

AT MR. ROBERT'S
2022-2023
HANDBOOK



Welcome!

Dear Parents,

I want to thank you for considering At Mr. Robert's for your childcare needs. I offer a loving, safe, and educational environment for your child to grow, learn and play.

I can understand how difficult it can be for working parents to balance all of their commitments and responsibilities in their lives. For this reason I strive to offer a program that will enrich your child's development while putting your mind at ease.

I will do my best to assist your child in developing important values such as: good manners, caring, sharing, patience, responsibility, as well as communication and teamwork. I believe that children learn best through play, and we will implement these important values throughout our day. I also offer preschool activities such as learning the alphabets, shapes, colors, numbers, we also work on name recognition.

It is my goal to offer your family the quality childcare experience you deserve. Please feel free to openly discuss any problems or concerns you may have at any time. An open and honest relationship is the key to a happy childcare experience for everyone involved.

Please help me operate my business in a professional manner by carefully reading through the parent handbook and filling out all the necessary forms. It is very important that you are aware of all of my policies, as I want you to make your decision about childcare based on the terms for which I will provide care.

Again, thank you for considering At Mr. Robert's. I look forward to providing your child with the best possible care.

Sincerely,



Robert Mosley



**AT MR. ROBERT'S
AFTER SCHOOL PROGRAM**

1422 Grand Street Suite 3B

Hoboken, NJ 07030

201 370-5585

Dear Parents/Guardians:

The staff of At Mr. Robert's is pleased to offer you and your child/children the services of our After School Program. Within this Parent Handbook, you will find information regarding our updated policies and procedures.

This handbook is a valid part of the enrollment agreement between the program and the parent/guardians of the children. Please take a few minutes and read over all the material enclosed.

The After School Program consists of four elements. We offer care for students from School Dismissal until 6:30pm, Monday thru Friday and on early dismissal days as well. For closed school days we are open for a full day starting at 8:00am-5:00pm for an additional fee of \$125.00 per day. If you are interested, please see me. Finally, we offer a Summer Camp which runs for 10 weeks.

We look forward to another fun, enriching, and safe year!

Please feel free to contact me with any questions or concerns.

Sincerely,

Robert Mosley
Director/Owner



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Mission Statement

At Mr. Robert's After School Program is dedicated to providing a safe, stable and engaging environment where all members can become confident, successful learners. Our vision will be accomplished through the teamwork of the staff, students, and community.



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REGISTRATION

There is a non-refundable registration fee of \$125.00 per child for After School. This fee may be included in the first payment.

All parents must provide an accurate and up-to-date health and immunization record at the time of registration.

Please fill out the attached emergency contact form and return it as soon as possible. Also note if your child has any allergies.

PAYMENT OF TUITION

\$925.00 Monthly- After School Pick Up

HOURS OF OPERATION

-For regular school days and half/days

School dismissal- 6:30pm

-For closed school days

8:00am- 5:00pm

- ❖ If you choose not to use us for the Early Dismissal you **WILL NOT** be able to drop off your child. We plan our staff according to how many children we have for that day.
- ❖ All After School Program students **MUST** be picked up by 6:30pm. There will be a \$20.00 per 15 minutes charge for any child picked up after 6:30pm. Prompt payment to an AT MR. ROBERT'S staff member will be issued upon picking up your child.
- ❖ **NO EXCEPTIONS WILL BE MADE**
- ❖ No Reimbursement will be given if you decide to take your child out of our program early.



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Date of Birth: _____

Child's Name: _____ **Grade:** _____

School: _____ **Rm #:** _____

Address: _____

Home Phone: _____

Mother's Name: _____ **Father's Name:** _____

Father's Employment: _____

Phone Number: _____

Cell Number: _____

E-mail Address: _____

Mothers Employment: _____

Phone Number: _____

Cell Number: _____

E-mail Address: _____

Does your child have any specific health problems? _____

If yes, please explain: _____

**At Mr. Robert's is authorized to seek medical treatment and arrange for emergency
Transportation to a nearby hospital for your child: YES ___ NO ___**



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Emergency Contacts & Child Release Authorization

Children will not be released to anyone whose name is not on the following list, without permission from the parent. In emergency cases, parents must call the Director and provide sufficient documentation to enable the individual to pick up your child.

Please provide a picture and identification for each person listed below. We will not release any child to a person or persons whom we feel is not capable of caring for your child. Your signature below states that you give us full permission to release your child to the individual(s) name below. By signing below you also agree that we can use your best judgment and not release your child to the named individual if we feel this is not the best interest of your child (intoxicated, angry, lack of car seat, etc.)

If a parent or another person is specifically “not” authorized to visit or pick-up a child, please provide us with the appropriate court documentation. The center will not be put in a position of defending either parent and/ or guardian. We will always defend the right of the child to have a safe and positive environment free of any turmoil and negative disturbances.

Name: _____

Address:_____ Relationship: _____

Telephone Numbers - Home:_____ Business:_____ Cell:_____

Name: _____

Address:_____ Relationship: _____

Telephone Numbers - Home:_____ Business:_____ Cell:_____

By signing your name, you are legally authorizing us to release your child to the individuals named above. Please notify us immediately of any changes.

Signature:_____ Date: _____



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Discipline Policy and Behavioral Issues

At Mr. Robert's expects participants to respect others and their space, harmoniously participate in games, cooperate with At Mr. Robert's staff and be enthusiastic. Learning self-control is just a normal part of growing up, thus we never embarrass or ridicule a child when they misbehave. We use positive strategies that strengthen the self-esteem of children. We will use "time out" to give children a time to think about their actions before coming back to any group activity. This is a positive form of discipline that teaches appropriate behavior while allowing a child to make the decision to improve his or her behavior.

Unacceptable behavior includes profanity, disrespecting others, failure to comply with a staff member's directions, excessive horseplay, inappropriate or violent physical contact.

Keeping the above in perspective, since we provide childcare in a group setting, we must also be concerned for the welfare and safety of all the children and staff. At Mr. Robert's will report any incidents of unacceptable behavior to the parents/guardians of all children involved. At Mr. Robert's reserves the right to suspend or expel a child for any unacceptable behavior.

Thank You,

At Mr. Robert's



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AT MR. ROBERT'S POLICY FOR USE OF COMPUTERS/TABLETS/TV

- A. Television & Tablets are only used for educational purpose only in the Homework Room.
- B. No personal use. Must be supervised by a staff member.



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Dear Parents:

In keeping with New Jersey's child care center licensing requirements, we are obligated to provide you, as the parent of a child enrolled at our 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 be licensed and to comply with licensing standards; and the obligation of all citizens to report suspected child abuse/neglect/exploitation to the State Child Abuse Hotline at **(877) NJ ABUSE**.

Please read this statement carefully and, if you have any questions, feel free to contact me.

Sincerely,

Robert J. Mosley
Director/Owner

Please complete and return this portion to the center. (Please Print)

Name of Child: _____

Name of Parent: _____

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

Signature: _____ **Date:** _____



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MEDICATION ADMINISTRATION POLICY

Dear Parents or Guardians:

The only medications that At Mr. Robert's is allowed to administer are Nebulizers and Epi pens.

Thank you for your cooperation.

At Mr. Roberts



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SICKNESS POLICY

If your child gets sick, it is often most appropriate to keep him/her home from school. A child who is sick will not be able to perform well in school and is likely to spread the illness to other children and staff. Please make arrangements for childcare ahead of time so you will not be caught without a place for your child to stay if he/she is ill.

At Mr. Robert's guidelines state that you should not send your child to school if he/she has any of the symptoms below.

If your child has any symptoms from 1-5 your child **MUST** take a Covid Test in order to return to our facility.

1. Fever in the past 24 hours 99 degrees or higher
2. Vomiting in the past 24 hours
3. Diarrhea in the past 24 hours
4. Strep Throat (must have been taking an antibiotic for at least 24 hours before returning to our facility).
5. Bad cold, with a very runny nose or bad cough, especially if it has kept the child awake at night.
6. Head lice – live bugs or nits (lice eggs)
7. Rash
8. Pinkeye- (must be on antibiotic eye drops for 24 hours, which includes 4 doses, before returning to our center)

If your child becomes ill at our center, or is contagious to other children, you will be called to come and take him/her home from our facility. It is essential that your child's teacher have a phone number where you can be contacted during the day and an emergency number in the event you cannot be reached.

If your child has been sent home by one of our staff members for any of the above reasons, he/she will not be permitted to return to school until after the appropriate period of time has passed and will not be allowed to return without a doctor's note.



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Photos & Video Release Form

Child's full name: _____

Photographs and videos are taken on different occasions such as holidays, outings, and special occasions, as well as everyday activities. We use these pictures/videos on our Facebook, TikTok & Instagram Pages.

Kindly view and like our pages.

Please mark the appropriate box:

The childcare provider may take photographs & videos of my child:

I give permission

I do **NOT** give permission

Parent Signature: _____ Date: _____



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Consent Form and Tuition Policies

1. I have received and read the After School Parent Handbook which outlines the Center's policies and procedures. By signing below I agree to abide by all rules and regulations presented in the Parent's Handbook.
2. I give my child PERMISSION TO GO ON SHORT LOCAL WALKING TRIPS around the center and Hoboken parks.
3. I agree to pay the *Registration Fee* of \$125.00
4. A 10% sibling tuition discount is given to the older sibling.
5. I agree to pay a *returned check fee* of \$50.00.
6. The *Terms of Agreement* are subject to change in whole or in part by At Mr. Robert's.
8. This agreement may be terminated at any time by At Mr. Robert's, if it is in the best interest of the child.
9. I agree to pay a LATE PICK-UP FEE to an At Mr. Robert's employee of \$20.00 per 15 minutes if I do not pick up my child by 6:30 pm.
10. I will not hold At Mr. Robert's liable for any injury to my child, including but not limited to biting and hitting from another child.
11. Fees will not be waived or adjusted.
12. I understand all the fees identified above are not refundable.

I agree to the terms of At Mr. Robert's, including reading and abiding the Parent Handbook and paying the tuition in accordance to the fees and policies stated above.

Sign **Date**

Sign **Date**