

BERNARDS TOWNSHIP SCHOOL DISTRICT
AFTER SCHOOL CARE PROGRAM
William Annin Middle School
101 Peachtree Road
Basking Ridge, NJ 07920
908-204-2600 EXT. 102 OR 105

May, 2009

TO: Prospective Families of the Middle School
After School Care Program

FROM: Cherie Ackerman, Parent Relations Coordinator

RE: Registration for 2009-10

This is the registration packet for the 2009-10 school year. Return the registration by June 1, 2009. Also included are 10 monthly tuition forms. Please include your September tuition form along with the \$25 registration fee with your packet.

You can mail your packet as well as your monthly payments to Bernards Township Board of Education, 101 Peachtree Road, Basking Ridge, NJ 07920 Attention: Cherie Ackerman. You also may submit your monthly tuition form and payment at your child's school.

If you should have any questions, please do not hesitate to contact me.



Bernards Township School District

After School Care Program

101 Peachtree Road

Basking Ridge, NJ 07920

908-204-2600 ext. 102 or 105

Aftercare@bernardsboe.com

William Annin Middle School

General Information

Mission

The Mission of the After School Care Program is to provide all children quality care in a safe, recreational environment that fosters mutual respect and offers children a variety of choices of developmentally appropriate and interest-driven activities.

Schedule

The Program is offered to William Annin students as follows on days when school is in session:

- 2:20 pm – 6:00 pm

On abbreviated schedule days the Program will begin immediately at dismissal. Please send a lunch with your child on those days as the cafeteria is closed. If your child is absent from school, you do not need to notify the Program. However, if your child attends school during the day but will not be attending the Program on a regularly scheduled day, please send a note to your child's teacher. Your child must be present at dismissal in order to attend the Program. The Program does not run on the days that schools are closed. The only exception is during the February and April recess periods. If there is enrollment of at least 25 students, a separate, full-day Program will be offered at an additional charge.

Program

The Program will provide the opportunity for children to participate in a variety of active and quiet recreational and educational activities. Children will be grouped as closely as possible by grade, and will have the opportunity to spend some time completing homework assignments.

Pickup Procedures for the Release of Children

- Only parents/guardians listed on the application are permitted to pick up your child.
- If another person will be picking up your child, please submit a Release Permission Form to the Director. The person will be asked to provide a photo ID.
- If a child remains past 6:00 pm, the staff members will attempt to contact the parent/guardian phone number listed on the application. The emergency contact will then be notified. There will be an additional charge of \$10 for each 10 minute period beyond 6:00 pm.

Tuition

A registration fee is due with your registration packet in the amount of \$25 per child not to exceed \$50 per family. Monthly tuition is due the 15th of the prior month. This will enable the Director to schedule appropriate staff. Your September tuition will be due on August 15th. You can mail your tuition to Bernards Township Board of Education, 101 Peachtree Road, Basking Ridge, NJ 07920 Attn: Cherie Ackerman. If for any reason you withdraw your child from the program at any time during the year and wish to re-enroll, there will be a \$75 non-refundable processing fee per child.

Tuition is payable in monthly installments. There is no prorating. There will be a late fee of \$10.00 for payments not received by the last day of the prior month. If tuition is not received by the first day of the month for which you are paying, your child will not be allowed to attend the program. Upon your child's re-admission into the Program, the full month's tuition is due. In the event a check is returned by the bank due to insufficient funds, a \$35 service charge will be imposed. Tuition is non-refundable.

In constructing our school calendar, we have already taken into consideration the holidays that school is not in session and have computed three (3) weather emergency days into that calendar as well. Your monthly tuition payment is based upon the average number of school days per month, and does not change based on actual school days per month. This is similar to an annual tuition bill you would receive from a private school or care provider. You make the same payment whether or not there is a school holiday or weather-related closing in a particular week. We will only cancel school due to an extreme weather condition. We are very sensitive to the fact that you have an obligation to get to work in all but unsafe weather. We are committed to meet your needs and will continue to make that our priority.

If you qualify for the National Free/Reduced Lunch Program you will be eligible for a reduced rate. The application can be accessed on the district website (www.bernardsboe.com, Parents&Students/Forms&Apps)

Early Dismissals due to Weather or Other Emergency

There will be no After School Care. You will be responsible to pick up your child/children at dismissal, and will be notified by the Instant Alert System after the Superintendent has made a decision to close school early. The decision will be made by 10:30 am. The schools will be dismissed at 11:00 am. If you are concerned with weather conditions, you may pick your child up earlier than 11:00 am.

Student Absence

Because our costs remain constant throughout the school year, we cannot reduce your tuition payment if your family takes a vacation or if you choose to keep your child home, for any reason.

Administration of Medication

A nurse is not on staff during the After School Care Program. Program staff may not administer medications. If your child requires medication during those hours, please arrange for the administration at home in the morning, or by the school nurse near the end of the school day. In emergency medical situations, such as seizure disorders, the Program staff may call qualified emergency personnel to attend to your child.

Code of Conduct

We encourage appropriate behavior by our students whether they are in school or in our After Care Program. In the event that unacceptable behavior is exhibited, parents will be contacted by Program staff. If the behavior is continual, the student may be removed from the Program.

Thank you for entrusting your child to our care. We are committed to providing a safe and enjoyable program. Please let us know if you have any questions or concerns.

Bernards Township School District
After School Care Program
William Annin Middle School
REGISTRATION FORM

Child's name: _____ **Date of birth:** _____

Grade: _____

Address: _____

Home Phone: _____

Mother's Name: _____

Home email: _____

Work email: _____

Cell phone # _____ **Work #** _____

Father's Name: _____

Home email: _____

Work email: _____

Cell phone # _____ **Work #** _____

Emergency Contact (Only called if the above can not be reached)

Name: _____

Address: _____

Home# _____ **Work #** _____

Cell# _____

Days of week your child will be attending: (please circle)

Monday Tuesday Wednesday Thursday Friday

Medical History:

Allergies (include allergies to particular medicines, foods and insects):

Physical disorders: _____

If student is currently taking any type of medication, please list:

List any limits to student's physical activity: _____

If your child is in need of an Epi Pen, please provide one to the Before/After School Care Program.

I certify that I have registered for emergency notification by email and phone through the Honeywell Instant Alert system on the school district's website.

I have read and accept the terms in the registration packet.

Parent Signature: _____

Date: _____

Bernards Township School District
After School Care Program

RELEASE PERMISSION FORM

I, _____, give the Bernards Township
School District After School Care Program permission to release my child,
_____, to _____,
who resides at _____. The
person's phone number is: _____. This release
may take place when I am unable to pick my child up from the Bernards
Township School District After School Care Program at the time of its
closing. Such releases may require that my child be transported to the
above residence.

Signed: _____

Date: _____

Alternate Pick-up person #2: _____

Address: _____

Phone Number: _____

Bernards Township School District
After School Care Program
William Annin Middle School
TUITION FORM
2009-10 School Year

Student's Name _____ **Month** Sept. 2009 (Due by 8/15)

Homeroom Teacher _____ **Grade** _____

of days per week _____ M T W TH F

(Please circle the days of the week)

Enclosed is a check for the full month's tuition:

\$ _____ Check # _____

Please make checks payable to:

Bernards Township Board of Education

**A YEARLY REGISTRATION FEE IN THE AMOUNT OF \$25 IS DUE WITH
YOUR PACKET
2009-10 Tuition Rates**

Schedule –PM only Option	Monthly Tuition
1 day of PM only per week	\$65.00
2 days of PM only per week	\$130.00
3 days of PM only per week	\$195.00
4 days of PM only per week	\$260.00
5 days of PM only per week	\$325.00

TUITION IS NON REFUNDABLE 10% sibling discount on second child

Bernards Township School District
After School Care Program
William Annin Middle School
TUITION FORM
2009-10 School Year

Student's Name _____ **Month** Oct. 2009 (Due by 9/15)

Homeroom Teacher _____ **Grade** _____

of days per week _____ M T W TH F

(Please circle the days of the week)

Enclosed is a check for the full month's tuition:

\$ _____ Check # _____

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TUITION FORM
2009-10 School Year

Student's Name _____ **Month** Nov. 2009 (Due by 10/15)

Homeroom Teacher _____ **Grade** _____

of days per week _____ M T W TH F

(Please circle the days of the week)

Enclosed is a check for the full month's tuition:

\$ _____ Check # _____

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TUITION FORM
2009-10 School Year

Student's Name _____ **Month** Dec. 2009 (Due by 11/15)

Homeroom Teacher _____ **Grade** _____

of days per week _____ M T W TH F

(Please circle the days of the week)

Enclosed is a check for the full month's tuition:

\$ _____ Check # _____

Please make checks payable to:

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TUITION FORM
2009-10 School Year

Student's Name _____ **Month** Jan. 2010 (Due by 12/15)

Homeroom Teacher _____ **Grade** _____

of days per week _____ M T W TH F

(Please circle the days of the week)

Enclosed is a check for the full month's tuition:

\$ _____ Check # _____

Please make checks payable to:

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TUITION FORM
2009-10 School Year

Student's Name _____ **Month** Feb. 2010 (Due by 1/15)

Homeroom Teacher _____ **Grade** _____

of days per week _____ M T W TH F

(Please circle the days of the week)

Enclosed is a check for the full month's tuition:

\$ _____ Check # _____

Please make checks payable to:

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TUITION FORM
2009-10 School Year

Student's Name _____ **Month** Mar. 2010 (Due by 2/15)

Homeroom Teacher _____ **Grade** _____

of days per week _____ M T W TH F

(Please circle the days of the week)

Enclosed is a check for the full month's tuition:

\$ _____ Check # _____

Please make checks payable to:

Bernards Township Board of Education

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TUITION FORM
2009-10 School Year

Student's Name _____ **Month** April 2010 (Due by 3/15)

Homeroom Teacher _____ **Grade** _____

of days per week _____ M T W TH F

(Please circle the days of the week)

Enclosed is a check for the full month's tuition:

\$ _____ Check # _____

Please make checks payable to:

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TUITION FORM
2009-10 School Year

Student's Name _____ **Month** May 2010 (Due by 4/15)

Homeroom Teacher _____ **Grade** _____

of days per week _____ M T W TH F

(Please circle the days of the week)

Enclosed is a check for the full month's tuition:

\$ _____ Check # _____

Please make checks payable to:

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TUITION FORM
2009-10 School Year

Student's Name _____ **Month** June 2010 (Due by 5/15)

Homeroom Teacher _____ **Grade** _____

of days per week _____ M T W TH F

(Please circle the days of the week)

Enclosed is a check for the full month's tuition:

\$ _____ Check # _____

Please make checks payable to:

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