



# ST. ANTHONY STUDY HALL

[www.saintanthonypadua.org](http://www.saintanthonypadua.org)

(732) 634-6800

St. Anthony of Padua Church  
436 Port Reading Ave, Port Reading, NJ 07064  
studyhalldirector@gmail.com



Dear Parents/Guardians:

Thank you for choosing St. Anthony Study Hall Program. Our program operates all year round serving children between 5 and 13 years of age.

We serve the following schools: Port Reading #9, Matthew Jago #28, Mawbey Street #1, Ross Street #11, Lafayette #25, Avenel Middle School, Woodbridge Middle School, St. James Woodbridge, St. Joseph Carteret, Columbus School Carteret, Nathan Hale Carteret, Minue School Carteret, and Carteret Middle.

We provide transportation to and from these schools to St. Anthony Study Hall. We provide dedicated and experienced staff to supervise your children's studies. Your child will sign off on a form, which is witnessed by staff upon completion of his/her studies before doing extra curriculum activities.

Please read and sign off the following forms if necessary:

1. **Rules and Regulations**
2. **Policy on The Management of Communicable Diseases**
3. **Guidelines for Positive Discipline**
4. **Policy on the Release of Children**
5. **Expulsion Policy**
6. **Handwashing and Sanitation Procedures**
7. **Information to Parents**
8. **Television Policy**
9. **Tuition and Fees**
10. **Disruptive Behavior Policy**
11. **Financial Assistance Websites**
12. **Homework Policy**
13. **Parking and Entrance**
14. **Late Pickup Policy**
15. **Policy on Methods of Parental Notification**
16. **Policy on the use of Technology and Social Media**
17. **Subsidized Families Only**
18. **Bus Rules**
19. **Children Study Hall Floor Rules**
20. **Child/Parent/Guardian Information**
21. **Emergency Contact Form**
22. **Emergency Medical Information I, II, & III**
23. **Medication Administration in Child Care Policy and Procedures**
24. **Permission to Give Medication in Child Care**
25. **Consent and Liability Waiver for All Bus and Walking Trips**
26. **Photography Consent**
27. **Custody Documentation Information To Parents (if applicable)**
28. **Transportation Authorization Form – Please give this to the school**
29. **Policies Received and Reviewed**

The Study Hall Staff is looking forward to meeting your child this school year.

Sincerely,

*Frank Cacace*

Frank Cacace – UD 7/18/2018

PS **ALL** registrations are on a monthly basis beginning on the first of each month. Completed registrations and payments must be in our office by the 25<sup>th</sup> of the previous month. Payments are based on a month by month basis. Partial registrations will also be accepted with payments. If needed payment plans can be arranged. **We accept Child Care Solutions, Visa, MasterCard, American Express and Discover card. Rates are subject to change without notice.**

**PLEASE READ CAREFULLY AND FILL OUT ALL PAGES**

**ST. ANTHONY STUDY HALL PROGRAM**

**1 RULES AND REGULATIONS**

In order to ensure your child a safe and enjoyable experience, the following rules and regulations will be strictly enforced:

1. REGISTRATION IS FOR the following month. The program is run on a month-by-month basis. Partial registrations will be accepted.
2. Payments must be **MAILED, DROPPED OFF, or PHONED into ST. ANTHONY, 436 Port Reading Ave, Port Reading, NJ 07064, (732) 634-6800** and must be **in the office the 25<sup>th</sup> of the previous month. (See #10).**
3. If your child will be absent from school, you **must** contact the study hall office at **732-634-6800 between 6:30 am and 3:00 pm. In addition,** you must notify your child's home school.
4. If your child is to be taken out of school during the day for any reason, you **must** call the office to notify us that he/she will not be present at study hall.
5. You will be notified via email if there is an unscheduled half day or early dismissal.
6. For security purposes, you must sign your child out every day when you pick him/her up and be prepared to show ID if requested. Your child will not be released to anyone who does not have proper identification.
7. In aftercare your child will be given a snack daily. Please list any food allergies on appropriate attached form.
8. Please be sure to pick up your child **no later than 6:30 pm**. Our staff is scheduled to leave at 6:30 pm. **A LATE FEE OF \$25 PER 15-MINUTE PERIOD PER CHILD** beyond 6:30 pm will be charged. Habitual late pick-ups may result in termination. **Before registering for the next session, any outstanding late fees must be paid.**
9. **Refunds will not be given for missed days. The program is run on a full month basis. In the event of an emergency closing of the program due to weather or other circumstances,** credit will be given based on what you paid. If 5% discount was taken, your credit will be the amount of the tuition MINUS the 5% discount. If you have not prepaid for the days but have registered for them, you will not be given a credit. The day we are closed will just be removed from your total.
10. **Any outstanding balances as of the first of the month will be accessed a \$25 late fee unless a payment plan was prearranged. If payment arrangements are defaulted, then the fee will be applied retroactive.**
11. **If your check should bounce, there will be a \$35 returned check fee. Once you have bounced a check, all future payments will be accepted by money order or bank check ONLY. There will be no exceptions. You will also be subject to a late fee for payments received past the 21st of the month.**
12. Ten sessions of one-month periods will be held during the school year starting in September and finishing in June. Parents and guardians will be asked to re-register their children for each session. **By the first of each month, registration forms will be available. They will be located by the sign-out sheet table. It is your responsibility to pick up these forms.** The completed forms and payments **must be received by the 25<sup>th</sup> of the preceding month at the Study Hall Office. DO NOT** send the forms and payment with your child or to your child's school. Payments can be mailed, dropped off or phoned in (see # 2).
13. Keep a copy of your registration and check prior to sending.
14. You must have reliable adults on the "**Emergency Contact Form**" who **live locally**. It is extremely important that you provide us with a list of emergency contacts if you cannot be reached. If you are new to the area, it is your responsibility to provide us with a list of **local** people we can contact in case of an emergency.
15. Only those contacts on the "**Emergency Contact Form**" are allowed to pick up your child. It is the parent's responsibility to keep this list updated.
16. Late Registration Fee: If the month is not paid by the 1<sup>st</sup> of the registered month,, there will be a \$25 late fee charged. If the month is not paid in full on or before the 5<sup>th</sup> of the month, your child will not be able to participate in the program until the balance is paid. If your circumstances make it necessary, arrangements for payments can be arranged. This will be decided on a case-by-case basis. A contract will be available.

## ST. ANTHONY STUDY HALL PROGRAM

### **2 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 contract 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).

### **3 GUIDELINES FOR POSITIVE DISCIPLINE**

Positive discipline is a process of teaching children how to behave appropriately. Positive discipline respects the rights of the individual child, the group, and the adult. Methods of positive discipline shall be consistent with the age and developmental needs of the children, and lead to the ability to develop and maintain self-control.

Positive discipline is different from punishment. Punishment tells children what they should not do: positive discipline tells children what they should do. Punishment teaches fear: positive discipline teaches self-esteem.

You can use positive discipline by planning ahead:

- Anticipate and eliminate potential problems.
- Have a few consistent, clear rules that are explained to children and understood by adults.
- Have a well-planned daily schedule.
- Plan for ample elements of fun and humor.
- Include some group decision-making.
- Provide time and space for each child to be alone.
- Make it possible for each child to feel he/she has had some positive impact on the group.
- Provide the structure and support children need to resolve their differences.
- Share ownership and responsibility with the children. Talk about our room, our toys.

## ST. ANTHONY STUDY HALL PROGRAM

### **3 GUIDELINES FOR POSTIVE DISCIPLINE (continued)**

You can use positive discipline by intervening when necessary:

- Re-direct to a new activity to change the focus of a child's behavior.
- Provide individualized attention to help the child deal with a particular situation.
- Use time-out -- by removing a child for a few minutes from the area of activity so that he/she may gain self-control. (One minute for each year of the child's age is a good rule of thumb).
- Divert the child and remove from the area of conflict.
- Provide alternative activities and acceptable ways to release feelings.
- Point out natural or logical consequences of children's behavior.
- Offer a choice only if there are two acceptable options.
- Criticize the behavior, not the child. Don't say "bad boy: or "bad girl!". Instead you might say "That is not allowed here."

You can use positive discipline by showing love and encouragement:

- Catch the child being good. Respond to and reinforce positive behavior: acknowledge or praise to let the child know you approve of what he/she is doing.
- Provide positive reinforcement through rewards for good behavior.
- Use encouragement rather than competition, comparison or criticism.
- Overlook small annoyances, and deliberately ignore provocations.
- Give hugs and caring to every child every day.
- Appreciate the child's point of view.
- Be loving, but don't confuse loving with license.

Positive discipline is NOT:

- Disciplining a child for failing to eat or sleep or for soiling themselves
- Hitting, shaking, or any other form of corporal punishment
- Using abusive language, ridicule, harsh, humiliating or frightening treatment or any other form of emotional punishment of children
- Engaging in or inflicting any form of child abuse and/or neglect
- Withholding food emotional responses, stimulation, or opportunities for rest of sleep
- Requiring a child to remain silent or inactive for an inappropriately long period of time

Positive discipline takes time, patience, repetition and the willingness to change the way you deal with children. But it's worth it, because positive discipline works.

### **4 POLICY ON THE RELEASE OF CHILDREN**

Each child may be released only to the child's parent(s) or person(s) authorized by the parent(s) to take the child from the center and to assume responsibility for the child in an emergency if the parent(s) cannot be reached.

If a non-custodial parent has been denied access, or granted limited access, to a child by court order, the center shall secure documentation to that effect, maintain a copy on file, and comply with the terms of the court order.

If the parent(s) or person(s) authorized by the parent(s) fails to pick up a child at the time of the center's daily closing, the center shall ensure that:

1. The child is supervised at all times:
2. Staff members attempt to contact the parent(s) or person(s) authorized by the parent(s): and
3. An hour or more after closing time, and provided that other arrangements for releasing the child to his/her parent(s) or person(s) authorized by the parent(s), have failed and the staff member(s) cannot continue to supervise the child at the center, the staff member shall call the *24-hour State Central Registry Hotline 1-877-NJ-ABUSE (1-877-652-2873)* to seek assistance in caring for the child until the parent(s) or person(s) authorized by the child's parent(s) is able to pick-up the child.

If the parent(s) or person(s) authorized by the parent(s) appears to be physically and /or emotionally impaired to the extent that, in the judgment of the director and/or staff member, the child would be placed at risk of harm if released to such an individual, the center shall ensure that:

1. The child may not be released to such an impaired individual:
2. Staff members attempt to contact the child's other parent or an alternative person(s) authorized by the parent(s): and
3. If the center is unable to make alternative arrangements, a staff member shall call the *24-hour State Central Registry Hotline 1-877-NJ-ABUSE (1-877-652-2873)* to seek assistance in caring for the child.

For school-age child care programs, no child shall be released from the program unsupervised except upon written instruction from the child's parent(s).

## ST. ANTHONY STUDY HALL PROGRAM

### 5 EXPULSION POLICY

Unfortunately, there are sometimes reasons we have to expel a child from our program either on a short term or permanent basis. We want you to know we will do everything possible to work with the family of the child(ren) in order to prevent this policy from being enforced. The following are reasons we may have to expel or suspend a child from this center:

#### IMMEDIATE CAUSES FOR EXPULSION:

- The child is at risk of causing serious injury to other children or himself/herself.
- Parent threatens physical or intimidating actions toward staff members.
- Parent exhibits verbal abuse to staff in front of enrolled children

#### PARENTAL ACTIONS FOR CHILD'S EXPULSION:

- Failure to pay/habitual lateness in payments.
- Failure to complete required forms including the child's immunization records.
- Habitual tardiness when picking up your child.
- Verbal abuse to staff.

#### CHILD'S ACTIONS FOR EXPULSION:

- Failure of child to adjust after a reasonable amount of time.
- Uncontrollable tantrums/angry outbursts.
- Ongoing physical or verbal abuse to staff or other children.
- Excessive biting.

#### SCHEDULE OF EXPULSION:

If after the remedial actions above have not worked, the child's parent/guardian will be advised verbally and in writing about the child's or parent's behavior warranting an expulsion. An expulsion action is meant to be a period of time so that the parent/guardian may work on the child's behavior or to come to an agreement with the center. The parent/guardian will be informed regarding the length of the expulsion period and the expected behavioral changes required in order for the child or parent to return to the center. The parent/guardian will be given a specific expulsion date that allows the parent sufficient time to seek alternate child care (approximately one to two weeks' notice depending on risk to other children's welfare or safety). Failure of the child/parent to satisfy the terms of the plan may result in permanent expulsion from the center.

#### A CHILD WILL NOT BE EXPELLED IF A PARENT/GUARDIAN:

- Made a complaint to the Office of Licensing regarding a center's alleged violations of the licensing requirements.
- Reported abuse or neglect occurring at the center.
- Questioned the center regarding policies and procedure.
- Without giving the parent sufficient time to make other child care arrangements.

#### PROACTIVE ACTIONS THAT CAN BE TAKEN IN ORDER TO PREVENT EXPULSION:

- Try to redirect child from negative behavior
- Reassess classroom environment, appropriateness of activities, supervision.
- Always use positive methods and language while disciplining children.
- Praise appropriate behaviors.
- Consistently apply consequences for rules.
- Give the child verbal warnings.
- Give the child time to regain control.
- Document the child's disruptive behavior and maintain confidentiality.
- Give the parent/guardian written copies of the disruptive behavior that might lead to expulsion.
- Schedule a conference including the director, classroom staff, and parent/guardian to discuss how to promote positive behaviors.
- Give the parent literature of other resources regarding methods of improving behavior.
- Recommend an evaluation by professional consultation on premises.
- Recommend an evaluation by local school district study team.

## ST. ANTHONY STUDY HALL PROGRAM

### 6 HANDWASHING AND SANITATION PROCEDURES

#### **How to Wash Your Hands**

Wet hands and lather with soap, rubbing front and back of hands and wrists for at least 20 seconds.  
Rinse under running water from wrists to fingertips.  
Dry hands with paper towel  
Use paper towel to turn off faucet.

#### **When to Wash Your Hands**

Before preparing food  
After diapering a child  
After toileting  
After assisting a child in toileting  
After caring for a child who appears to be sick  
After coming into contact with blood, fecal matter, urine, vomit, nasal secretions or other bodily fluids or secretions.  
After coming into contact with an animal's body secretions

#### **How to Disinfect**

First wash the surface with soap and water to remove visible soil  
Then apply bleach solution (1 tablespoon per quart) or commercially made disinfectant and let air dry.  
DOES NOT mix bleach with other cleaning solutions or ammonia, to do so may release hazardous gases.  
When using commercially made products adhere to the directions on the package.

#### **When to Disinfect**

##### **After each use**

Mops  
Washcloths  
Thermometers  
Items used by an ill child  
Mats that are not stored separately  
Before each meal  
Tables used by the children for eating

##### **Daily**

Toilets and toilet seats  
Sinks and faucets  
Drinking fountains  
Play tables  
Non-porous floors

## ST. ANTHONY STUDY HALL PROGRAM

### 7 INFORMATION TO PARENTS

#### Department of Children and Families Office of Licensing

Under provisions of the *Manual of Requirements for Child Care Centers (N.J.A.C.3A:52)*, 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 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. Parent 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://data.nj.gov/childcare\\_explorer](https://data.nj.gov/childcare_explorer).

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.

## **ST. ANTHONY STUDY HALL PROGRAM**

### **7 INFORMATION TO PARENTS (continued)**

#### **Department of Children and Families Office of Licensing**

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 t 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 State 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) 292-0422 or go to [www.state.nj.us/DCF/](http://www.state.nj.us/DCF/).

### **8 TELEVISION POLICY**

Use of the television for viewing movies will be from 5:00PM-6:30PM during the school year. The television may be used during delayed openings and half days as well, to watch one movie while the children are in our care for less than 4 hours. During the summer, when the children are in our care 4 hours or more, the television will be used to watch one (1) movie on Friday mornings at 10am during our weekly "movie time". All movies will be selected with the age of our core audience in mind. Staff and the children are not permitted to bring in or start movies that are rated PG-13 or higher.



## ST. ANTHONY STUDY HALL PROGRAM

### Tuition and Fees as of 9/1/2018

#### 9 TUITION AND FEES

##### School year programs

###### K to 8th Grade:

- \$8 per day Before Care.
- \$11.00 per day After Care.
- Register for Both, Before and After care the price will be \$8 for before care and \$10 for aftercare
- \$50 Full Daycare – 6:30 AM to 6:30 PM during the school year for break weeks and special holidays.
- \$5 extra for scheduled half days - from the time they are picked up to 3:30 PM, if you pick up AFTER 3:30 PM, you will be charged for After Care.
- No extra charge for delayed openings (Based on Woodbridge Township schools ONLY).
- \$30 monthly bus fee per family – All families MUST pay this unless you provide own transportation.
- **5% discount for full payment registrations received for the month on the 21<sup>st</sup> of the previous month.**

##### Summer Break:

- \$50 per day Summer Break, all inclusive: breakfast, lunch, snacks, drinks, pool, parks, before and after care.
- \$35 extra for trips.
- \$225 for a FULL WEEK registered, additional child \$200.

##### FEES:

- \$25 late pick-up fee per child for every 15 minutes after 6:30 PM.
- \$25 fee for outstanding balances unless other arrangements have been made.
- St. Anthony Study Hall **REQUIRES** we have a registration filled out **PRIOR** to the month of care. If your child is not registered for the month and your child is dropped off/picked up for care, **you will be automatically billed for the entire month of the care you utilized, plus bus fee, and you will be responsible for the balance even if your child has not attended all the days.** St. Anthony Study Hall does not offer drop in care, as we are not licensed for such care. This does NOT apply if you have submitted a registration for that month and added days to your registration.  
(Example: if you dropped off for Before Care and there is no registration on file, you will be billed for the whole month of Before Care. If you have us pick up for After Care, you will be billed for the whole month of After Care. If you drop off for Before Care and have us pick up for After Care and no registration has been submitted, you will be charged for the whole month for BOTH),

**A child may also be terminated from the program in the event payment has not been made on time by the 25<sup>th</sup> of each month and/or if a child is picked up from the study hall later than 6:30 PM on more than three occasions.**

#### 10 DISRUPTIVE BEHAVIOR POLICY

In the event of disruptive behavior on the part of any student on the bus or at the site, the following steps will be taken in the order listed below if the behavior does not significantly improve:

- The staff will speak to that child and encourage improvement in his/her behavior.
- The staff will speak to a parent/guardian about his/her behavior.
- Management will speak to the child regarding the disruptive behavior.
- Management will speak to a parent/guardian about the continued disruptive behavior.
- Management will send a letter to the parent/guardian warning them that another infraction will result in a one-week suspension from the program.
- Management will send a letter informing the parent/guardian and home school of the week suspension.
- A permanent termination letter will be sent home, effective immediately.

#### 11 FINANCIAL ASSISTANCE WEBSITES

Catholic Charities - [www.ccdom.org](http://www.ccdom.org)

Community Child care Solutions - [www.communitychildcaresolutions.org](http://www.communitychildcaresolutions.org)

Department of Children and Family Services Family Support - [www.state.nj.us/dcf/support/index.html](http://www.state.nj.us/dcf/support/index.html)

## **ST. ANTHONY STUDY HALL PROGRAM**

### **12 HOMEWORK POLICY**

In an effort to improve our services to the children and families of the St. Anthony Study Hall Program, we are implementing a new policy. Please remember we are not affiliated or connected to any school, so we are not aware of school rules or procedures for homework.

Since our primary goal to help your child complete and do their homework correctly, I am asking parents to please check the homework and if something is wrong please do the following:

- Copy wrong homework (make sure date is on it) and write what was wrong on the copy.
- Email it to us, bring it in, or mail it to us so we can review what went wrong.
- It can be photographed via your phone and texted to me at 732-754-8401.

If there is a specific way a homework is to be done, then you will need to provide us with a written explanation of how so our staff can make sure is completed as such.

### **13 PARKING AND ENTRANCE**

There is no parking in the fire lane around the church. The police make random checks all the time. There are NO exceptions. The entrance is ONLY at the parking lot side of the church at Father Milos Hall.

### **14 LATE PICKUP POLICY**

All children must be picked up by 6:30 PM. If you cannot make it on time, you **MUST** find an alternate to pick your child up. If one cannot be found you must call the Study Hall at 732-634-6800 or 732-754-8401.

There is a \$25 charge per every 15 minutes per child after 6:30 PM (6:31 and after) which must be paid within 5 days or services with the Study Hall will be terminated.

If a child is not picked up by 6:30 PM, the staff is instructed to do the following:

- Call all available numbers for your child and leave messages to have someone contact or come to pick up your child.
- If no one is contacted and the child is not picked up by 7:00 PM, they are instructed to call the Department of Children and Families (DCF) and follow their instructions.

### **15 POLICY ON METHODS OF PARENTAL NOTIFICATION**

In the event of closures or delays or inclement weather, we will notify you via email. When you first register, you must provide us with an email address. We will send you a welcoming email with our email address and phone number.

If your child gets hurt or is sick, we will call parents first and then emergency contact people if we cannot get in touch with parent

### **16 POLICY ON THE USE OF TECHNOLOGY AND SOCIAL MEDIA**

Your children are allowed to use their technology, but they cannot charge it here or have access to the Wi-Fi. They can use these technologies at their own risk and we are not responsible for their property.

Children are NOT permitted to take pictures or videos while at St. Anthony Study Hall. Failure to do so will result in removing the technology from the child and any pictures or videos MUST be deleted.

We have a Facebook page ([facebook.com/stanthonystudyhall1](https://www.facebook.com/stanthonystudyhall1)).

**Cell phone use is strictly prohibited by all students and staff. If your child needs to contact you, they must come to the office to do so. If you need to contact them, please call the office number at 732-634-6800.**

**ST. ANTHONY STUDY HALL PROGRAM**

**17 SUBSIDIZED FAMILIES ONLY**

To all parents and guardians who utilize the Child Care Solution Program or Work First New Jersey program the following are the contractual and Study Hall policies you are required to abide by. Failure to comply could cause an early termination of your contract services with the St Anthony Study Hall program.

- You are required to swipe in and out **every day** as per Part E – Parent Certification of your contract, you cannot go more than 3 days behind. We will **terminate without notice** if you do.
- You have the ability to get an extra card to give to someone else who picks your child up to swipe for you. The swiping takes less than a minute to do, but when you are behind it takes much longer. When you are doing your catch up and someone else has to swipe, you can cause them to be delayed as well.
- As per Part E – Parent Certification of your contract you are required to pay all copay and fees. These are required to be paid by the **end of the previous month**. Payment arrangements are available and must be filled out each month as needed. Failure to pay on time will result in **immediate termination** and a \$25 late fee.
- Your contract also requires you to pay the difference between what we charge and what the state pays minus your copay. This will only apply to full day care during the school year.

The Study Hall does not get paid if you do not swipe. In the event you miss a day, **you will be charge the full rate for the day (\$22.50 for school year and \$50 for any full day).**

**Parent Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**18 BUS RULES**

The following is a list of our rules for your children to follow when using our buses. I cannot stress enough the importance that your children follow these rules. It is for their safety and the safety of all involved that your children adhere to these rules. Please review them with your child and please have them and yourself sign the bottom. If not received we may not be able to have your child utilize our bus.

- 1) Children must line up and walk carefully to and on the bus.
- 2) Children are to be seated and not stand or move their seat while bus is in motion.
- 3) When bus arrives at either their school or St. Anthony the children must wait until the driver instructs them to stand and exit.
- 4) There is no eating or drinking of any kind on the bus.
- 5) Children should keep their hands to themselves and should keep their voices at a talking level.

Your child’s failure to follow these rules could result in the loss of use of our services.

**Parent Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Student Signature** \_\_\_\_\_

**19 CHILDREN STUDY HALL FLOOR RULES**

The following is a list of rules we use while children are in our facility: Please review these rules with your child and be sure that they understand them.

- 1) Children are only allowed to stay in the hall itself:
- 2) Not allowed in kitchen, office, or storage area.
- 3) Electronic devices are okay to use except:
  - a. Taking pictures, making phone calls, or texting.
- 4) In Aftercare, all bags will be thoroughly searched for homework.
- 5) All homework must be completed before having time to play or notice will be sent home.
- 6) No running in the hall except in open area or when outside.
- 7) No sitting on tables or going under the tables.
- 8) No hand stands or tumbling on the floor.
- 9) Ball play is up to the discretion of the staff on duty.
- 10) Be kind to everyone – All the time.
- 11) **MOST IMPORTANT – HAVE FUN!!!!**

\*Phone calls can be made with office phone or children can go to staff and use their phone in our office.

**Parent Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Student Signature** \_\_\_\_\_

**St. Anthony Study Hall Program**

**20 CHILD/PARENT/GUARDIAN INFORMATION**

The Study Hall staff will take responsible measures to supervise your child's daily activities. However, emergencies may necessitate contact with you at your work. Please provide us with the necessary information. If any changes occur please provide us with the change.

**Child's Name** \_\_\_\_\_ Male \_\_\_ Female \_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Date of Birth \_\_\_\_\_

Home School \_\_\_\_\_ Grade \_\_\_\_\_

**Father/Guardian's Name** \_\_\_\_\_

Address \_\_\_\_\_

Occupation \_\_\_\_\_

Name of Employer \_\_\_\_\_

Business Phone # \_\_\_\_\_ Cell Phone/Beeper # \_\_\_\_\_

Email address \_\_\_\_\_

**Mother/Guardian's Name** \_\_\_\_\_

Address \_\_\_\_\_

Occupation \_\_\_\_\_

Name of Employer \_\_\_\_\_

Business Phone # \_\_\_\_\_ Cell Phone/Beeper # \_\_\_\_\_

Email address \_\_\_\_\_

**St. Anthony Study Hall Program**

**21 EMERGENCY CONTACT FORM**

**Child's Name** \_\_\_\_\_

Emergencies may necessitate contact with designated individuals who can assume responsibility for the welfare of your child when you are available. Please review this form and carefully choose people who you feel should be called in an extreme emergency when you cannot be reached. **You must provide the names and phone numbers of three people. It is imperative that your selection is based on several criteria:**

1. Be sure that individuals are in **close proximity** to the Study Hall and are responsible individuals who your child trusts.
2. Notify these individuals that you have designated them to serve in this capacity on this form.

For our program, please provide three (3) names and full addresses other than parents/guardians:

Name \_\_\_\_\_

Best phone number for contact \_\_\_\_\_

Name \_\_\_\_\_

Best phone number for contact \_\_\_\_\_

Name \_\_\_\_\_

Best phone number for contact \_\_\_\_\_

**THIS FORM MUST BE COMPLETED WITH PEOPLE LIVING IN THE LOCAL AREA.**

**22 EMERGENCY MEDICAL INFORMATION I**

**Child's Name** \_\_\_\_\_

List preference for transport arrangement in an emergency situation (Parents/guardians are responsible for all emergency transportation charges):

Hospital preference:

1<sup>st</sup> choice \_\_\_\_\_

2<sup>nd</sup> choice \_\_\_\_\_

**PARENT/GUARDIAN CONSENT AND AGREEMENT FOR EMERGENCIES:**

As parent/guardian, I give consent to have my child, \_\_\_\_\_, receive first aid by the child care staff and if necessary be transported to receive emergency care. I also authorize the Director or Director Designee to contact my child's health care provider to alert him/her to my child's situation. I understand that I will be responsible for all charges not covered by insurance. I give consent for the emergency contact person listed on Emergency Form Part I to act on my behalf until I am available. I agree to review and update this information whenever a change occurs and at least every six (6) months.

Parent/Guardian Signature #1 \_\_\_\_\_ Date \_\_\_\_\_

**St. Anthony Study Hall Program**

**22 EMERGENCY MEDICAL INFORMATION PART II**

**Child's Name** \_\_\_\_\_

Please describe any medical information that might be useful to the staff in dealing with your child.

List any known allergies:

Food: \_\_\_\_\_

Drug: \_\_\_\_\_

Beverages: \_\_\_\_\_

Insects: \_\_\_\_\_

Outdoor Vegetation: \_\_\_\_\_

\_\_\_\_\_

Other: \_\_\_\_\_

List all medications that your child uses on a regular basis: \_\_\_\_\_

\_\_\_\_\_

List any other health/medical issues you would like us to be aware of: \_\_\_\_\_

\_\_\_\_\_

**NOTE: IF YOUR CHILD NEEDS TO RECEIVE MEDICATION, WE MUST HAVE A WRITTEN NOTE FROM THE DOCTOR, WHICH INCLUDES THE DOSAGE AND TIME. THE MEDICATION MUST BE IN THE ORIGINAL PRESCRIPTION BOTTLE.**

**St. Anthony Study Hall Program**

**22 EMERGENCY/MEDICAL INFORMATION PART III**

**Child's Name** \_\_\_\_\_

Does your child have any physical conditions that may limit participation in activities?

\_\_\_\_\_ No \_\_\_\_\_ Yes Explain: \_\_\_\_\_

Please describe your child's preferences with respect to activities (artistic, athletic, creative, board games, etc.)

**List any information (special needs/IEP) that may be pertinent in caring for your child :( If yes, additional form needs to be completed)**

**DOCTOR TO BE NOTIFIED IN CASE OF EMERGENCY:**

Name \_\_\_\_\_ Phone # \_\_\_\_\_

\_\_\_\_\_  
**Signature of Parent/Guardian**

\_\_\_\_\_  
**Date**

## St. Anthony Study Hall Program

### 23 Medication Administration in Child Care Policy and Procedures

**PURPOSE:** *This policy was written to encourage communication between the parent, the child's health care provider and the child care provider to assure maximum safety in the giving of medication to the child who requires medication to be provided during the time the child is in child care.*

**INTENT:** *Assuring the health and safety of all children in our Center is a team effort by the child care provider, family, and health care provider. This is particularly true when medication is necessary to the child's participation in child care. Therefore, an understanding of each of our responsibilities, policies and procedures concerning medication administration is critical to meeting that goal.*

#### **GUIDING PRINCIPLES and PROCEDURES:**

1. Whenever possible, it is best that medication be given at home. Dosing of medication can frequently be done so that the child receives medication prior to going to child care, and again when returning home and/or at bedtime. The parent/guardian is encouraged to discuss this possibility with the child's health care provider.
2. The first dose of any medication should always be given at home and with sufficient time before the child returns to child care to observe the child's response to the medication given. When a child is ill due to a communicable disease that requires medication as treatment, the health care provider may require that the child be on a particular medication for 24 hours before returning to child care. This is for the protection of the child who is ill as well as the other children in child care.
3. Medication will only be given when ordered by the child's health care provider and with written consent of the child's parent/legal guardian. A "Permission to Give Medication in Child Care" form is attached to this policy and will hereafter be referred to as Permission Form. All information on the Permission Form must be completed before the medication can be given. Copies of this form can be duplicated or requested from the child care provider.
4. "As needed" medications may be given only when the child's health care provider completes a Permission Form that lists specific reasons and times when such medication can be given.
5. Medications given in the Center will be administered by a staff member designated by the Center Director and will have been informed of the child's health needs related to the medication and will have had training in the safe administration of medication.
6. Any prescription or over-the-counter medication brought to the child care center must be specific to the child who is to receive the medication, in its original container, have a child-resistant safety cap, and be labeled with the appropriate information as follows:
  - Prescription medication must have the original pharmacist label that includes the pharmacist's phone number, the child's full name, name of the health care provider prescribing the medication, name and expiration date of the medication, the date it was prescribed or updated, and dosage, route, frequency, and any special instructions for its administration and/or storage. It is suggested that the parent/guardian as the pharmacist to provide the medication in two containers, one for home and one for use in child care.
  - Over-the-counter (OTC) medication must have the child's full name on the container, and the manufacturer's original label with dosage, route, frequency, and any special instructions for administration and storage, and expiration date must be clearly visible.
  - Any OTC without instructions for administration specific to the age of the child receiving the medication must have a completed Permission Form from the health care provider prior to being given in the child care center.
7. Examples of over-the-counter medications that may be given include:
  - Antihistamines
  - Decongestants
  - Non-aspirin fever reducers/pain relievers
  - Cough suppressants
  - Topical ointments, such as diaper cream or sunscreen
8. All medications will be stored:
  - Inaccessible to children
  - Separate from staff or household medications
  - Under proper temperature control
  - A small lock box will be used in the refrigerator to hold medications requiring refrigeration.



**St. Anthony Study Hall Program**

**23 Medication Administration in Child Care Policy and Procedures (continued)**

9. For the child who receives a particular medication on a long-term basis, the staff will advise the parent/guardian one week prior to the medication needing to be refilled so that needed doses of medication are not missed.
10. Unused or expired medication will be returned to the parent/guardian when it is no longer needed or be able to be used by the child.
11. Records of all medication given to a child are completed in ink and are signed by the staff designated to give the medication. These records are maintained in the Center. Samples of the forms used are attached to this policy and include:
  - Permission to Give Medication in Child Care
  - Universal Child Health Record
  - Emergency Contact Sheet
  - Medication Administration Log
  - Medication Incident/Error Report
12. Information exchange between the parent/guardian and child provider about medication that a child is receiving should be shared when the child is brought to and pick-up from the Center. Parents/guardian should share with the staff any problems, observations, or suggestions that they may have in giving medication to their child at home, and likewise with the staff from the center to the parent/guardian.
13. Confidentiality related to medications and their administration will be safeguarded by the Center Director and staff. Parents/guardians may request to see/review their child's medication records maintained at the Center at any time.
14. Parent/guardian will sign all necessary medication related forms that require their signature, and particularly in the case of the emergency contact form, will update the information as necessary to safeguard the health and safety of their child.
15. Parent/guardian will authorize the Director or Director Designee to contact the pharmacist or health care provider for more information about the medication the child is receiving, and will also authorize the health care provider to speak with the Director or Director's designee in the event that a situation arises that requires immediate attention to the child's health and safety particularly if the parent/guardian cannot be reached.
16. Parent/guardian will read and have an opportunity to discuss the content of this policy with the Director or Director's designee. The parent signature on this policy is an indication that the parent accepts the guidelines and procedures listed in this policy, and will follow them to safeguard the health and safety of their child. Parent/guardian will receive a copy of the signed policy including single copies of the records referenced in this policy.
17. The Medication Administration in Child Care Policy will be reviewed annually by the following:
  - Child Care Director \_\_\_\_\_
  - Licensing Consultant \_\_\_\_\_
  - Child Care Health Consultant \_\_\_\_\_
  - Parent/guardian \_\_\_\_\_
  - Other (specify) \_\_\_\_\_
  - Other (specify) \_\_\_\_\_

EFFECTIVE DATE OF THIS POLICY:	PARENT SIGNATURE:	DATE:
	PARENT SIGNATURE:	DATE:
	CENTER DIRECTOR/DESIGNEE SIGNATURE:	

**St. Anthony Study Hall Program**

**24 Permission to Give Medication in Child Card**  
*(Please use one form per medication)*

*The following information is to be completed by the child's health care provider:*

Child's name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Weight \_\_\_\_\_

Medication: \_\_\_\_\_ Allergies: \_\_\_\_\_  
*Include food and/or medication allergies*

Dosage: \_\_\_\_\_ Routine: \_\_\_\_\_

Time of day medication is to be given: \_\_\_\_\_

Purpose of medication: \_\_\_\_\_

Special instructions: \_\_\_\_\_

Possible side effects: \_\_\_\_\_

Patient allowed to self-administer Yes \_\_\_\_\_ No: \_\_\_\_\_

Start date: \_\_\_\_\_ End date: \_\_\_\_\_

\_\_\_\_\_  
*Signature of Health Care Provider*                      *Phone number*                      *Date*

.....  
*The following is to be completed by the parent or guardian:*

I hereby give permission for my child, \_\_\_\_\_,  
to receive the above medication, according to the listed directions and cautions, from the Child Care Director, or the Child Care Director  
designee. I confirm that I have given at least one dose of the medication without any evidence of side effects or adverse reactions. I  
understand that it is my responsibility to provide the medication in its original container and labeled with my child's full name. I am also to  
supply the appropriate measuring device needed to give the accurate dose of the medicine. I authorize the Director or Director Designee to  
contact the pharmacist or health care provider for more information about this drug, if necessary. I also authorize the Director or the  
Director's Designee to contact the health care provider regarding my child's health, if necessary.

I usually do the following to make giving medication to my child easier: \_\_\_\_\_

\_\_\_\_\_

Amount of medication brought to Child Care: \_\_\_\_\_

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

*Signature of Parent or Guardian*

Date & amount of medication returned to Parent: \_\_\_\_\_

\_\_\_\_\_  
*Signature of Director/Director Designee*                      *Signature of Parent/Guardian*

**St. Anthony Study Hall Program**

**25 CONSENT AND LIABILITY WAIVER FOR ALL BUS AND WALKING TRIPS**

I, \_\_\_\_\_, grant permission for my child, \_\_\_\_\_ to participate in trips, both bus and walking, attended through the St. Anthony Study Hall/Summer Break Program. I understand that the walking routes include no safety hazards and that the walks will be in close proximity to St. Anthony of Padua Church, such as Father Milos Park, Fords Park, Warren Park, Sewaren Park, Merrill Park, Highland Grove Pool and Spray Park and scheduled trips. This includes local bus trips to parks within a 15-mile radius of St. Anthony of Padua Church as well as weekly field trips.

I agree on behalf of myself, my child's other parent(s) and/or guardian(s), and my child named herein, to waive claim or claims that may be derived from any incident, accidents, or injury sustained resulting from participation in the trips during the enrolled programs and related activities. I further agree to indemnify, defend, and hold harmless: program sponsors St. Anthony of Padua Church and St. Anthony Study Hall Program; participating diocese, parishes, and schools; agencies and organizations working collaboratively with the program; all staff, volunteers, representatives, and adult supervisors of the aforementioned institutions. I consent to the modes of transportation employed by the program staff and representatives.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**26 PHOTOGRAPHY CONSENT**

As parent/guardian, I understand that archival and promotional media (pictures, video, audio, etc.) will be taken during this event. I give permission for my son/daughter's image and/or other appropriate media content to be used for promotional materials (brochures, newsletters, web page, calendars, Power Points, etc.) in promoting St. Anthony Study Hall and/or Summer Break Programs.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**27 CUSTODY DOCUMENTATION INFORMATION TO PARENTS (if applicable)**

Is there currently a custody agreement: Yes\_\_\_\_\_ No\_\_\_\_\_

If yes, please provide a full copy of the divorce agreement.

**St. Anthony Study Hall Program**

**28 TRANSPORTATION AUTHORIZATION FORM**

I give St. Anthony Study Hall permission to transport my son &/or daughter \_\_\_\_\_  
between St. Anthony Study Hall, 436 Port Reading Ave., Port Reading, NJ and  
\_\_\_\_\_ (School) for the entire \_\_\_\_\_ school  
year or the days noted below:

\_\_\_\_\_ Everyday

\_\_\_\_\_ Monday

\_\_\_\_\_ Tuesday

\_\_\_\_\_ Wednesday

\_\_\_\_\_ Thursday

\_\_\_\_\_ Friday

Check Appropriate Care

Aftercare \_\_\_\_\_ Before Care \_\_\_\_\_ Both \_\_\_\_\_

I agree on behalf of myself, my child's other parent(s) and/or guardian(s), and my child named herein, to waive claim or claims that may be derived from any incident, accident or injury sustained resulting from participation in the St. Anthony Study Hall Program and related activities. I further agree to indemnify, defend, and hold harmless: program sponsors St. Anthony of Padua and St. Anthony Study Hall; participating dioceses, parishes and schools; agencies and organizations working collaboratively with the program; all staff, volunteers, representatives, and adult supervisors of the aforementioned institutions. I consent to the mode(s) of transportation employed by program staff and representatives.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

# St. Anthony Study Hall Program

## 28 POLICIES RECEIVED AND REVIEWED

I/we attest that all of the information on this application is accurate, and that I/we have received the following information for my/our home records:

- |   |           |          |
|---|-----------|----------|
| 1. Rules and Regulations  | _____ Yes | _____ No |
| 2. Policy on The Management of Communicable Diseases              | _____ Yes | _____ No |
| 3. Guidelines for Positive Discipline                             | _____ Yes | _____ No |
| 4. Policy on the Release of Children                              | _____ Yes | _____ No |
| 5. Expulsion Policy   | _____ Yes | _____ No |
| 6. Handwashing and Sanitation Procedures                          | _____ Yes | _____ No |
| 7. Information to Parents   | _____ Yes | _____ No |
| 8. Television Policy  | _____ Yes | _____ No |
| 9. Tuition and Fees   | _____ Yes | _____ No |
| 10. Disruptive Behavior Policy                                    | _____ Yes | _____ No |
| 11. Financial Assistance Websites                                 | _____ Yes | _____ No |
| 12. Homework Policy   | _____ Yes | _____ No |
| 13. Parking and Entrance  | _____ Yes | _____ No |
| 14. Late Pickup Policy  | _____ Yes | _____ No |
| 15. Policy on Methods of Parental Notification                    | _____ Yes | _____ No |
| 16. Policy on the Use of Technology and Social Media              | _____ Yes | _____ No |
| 17. Subsidized Families Only                                      | _____ Yes | _____ No |
| 18. Bus Rules   | _____ Yes | _____ No |
| 19. Children Study Hall Floor Rules                               | _____ Yes | _____ No |
| 20. Child/Parent/Guardian Information                             | _____ Yes | _____ No |
| 21. Emergency Contact Form  | _____ Yes | _____ No |
| 22. Emergency Medical Information I, II, & III                    | _____ Yes | _____ No |
| 23. Medication Administration in Child Care Policy and Procedures | _____ Yes | _____ No |
| 24. Permission to Give Medication in Child Care                   | _____ Yes | _____ No |
| 25. Consent and Liability Waiver for All Bus and Walking Trips    | _____ Yes | _____ No |
| 26. Photography Consent   | _____ Yes | _____ No |
| 27. Custody Documentation Information To Parents (if applicable)  | _____ Yes | _____ No |
| 28. Transportation Authorization                                  | _____ Yes | _____ No |

**Parent/Guardian Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

<b>OFFICAL USE ONLY</b>	<b>QB</b> _____	<b>DB</b> _____	<b>CC</b> _____
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