



September 4, 2021

Dear Parent/Guardian and Student,

The Cave is an afterschool drop-in center in Highland Park, NJ for **6<sup>th</sup>-8<sup>th</sup> grade middle school youth** and is a community-based program run by the local nonprofit organization *Who Is My Neighbor? Inc.* (WIMNI). The Cave is a free of charge program that provides a space for students to spend time with their friends after school in a safe and supervised environment, work on homework, play games, and participate in creative activities. Please note, the Cave provides homework support, but it is not a tutoring program. If you need assistance contacting a tutor for your student, please reach out to Lara Arp who can direct you to a resource for community volunteer tutors.

The Cave will be open indoors this year from **3:00-5:00pm, Monday-Friday**, in the lower level of the Reformed Church of Highland Park, 19 S. 2<sup>nd</sup> Avenue, September 9-December 10, 2021. *The Cave is a secular program run by WIMNI; the church is solely the provider of space for the program.* On early dismissal days from school, The Cave does not open until 3pm. The Cave is closed when Highland Park schools are closed, with one exception below.

**Save the dates:**

Thursday, September 9	Cave reopens at 3pm
Thursday, September 16	Cave closed
Tuesday, November 2	Cave will open at 3pm (even though schools are closed)
Thursday-Friday, November 4-5	Cave closed
Wednesday-Friday, November 24-26	Cave closed
Friday, December 10	Last day of Cave for 1 <sup>st</sup> semester
Monday, January 3	Cave reopens at 3pm
Monday, January 17	Cave closed
February-April dates to be determined later in the semester	

The Cave was created to be a safe, welcoming space for everyone who attends. In order to maintain this type of space, and also with additional safety precautions this year due to COVID-19, we have rules in place that fall under the general categories of "The Three Rs": "Respect Cave People," "Respect Cave Property," and "Respect Cave Policies." The rules will be explained to each student and reminded as needed for reinforcement. If a student's behavior doesn't contribute to a safe and welcoming environment and a staff a staff member has to repeatedly speak to them about their failure to adhere to "The Three Rs," the privilege of being able to attend the Cave may be suspended for a certain number of days. In certain instances, serious infractions of "The Three Rs" may result in the permanent revocation of a student's privilege to attend the Cave.

The Cave Director is Liezl Bosch, with additional Cave staffing through interns from Rutgers University School of Social Work. WIMNI Director Lara Arp oversees The Cave program. Any questions or concerns can be communicated to both Lara (Lara@whoismyneighbor.net) and Liezl (thecave@whoismyneighbor.net) or by calling 732-379-0897.

To register for the Cave, please complete the Cave registration form which also includes a COVID safety agreement and waiver. On a student's first day, they will be provided the registration form which must be returned completed and signed for future attendance. Students are asked to arrive at The Cave with their own water bottle and all necessary items to complete their homework. Thank you for your support and we look forward to another exciting year in The Cave!

*Lara Arp*

Director, Who Is My Neighbor, Inc?



**Registration Form** (Please complete the front and back of this form)

Student Name: \_\_\_\_\_ Grade (Circle one): 6 7 8

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Medical/Allergies/Dietary/Special Conditions including behavioral issues of which we should be aware:**

\_\_\_\_\_  
\_\_\_\_\_

**Homework:**

We encourage homework to be completed, but it is not mandatory unless requested by a parent/guardian. Would you like your child to complete their homework under supervised assistance before beginning other activities in the Cave? (Please circle one.) YES NO

**Photo/Media release:**

May we use your child’s photo (name will not be used) in Cave printed publications, social media, webpage, or other noncommercial publicity purposes? (Please circle one) YES NO

**Cave Pledge for the STUDENT** (please write student name below and ask student to initial each sentence)

During my time in the Cave, I \_\_\_\_\_ pledge:

- \_\_\_ I will treat others with respect.
- \_\_\_ I understand offensive speech, slurs, and swearing will not be tolerated.
- \_\_\_ I understand no physical contact is allowed between myself and other people while at The Cave.
- \_\_\_ I will clean up after myself.
- \_\_\_ I understand that masks are required for all participants in The Cave.
- \_\_\_ I will follow social distancing according to the guidelines established by Cave staff.
- \_\_\_ I understand that I can arrive at any time during Cave hours; however, I will not be allowed to participate in The Cave if attendance has reached maximum capacity.
- \_\_\_ I understand I can leave at any time, but once I leave, I am not able to return on that same day.

**Cave Pledge for Parent/Guardian**

\_\_\_ I have reviewed the expectations of adherence to The Cave pledge with my child.



**Permission Waiver:** (Parent/Guardian please initial the sentence as indicated)

\_\_\_\_\_ I give my child permission to attend the Cave Afterschool Center. I understand that if there is an emergency involving my child, I will be contacted immediately at the phone number(s) I have provided. I agree to abide by the conditions herein and agree to hold harmless, waive, and release The Cave Afterschool Center, Who Is My Neighbor? Inc., the Reformed Church of Highland Park, its agents and employees, and other such individuals who may be involved in the planning and implementation of this program from any and all claims and liability for losses or damage to property or injuries to persons occasioned wholly or in part or resulting from participation in this afterschool program.

**COVID-19 Waiver:** (Parent/Guardian please initial each sentence as indicated)

\_\_\_\_\_ I understand that participation in The Cave is a mutually binding code of honor agreement. As a communal effort on everyone's part to protect the health of our community, I will follow the following Covid safety guidelines as outlined in this document understanding that the symptoms below could indicate a COVID-19 infection in children and may put your child at risk for spreading illness to others.

\_\_\_\_\_ My child will not attend The Cave under if they are experiencing the following: fever (measured or subjective), chills, rigors (shivers), muscle aches, headache, sore throat, nausea or vomiting, diarrhea, fatigue, congestion or runny nose, cough, shortness of breath, difficulty breathing, new loss of smell, new loss of taste.

\_\_\_\_\_ I will notify WIMNI Director Lara Arp if any of these conditions apply to your child who has attended The Cave: My child has had close contact with a person with confirmed COVID-19; Someone in my household is diagnosed with COVID-19; My child has traveled to an area of high community transmission.

\_\_\_\_\_ I understand that WIMNI, as the operator of The Cave, has taken reasonable precautions to protect participants from exposure to COVID-19 including but are not limited to, daily temperature checks, enforcement of proper requirements for social distancing and mask wearing according to NJ Department of Health (NJDOH) guidelines, and enhanced cleaning and sanitization according the guidelines set forth by the Center for Disease Control and NJDOH. I agree that my child will comply with all required safety measures and that failure to follow safety measures may result in my child's removal from The Cave. I acknowledge that my child may be at risk of exposure to COVID-19 in spite of the above measures and I assume any such risk that may arise therefrom. By signing this form, I hereby release WIMNI, the Reformed Church of Highland Park, Board members, director, employees, agents, and volunteers ("released parties") from and against any and all claims, demands, actions, complaints, suits or other forms of liability that any of them may sustain arising out of exposure to COVID-19. I accept full responsibility for all medical and personal expenses, specifically as they relate to COVID-19. By signing this document, I also agree that if my child is exposed or infected by COVID-19 during their participation in this program, then I may be found by a court of law to have waived my right to maintain a lawsuit against the parties being released on the basis of any claim for negligence. I confirm that I have carefully read this Acknowledgement and Release, fully understand the above conditions, and agree to its terms knowingly and voluntarily. I also confirm that I am the parent or legal guardian of the child.

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