



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. We are now accepting enrollment for the 2014-2015 school year.

The **Before and After Care Program** will begin the first full week of school. The first day for Before and After Care will be Monday, September 9<sup>th</sup>. Completed registration forms and \$15.00 registration fee and September's tuition payment must be received by August 31, 2014, 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 2014-2015 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 Monday, September 8, 2014.
- 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 2014-2015

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: \_\_\_\_\_

**(RETURN)**

## 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 \_\_\_\_\_

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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: \_\_\_\_\_

**(RETURN)**

## 2014-2015 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.**

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

### **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.*