

HIGHLANDS RECREATION

After-school Program

*Robert D. Wilson Memorial Community Center
22 Snug Harbor Avenue*

Monday, September 8

WALKING SCHOOL BUS REGISTRATION

5pm - 6 pm for multiple children

6 pm - 7 pm for all others

DROP-IN ONLY

7 PM - 8PM

IN-PERSON REGISTRATION ONLY

Grade K - 6

*Must be 5 years old at the time of registration &
must be able to use the restroom, unassisted.*

** Age 4 will be placed on a waiting list**

UP TO 4th GRADE

**Walking School Bus
September 29 - May 21
\$180.00**

Grades K-6

**Drop-In program
3:30 - 5:00 PM
FREE**

*Your child will not be permitted in the program
if they are not registered.*

**All paperwork & payment is due
on the date of registration.**

Free League Apps Account

Completed Registration Packet

Completed Health Records

Current Vaccination Records***

****Not needed for those who attended
2025 Summer Camp*



Scan here for your registration form.






Kids on the Move – 2025–2026

Registration Instructions

To complete your child's registration, please follow the steps below carefully:

1. Required for Registration

Please bring the following items with you on the day of registration:

-  **Completed Registration Packet**
 - If needed, one will be available for you to complete upon entry to the building.
-  **Immunization Records or Waiver**
-  **Electronic Method of Payment** (No American Express accepted)
 - A **\$180 payment** is due at the time of registration for the Walking School Bus.
 - If you need to make payment arrangements, please email JKane@HighlandsBorough.org *before registration day*.
-  **ARE YOU NEW TO HIGHLANDS RECREATION THIS YEAR?**
 - Create a free League Apps account in advance:
 <https://accounts.leagueapps.com/join>

2. What to Expect on Registration Day

- Arrive at the **Highlands Community Center** with all required documentation.
- Once doors open, **take a number and a registration packet, if needed**.
- Once your packet has been completed, turn in your ticket number.
- Wait for your number to be called.

3. Final Step

- When your number is called, return the completed packet and required documents.
- All program-related questions will be answered at that time.
- If you have questions while filling out paperwork, HRD staff will be available to assist you.

Please come prepared to help ensure a smooth and timely registration process. We look forward to seeing you!

Kids on the Move – 2025–2026 Information Guide

ELIGIBILITY

- Open to children **ages 5–11**, and all participants **must be potty-trained**.
- We will accept registrations for **4-year-olds**; however, they will be placed on a **waitlist**. If a space becomes available, you will be contacted.
- **Pre-K and Kindergarten students** must:
 - Keep an **extra pair of clothing** in their bags.
 - Provide the Community Center with a **package of wipes** at the start of the program **and again after winter break**.

PROGRAM DATES

- **Start Date:** September 29, 2025, **End Date:** May 21, 2026
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CLOSURES

- We follow the local **school calendar** for holidays and closures.
- **No Recreation Program** on:
 - $\frac{1}{2}$ days **Delayed openings** **Early dismissals** **School cancellations**

⚠ Please review the **Recreation Calendar** regularly for closure dates.

IMPORTANT DATES – NO PROGRAM ON:

- **October:** 13, 31 **November:** 5-7, 18–21, 26–28 **December:** 12, 23–31
 - **January:** 1-2, 16-19 **February:** 16 **March:** 17, 19, 20, 27-31 **April:** 1-6
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WALKING SCHOOL BUS: Ages 5 – Grade 4 ONLY

- All participants must be **pre-registered**.
- If your child **will not** be using the Walking School Bus on a given day, you must **text Jacqui at 732-558-5986. THIS IS A REQUIREMENT. DO NOT CONTACT THE SCHOOL.**
- Children **cannot be removed from the walking line** until we arrive at the Community Center.
- After arrival, you may **check in at the front door** to sign out your child. **NO PARENTS ARE PERMITTED IN THE BUILDING.**
- There are no refunds for any reason.

⊘ **No exceptions** will be made to this policy.

⊘ **Do not contact the school**—this is not their program.

Failure to follow these rules may result in removal from the program.

SNACKS

- Time is set aside for snacks each day.
 - We **do not provide snacks on a day-to-day basis**, and **sharing is not allowed**.
 - If your child has any food allergies, we ask that you provide us with a safe list of snacks.
-

PAYMENT & INVOICES

- **\$180** is due at the time of registration for the **Walking School Bus**.
 - **No refunds** will be given. If you need to make **payment arrangements**, please contact us **PRIOR TO REGISTRATION**.
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PLEASE NOTE: TOYS, BALLS, AND/OR GAMES FROM HOME AS WELL AS ELECTRONIC DEVICES, INCLUDING CELL PHONES ARE NOT PERMITTED DURING THE AFTER-SCHOOL PROGRAM.

HEAD LICE POLICY

Head lice is a common issue, especially among elementary school-aged children. Effective control requires prompt and adequate treatment of the affected child, household members, and any other close personal contacts.

Please note the following guidelines:

- Children with head lice may not attend the Recreation Program until they have been properly treated.
- Communication from the parent or guardian is required to notify the Recreation Department of any cases.
- Ongoing education and awareness are vital. We encourage all parents to regularly check their children for signs of lice and to speak with them about prevention.

By working together and staying vigilant, we can minimize the spread of lice and keep our program healthy and comfortable for everyone.

**Highlands Recreation Department
After School Program Registration Form
2025–2026 School Year**

25 - _____

CHILD INFORMATION

Child's Full Name: _____ Address: _____
Age: _____ Date of Birth: ____ / ____ / ____ Grade (as of Sept. 2025): _____
School Attending: _____ Teacher's Name: _____

PARENT/GUARDIAN INFORMATION

Parent/Guardian Name(s): _____
Phone Number: _____
Family Email Address: _____
EMERGENCY Name: (If parents are not available) _____
EMERGENCY Phone Number: _____

SPECIAL PERMISSIONS

Please check Yes or No for each item below:

1. My child has permission to be on our social media/website (no names will be used).
☐ Yes ☐ No
2. My child has permission to walk home from the After School Program at 4:30 PM without supervision.
☐ Yes ☐ No
If No, you understand that you are responsible for picking up your child no later than 5:00 PM.
3. My child has permission to take over-the-counter medications (e.g., Tylenol, Motrin, Tums, Benadryl).
☐ Yes ☐ No
4. My child has permission to use any transportation provided by the Highlands Recreation Department.
☐ Yes ☐ No

GETTING TO KNOW YOUR CHILD

1. **Does your child have a nickname they prefer to be called**
Nickname: _____
2. **Tell us a few fun facts or important things about your child.**
You can include favorite activities, interests, personality traits, or anything you'd like our staff to know to help your child feel welcomed and supported.

FAMILY & CHILD INFORMATION

1. **Are there any family or custody situations we should be aware of?** ☐ Yes ☐ No
2. **Are there any court orders in place involving your child?** ☐ Yes ☐ No
*If yes, please provide a **copy of all relevant documentation** with this registration form.*

Parent/Guardian Acknowledgments

I understand the following:

- Snacks are to be provided by the parent/guardian daily.
- Invoice and Payment: Electronic payments are required at registration for the walking school bus.
- Medication: If my child requires medication, it will be provided to the medical director with proper instructions.
- What to pack: I will provide my child with the necessary items (sweatshirt/coat, sneakers, winter gear) UMBRELLAS ARE NOT PERMITTED.
- I understand that cell phones, toys, and electronics are prohibited at any HRD youth programs.

Behavioral Expectations

We are pleased that you have decided to enroll your child. Please review the behavioral expectations with your child. Please review with your child.

1. Immediate Reporting of Problems: Inform an adult IMMEDIATELY if a problem arises. If an incident makes the student feel threatened or intimidated, they should inform a staff member right away.
2. Respect for Others: Students must respect the rights and safety of others. Those who act irresponsibly or endanger themselves or others will be sent home immediately.
3. Respect for Property: Students are expected not to take objects from the Highlands Recreation Department facility or others.
4. Inappropriate Behavior: Use of profanity, disrespect, property destruction, physical injury, or failure to follow safety rules will result in disciplinary action.
5. Anti-Bullying Policy: Bullying is unwanted aggressive behavior involving a real or perceived power imbalance. We maintain a zero-tolerance policy for bullying.
6. Program Activities: We offer age-appropriate, fun activities. Inappropriate behavior will be addressed in accordance with our policies.

CHILDREN EXPECTATIONS

- I will not interfere with others' learning and fun.
- I will respect the personal space, rights, and property of others.
- I will follow directions from staff, volunteers, coaches, and any other Borough of Highlands employee.
- I will practice good sportsmanship and self-control.
- I will keep my hands and feet to myself and practice proper bathroom etiquette.
- I will use appropriate language when being transported and remain seated and buckled.

Please review with your child and sign below to agree that you have read and agree with the information above.

Parent/Guardian Signature: _____ Date: _____

Lost and Found Policy

We are not responsible for lost or stolen items. Please label items with their name. Unclaimed items will be discarded after each Friday, valuable items (e.g., phones) will be kept for the month.

No Electronics or Toys

No electronics at camp (cell phones, laptops, etc.) or toys of any kind.

Hours and Late Pickup Policy

The walking school bus begins when the dismissal bell rings at HES. Once we have all the children accounted for, we will walk to the Community Center.

The free after school program begins at 3:30 pm and ends at 5:00 PM.

For the safety and structure of our program, please do not drop off your child before 3:30 PM.

If you are late picking up your child, a fee of \$20 will be charged for each instance of late pickup. You will be given a 5-minute grace period. This fee will be invoiced separately.

Parent/Guardian Signature: _____ Date: _____

Liability Waiver and Assumption of Risk Agreement

Please read the following liability terms carefully. By signing, you acknowledge your understanding and agreement to the terms.

1. I acknowledge the risks involved in the activities, which include the potential for serious injury, paralysis, or death. I freely assume all such risks.
2. I agree to comply with the rules and will remove myself from participation if I observe any unusual hazards.
3. I release and hold harmless the Releasees (Highlands Recreation Department, its staff, agents, and volunteers) from any injury or loss, whether due to negligence or otherwise.

Disciplinary Procedure for Inappropriate Behavior

Step 1: The child will be asked to separate and speak privately about their behavior.

Step 2: If the behavior continues, the child will be removed for a cool-down period.

Step 3: If behavior persists, the parent will be contacted before departure.

Step 4: Further incidents may require the child to be picked up and a conference will be scheduled.

Step 5: A report will be filed about incidents involving property damage or injury.

Expulsion Policy

The Highlands Recreation Department has a ZERO TOLERANCE for serious inappropriate behavior, such as striking others with intent to harm, bullying, or repeated disregard for behavior expectations.

Parent/Guardian Signature: _____ Date: _____

BOROUGH OF HIGHLANDS RECREATION DEPARTMENT
HEALTH RECORD
2025 - 2026 Programming
TO BE COMPLETED BY THE PARENT/GUARDIAN

Child's Name: _____ DOB: _____ Gender: ☐ Male ☐ Female

PARENT/GUARDIAN INFORMATION

Parent/Guardian - Name: _____ Cell Phone: _____

Parent/Guardian - Name: _____ Cell Phone: _____

PHYSICIAN, INSURANCE, AND IMMUNIZATION RECORDS

Name: _____ Phone Number: _____

Child's Health Insurance Carrier: _____

Health Insurance ID Number: _____ ☐ No health insurance

IMMUNIZATION RECORD

☐ **My child attended the HRD Summer program, and their immunization records/waivers are already on file.**

☐ I have attached a copy of my child's immunization records or waiver letter for the 2025 – 2026 recreation year. I understand I am required to provide a copy at registration, and it will not be accepted electronically.

CONSENT FOR DISCUSSION OF MEDICAL INFORMATION - REQUIRED

I give my consent to my child's health care provider, the Highlands Recreation Department, and/or their school district's nurse, to discuss the camper's medical information.

Signature: _____ **Date:** _____

MEDICAL INFORMATION/CONDITIONS

1. My child has seasonal allergies. ☐ Yes ☐ No
2. My child has food allergies. ☐ Yes ☐ No If Yes, do they carry an EPI Pen? ☐ Yes ☐ No
 1. If yes, list here: _____
3. My child has other allergies. ☐ Yes ☐ No
 1. If yes, list here: _____
4. My child has asthma. ☐ Yes ☐ No If Yes, do they carry an inhaler? ☐ Yes ☐ No
5. My child has a medical condition/diagnosis that the HRD should be made aware of? ☐ Yes ☐ No
 1. If yes, what is the medical condition/diagnosis? _____
 2. If yes, what medication do they take? _____
 3. If yes, do they need the medication during recreation hours? ? ☐ Yes ☐ No
6. My child has physical activity restrictions. ☐ Yes ☐ No
 1. If yes, what are the restrictions? _____
7. My child has a special medical diet. ☐ Yes ☐ No
 1. If yes, describe. _____

EMERGENCY MEDICAL NOTICE

1. I understand that the Highlands Recreation Department may contact First Aid if my child requires medical attention. ☐ _____ (Initial)
2. If given the option, I would prefer that my child be brought to: ☐ MMC ☐ RMC
However, I understand that, due to several factors (such as availability, condition, or EMS discretion), my child may be diverted to another hospital.

GENERAL RELEASE, TRANSPORTATION & EMERGENCY MEDICAL TREATMENT AGREEMENT

I/We, as parent(s) or legal guardian(s) for _____ (name of minor) (hereinafter referred to as "Student"), hereby give permission for Participant to participate in the

Highlands Recreation Department's programs, and any and all activities associated therewith; to travel with a Highlands Recreation Department's Staff Member, Chaperone, Coach, or Volunteer to or from Highlands Recreation Department activities that may involve serious injury, including permanent disability and death.

I/We further, as parent(s), authorize any Highlands Recreation Department Staff Member, Chaperone, Coach, or Volunteer, in his/her discretion, to obtain medical or emergency treatment for the participant.

In consideration for participation in the Highlands Recreation Department programs(s), I/We, as parent(s) of Participant (a minor) on behalf of said Participant, as well as on behalf of myself/ourselves, hereby forever release, acquit, discharge and hold harmless Highlands Recreation Department, their officers, employees, agents, counselors, chaperones, coaches, helpers, aids, or assistants (hereinafter collectively referred to as "HRD") of any and all liability, claims, actions, causes of actions, lawsuits, or rights or claims for damages, including but not limited to, claims for Highlands Recreation Departments' own negligent acts or omissions, relating to or in any way arising out of Participant's participation in the Highlands Recreation Department's summer camp.

I/We understand that if my child becomes ill or injured during the Highlands Recreation programs, the Highlands Recreation Department will:

1. Contact me immediately.
2. Contact the person(s) I have designated if I cannot be reached.

Should the Highlands Recreation Department be unable to reach me and/or the person(s) designated, the Highlands Recreation Department is authorized to contact my child's physician and/or arrange for immediate medical treatment. The physician and/or medical facility are authorized to administer emergency medical treatment necessary to ensure the health and safety of my child.

I/We will accept all responsibility for payment of medical services rendered.

I/We have read, understand, and agree to all the above terms and conditions and have entered the same of My/Our own free will and accord.

Parent/Guardian Signature: _____ **Date:** _____

Please make sure all sections are filled out accurately. Thank you!