



**Town of Secaucus  
Secaucus Recreation Department  
20 Centre Avenue  
Secaucus, New Jersey 07094  
(201) 330-2077**

**[www.secaucusrecreation.org](http://www.secaucusrecreation.org) | [www.secaucus.recdesk.com](http://www.secaucus.recdesk.com)**

# **2025 Before care and Aftercare Program Registration Packet**

**Michael Pero**

Superintendent of Recreation

(201) 330-2078

[mpero@secaucus.net](mailto:mpero@secaucus.net)

**Karyn Taylor**

Program Director

(201) 330-2077

[Ktaylor@secaucus.net](mailto:Ktaylor@secaucus.net)

**Carlene Kalakowski**

Program Coordinator, Before care and Aftercare, Huber Street Elementary School

(570) 350-1121

**Jasmine Vega**

Program Coordinator, Before care, Clarendon Elementary School

(201) 355-7152

**Denise Imperato**

Program Coordinator, Aftercare, Clarendon Elementary School

(201) 424-3106

## **PROGRAM INFORMATION**

### **PROGRAM DESCRIPTION**

The Town of Secaucus Before care Program (“BCP”) and Aftercare Program (“ACP”) are being provided in your child’s elementary school. Our program provides children with opportunities for growth and development outside of their school day through activities that are child-centered and fun! We provide a safe, encouraging environment, which promotes children’s creativity, positive self-esteem and image all the while teaching life skills, teamwork and supplying educational support. This program is for children enrolled in kindergarten for the 2025-2026 school year.

### **REGISTRATION**

The registration forms for BCP and ACP can be found at [www.secaucusrecreation.org](http://www.secaucusrecreation.org) and [www.secaucus.recdesk.com](http://www.secaucus.recdesk.com). All registration paperwork, a non-refundable registration fee of \$20.00 per family, and your first months’ payment must be received by Wednesday, August 27, 2025 in order to guarantee a start date on the first day of school. **Registration is in person only** at the Recreation Department located at 20 Centre Avenue, Secaucus, New Jersey 07094, Monday, Tuesday, and Thursday from 10:00 am – 3:00 pm and Wednesday 11:00 am – 7:00 pm.

### **FEES**

Fees for the programs are due prior to the 1<sup>st</sup> of every month and remain the same regardless of how many days your child attends. The fees for the programs are as follows:

- \$20.00 non-refundable registration fee per child
- BCP
  - \$105.00 per month per child
- ACP
  - \$300.00 per month per child
- Extended ACP
  - \$345.00 per month per child

### **HOURS**

BCP starts at 7:00 A.M. and runs until the beginning of the school day. In the event of a delayed opening, BCP will not be offered. ACP runs until 6:00 P.M. The Extended Aftercare Program is available until 6:30 P.M. for an additional fee. On scheduled early dismissal days, ACP will be offered. On days with an unplanned early dismissal (i.e., snow days, etc.) ACP will not be offered. On days school is not in session, there will be no BCP and ACP (i.e., holidays, spring break, snow days, etc.). A late pickup fee of \$25.00 per child is charged for parents/guardians arriving after the scheduled pickup time.

### **SNACKS**

BCP does not offer breakfast, however, your child may bring their breakfast from home. Please keep in mind that this is a **nut free program**! ACP provides nut-free snacks, fruits, and drinks.

## **REGISTRATION FORM**

Registration for (select all that apply): ☐ Before care ☐ Aftercare ☐ Aftercare Extended

### **CHILD INFORMATION**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Sex: \_\_\_\_\_

Address: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_ Age: \_\_\_\_\_

Note: Child must be enrolled in kindergarten for the 2025-2026 school year.

### **PARENT/GUARDIAN INFORMATION**

Parent/Guardian #1 Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Parent/Guardian #2 Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Please list any other siblings that are enrolled in the Program:

Name: \_\_\_\_\_ Age: \_\_\_\_ Name: \_\_\_\_\_ Age: \_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_ Name: \_\_\_\_\_ Age: \_\_\_\_

### **EMERGENCY CONTACT INFORMATION (Must provide 3, other than persons above)**

Emergency Contact #1 Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Emergency Contact #2 Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Emergency Contact #3 Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### **PHYSICIAN INFORMATION**

Doctor Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

## MEDICAL HISTORY

Does the Participant:

Wear glasses or corrective lenses? ☐ Yes ☐ No

\*Have an attention learning disorder? ☐ Yes ☐ No

\*Have asthma? ☐ Yes ☐ No

\*Have diabetes? ☐ Yes ☐ No

\*Have allergies? ☐ Yes ☐ No

\*If yes, does child require an Epi-Pen? ☐ Yes ☐ No

\*Have convulsions/epilepsy? ☐ Yes ☐ No

\*Have heart defects? ☐ Yes ☐ No

\*Have a bleeding/clotting disorder? ☐ Yes ☐ No

Have dietary restrictions? ☐ Yes ☐ No

\*Require medication? ☐ Yes ☐ No

\*Have any restrictions or adaptations? ☐ Yes ☐ No

**\*Have an Individualized Education Program (IEP) or 504 Plan? ☐ Yes ☐ No**

**\*If yes, please contact Abby Gonzalez at [agonzalez@secaucus.net](mailto:agonzalez@secaucus.net) before registration can be completed.**

You must submit an Action Plan signed by your child's doctor if you answer "Yes" to any of the above questions. Action Plan forms for Asthma and Allergies may be found on [www.secaucusrecreation.org](http://www.secaucusrecreation.org) and [www.secaucus.recdesk.com](http://www.secaucus.recdesk.com). Action Plans for other medical conditions must be obtained from your child's physician.

Describe any other physical, mental, social, or psychological conditions requiring medication, treatment, restrictions or considerations while at the Program. Please note the Program does not administer medication to participants.

*We comply with the requirements of state and federal law in making reasonable accommodations to facilitate participation. Failure to supply pertinent information in advance may result in the dismissal of your child from the Program.*

## AUTHORIZATION

To the best of my knowledge, the above Medical History is complete and accurate. I know of no reason to restrict my child's activity and give my permission for participation in all activities except as specifically noted herein. In the event that the parent(s) cannot be reached in an EMERGENCY, I hereby give permission to the physician selected by the Program Coordinator or his/her designee to hospitalize, secure proper treatment for, and to order injections, anesthesia or surgery for my child as named above. I have read and understand the policies and procedures of the Town of Secaucus BCP and ACP.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

## **PARENT HANDBOOK**

### **CONTACT INFORMATION**

If there are any changes with a parent/guardian's contact information (address, home or work number, cell number) between the time of this application and the end of the child's participation in the Program, the parent/guardian is responsible for notifying the Recreation Department and the Program Director.

### **LATE PICK UP**

The ACP requires a child to have three (3) contacts for your child in case of an emergency or if you are late picking up your child. Please note if we do not get any answer from you or any of the contacts on record within a fifteen (15) minute time frame we will have to contact the 24-hour State Registry Hotline 1-877-NJ-ABUSE (1-877-652-2873) or our local police department to seek assistance in caring for your child until the parent/guardian or person authorized is able to pick up the child.

### **HOMEWORK**

The staff members are willing to help your child with their homework. Please remember that the children have different teachers during the day, so in each ACP class children have different homework. We do our best to make sure all homework is done and reviewed, but due to the many needs of the children, and varying assignments, we cannot ensure that everyone will have their work checked. Please make sure you go over your child's homework when they come home, as we are not responsible for the completion of homework. If you do not want your child to do their homework in the ACP, please email or send in a note to the Program Director excusing your child from doing it with the staff.

### **MEDICAL AUTHORIZATION**

By signing below, I certify that my child is physically fit and able to participate in the Program, events, and activities and that my child has not been advised otherwise by a medical professional.

### **MEDICAL EMERGENCY**

In the event of a medical emergency, the parent/guardian on file will be notified immediately and/or if not available, the staff will make reasonable efforts to reach an emergency contact. While all reasonable efforts will be used to reach an emergency contact, failure to reach such shall not prevent the rendering of emergency care in the best interest of the health, safety, and welfare of my child. I grant permission to the Program Coordinator or his/her designee to furnish and arrange any emergency hospital or medical care that might be required in the event of a sickness, injury, or accident to my child.

In the event the child sustains a minor injury (i.e., a minor scrape), you will be notified by the staff when your child is picked up or dropped off the following day. Staff will provide necessary first aid. Should the child become ill while attending the Program, a staff member will contact you.

### **MEDIA AUTHORIZATION**

I understand that my child may be photographed during participation in the Program, and that the photos may be used for promotional purposes, newspaper releases or placed on the Town's public website.

### **BEHAVIOR**

My signature below indicates that I am ready and willing to support the Program staff who may be working through behavioral, emotional or other challenges my child may experience while at the Program. I understand that the Program Director reserves the right to terminate my child's participation in the Program if his/her safety or the safety of other children and staff cannot be ensured, or his/her behavior has become disruptive (i.e., biting, smacking, hitting, aggressions, self-injury, eloping, etc.) to the point of precluding other children from enjoying the Program. The first violation will result in the child being suspended for one (1) day of the Program. If the violation happens more than once, my child's

termination may be deemed necessary, I or my designee will pick up my child from the Program within one (1) hour of notification. I understand that suspension and/or dismissal from the Program is non-negotiable, and I will honor the request of the Director to pick up my child.

### **PERSONAL PROPERTY**

I understand the Town of Secaucus Recreation Department and its staff will not be liable for damage, theft, loss or other issues with personal belongings, valuables or electronic devices brought to the Program. I understand that if my child attends the Program with any electronic devices, money, or other items of value, they do so at their own risk.

### **USE OF TECHNOLOGY**

During BCP and ACP, children are not permitted on their cellphone or any other electronic devices. If my child wishes to contact their parent/guardian in the event of an emergency, then they must have prior approval from a staff member.

### **PERMISSION TO LEAVE SCHOOL**

The Program reserves the right to take my child outside on school grounds to play and permission to leave the school grounds in the event of an emergency, if deemed necessary.

### **FIRE DRILL PROCEDURES**

Fire drill procedures will differ from regular school day procedures in that an alarm will not be sounded. The Program will develop its own distinctive sound pattern that will consistently signify a fire alarm. Staff will review evacuation procedures with the children on a regular basis. A report on the drill will be kept on file with the Recreation Department.

### **RELEASE OF LIABILITY**

By signing below, I hereby release and hold harmless the Before care Program, Aftercare Program, the Town of Secaucus, the Recreation Department, and its officers, employees, agents, representatives, volunteers, staff and assigns and indemnify them from and against any liability, claims, judgments or expenses that may arise out of or from participation in the in the Program, including but not limited to, injury, accidents, loss of property, death, sickness or exposure other illnesses, whether or not such is caused by negligence of the Program, the Town of Secaucus and its officers, employees, agents, representatives, volunteers, staff and assigns.

### **FEES**

By signing below, I hereby agree to pay non-refundable registration fee, the monthly program fee and any accrued late fees prior to the 1<sup>st</sup> of every month.

### **TERMINATION**

By signing below, I understand that the Town of Secaucus reserves the right to terminate the program for any reason with a sixty (60) day written notice to the registrants. I further understand that in the event of continued late payment fees, late pick-up fees, and late pick-up of my child, or for any other good cause the Town of Secaucus reserves the right to request the removal of my child from the Program.

I have read the above policies for the Town of Secaucus Before care and Aftercare Programs. I fully and completely understand the Program's policies and procedures and am agreeing to such freely and voluntarily.

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## **POLICY ON THE MANAGEMENT OF COMMUNICABLE DISEASES**

If a child exhibits any of the following symptoms, the child should not attend the center. If such symptoms occur at the center, the child will be removed from the group, and parents will be called to take the child home.

- Severe pain or discomfort
- Acute diarrhea
- Episodes of acute vomiting
- Elevated oral temperature of 101.5 degrees Fahrenheit
- Lethargy
- Severe coughing
- Yellow eyes or jaundiced skin
- Red eyes with discharge
- Infected, untreated skin patches
- Difficult or rapid breathing
- Skin rashes in conjunction with fever or behavior changes
- Skin lesions that are weeping or bleeding
- Mouth sores with drooling
- Stiff neck

Once the child is symptom-free or has a health care provider's note stating that the child no longer poses a serious health risk to himself/herself or others, the child may return to the center unless contraindicated by local health department or Department of Health.

### **Excludable Communicable Diseases**

A child or staff member who contracts an excludable communicable disease may not return to the center without a health care provider's note stating that the child presents no risk to himself/herself or others.

Note: If a child has chicken pox, a note from the parent stating that all sores have dried and crusted is required.

If a child is exposed to any excludable disease at the center, parents will be notified in writing.

### **Communicable Disease Reporting Guidelines**

Some excludable communicable diseases must be reported to the health department by the center. The Department of Health's Reporting Requirements for Communicable Diseases and Work-Related Conditions Quick Reference Guide, a complete list of reportable excludable communicable diseases, can be found at: [http://www.nj.gov/health/cd/documents/reportable\\_disease\\_magnet.pdf](http://www.nj.gov/health/cd/documents/reportable_disease_magnet.pdf).

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. 3A:52)**, every licensed childcare 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 childcare matters. The center must comply with this requirement by reproducing and distributing to parents and staff this written statement, prepared by the Office of Licensing, Child Care & Youth Residential Licensing, in the Department of Children and Families. In keeping with this requirement, the center must secure every parent and staff member'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 (OOL), 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 view a copy of the Manual of Requirements on the DCF website at <http://www.nj.gov/DCF/providers/licensing/laws/CCCmanual.pdf> or obtain a copy by sending a check or money order for \$5 made payable to the "Treasurer, State of New Jersey", and mailing it to: NJDCF, 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 OOL's Inspection/Violation Reports on the center, which are available soon after every State licensing inspection of our center. If there is a licensing complaint investigation, you are also entitled to review the OOL'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 or you can view them online at <https://childcareexplorer.njccis.com/portal/>.

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 OOL 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 <https://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) 2920422 or go to [www.state.nj.us/dcf/](http://www.state.nj.us/dcf/).