

2015-16 School Year

BERNARDS TOWNSHIP SCHOOL DISTRICT
BEFORE/AFTER SCHOOL CARE PROGRAM
Elementary Schools (K-5)
101 PEACHTREE ROAD
BASKING RIDGE, NJ 07920
908-204-2600 EXT. 102
cackerman@bernardsboe.com

TO: Current & Prospective Families of the Elementary School
Before/After School Care Program

FROM: Cherie Ackerman, Parent Relations Coordinator

RE: Registration for 2015-16

This is the registration packet for the 2015-16 school year. The packet includes a registration form, release permission form and one monthly tuition form. The packet need to be submitted yearly. Please include your \$25 registration fee with your packet and return it by July 1, 2015. Your September tuition is due August 15, 2015. Please mail it to the above address or pay online at www.bernardsboe.com click on payments on the bottom left side of the webpage.

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. Please fill out a form for each month. If you do not have a form, please put your child's name and days attending on the memo line of your check.

If you should have any questions, please do not hesitate to contact Cherie Ackerman at ext. 102 or email at cackerman@bernardsboe.com



Bernards Township School District Before/After School Care Program

101 Peachtree Road
Basking Ridge, NJ 07920
908-204-2600 ext. 102

Cackerman@bernardsboe.com

Elementary Schools (K-5) General Information

Mission

The Mission of the Before/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. This program also provides an environment for students to work on homework to include their daily assignments as well as long term projects when applicable. In addition students may receive support and/or instruction from teachers who work in the program, when necessary, so that assignments are meaningful as well as complete.

Schedule

The Care Program is offered to Cedar Hill, Liberty Corner, Mount Prospect, and Oak Street Schools students, kindergarten through grade 5, as follows on days when school is in session:

- 7:00 am – 8:30 am
- 3:30 pm – 6:00 pm

On Parent/Teacher Conference days, the afternoon session will begin at 12:45 pm. 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 After School 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.

2015-16 School Year

Program

The Program will provide the opportunity for children to participate in a variety of active and quiet recreational and educational activities. In the morning, children are not grouped by age. For the afternoon program, children will be grouped as closely as possible by grade, and will have the opportunity to spend some time completing homework assignments.

Breakfast and Snacks

Breakfast and snacks will be available.

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. In the event that your child is not picked up by you or an alternate before 6:30, your child will be released to the care of the police department until your arrival there. In the event you are running late, please call your school at the following numbers:

Liberty Corner	908-552-7338
Cedar Hill	908-552-7026
Oak Street	908-766-8286
Mount Prospect	908-470-1600 ext. 157

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 with a Child Care Expense Form indicating the days you will be utilizing to Bernards Township Board of Education, 101 Peachtree Road, Basking Ridge, NJ 07920 Attn: Cherie Ackerman.

Tuition is payable in monthly installments. In the event a check is returned by the bank due to insufficient funds, a \$25 service charge will be imposed. Tuition is non-refundable.

If you qualify for the National Free/Reduced lunch program you may be eligible for a reduced rate.

2015-16 School Year

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. We are committed to meet your needs and will continue to make that our priority.

Delayed Openings

There will be no Before School Care.

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 12:45.

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 Before/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 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.

2015-16 School Year

Bernards Township School District
Before/After School Care Program
Elementary (K-5)
REGISTRATION FORM

Child's name: _____ **Grade:** _____

School Name: _____

Home Address: _____

***Phone number at 3:15 pm during dismissal:** _____

***This is so we may contact you immediately about any dismissal issues**

Home Phone: _____

Mother's Name: _____

Cell phone # _____ **Work #** _____

Father's Name: _____

Cell phone # _____ **Work #** _____

Periodically we will need to contact during the day via email. Please list two emails:

Preferred email #1: _____

Preferred email #2: _____

Emergency Contact (This person should be within 15 minutes of your school and will only be called if parents cannot be reached)

Name: _____

Address: _____

Home# _____ **Work #** _____

Cell# _____

Days of week your child will be attending: (please check all that apply)

Monday _____ **Before** _____ **After** _____ **Both**

Tuesday _____ **Before** _____ **After** _____ **Both**

Wednesday _____ **Before** _____ **After** _____ **Both**

Thursday _____ **Before** _____ **After** _____ **Both**

Friday _____ **Before** _____ **After** _____ **Both**

Medical History:

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

Does your child require an Epi Pen? Yes* No

***If your child requires an Epi Pen, please provide one to the Before/After School Care Program, prior to the first day of attending the program.**

Physical disorders: _____

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

List any limits to student's activity:

Other:

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

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

Parent Signature: _____

Date: _____

Bernards Township School District
Before/After School Care Program
Elementary School (K-5)
RELEASE PERMISSION FORM

I, _____, give the Bernards Township School District Before/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 Before/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: _____

2015-16 School Year

Bernards Township School District
Before/After School Care Program
Child Care Expense
2015-16 School Year

Student's Name _____ **Month** _____

School: _____ **Homeroom Teacher** _____ **Grade** _____

_____ AM only # of days per week _____ M T W TH F

_____ PM only # of days per week _____ M T W TH F

_____ AM & PM # 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
TUITION IS NON REFUNDABLE
10% sibling discount on second child
2015-16 Tuition Rates

Schedule –AM only Option	Monthly Tuition
1 day of AM only per week	\$44.00
2 days of AM only per week	\$78.00
3 days of AM only per week	\$112.00
4 days of AM only per week	\$146.00
5 days of AM only per week	\$180.00

Schedule –PM only Option	Monthly Tuition
1 day of PM only per week	\$68.00
2 days of PM only per week	\$126.00
3 days of PM only per week	\$184.00
4 days of PM only per week	\$242.00
5 days of PM only per week	\$300.00

Schedule –AM and PM Option	Monthly Tuition
1 day of AM and PM per week	\$98.00
2 days of AM and PM per week	\$190.00
3 days of AM and PM per week	\$280.00
4 days of AM and PM per week	\$370.00
5 days of AM and PM per week	\$460.00