



Saddle Brook Board of Education

Community Programs Office

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Saddle Brook, NJ 07663

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Amanda Penna, Director of Community Programs

Before/After School Care Registration Form

Student Name _____ Grade (September) _____ **Start Date** _____

Please indicate below which school, program(s), and days your child will be attending.

Franklin School Long Memorial School Helen I Smith School Washington School

Before Care Mon Tues Wed Thurs Fri After Care Mon Tues Wed Thurs Fri

Qualified for: Office for Children Free Lunch Reduced Lunch

As Needed Before Care As Needed After Care Breakfast Program (Franklin Only) 8:00 BC drop off

Monthly Rates

Before Care	1 st child	2 nd child	Before Care and After Care	1 st child	2 nd child	After Care	1 st child	2 nd child
5 days	\$170.00	\$153.00	5 days	\$389.00	\$351.00	5 days	\$244.00	\$220.00
4 days	\$140.00	\$126.00	4 days	\$310.00	\$279.00	4 days	\$190.00	\$171.00
3 days	\$110.00	\$99.00	3 days	\$249.00	\$225.00	3 days	\$154.00	\$139.00
2 days	\$79.00	\$71.00	2 days	\$179.00	\$161.00	2 days	\$109.00	\$98.00
1 day	\$64.00	\$58.00	1 day	\$109.00	\$99.00	1 day	\$64.00	\$58.00

Further discounts apply to families eligible for free and reduced lunch. Discounted Before Care rates apply for children who are attending both Before Care and the Breakfast Program. Call to inquire about reduced fees. Please request fees when registering. Program fees are calculated on a monthly basis.*

* The Breakfast Program begins at 8:05 AM if available. The Before Care Program begins at 7:15 AM. Children enrolled in both Before Care and the Breakfast Program will be brought to the Breakfast Program at 8:05. If your child is only going to the Breakfast Program, you cannot bring him/her earlier than 8:05. The Before Care staff will not be responsible for children not enrolled in Before Care. The Breakfast Program at each school is administered by the school directly. Please contact your child's school for more information.

Daily Rate Fees for Emergency Only – Before Care \$10/day plus \$15 reg. fee - After Care \$15/day plus \$15 reg. fee.

\$15.00 Registration Fee Enclosed Check Cash Credit Card MC/VISA only

Your registration will not be processed without a copy of your child's current medical insurance card.

Make checks payable to: SBCS

Credit card # _____ Expiration Date: _____ V# _____

Last 3 digits on back of card

Signature _____ Date _____

Automatic Payment Option- Please fill out above credit card information and sign & date below.

I give the Community Programs Office permission to charge my card for the tuition rates on the 21st of the month. Signature: _____ Date: _____

Saddle Brook Community Programs Before/After Care Tuition Contract

In consideration of my child's participation in the Before Care and/or After Care Program(s),

I agree to the following:

1. I agree to pay the first month's tuition and a non-refundable registration fee of \$15.00 per family at the time of registration along with fully completed paperwork in accordance to the requirements of the Community Program Office. Any month's tuition is not refundable once the child(ren) attend the start of the Program that month.
2. I agree to pay each month's tuition on the 21st of the preceding month. If tuition is not received before the first of the upcoming month, child(ren) will not be able to attend the program. I understand that there is a \$10.00 late fee for payments made after the 21st unless alternate payment arrangements are made.
3. The Before and After Care Program will follow the Board of Education and each program's respective school's decision of closing for inclement weather or other emergencies. In the event of delayed opening, there will be no Before Care. In the event of early dismissal there will be no After Care, and parents are to make appropriate arrangements for their children. If school does not close but we are experiencing inclement weather, parents should make arrangements to pick up children as soon as possible before 6:00 PM to ensure everyone's safe return home. **I understand that no refunds will be made for school closings due to inclement weather or emergency closures, and no refunds will be issued for children taken out of the school for illness, holidays, or vacations.**
4. I agree to personally bring my child in to the Before Care Program and sign in daily. I agree that I will pick up my child by 6:00 PM promptly, and I understand that it is my responsibility to provide alternative arrangements for picking up my child if I am unavailable. I will send written permission if I intend to release my child to a person not listed on my form. I understand that in the event my child is not picked up by 6:00 PM, a fee of \$10.00 for the first fifteen minutes (until 6:15 PM) and \$15.00 for each additional fifteen minutes or any part thereof, will be charged. At 6:15 PM, my emergency contact will be called. Should I not contact the After Care Supervisor regarding late pick up, the Supervisor may contact the Police Department. After 3 late pick-ups, I will be obligated to speak to the Coordinator to discuss my child's/children's continued enrollment.
5. I agree that in the event I have custody arrangements for the child(ren), I will provide a copy of the arrangement agreement. By law, we cannot keep a child from a parent unless we have paperwork stating legal reason to do so.
6. In the event of an emergency, I give my permission to the Child Care Providers to have my child treated by medical personnel. The Child Care Providers shall make reasonable attempts to contact the parent prior to any emergency treatment.
7. I understand that in the event of continued late tuition payment, continued late pick-up of my child, or for any other good cause, the Saddle Brook Community Programs reserves the right to request removal of my child from the Program(s).
8. I understand that in the event that enrollment in the Program(s) is not sufficient or for any other reason in the opinion of the Board of Education, the Program(s) could be terminated with 60 days' notice. In that case, all monies paid by me for the period after termination of the Program(s) will be repaid to me.
9. I will call the School Supervisor if my child is going to be absent from the program at the school cell phone number.
10. If my child will be going to Sports, Cub Scouts, Girl Scouts, or any other activity where he/she will leave the Program, the Community Programs Office **must be notified in writing** before the day in question, otherwise my child will not be released from the Program.
11. If my child attends the Program for less than 5 days per week, I will provide a written schedule (the registration form will suffice) to the Community Programs Office detailing the days my child will be in Program.
12. If my child will be attending any additional days, the Community Programs Office must be notified. If my child does not attend the program for the days signed up for, there is no refund. If I need to change the amount of days my child is attending the program, I must notify the Community Programs Office in writing before the 21st of the previous month.
13. I hereby release, indemnify, keep and hold harmless, for myself and on behalf of my child/children, my family heirs, executors, administrators and assignees, the Saddle Brook Board of Education and its officers, members, employees, agents, and successors of any of the aforementioned, against and from any liability with regard to any injury, loss, claims, and/or damage to myself or my child/children and from any loss, damage, claims, causes of action, liabilities, obligations, demands, or expenses asserted against the Saddle Brook district or its officers, members, employees, agents, and successors, by any person, persons, or entity, as well as from and against all costs, counsel fees, expenses and liabilities incurred in the event or activity in the Before or After Care Program. This release waives all claims, including those of which I am not aware and those not mentioned in this release.

Please print child's name _____

Parent's/Guardian Signature _____

Date _____

SBCS BEFORE/AFTER CARE EMERGENCY FORM

Child's Name _____ Grade _____ School _____

Parent/Guardian Name _____ E-mail Address: _____

Address _____

Parent's/Guardian's Names _____ Home Phone _____

Parent/Guardian 1 work # _____ Parent/Guardian 1 cell # _____

Parent/Guardian 2 work # _____ Parent/Guardian 2 cell # _____

Please provide a list of three emergency contacts who have your permission to pick up your child if we cannot contact his/her primary guardians at the numbers above.

Name	Phone Number	Relationship to Child

Please give us a list of your child's allergies or medical problems (including asthma):

Allergies	Medical Problems

EPI PEN Yes No

Please give us any special instructions regarding your child that might help us make his/her time in the Program more enjoyable. _____

MEDICAL RELEASE FORM

Date: _____

I hereby authorize emergency medical care for my child _____ during attendance at the Before School/After School Care Program if, in the judgment of the staff, treatment is required for illness or injury. I hereby also authorize the administering of anesthetics and recourse to other procedures deemed necessary by the attending physician.

I understand that, whenever possible, I will be notified at the earliest possible time should prior notice prove impossible.

The physician of my choice is:

Dr. _____ Phone: _____

My child is allergic to the following:

Medications: _____ Foods: _____

Other Medical conditions:

A note on care during program hours:

The staff will not administer aspirin, Tylenol or any other non-prescription or prescription drugs for any reason.

Parents are requested to notify the staff when their child is ill due to communicable disease.

The parent or guardian is required to have medical coverage/hospitalization for your child(ren).

The Board of Education does not provide insurance for your child.

Please provide a copy of your child's medical insurance card with application.

(e.g. Blue Cross/Blue Shield/Bollinger, Medicaid, etc.)

Insurance Company _____ **Policy No:** _____

Name of Policyholder _____

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

Signature of Parent or Guardian _____ Date _____
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