

Must be returned with registration

**Program Contract 2018-2019**

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

Parent/Guardian Name(s): \_\_\_\_\_

Child's (Children's) Name(s): \_\_\_\_\_

The REEDCP follows the licensing rules and regulations of The New Jersey Office for Children. Important information is detailed in the Parent Handbook. It is your responsibility to read this handbook online [www.riveredgeasp.org](http://www.riveredgeasp.org). You may download a copy for reference or request a hard copy of this handbook by emailing Mrs. Carol Hermalyn: [hermalync@riveredgeasp.org](mailto:hermalync@riveredgeasp.org)

Please read the following statements. The REEDCP holds these as policy to your understanding and agreement of the responsibilities expected from you throughout the year's contract with the River Edge Extended Day Care Program.

**Please initial next to each policy statement and please sign each section:**

\_\_\_\_\_1. I have read the REEDCP Parent Handbook, inclusive of the Parents' Statement prepared by the Bureau of Licensing in the Division of Child Protection and Permanency, online on the website: [www.riveredgeasp.org](http://www.riveredgeasp.org)

\_\_\_\_\_2. **I will notify the program when my child (children) is not going to be in attendance on a given day.**

\_\_\_\_\_3. Please circle your choice: I **do give** or **do not give** permission for my child to be photographed for program and media purposes approved by the REEDCP.

\_\_\_\_\_4. I will be responsible for sending my child (children) with lunch on 12:45 days.

\_\_\_\_\_5. I will be responsible for notifying the program supervisors and the program bookkeeper of a change when using non-contracted days.

\_\_\_\_\_6. **I am responsible for calling my emergency contacts, if needed, in plenty of time to avoid the late pick-up of my child.**

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Parent/Guardian Signature

## **Financial Terms and Agreement 2018-2019**

\_\_\_\_\_1. Upon registration, I will pay the registration/late fee of \$75.00, if I am new to the program or registering past the date for returning families, along with the first month and last month (June) as the security fee. The security fee (June tuition) will be applied as your last month's tuition.

\_\_\_\_\_2. I will be responsible for tuition payments that must be postmarked by the 20<sup>th</sup> of the preceding month. If late, a \$15.00 fee is applied to payment.

\_\_\_\_\_3. I will be responsible for payment of all accrued fees, inclusive of extra hours, late payment fees, and late pick-up fees.

\_\_\_\_\_4. I will be responsible to pay \$25.00 every time a schedule change needs to take place.

\_\_\_\_\_5. I will be responsible to pay fees if I am late picking up my child (children) from the program: \$25.00 first 15 minutes and \$1.00 for each minute after.

\_\_\_\_\_6. I will be responsible to pay extra fees for days that my contract does not cover: \$8.00 before school program, \$15.00 after school program, and \$18.00 for a 12:45 day.

\_\_\_\_\_7. I understand that my cancelled checks will serve as receipts for tuition payments. I am responsible for my own record keeping for tax purposes.

\_\_\_\_\_8. I will write my child's (children's) names on all checks.

\_\_\_\_\_9. I am responsible for paying a \$40.00 charge for returned checks.

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

\_\_\_\_\_  
Parent/Guardian Printed Name

Child's (Children's) Name(s) \_\_\_\_\_

**Parent(s)/Guardian(s) Employment Information**  
**(This information is required by the State of New Jersey #10-122-3.3)**

Parent/Guardian name \_\_\_\_\_

Relationship to child \_\_\_\_\_

Employer \_\_\_\_\_

Address of employment \_\_\_\_\_

Employment hours (daily) \_\_\_\_\_

Employment telephone number \_\_\_\_\_

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Parent/Guardian name \_\_\_\_\_

Relationship to child \_\_\_\_\_

Employer \_\_\_\_\_

Address of employment \_\_\_\_\_

Employment hours (daily) \_\_\_\_\_

Employment telephone number \_\_\_\_\_

**Please complete one registration form per child**

**Registration 2018-2019**

**Please Circle:**    Cherry Hill                      Roosevelt

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

Date of Birth \_\_\_\_\_ Nickname \_\_\_\_\_

Grade (as of September 2018) \_\_\_\_\_

Address \_\_\_\_\_

Home phone number \_\_\_\_\_

Parent/Guardian's email address \_\_\_\_\_

**Days in Attendance:    A.M. program:    M   T   W   Th   F**

**P.M. program    M   T   W   Th   F**

**Parent/Guardian Information**

1<sup>st</sup> Parent/Guardian to be called:

Name \_\_\_\_\_

Relation to child \_\_\_\_\_

Cell phone # \_\_\_\_\_

Home phone # \_\_\_\_\_

Email address \_\_\_\_\_

2<sup>nd</sup> Parent/Guardian to be called:

Name \_\_\_\_\_

Relation to child \_\_\_\_\_

Cell phone # \_\_\_\_\_

Home phone # \_\_\_\_\_

Email address \_\_\_\_\_

**Emergency Contact Information**

Name \_\_\_\_\_

Relation to child \_\_\_\_\_

Cell phone # \_\_\_\_\_

Home phone # \_\_\_\_\_

Email Address \_\_\_\_\_

Name \_\_\_\_\_

Relation to child \_\_\_\_\_

Cell phone # \_\_\_\_\_

Home phone # \_\_\_\_\_

Email address \_\_\_\_\_

**Please continue to next page or, if downloading, print second page**

Child's name \_\_\_\_\_

**Additional persons authorized to pick up your child (children)\***

\* if under the age of 18, a signed letter of permission must be on record with your paperwork – please submit.

Name \_\_\_\_\_ Phone Number \_\_\_\_\_  
Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone Number \_\_\_\_\_  
Relationship \_\_\_\_\_

**Medical Information**

\*The REEDCP staff will not administer prescription/nonprescription drugs. \* Parents are responsible for notifying the program of any communicable diseases.

Physician's name: \_\_\_\_\_

Physician's telephone number: \_\_\_\_\_

Hospital Emergency Room preference: \_\_\_\_\_

Child's medications: \_\_\_\_\_

Child's allergies: \_\_\_\_\_

Please make staff aware of EpiPen or Inhaler use and meet with the program supervisor to discuss emergency administration.

Please make program aware of any special needs your child has in order to provide efficient care.

**Authorization for Emergency Medical Care**

I hereby authorize emergency medical care for my child during attendance at the REEDCP. If, in the judgment of the staff, treatment is required for an injury or illness, action may take place with my permission. I also authorize the administration of anesthetic treatment along with resources to other necessary treatments deemed necessary by the attending physician or emergency medical personnel. I understand that I will be notified at the earliest possible time should immediate notice prove impossible. I understand that I am financially responsible for any expenses for medical transport and/or medical care incurred on my child's behalf.

Child's Name \_\_\_\_\_ -

Parent's/Guardian's Printed Name \_\_\_\_\_

Parent's/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_