



Dear Parents/Guardians,

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

The **Before and After Care Program** will begin the first full week of school. The first day for Before and After Care will be the first full-day Monday of September. Completed registration forms and \$15.00 registration fee and September's tuition payment must be received by August 31<sup>st</sup>, as enrollment is limited and spaces fill up quickly!

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

- Registration Form
- Signed and Dated Contract
- \$15.00 non-refundable registration fee

**Please Note:** Your child will not be able to attend until all forms are complete and payment is received.

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)

I am looking forward to an exciting year and welcome your interest and participation as we all work together to make this program a successful and enriching experience.

Sincerely,

Mrs. Benstead  
Office Administrator

## Before and After Care Contract

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

- I am enrolling my child for the \_\_\_\_\_ 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 on the **first day of every month**, 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 by the first day of every month, shall be subject to a \$25.00 late fee. In the event if non-payment, I understand that I am responsible for all costs of collection, including attorney fees and court costs.
- If payment is late or not received, my child will not be allowed to attend until all fees are paid in full.
- The staff will assume full responsibility for my child from the time my child arrives until my child is picked up.
- Before & After School Care Program will begin on the full day Monday of September.
- Before Care begins at 7:15-8:15am and After Care is from 3:15-6:00pm. An authorized adult must sign in each child at arrival and sign out at dismissal. If a child is left at the center after closing hours without any communication from parents/guardians for more than an hour, DYFS 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 \_\_\_\_\_

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

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

**(RETURN)**

## Before and After Care Registration Form

Child's Name: \_\_\_\_\_

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

Child's Birth Date: \_\_\_\_\_

**Circle Days and Times of Attendance**

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

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

**Parent/Guardian with whom student resides:**

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

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

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

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

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

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

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

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

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## Emergency Contact

Please list at least 2 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 between 3:15-6:00pm.

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

### Contact Person

Name \_\_\_\_\_  
Home Phone \_\_\_\_\_  
Work Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_  
Relation \_\_\_\_\_

### Contact Person

Name \_\_\_\_\_  
Home Phone \_\_\_\_\_  
Work Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_  
Relation \_\_\_\_\_

### Contact Person

Name \_\_\_\_\_  
Home Phone \_\_\_\_\_  
Work Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_  
Relation \_\_\_\_\_

**(RETURN)**

## Medical Information and Emergency Authorization

I hereby authorize emergency medical care for my child during attendance at the **Before 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: \_\_\_\_\_

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## **Before and After Care Tuition Fees**

**One time non-refundable registration fee of \$15 applies**  
**All monthly payments are due on the FIRST day of every month.**  
**All tuition rates are pro-rated to cover 180 school days.**

<p><b>Before School Program</b> From 7:15am</p>	<p>3-5 Days / \$50 per month 1-2 Days / \$10 per day</p>
<p><b>After School Program</b> Until 6:00pm</p>	<p>4-5 Days / \$180 per month 2-3 Days / \$110 per month Drop in Fee / \$15 per day</p>
<p><b>Before &amp; After School Program</b></p>	<p>4-5 Days / \$200 per month No discount for part time</p>

### **Extra Fees if you attend less than 5 days per week**

Before Care	\$10 (if you add an occasional day)
After Care	\$15 (if you add an occasional day)
Late Pick Up	\$1 each minute past 6:00pm

### **Second Child Discounts**

For students who are enrolled 4-5 days per week, deduct 10% from the monthly tuition of the second child.

### **Payments should be made payable to**

*Riverbank Charter School of Excellence Before and After Care Program.*