

Dear Parents/Guardians,



Thank you for your interest in the *Riverbank Charter School of Excellence's* **Before Care and After Care Program**. Please take time to carefully review and complete the enclosed documents.

The **Before Care and After Care Program** will begin on September 2, 2020.

Registration will be complete only when the following is turned in:

- Registration Form
- Signed and Dated Contract

**Please Note:** Your child will not be able to attend until all forms are completed and submitted.

**2020-2021 Before Care and After Care Tuition Fees**

Registration fee is waived for the 2020-2021 school year.

Payments will be billed to each family on the last day of each month.

<b>Before School Program</b>	\$5 each day (7:15 - 8:15)
<b>After School Program</b>	\$10 for a full day (3:15 - 6:00) \$15 for a half day (12:15 - 6:00) <b>*Late Pick Up</b> - \$1 each minute past 6:00pm

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**2020-2021 School Year Dates After Care Program Will Be Closed**

- September 1, 2020
  - September 8, 2020
  - November 25, 2020
  - December 22, 2020
  - April 1, 2021
  - Last day of school - June 2021
  - \*Subject to other closures in response to Pandemic, weather, etc...
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If you have any questions, please call the school at (609) 499-4321 or e-mail me at [beforeandaftercare@riverbank.charter.k12.nj.us](mailto:beforeandaftercare@riverbank.charter.k12.nj.us)

Riverbank Charter School of Excellence is looking forward to an exciting year and we welcome your interest and participation as we all work together to make this program a successful and enriching experience.

Sincerely,

*Mrs. Jennifer Benstead*

Mrs. Benstead  
Office Administrator

# Before and After Care Program Contract



***By signing below, I understand that:***

- I am enrolling my child for the 2020-2021 school year.
- On days that school is closed, there is a delayed opening or closes early because of emergency conditions, there will be no Before/After School Program.
- I am responsible for monthly payments of contracted fees to be paid within three days of receiving the monthly invoice, and all fees are non-refundable.
- Payments will be made in cash, money orders, or checks, made out to Riverbank Charter School of Excellence Before and After Care Program. All return checks will have an additional \$15 return fee.
- In the event of any payment not received within one week of receiving the invoice, shall be subject to a \$25.00 late fee. In the event if non-payment, I understand that my child will not be permitted to return to the program.
- Before Care is during the hour of 7:15-8:15AM. On a full day of school, After Care Program hours are from 3:15-6:00PM and on a half day of school After Care Programs hours are from 12:15–6:00PM. An authorized adult must sign in each child at arrival and sign out at dismissal. If a child is still at the school after closing hours without any communication from parents/guardians for more than an hour, DCP&P and the Florence Township Police Department will be called.
- There is a fee of \$1.00 for each minute when a child is picked up after closing hours.

I agree to adhere to all procedures and policies set forth and give my child permission to participate fully in this program.

Student's Name: \_\_\_\_\_

Student's Teacher: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_

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

# Before and After Care Registration Form



Student's Name: \_\_\_\_\_

Grade/Teacher: \_\_\_\_\_

Student's Address: \_\_\_\_\_

Student's Birth Date: \_\_\_\_\_

## Circle Days and Times of Attendance

**Before Care:**      Monday      Tuesday      Wednesday      Thursday      Friday

**After Care:**      Monday      Tuesday      Wednesday      Thursday      Friday

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**Mother's Name:** \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Employer: \_\_\_\_\_

Alternate Phone: \_\_\_\_\_

E-Mail address: \_\_\_\_\_

**Father's Name:** \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Employer: \_\_\_\_\_

Alternate Phone: \_\_\_\_\_

E-Mail address: \_\_\_\_\_

## Emergency Contacts

Please list at least 2-3 local adults who can pick up your child if you are delayed or if there is an emergency. It is MANDATORY that we have emergency contacts that are available during program hours.

### **First Contact Person:**

Name: \_\_\_\_\_

Relation: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Alternate Phone: \_\_\_\_\_

### **Second Contact Person:**

Name: \_\_\_\_\_

Relation: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Alternate Phone: \_\_\_\_\_

### **Third Contact Person:**

Name: \_\_\_\_\_

Relation: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Alternate Phone: \_\_\_\_\_

## Medical Information and Emergency Authorization

I hereby authorize emergency medical care for my child during attendance in the **Riverbank Charter School of Excellence Before Care and After Care Program**, if in the judgment of the staff; treatment is required for an injury or illness. I also authorize the administration of anesthetics and recourse to other procedures deemed necessary by the attending physician. I understand that I will be notified at the earliest possible time should prior notice prove impossible.

**The physician of my choice is:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

**The hospital emergency room of my choice (if possible) is:**

\_\_\_\_\_

**My child is allergic to the following:**

Medication: \_\_\_\_\_

Foods: \_\_\_\_\_

Others: \_\_\_\_\_

**Are there any other medical issues we should know about? If so, please explain.** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I understand that I am financially responsible for any expenses for medical care or transportation incurred on my child's behalf.

Parent Signature \_\_\_\_\_ Date: \_\_\_\_\_