

R.E.E.D.C.P Registration 2021-2022

***Please complete one registration form per child**

Child's School: Cherry Hill Roosevelt

Child Last Name: _____ **Child First Name:** _____

Nickname: _____

Grade: _____ **D.O.B:** _____

Home Address: _____

Home Phone: _____

Parent/Guardian Email: _____

Days in Attendance:

A.M. Program: M T W Th F

P.M. Program: M T W Th F

1st Parent/Guardian to be Called: _____

Relation to Child: _____

Cell: _____ **Home:** _____

Email: _____

2nd Parent/Guardian to be Called: _____

Relation to Child: _____

Cell: _____ **Home:** _____

Email: _____

Additional persons authorized for Pickup & Emergency Contacts*

If under the age of 18, a signed letter of permission must be on record with your paperwork. Please submit this with your first month's payment.

Name: _____ **Relation to Child:** _____

Cell: _____ **Home:** _____

Medical Information

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

Physician Name: _____

Physician Phone: _____

Hospital Emergency Room Preference: _____

Child Name & Medications: _____

Allergies: _____

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Allergies: _____

It is parent's responsibility to make staff aware of EpiPen or Inhaler use and meet with the program supervisor to discuss emergency administration. Parents must also 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.

Parent's/Guardian Name: _____

Parent's/Guardian Signature: _____

Date: _____

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: _____

Employer Address: _____

Daily Employment Hours: _____

Employment Phone: _____

Parent/Guardian Name: _____

Relationship to Child: _____

Employer: _____

Employer Address: _____

Daily Employment Hours: _____

Employment Phone: _____

Monthly Payment Information

When you register your child(ren) payment must include the September tuition fees and a nonrefundable/nontransferable \$50.00 registration fee required of all families.

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 received by the 1st of each month: (i.e. payment for October must be received by October 1st.) A \$15.00 late fee will be due after the 1st of the month. Please be sure your return address is on the envelope.

- If late payments accrue, dismissal from the program is likely.
- 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.
- The R.E.E.D.C.P. is working to implement online tuition payments, and will notify parents when this is available.

Monthly Tuition:

Before School Program \$85.00

After School Program \$250.00

ADDITIONAL FEES:

Late Payment (after the 1st of the month): \$15.00

Returned Check Fee: \$40.00

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

Program Contract 2021-2022

Date: _____

Name(s) of Parents/Guardians: _____

Name(s) of Enrolled Child(ren): _____

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. 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. The R.E.E.D.C.P. 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

_____ 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(ren) with snack each day and lunch on 12:45 days.

_____ 5. **I am responsible for calling my emergency contacts, if needed, in plenty of time to avoid the late pick-up of my child.**

_____ 6. I will be responsible to use the Remini app appropriately and consistently with the program's instruction.

_____ 7. I understand that the REEDCP has the jurisdiction to close the program, if unforeseen circumstances arise due to a resurgence of a pandemic.

Parent/Guardian Printed Name: _____

Parent/Guardian Signature: _____

Financial Terms and Agreement 2021-2022

_____1: Upon registration, I will pay the registration fee of \$50.00, and the first month's tuition.

_____2: I will be responsible for tuition payments that must be received by the 1st of the month. If late, a \$15.00 fee is applied to payment. Failure to pay will result in dismissal from the program.

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

_____7: I will write my child's (children's) names on all checks.

_____8: I am responsible for paying a \$40.00 charge for returned checks.

_____9: I am responsible for an increase in tuition, if under a River Edge Board of Education decision, the school hours are abbreviated due to health mandates beyond our control.

Parent/Guardian Printed Name: _____

Parent/Guardian Signature: _____

Addendum: Parent Agreements

Daily Attendance Agreement for the REEDCP

It is understood that when I **do not complete** the online Covid questionnaire, the staff will **not** be looking for my child since she/he will **not** be in attendance for that day. I understand I am responsible for letting the River Edge Extended Day Care Program know when my child (children) will be in attendance.

Parent/Guardian Signature

Program Operation Statement

It is understood that the River Edge Extended Day Care Program has the jurisdiction to close the program due to unforeseen pandemic changes within the operation of the public schools.

I understand this may happen during the 2021-2022 school year.

Parent/Guardian Signature

Tuition Reimbursement Statement

It is understood that if the River Edge Extended Day Care Program must close due to the pandemic situation, tuition will be credited to future payments.

Parent/Guardian Signature