and effective date of change once your request for Schedule Change Form is received. This form can be downloaded from the STACK Sports website by going to Forms, Links, and Schedules. DAY-TO-DAY CHANGES ARE NOT ACCEPTABLE and NO SWITCHING OF DAYS IS PERMITTED.

3. School Holidays:

STACK Sports offers camp days when school is closed for most holidays. Hours of camp are 9:00am–6:00pm. Each day's activities relate to a theme. You may choose to sign your child up for one or all of the days. Camp forms are available online at www.velocitysp.com/mahwah.

4. Child Release/Pick Up:

The STACK Sports staff will be responsible for my child from arrival through pick-up and will request proper identification at pick-up. I understand that my child will not be released to an adult suspected to be under the influence of drugs or alcohol. Children must be physically signed in for After-School Athletics and signed out at the end of After-School Athletics by an authorized adult (18 years of age or older) for the safety and accountability of each child.

As I have designated on my child's registration form, I will pick up my child by 4:30pm or 6:00pm. A late charge of \$25.00 for every 15-minute interval may be assessed if I do not comply with my contracted hours.

5. Credit/Refund Policy:

I understand that I am responsible for full tuition payment regardless of any absences from the program. The June deposit is non-refundable, and will only be applied to June's tuition. There will be no credit given for contracted days lost due to my child's absence, holidays, or emergency closings. There will be no refunds for mid-month withdrawals. Payment is based on ten equal payments regardless of school days in any month.

6. Emergency Closing:

I understand that if the school closes early due to inclement weather while in session, there will be NO After-School Athletics. It is my responsibility to pick my child up from school at the school's deemed closing time. If there is a delayed opening, I understand that there will be NO After-School Athletics. If the schools close for the day, there will be no care for the entire day and there will be no tuition adjustments made. Text messages and emails regarding the early dismissal or delayed opening will be sent to the primary sponsor cell phone or email address provided unless you choose to opt out. This information will be also posted to our website at www.velocitysp.com/mahwah

7. Termination Policy:

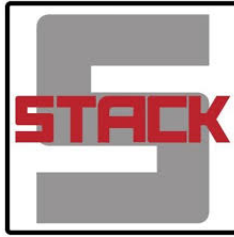
It is the goal of STACK Sports is to meet the individual needs of all our families and keep the children happily enrolled in the program. However, suspension and/or expulsion may occur due to varied causes. In case of termination or suspension, the following steps will be taken:

- Verbal discussion with the parent regarding the situation.
- Written Incident Report signed by the parent for the file.
- An agreement between the parent and Wyckoff Y of a suitable timeframe to resolve the situation.
- If the situation is not resolved a termination of the child from the program may be required.

I agree to adhere to the above After-School Athletics Program policies and give my child permission to participate in this program.

Date _____

Signature _____



TUITION PAYMENT AGREEMENT

Date: _____

Child's Name: _____ Program: _____

Monthly Payment for After-School Athletics costs is based on 5 day, 4 weeks, or 1 month of school. Tuition is paid September - June and payment is due 5 days prior to starting. No invoices will be sent, however you can request invoices or receipts at any time.

Please check and sign items 1 OR 2 and provide credit card information below:

1. _____ I agree to pay monthly tuition by cash, check or money order. In the event that my cash, check or money order payment is not received by the 15th of the month, I hereby authorize STACK Sports to automatically charge the credit card designated below (MasterCard, Visa or American Express) for the monthly After-School Athletics.

Signature

2. _____ I agree to pay my monthly tuition by an automatic credit card draft. I hereby authorize the STACK Sports to automatically draft the following credit card (MasterCard, Visa or American Express) on a monthly basis for the After-School Athletics tuition amount.

Signature

Credit Card: Visa / Mastercard / American Express (circle one)

Credit Card #: _____

Credit Card Expiration Date: _____ CID #: _____

Name as it appears on credit card: _____

Credit Card Billing Address: _____

Credit Card Billing Zip Code: _____

Credit card information will be encrypted in our payment system and the credit card portion of this document will be shredded and disposed of properly.



STACK Sports

After-School Athletics Program Transportation Authorization Form

Dear Parents;

In accordance with our licensing requirements, parents are asked to sign the release below granting STACK Sports permission to transport your child to and/or from school during the 2016-2017 school year.

I hereby, give permission to STACK Sports to transport my child. I also agree on behalf of my child to hold STACK Sports and its agents and employees harmless against any loss or injury of any kind as a result of my child's activities while participating in this program.

My child, _____ requires transportation to and/or from _____ (school) to STACK Sports, 300 Rt 17 S Mahwah, New Jersey for the After-School Athletics Program. I understand that if my child will be absent on any scheduled day, it is my responsibility to contact STACK Sports at (201) 684-9190 and report the absence as early in the day as possible.

Please check which applies:

_____ From your school to STACK Sports.

For the safety of transported children, STACK Sports reserves the right to terminate any child who does not follow appropriate bus behavior.

Signed: _____ (Parent/Guardian Signature)

Date: _____

STACK Sports
Basic Membership

Member's Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone: _____ D.O.B. _____ Sex: M F

Business Phone: _____

Email Address: _____

Emergency Contact Name and Phone:

All membership fees are indicative of your support of this association and its mission, and are therefore non-refundable.

____ I consent to allow STACK Sports to take photographs of my child which may be used as part of activities or promotional materials.

____ No photographs of my child may be taken.

In consideration of my membership (including my family and all guests) to participate in activities at STACK Sports, I, for myself, my heirs, executors and administrators, hereby release and forever discharge STACK Sports and all representatives and personnel from all liabilities, actions, claims, demands, damages, costs and expenses, which may now or in the future have against them or any of them arising out of my participation at the above mentioned STACK Sports Program including, but not limited to, all injuries that may be suffered by me.

Signature: _____ Date: _____

(Parent's signature if under 18)

For office use only Date: _____ Rec: _____

Department of Children and Families
Office of Licensing
INFORMATION TO PARENTS

Under provisions of the Manual of Requirements for Child Care Centers (N.J.A.C. 10:122), every licensed child care center in New Jersey must provide to parents of enrolled children written information on parent visitation rights, State licensing requirements, child abuse/neglect reporting requirements and other child care matters. The center must comply with this requirement by reproducing and distributing to parents this written statement, prepared by the Office of Licensing, Child Care & Youth Residential Licensing, in the Department of Children and Families (DCF). In keeping with this requirement, the center must secure every parent's signature attesting to his/her receipt of the information.

* * * * *

Our center is required by the State Child Care Center Licensing law to be licensed by the Office of Licensing, Child Care & Youth Residential Licensing, in the Department of Children and Families (DCF). A copy of our current license must be posted in a prominent location at our center. Look for it when you're in the center.

To be licensed, our center must comply with the Manual of Requirements for Child Care Centers (the official licensing regulations). The regulations cover such areas as: physical environment/life-safety; staff qualifications, supervision, and staff/child ratios; program activities and equipment; health, food and nutrition; rest and sleep requirements; parent/community participation; administrative and record keeping requirements; and others.

Our center must have on the premises a copy of the Manual of Requirements for Child Care Centers and make it available to interested parents for review. If you would like to review our copy, just ask any staff member. Parents may secure a copy of the Manual of Requirements by sending a check or money order for \$5 made payable to the "Treasurer, State of New Jersey", and mailing it to: NJ Department of Children and Families, Office of Licensing, Publication Fees, PO Box 657, Trenton, NJ 08646-0657.

We encourage parents to discuss with us any questions or concerns about the policies and program of the center or the meaning, application or alleged violations of the Manual of Requirements for Child Care Centers. We will be happy to arrange a convenient opportunity for you to review and discuss these matters with us. If you suspect our center may be in violation of licensing requirements, you are entitled to report them to the Office of Licensing toll free at 1 (877) 667-9845. Of course, we would appreciate your bringing these concerns to our attention too.

Our center must have a policy concerning the release of children to parents or people authorized by parents to be responsible for the child. Please discuss with us your plans for your child's departure from the center.

Our center must have a policy about administering medicine and health care procedures and the management of communicable diseases. Please talk to us about these policies so we can work together to keep our children healthy.

Our center must have a policy concerning the expulsion of children from enrollment at the center. Please review this policy so we can work together to keep your child in our center.

Parents are entitled to review the center's copy of the Office of Licensing's Inspection/Violation Reports on the center, which are issued after every State licensing inspection of our center. If there is a licensing complaint investigation, you are also entitled to review the Office's Complaint Investigation Summary Report, as well as any letters of enforcement or other actions taken against the center during the current licensing period. Let us know if you wish to review them and we will make them available for your review.

Our center must cooperate with all DCF inspections/investigations. DCF staff may interview both staff members and children.

Our center must post its written statement of philosophy on child discipline in a prominent location and make a copy of it available to parents upon request. We encourage you to review it and to discuss with us any questions you may have about it.

Our center must post a listing or diagram of those rooms and areas approved by the Office for the children's use. Please talk to us if you have any questions about the center's space.

Our center must offer parents of enrolled children ample opportunity to assist the center in complying with licensing requirements; and to participate in and observe the activities of the center. Parents wishing to participate in the activities or operations of the center should discuss their interest with the center director, who can advise them of what opportunities are available.

Parents of enrolled children may visit our center at any time without having to secure prior approval from the director or any staff member. Please feel free to do so when you can. We welcome visits from our parents.

Our center must inform parents in advance of every field trip, outing, or special event away from the center, and must obtain prior written consent from parents before taking a child on each such trip.

Our center is required to provide reasonable accommodations for children and/or parents with disabilities and to comply with the New Jersey Law Against Discrimination (LAD), P.L. 1945, c. 169 (N.J.S.A. 10:5-1 et seq.), and the Americans with Disabilities Act (ADA), P.L. 101-336 (42 U.S.C. 12101 et seq.). Anyone who believes the center is not in compliance with these laws may contact the Division on Civil Rights in the New Jersey Department of Law and Public Safety for information about filing an LAD claim at (609) 292-4605 (TTY users may dial 711 to reach the New Jersey Relay Operator and ask for (609) 292-7701), or may contact the United States Department of Justice for information about filing an ADA claim at (800) 514-0301 (voice) or (800) 514-0383 (TTY).

Our center is required, at least annually, to review the Consumer Product Safety Commission (CPSC), unsafe children's products list, ensure that items on the list are not at the center, and make the list accessible to staff and parents and/or provide parents with the CPSC website at <http://www.cpsc.gov/Recalls>. Internet access may be available at your local library. For more information call the CPSC at (800)638-2772.

Anyone who has reasonable cause to believe that an enrolled child has been or is being subjected to any form of hitting, corporal punishment, abusive language, ridicule, harsh, humiliating or frightening treatment, or any other kind of child abuse, neglect, or exploitation by any adult, whether working at the center or not, is required by State law to report the concern immediately to the State Central Registry Hotline, toll free at (877) NJ ABUSE/(877) 652-2873. Such reports may be made anonymously. Parents may secure information about child abuse and neglect by contacting: DCF, Office of Communications and Legislation at (609) 292-0422 or go to www.nj.gov/dcf and select Publications.

OOL1/29/14