

THE AUXILIUM SCHOOL

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Thank you for choosing The Auxilium School, *celebrating 40 years of serving the children of Sussex County and the surrounding area*, as your child's "First Steps in Faith and Family".

Please read and complete the following mandatory forms included in this Registration packet:

- The Auxilium School Registration form (front & back)
- The Authorized Pick Up form
- The Auxilium School Fundraising Agreement
- The Auxilium School Publicity and Communication Release form
- Department of Children and Family Services, Office of Licensing – INFORMATION TO PARENTS
- Acknowledgement of receiving our Parent Handbook
- Car Sign Name Tag

Please read and complete the following additional forms included in the Registration packet:

- Morning Drop Off Information and Volunteer Request form
- Lunch Volunteer Request form (a FUN way to spend extra time with your preschooler!)

Please review the Health Records Letter from the School Nurse and complete the Universal Health Form (both are available on our website).

- If you are ***Re-registering*** for the upcoming year, then the School Nurse will contact you regarding updating your child's Universal Health form and Immunization Records; you do not need to return those items with the rest of your re-registration paperwork.

Return all documents to the school with your non-refundable \$100 Registration fee/\$60 Re-registration fee as soon as possible in order to reserve your child's spot.

If you have any questions, please call the Main Office at (973) 383-2621.

THE AUXILIUM SCHOOL
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SCHOOL YEAR 2017-2018 REGISTRATION FORM

*Please include \$100.00 **Registration Fee** or
\$ 60.00 **Re-Registration Fee**

(Fees are NON-REFUNDABLE)

Juniors & Pre-K 3 ONLY

Check one & circle days your child will attend:

- ___ 2 days M Tu W Th Fr
___ 3 days M Tu W Th Fr
___ 4 days M Tu W Th Fr
___ 5 days M Tu W Th Fr

Pre-K 4 ONLY

Check one & circle days your child will attend:

- ___ 3 days M Tu W Th Fr
___ 4 days M Tu W Th Fr
___ 5 days M Tu W Th Fr

Year-to-Grow

- ___ 5 days M Tu W Th Fr

Email Address _____

(Alternate school correspondence and billing purposes)

Child's Name _____ Male _____ Female _____

Date of Birth ____/____/____ Age _____ Home Phone ____ (____) _____

Mailing Address _____

Home Address _____

CONTACT INFORMATION:

Father's Name _____ Home Phone ____ (____) _____ Cell Phone ____ (____) _____

Address (if different from above) _____

Dad's Business _____ Work Phone ____ (____) _____

Mother's Name _____ Home Phone ____ (____) _____ Cell Phone ____ (____) _____

Address (if different from above) _____

Mom's Business _____ Work Phone ____ (____) _____

***IF parent(s) CANNOT be reached in an emergency (child must be picked up within 1 hour), please contact:**

Name: _____ Phone: ____ (____) _____ Cell: ____ (____) _____

Relationship to Child: _____

Name: _____ Phone: ____ (____) _____ Cell: ____ (____) _____

Relationship to Child: _____

PRELIMINARY MEDICAL INFORMATION:

Pediatrician/Family Doctor _____ Phone ____ (____) _____

Hospital Preference _____

Present Medical Problems & Chronic Conditions: _____

Any birth marks, moles, scars, etc.? _____ Special care required? _____

Allergies: _____

Medication taken regularly: _____

EMERGENCY TREATMENT PERMISSION: In the event of an emergency, it is required for us to have your consent for your child to receive any medical treatment. In the event that a medical emergency occurs, I authorize THE AUXILIUM SCHOOL/CAMP AUXILIUM to seek emergency medical care for my child as deemed necessary by the Director.

SIGNATURE _____

DATE ____/____/____

Please tell us a little about your child's home life:

Marital Status: Married _____ Separated _____ Divorced _____ Single _____ Widow(er) _____

Brothers/Sisters?

Name: _____ Age: _____ M/F: _____

Name: _____ Age: _____ M/F: _____

Name: _____ Age: _____ M/F: _____

Name: _____ Age: _____ M/F: _____

Child's Religion: _____ **Church Affiliation:** _____ **Baptized?:** Yes ___ No ___

Your Public School District: _____

CUSTODIAL INFORMATION

If a non-custodial parent is not included among those persons authorized by the custodial parent to pick up the child, please explain below and attach a copy of appropriate documents. (Court Order)

Should notices be sent to the non-custodial parent? _____ Yes _____ No

SIGNATURE _____ **DATE** ____/____/____

**If parental/guardianship/custodial rights are shared, then all parties must indicate agreement to The Auxilium School payments, fees, terms and policies by signing where indicated in the Payment Agreement section below.*

OVERALL PERMISSION SLIP

I GIVE PERMISSION FOR MY CHILD TO PARTICIPATE IN WALKING TRIPS WITHIN THE AREA OF THE AUXILIUM SCHOOL/ CAMP AUXILIUM. I UNDERSTAND THAT THESE TRIPS WILL BE CONDUCTED IN A SAFE AND ORDERLY MANNER AND WILL INVOLVE NO SAFETY HAZARDS.

SIGNATURE _____ **DATE** ____/____/____

PAYMENT AGREEMENT

I understand and agree to comply with all payments, fees, terms and policies of The Auxilium School for the 2017 – 2018 School Year.

Parent/Guardian Signature **Date** ____/____/____

Parent/Guardian Signature **Date** ____/____/____

For Office Use Only

Date Registered ____/____/____ **Birth Certificate Received?** Yes No

Payment Received \$ _____ **Cash / Credit / Check #** _____

Health Forms Received? Yes No **Flu Shot Current?** Yes No

Class Assignments: _____

THE AUXILIUM SCHOOL
AUTHORIZED PICK-UP form 2017-2018

The following people have my permission to pick up my child when I am unavailable to do so.

Name	Phone Number	Relationship
1. _____	(____)____-_____	<u>PARENT</u>
2. _____	(____)____-_____	<u>PARENT</u>
3. _____	(____)____-_____	_____
4. _____	(____)____-_____	_____
5. _____	(____)____-_____	_____
6. _____	(____)____-_____	_____
7. _____	(____)____-_____	_____

Please make sure to list everyone who is allowed to pick up your child.

_____ **Phone** (____)____-_____

Print Name of Parent/Guardian

_____ **Date** ____/____/____

Parent/Guardian Signature

Notes:

FUNDRAISING AGREEMENT 2017-18
(Juniors, Pre-K 3, Pre-K 4, Year-to-Grow)

One of the functions of our Parent Teacher Organization is to support The Auxilium School through fundraising efforts. As parents, we are aware that tuition mainly covers the salaries of the teachers, therefore these funds help with the costs to operate the facility and maintain the upkeep of the buildings and grounds to ensure the safety of all of our children.

You will receive a copy of this once it is signed.

OPTION 1 – FULL PARTICIPATION

As a parent/guardian, I agree to fully meet all the requirements of The Auxilium School fundraisers as described below:

- Sell a minimum of **25 Calendar Raffle tickets**. (Each ticket costs \$10.00) Sell tickets to coworkers, family and friends for more than 90 chances to win over \$9,600 in cash prizes.
- Support our Beefsteak and Baskets Fundraiser this October in one of the following methods:
 - Provide a **\$75.00** gift basket/prize item for the fundraiser plus donate a **\$10** item for the class basket
 - Purchase **two \$40 tickets** to attend the Beefsteak and Baskets fundraiser

OPTION 2 – FULL BUYOUT

I agree to pay a fee of **\$385.00** in lieu of The Auxilium School fundraisers listed in Option 1 above. I understand full payment of this BuyOut Option is due to The Auxilium School by a cash or check payment no later than September 22, 2017. Payment arrangements for Option 2 may be made by contacting the Finance Office at 973-383-2621 ext. 7 between the hours of 8:30am and 2:00pm.

I fully understand the requirements and terms of The Auxilium School Fundraising Agreement listed above and agree to fulfill the Option that I have chosen.

Parent/Guardian Signature _____ Date _____

Print Child's Name _____ Class _____

Phone _____ Email address _____

THE AUXILIUM SCHOOL PUBLICITY RELEASE 2017-2018

Children attending The Auxilium School may be included in video or photographs taken during their time at school. Our intent is to utilize these pictures and/or videos through varied means of communication to share the happiness of our students with our families and the community. We would like permission to use your child's pictures and/or videos on our web site, social media, flyers, posters, brochures, newspaper articles, ads, etc. In order to do this, we need a signed release from you. Please indicate your preference below, sign and return this form.

* It is our practice to never include any child's name in publications without permission from the child's parent/guardian. If the occasion arises that your child's name is requested for any reason, we will call you for your permission before using your child's name.

Photo Release (for subjects under 18 years old)

I, _____, give The Auxilium School the absolute right and
(Printed name of Parent/Guardian)
permission to use my son/daughter's photograph(s) and/or video(s) in its promotional materials and publicity efforts. I understand the photograph(s)/video(s) may be used as noted above in videos, web sites, social media, flyers, posters, brochures, newspaper articles, ads or other forms of promotion (without using my child's name). I release The Auxilium School, the photographer, employees and agents from liability for any violation of any personal or proprietary right I may have in connection with such use.

You may use my child's picture/video in The Auxilium School Yearbook and Christmas Show video ONLY.

DO NOT USE MY CHILD'S PICTURE/VIDEO UNDER ANY CIRCUMSTANCES

Parent/Guardian Signature _____ Date ____/____/____

THE AUXILIUM SCHOOL COMMUNICATIONS RELEASE 2017-2018

There are times during the school year when we need to contact the parent(s)/guardian(s) of our students in a quick and efficient manner (ie: Reminders of special events, class parties, etc). A few of these communications are handled by the class parent(s). Please sign below to permit us to release your phone number and/or email address to your child's class parent(s) and to parents who request a class list for this purpose. **This information must be completed and returned for your child's class parent(s) to notify you of special activities/parties in the class.**

I give The Auxilium School permission to give my telephone number and/or email address to the class parent(s) to facilitate home-school communications and intra-communications with the school.

Do NOT share my telephone number and/or email address with the class parent(s).

Parent/Guardian Signature _____ Date ____/____/____

I prefer to be notified by PHONE Cell: (____)____-____ Work: (____)____-____ Home: (____)____-____

EMAIL: _____@_____

Name of Child _____ Class _____

THE AUXILIUM SCHOOL

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Dear Parents/Guardians:

In keeping with New Jersey's child care center licensing requirements, we are providing you, as the parent of a child enrolled at our licensed center, with this informational statement.

The statement highlights, among other things:

- your right to visit and observe our center at any time without having to secure prior permission;
- the center's obligation to comply with licensing standards
- the obligation of all citizens to report suspected child abuse/neglect/exploitation to the State Child Abuse Hotline, 1 (877) NJ ABUSE.

Please read this statement carefully and feel free to contact me at (973) 383-2621 if you have any questions.

Sincerely,

Sister Isabel Garza, FMA
Director

Please read the attached statement and then complete & return this portion to the School.

Name of Child _____ Child's Class _____
(please print)

I have read and received a copy of the Information to Parents statement prepared by the Office of Licensing, Child Care & Youth Residential Licensing, in the Department of Children and Families.

Name of Parent/Guardian _____
(please print)

Parent/Guardian Signature _____ DATE _____

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. 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 (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/lifesafety; 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 www.state.nj.us/dcf/providers/licensing/laws/index.html 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 issued 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.

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 www.cpsc.gov/cpsc.gov/cpscpub/prerel/prerel.html. 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.state.nj.us/dcf/ and select Publications.

OOL8/22/14

THE  AUXILIUM SCHOOL
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**PARENT HANDBOOK
ACKNOWLEDGEMENT AND RECEIPT FORM
2017-2018**

I acknowledge I have been informed that the Parent Handbook, containing policies, rules and regulations for **The Auxilium School**, is available to me on the school website www.campauxilium.org under the Admission tab. I have further been informed that if I cannot access the online version of the Parent Handbook, then a hard copy is available to me thru the Main Office upon my request. I have read the Parent Handbook or will read it as soon as possible. I understand and agree that the Parent Handbook is binding on the parents and school during the current academic year. I understand and agree that the administration of the school will have the authority set forth in the Parent Handbook.

I understand that the rules and regulations contained in the Parent Handbook are established for the benefit of all. I understand my responsibility to support the school in the policies it has established, and to adhere to the rules and regulations set forth in the Parent Handbook.

If there is any addendum to the handbook I will comply with it upon notification in writing.

Name of Parent/Guardian _____
(please print)

Parent/Guardian Signature _____ DATE _____

Child's Name: _____ Class _____

Car Sign for Pick Up

If you are picking up your child at 2 o'clock, then you need to use the car sign below. Please complete with your child's name & class and attach this sign on your visor. Turn your visor down while in the pick-up line so we can read the name of the child that you are picking up. * Please consider making a copy of this for other family members who will pick your child up.

(fold here)

(Child's Full Name Here)

(Child's Class Here)

Our Morning Drop-Off Program needs Volunteers!!



The Auxilium School offers Morning Drop-Off each morning from **8:00 – 9:00 AM** for our PK 3, PK4 and Year to Grow students. We want to make things a little easier for our parents while ensuring that our students start their day safely & with a smile!

**Morning Drop-Off will begin on Thursday, Sept. 7th for PK4/YTG
and on Monday, Sept. 11th for PK3.**

Greeting our students in the morning will not only put a smile on their faces, it will put one on yours too! Please let us know if you are willing to volunteer for this program. Complete the form below and return it to the office. You will then receive a monthly calendar so you know when you are expected to be here.

Any help, whether it be once every week, every other week or once a month, is appreciated!

Parent Name: _____

Phone: Home (____)____-____ Cell (____)____-____

Email: _____@_____

- I can Volunteer ___ day(s) per week on Mon. Tues. Wed. Thurs. Fri. (Please Circle days available)
- I can Volunteer ___ day(s) per month on Mon. Tues. Wed. Thurs. Fri. (Please Circle days available)
- I cannot volunteer on a regular basis, but please put me down as a substitute on
Mon. Tues. Wed. Thurs. Fri. (Please Circle days available)

* If you cannot make it one day or need to swap days, then please call the office or email us at schooloffice@campauxilium.org at least 1 day prior to the day you are unavailable.

Child's Name: _____ Class: _____

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LUNCH VOLUNTEERS NEEDED

Our students are always very excited when they know Mommy, Daddy, Grandma, Grandpa or an aunt or uncle are coming to help with lunch. Our school policy (and state regulation) requires that classes always be covered by at least two (2) adults based on attendance. This often means a teacher will need to eat in the classroom at lunchtime. Did you know that many elementary schools cannot allow parents to join their children for lunch? At the Auxilium School we try to include our families in as many ways as we can. And so we began asking our parents, guardians, grandparents, aunts, and uncles to help us for lunchtime from 11:30 AM to 12:30 PM. This way your child gets to see you or a family member at lunch and our teachers always get to enjoy their lunch in the teacher's lunch room.

You can choose to help out in your child's class (or even in another classroom) once a week, twice a month or monthly. Some of our families even like to come in a few times a week.

Please complete the form below to let us know when you or a family member are available to come in and help at lunchtime. Your child's teacher will send you a monthly lunch help calendar so you always know when you're needed.

Can't commit on a regular basis?? Then please sign up to be a substitute lunch helper. If one of the regular lunch helpers cannot make it in, we can call you and see if you're available instead. Please complete the form below to let us know the day(s) that will be the most convenient for you.

Thank you in advance for all of your help.

You can contact me by email at: _____ @ _____

or by phone at: Home (____)____ - _____ **Cell** (____)____ - _____

I am available every week on **Mon. Tues. Wed. Thurs. Fri.** ____ days per week.
(please circle days available)

I am available every other week on **Mon. Tues. Wed. Thurs. Fri.**
(please circle days available)

I am available once a month on a **Mon. Tues. Wed. Thurs. Fri.**
(please circle days available)

I am available as a substitute lunch helper on **Mon. Tues. Wed. Thurs. Fri.**
(please circle days available)

Child's Name _____ **Class** _____