

# Haledon Public School's After Care Program

The place to Bee!!!!

Our program is designed for Haledon Public School children of busy parents. We will provide a positive environment for your child. He/she can play, learn, and participate in creative arts and crafts, table games, conversation, quiet games, story time, reading time, outdoor play, and homework time. Children will also receive a daily snack and drink.

All Haledon Public School children in grades PreK-8 are invited to participate. Qualified, experienced adults will be in direct supervision of the children.



**Time:** School dismissal until 6:00 P.M.

**Place:** Children will meet in the small gym or cafeteria in grade levels.

**Monthly Fee:** \$110.00 per month (5 days) OR \$85.00 per month (3 days)

**Daily Fee:** \$10.00 per day for emergency drop-ins. Payment is required at pick-up.

## Payments

All payments are due on the first of the month **preceding** the service. No deductions are made for school vacations, holidays, or missed days. A late fee of \$10.00 will be charged for payments received after the tenth of the month. In the event payment is not received by the 20<sup>th</sup> of the month, your child will be removed from the program.

## Late Pick-Up

Parents arriving after 6:00 P.M. will be charged a late fee of \$1 for every minute beginning at 6:01 P.M. All late fees are due within five days of the late pick-up. *\*Continuous late pickups will result in your child's permanent dismissal from the program.*

## Registration

To Register: Return the registration form with the first month's payment.

## Financial Aid

Financial Aid is available for those who qualify. 4CS Subsidy for Child Care, 4CS of Passaic County, 2 Market Street, Paterson, New Jersey 07501. (973) 684-1904.

## Contact

Mr. Jeffrey Territo  
Director, After Care Service Programs  
91 Henry St.  
Haledon, New Jersey 07508  
973-790-9000 ext.225 or [jterrito@haledon.org](mailto:jterrito@haledon.org)

# After Care Enrollment Form

Student Name: \_\_\_\_\_ Date to Start: \_\_\_\_\_

Grade: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Teacher: \_\_\_\_\_

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

Address: \_\_\_\_\_ Town: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Cell) \_\_\_\_\_

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

Address: \_\_\_\_\_ Town: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Cell) \_\_\_\_\_

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Authorized person(s) to pick up student. Must be over 18 years and have I.D.

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

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

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

(List additional authorized people on the back of this sheet)

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I hereby give consent for my child to participate in the Haledon Public School District's After Care program. I assume all risk with regard to participation in the program. I release, indemnify, and hold harmless the Haledon Public School District, its' directors, officers, agents, employees, coaches, and volunteers from any liability that may result from participation in the program activities. I have read the above policies and completed the information needed.

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

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

# After Care Parent/Guardian Consent Form

We request permission for your child's photo/image and personally identifiable information be published on the District's website, District publication, and/or to release said photogenic likeness to any newspaper, magazine or other media source for publicity and or recognition purposes in connection with the Haledon Public School After Care Program. The law requires that we ask your permission to use information about your child. Pursuant to law, we will not release any personally identifiable information without prior written consent from you as parent or guardian. Personally identifiable information includes a student's name, photo, or image, residential address, email address, phone number, as well as the location of class trips. If you, as parent or guardian, wish to rescind this agreement, you may do so at any time in writing by sending a letter to the After Care program. Such rescission will take effect upon receipt by After Care. Please check ONE of the following choices:

**I grant permission for a photo/image of this child, without any other personal identifiers** to be published on the school district's public internet site and in any newspaper, magazine, or other media source for publicity and/or recognition purposes.

**I grant permission for this child's photo/image and name to be published** on the school district's public internet site, and in any newspaper, magazine, or other media source for publicity and/or recognition purposes.

**I grant permission for this child's photo/image and other personal identifiers** listed above to be published on the school district's public internet site, and in any newspaper, magazine, or other media source for publicity and/or recognition purposes.

**I DO NOT GRANT PERMISSION for this child's photo/image and other personal identifiers** listed above to be published on the school district's public internet site, and in any newspaper, magazine, or other media source for publicity and/or recognition purposes.

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

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

Cut and give to teacher

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My child, \_\_\_\_\_, will be attending the Haledon Public School After Care Program. My child will be attending the following days: M T W Th F

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

# After Care Medical Form

(Required by law)

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

After Care provides daily participation in both quiet and vigorous indoor and outdoor play.  
Please complete the following questions.

1. List any foods that cannot be eaten.

\_\_\_\_\_

2. List any allergies.

\_\_\_\_\_

3. Does your child have any physical conditions we should be aware of? If so, what are they?

\_\_\_\_\_

4. Does your child require any special attention or need a specific routine? If so, what is it?

\_\_\_\_\_

5. Is your child emotionally and physically able to participate in the After Care program?

\_\_\_\_\_

NOTE: MEDICATIONS WILL NOT BE ADMINISTERED BY THE PROGRAM STAFF. Please make arrangements to have any required medications administered before the program begins for the day.

Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

I, \_\_\_\_\_, as parent/guardian of the above mentioned child, authorize the After Care program to obtain medical treatment for my child, \_\_\_\_\_, in case of an emergency.

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