

2018-2019 REGISTRATION FORM

PLEASE PRINT NEATLY AND COMPLETE ENTIRELY

Child's Name: _____ Date of Birth: ____/____/____

Street: _____ City: _____ Zip: _____

Grade in Sept '18: _____ Primary email address: _____ @ _____

<p>PICK UP AUTHORIZATION FORM</p> <p>PHOTO ID REQUIRED UPON REQUEST</p>		
Child's Name:		
Address		
<p>School Sept. 2018: (circle one) Appleby Schoenly</p>		
<i>The following individuals are authorized to pick up my child.</i>		
Authorized Person's Name <u>including parents/guardians</u>	Relationship to Child	Phone Number
	MOTHER	
	FATHER	
	<i>relationship</i>	
	<i>relationship</i>	
	<i>relationship</i>	
<p>AM CARES (CIRCLE THE DAYS YOUR CHILD WILL ATTEND) M T W Th F</p> <p>PM CARES (CIRCLE THE DAYS YOUR CHILD WILL ATTEND) M T W Th F</p>		

MEDICAL FORM

Child's Name: _____ Date of Birth: __/__/____

Mother: _____ Emergency Contact #: _____

Father: _____ Emergency Contact#: _____

Additional Contact Person (in the event parent/guardian cannot be reached):

Name: _____ Emergency Contact#: _____

Doctor's Name _____ Phone # _____

Please list all medicine and food allergies:

Please Note Anything Important We Should Know About Your Child
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Hospital Preference: _____

If at any time, the above information must be changed, I will notify the Director in writing. I hereby give permission to Spotswood Public Schools personnel to obtain medical treatment for my child in the event of an emergency when I cannot be contacted. This permission authorizes medical personnel to perform emergency treatment including the administration of drugs, blood transfusions or other medically necessary procedures. In addition, this permission authorizes medical personnel to perform emergency treatment.

Please Provide a Copy of Your Child's Health Benefits Card

Signature _____ Date _____

**AM CARES
TUITION
2018-2019**

# Of Days	Tuition Rate	2nd Child
1-5	\$80.00	\$64.00

**PM CARES
TUITION
2018-2019**

# Of Days	Tuition Rate	2nd Child
5	\$215.00	\$172.00
4	\$180.00	\$144.00
3	\$150.00	\$120.00
1-2	\$115.00	\$92.00

- 20% off second child or more. Discount is applied to lesser fee.

Important Information

- **A \$50.00 non-refundable fee per child is due upon registration.**
- We encourage that you start your child in the beginning of the month rather than in the middle or end of the month. **(We will not prorate tuition.)**
- Children must be picked up by 6:00 p.m. Excessive lateness (5 incidents) will result in removal from the program. After 6:00 p.m. is considered a late pick up.
- The CARES Program coincides with the Spotswood Public School Calendar. Hours are as follows:

Appleby - dismissal to 6:00 PM Schoenly - dismissal to 6:00 PM
- If school is canceled for any such reason, such as weather or an emergency, CARES is canceled as well. There is no CARES in the event of an early dismissal due to weather or emergency.
- CARES will operate on half days due to conferences as long as there is staffing. **You must be registered for those days.**
- **There is no drop-in program. Children may only attend the program for the number of days they are registered for. Changes can be made at the beginning of the month.**
- Afternoon CARES is closed the half day before Thanksgiving. AM CARES is open. Afternoon CARES is closed on any half day session due to a holiday.
- All tuition must be paid by the 1st of each month. Payments received after the 5th will be charged a \$25.00 late fee. Families whose accounts are delinquent 30 days will be removed from the roster.
- Parents may select any combination of days, Monday through Friday. A request for changes must be made in writing a week in advance. You may not save leftover days for other weeks.
- Children will be signed out of the program by authorized adults (18 or older).
- Tuition is based on a 180-day school year. Tuition will be broken into 10 equal payments. **(June is not prorated.)**

Discipline

Any child engaging in repetitive disruptive, disrespectful, and/or dangerous behavior shall be disciplined as follows:

- First incident Formal warning.
 - Written and oral communication to parent by head teacher.

- Second incident Letter from Assistant Director
 - Next infraction will mean a two-day suspension of services.

- Third incident Letter from Director
 - Two-day exclusion from childcare.

- Fourth incident Parent/Assistant Director/Director Conference
 - Exclusion details will be reviewed. On next infraction the parent will receive a phone call and letter from the director. Exclusion will commence on the sixth working day from the infraction.

ENROLLMENT AGREEMENT

1. I understand that tuition is based on 180 days and tuition is broken into ten monthly payments.
2. I understand that the program must maintain enrollment sufficient to meet its expenses and payroll and that if it does not, the program will cease to operate.
3. I understand that there will be no program on the days that school is closed because of inclement weather, if school is dismissed early because of inclement weather, or if school is dismissed early due to a holiday.
4. I agree to pay my monthly tuition. Make checks payable to Spotswood CARES. There will be a \$25.00 fee on all returned checks. All tuition payments must be received by the 1st of each month in order to avoid being charged a \$25.00 late fee. If I fail to make these payments accordingly, I hereby understand that my child will lose his/her place in the program. Please mail checks to Spotswood CARES, 105 Summerhill Road, Spotswood, NJ 08884.
5. In the event of illness, vacation, after school activities or other absences, I will notify the CARES staff by email. Regardless of absences I am responsible for my child's full tuition payment. Communication with the CARES staff can be arranged via the CARES phone 732-723-2200, 3:00 to 6:00 p.m. Monday-Friday or by email.
6. An authorized adult must sign out the child no later than 6:00 PM.
7. I give permission for my child to participate in walks and field trips within the Spotswood Community. Details about such trips will be provided ahead of time.
8. If a medical emergency arises, the CARES staff will first attempt to contact me. If I, or one of the emergency contact persons, cannot be reached, the CARES staff will contact the doctor listed. If the emergency is such that immediate medical attention is necessary, my child will be treated as per the emergency medical card.
9. I understand frequent lateness (5 incidents) will result in removal from the program. Children are expected to be picked up no later than 6:00 p.m. After 6:00 p.m. is considered a late pick up.
10. I will notify the CARES Director in writing of any work or home phone number change, or of changes in persons authorized to sign my child out of the program. My child will not be released to persons other than those listed.
11. I understand that CARES staff members are not allowed to babysit my child after hours. I further understand that if a CARES employee does provide personal babysitting services, this may result in termination of the staff member's employment.

I agree to adhere to the Spotswood CARES registration policies and give my permission to participate fully in the programs. I agree photographs and films of my child may be used in public relations.

Child's Name _____ Signature _____ Date _____