

REGISTRATION 2019-2020

Dear Parents/Guardians:

All registrations must be returned **by mail**:

P.O. Box 307

River Edge, NJ 07661

Please follow these instructions:

***very important: all paperwork must be completed in black or dark blue ink**

1. Please download and complete all the following documents:

-Program Contract 2019-2020

-Financial Terms and Agreement 2019-2020

-Parent(s)/Guardians Employment Information

-Registration Form (one per child and this form is two pages)

2. Review the **Monthly Payment Information 2019-2020** to determine fees needing to be paid. Please note:

***New families** registering must pay the one-time registration fee of \$75.00.

***Returning families** do not pay the \$75.00 fee **unless** you fail to register by the due date of May 24th.

***Along with the registration fee for those required to pay it, please include tuition for September 2019, and June 2020, which is a security fee and your last month's payment.**

***If you would like to pay in full for the year, you will receive a 10% refund after you pay and your check has cleared.**

3. Your registration for 2019-2020 will be put on hold if "emergency contacts" are not listed.

4. You will be notified by email if there are any reasons to hold up your registration.

Please read the program's **Parent Handbook** online at

www.riveredgeasp.org to answer questions you may have and to give you all contact information.

Questions, please email Carol Hermalyn hermalync@riveredgeasp.org or

Barbara Greenhalgh greenhalghb@riveredgeasp.org

Monthly Payment Information

When you register your child (children) payment must include the first and last month's tuition fees. In addition, there is a nonrefundable/nontransferable \$75.00 registration/late fee required of all new families and all late registrants.

If you choose to pay the year's tuition in full, your payment must be received at registration. Please pay the full amount and you will be refunded the 10% after your check payment clears.

Please make checks payable to **REEDCP**. In the memo section of the check please write your child's name, especially if your last names are different, and the school he/she attends.

Monthly payments must be postmarked by the 20th of the preceding month: (i.e. payment for October must be postmarked by the 20th of September) A \$15.00 late fee will be due after the 20th of the month. Please be sure your return address is on the envelope.

All payments must be mailed: REEDCP PO Box 307 River Edge, NJ 07661

Any payments over 30 days late must be submitted in the form of a money order or a bank check with the additional \$15.00 late fee. Your child will be suspended from the program until financial matters are cleared.

Monthly Tuition

<u>Before School Program</u>		<u>After School Program</u>		
			<u>1st Child</u>	<u>Additional Children</u>
1 day weekly	\$18.00	1 day weekly	\$47.00	\$42.00
2 days weekly	\$34.00	2 days weekly	\$91.00	\$83.00
3 days weekly	\$51.00	3 days weekly	\$135.00	\$123.00
4 days weekly	\$67.00	4 days weekly	\$179.00	\$164.00
5 days weekly	\$76.00	5 days weekly	\$205.00	\$185.00

ADDITIONAL FEES

Late Payment (after the 20th of the preceding month): \$15.00

Returned Check Fee: \$40.00

Late Pick-Up Fee (after 6:00 p.m.): \$25.00 for the first 15 minutes, and then \$1.00 per minute following

Drop-in Fees: if you need to use the program on a non-contracted day you MUST notify the Lead Supervisor at the school your child attends and the charges are: \$9.00 per child/before school program; \$16.00 per child/after school program; \$18.00 per child/12:45 dismissal days

Any financial questions, please call Barbara Greenhalgh at 201-370-4605

Must be returned with registration

Program Contract 2019-2020

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 your Parent Handbook. It is your responsibility to read this handbook online. You may download a copy for reference or request a hard copy of this handbook by emailing Mrs. Carol Hermalyn:

hermalync@riveredgeasp.org

Please read the following statements, which we hold as policy to your understanding and agreement of the responsibilities expected from you throughout the year's contract you hold 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

_____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 for using non-contracted days.

_____6. Our emergency contacts will be able to reach the program within 15 minutes.

_____7. **I am responsible for calling my emergency contacts, if needed, in plenty of time to avoid the late pick-up of my child.**

Parent/Guardian Signature

Financial Terms and Agreement

_____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 as the security fee. The security fee (June tuition) will be applied in May as the last month's tuition.

_____2. I will be responsible for tuition payments that must be postmarked by the 20th 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 I need to make a schedule change.

_____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 afterwards.

_____6. I will be responsible to pay extra fees for days that my contract does not cover: \$9.00 before school program, \$16.00 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/Guardian Employment Information
(This information is required by the State of New Jersey #10-122-3.3)

Parent/Guardian name _____
Child's name _____
Employer _____
Address of employment _____

Employment hours (daily) _____
Employment telephone number _____

Parent/Guardian name _____
Child's name _____
Employer _____
Address of employment _____

Employment hours (daily) _____
Employment telephone number _____

Policy: The REEDCP is a program available for the working parents of the children attending Roosevelt and Cherry Hill Schools. According to the State of New Jersey, employment verification can be requested.

Please complete one registration form per child

Registration 2019-2020

Please Circle: Cherry Hill Roosevelt

Child's Name _____

Date of Birth _____ Nickname _____

Grade (as of September 2019) _____

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

1st Parent/Guardian to be called:

Name _____

Relation to child _____

Cell phone # _____

Home phone # _____

Email address _____

2nd 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 # _____

Name _____

Relation to child _____

Cell phone # _____

Home phone # _____

Please continue to 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 _____