



7. Please check here if you have a court order that would prevent anyone from removing your child(ren) from the program. \_\_\_\_\_ (Details)
8. Please check here if you grant permission for photographs, write-ups of activities and your child's artwork to be used in our parent newsletter. \_\_\_\_\_ (Details)
9. Check here if your child has an IEP for his/her school. If yes, please describe the necessary accommodations we need to follow, according to the IEP: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
10. Is there any other information that is important for your provider to know so that we can better serve your child? Please provide in the space below:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\*The CCDBSASP may not be able to accommodate all conditions.

**EMERGENCY MEDICAL AUTHORIZATION**

I understand that if emergency medical care is deemed necessary by a physician and I cannot be contacted. I authorize my Winslow Township Calvin C. Dye Before/ After School Program child care provider to act on my behalf in granting permission for my child(ren) \_\_\_\_\_ to receive treatment as specified in Winslow Township Calvin C. Dye Before/After School Program emergency procedures, which are as follow:

Any child experiencing illness will be attended to by the caregiver and parent contacted. In the event of a serious injury, an ambulance will be called first. This is to be followed by a call to the child's parents or emergency person and to the Director of the Winslow Township Calvin C. Dye Before/After School Program. Employee will then accompany the child until the arrival of a parent or emergency contact.

Date

Parent/Guardian Signature

**CERTIFICATION STATEMENT**

I, hereby; certify that to the best of my knowledge and belief the information on the above form and other attached paperwork is complete and true.

I acknowledge that once my child(ren) is enrolled in the Winslow Township Calvin C. Dye Before/After School Program I will abide by all the policies and procedures outlined in the Parent Handbook.

Date

Parent/Guardian Signature

Tax I.D.# 21-6000136

PARENT AGREEMENT

The following outlines the understanding between \_\_\_\_\_ residing at: \_\_\_\_\_ (hereinafter referred to as PARENT) and WINSLOW TWP. BOARD OF EDUCATION CALVIN C. DYE BEFORE AND AFTER SCHOOL PROGRAM (WTCCDBASP) located at 30 Coopers Folly Road, Atco, NJ 08004.

This agreement, made between PARENT and WTCCDBASP shall remain in effect for the period beginning \_\_\_\_\_ and ending 6/30/09 and shall be renewed each school year. It is for the following child:

Child's Name \_\_\_\_\_ Grade \_\_\_\_\_ AM \_\_\_\_\_ Mon. \_\_\_\_\_ Tues. \_\_\_\_\_ Wed. \_\_\_\_\_ Thur. \_\_\_\_\_ Fri. \_\_\_\_\_ PM \_\_\_\_\_ Mon. \_\_\_\_\_ Tues. \_\_\_\_\_ Wed. \_\_\_\_\_ Thur. \_\_\_\_\_ Fri. \_\_\_\_\_

Child Care will be provided at \_\_\_\_\_ by a trained child care provider. School

PARENT understands and agrees to the following provisions:

A \$35.00 non-refundable registration fee is required at the time of registration.

\_\_\_\_\_ PARENT agrees to pay WTCCDBASP \$ \_\_\_\_\_ for the school year. This fee is based upon enrollment, not attendance. This fee is payable in monthly installments of \$ \_\_\_\_\_ starting at registration.

- 1. Childcare fees are to be paid to WTCCDBASP one month in advance of care on the 15th of each month. A \$25.00 surcharge will be assessed when payment is received in the WTCCDBASP offices after the 15th of each month or more than five (5) days late. ...
2. Payment coupons are provided by WTCCDBASP. It is important that your child's name, school, session and Parent's name be written on your check. ...
3. PARENT agrees to pay WTCCDBASP a \$15.00 per child late charge if parent arrives after 6:30 p.m. ...
4. PARENT agrees to notify WTCCDBASP in writing ten (10) business days in advance of plans to terminate or make changes in childcare service. ...
5. PARENT will complete all necessary forms and return forms to the WTCCDBASP office prior to entering the program. ...
6. PARENT agrees to contact their provider by pager/cell phone when they are unable to pick up their child by calling to notify them of arrangements for pick up. ...
7. The program will operate during scheduled early dismissal days. The program will not operate during late openings determined by the school. ...
8. PARENT must bring child into the program in the AM and sign him/her into the WTCCDBASP program. PARENT must sign child out of the program in the PM. Any person authorized to pick up child must be at least 18 years of age. ...
10. PARENT agrees to follow policies and procedures outlined in the Parent Handbook.

**WINSLOW TOWNSHIP BOARD OF EDUCATION CALVIN C. DYE BEFORE AND AFTER SCHOOL PROGRAM will provide service to the PARENT as outlined below:**

1. WTCCDBASP operates from 6:00 a.m. until school starts and from the time of dismissal until 6:30 p.m.
2. WTCCDBASP caregivers will provide a small breakfast and snack to children at no additional cost.
3. WTCCDBASP is covered under the Board of Education's insurance in case of emergencies.
4. WTCCDBASP agrees not to allow any child to leave the program with anyone other than the parent without advance written permission of the PARENT.
5. WTCCDBASP agrees to keep all information gathered about the family and/or child(ren) strictly confidential except in the case of an emergency.
6. WTCCDBASP reserves the right to suspend or terminate a child from the program for inappropriate behavior and for non-payment for services.
7. In the event of very low enrollment, WTCCDBASP reserves the right to close the program. WTCCDBASP will notify school and parents in order to allow ample time to seek alternate childcare placements.
8. Parent Agreement is binding once the child begins the program.
9. If you will be **withdrawing your child** from the Before and After School Program, you must complete the **WITHDRAWAL FORM** that was included with the registration packet. Extra copies can also be obtained from the Head Care Giver at the school. Completion of this form will aid us in providing you with a more accurate invoice for the services provided.

_____	_____	_____	_____
Date	Parent/Guardian Signature	Date	
	_____	_____	
	Parent/Guardian Signature	Date	

**\*Any alteration of this contract by anyone outside the WTCCDBASP office will result in a voided contract and delay of your start date. If you do not agree with the above information please call the WTCCDBASP office immediately at: (856) 767-2850.**

**WINSLOW TOWNSHIP SCHOOL DISTRICT  
CALVIN C. DYE BEFORE/AFTER SCHOOL PROGRAM  
30 Coopers Folly Road  
Atco, New Jersey 08004**

**Phone: 856-767-2850 Fax: 856-719-8730**

FEE SCHEDULE 2009-2010  
Tuition due on 15<sup>th</sup> of previous month

Registration	\$35.00 per family
AM only (available at Schools 1-MS)	\$120.00/month
PM only (available at School 1-MS)	\$120.00/month
Full Time AM/PM or WTMS after care	\$220.00/month
FLEX	\$100/5 tickets (5 Sessions)
<b>WFNJ and NJCK</b>	Voucher with or without co-pay must <b><u>TOTAL</u></b> tuition listed above

I \_\_\_\_\_ parent or guardian of \_\_\_\_\_,  
understanding that I am responsible for **full tuition payment** to the Calvin C. Dye  
Before/After School Program at the Winslow Township School District. I understand  
that the payments are due by the **15<sup>th</sup> of the month** before the month of service (For  
example, November's payment is due October 15<sup>th</sup>).

For those families using vouchers, your co-pay and the voucher payment **must total  
our monthly tuition rate.**

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date