

**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**

*****Registration for 2009-2010*****

Dear Parent/Guardian,

Registration for the Calvin C. Dye Before/After School Program for the 2009-2010 School Year is underway. Winslow Township School District offers a comprehensive after school program, with caring, CPR/First Aide/AED certified staff, quality activities, a safe environment and nutritious snacks. The program operates from 6:00 a.m. to the start of school at our elementary and middle school levels and from the end of school to 6:30 p.m. at the elementary and middle school levels.

If you plan for your child to attend the Calvin C. Dye Before/After School Program on the first day of the School Year you must have completed the registration process by August 28, 2009.

Registration forms are available at each of our elementary schools, the Winslow Township Middle School, Winslow Township School District website (www.Winslow-schools.com), and the Board of Education Office, located in the Middle School.

There is an annual registration non-refundable fee of \$35.00 per family. The 2009-2010 fee schedule is attached. Tuition payments are due on the 15th of each month, for the following month. No child with an outstanding balance from a prior year will be permitted to register for the 2009-2010 School Year. Our program is supported entirely by tuition. All accounts must be maintained and in good standing. If you have any further questions please do not hesitate to contact me at the above number.

Thank you,

Kim Garcia
Department of Special Programs

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FEE SCHEDULE 2009-2010
 Tuition due on 15th 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	\$220.00/month
FLEX	\$100/5 tickets (5 Sessions)
WFNJ and NJCK	Voucher with or without co-pay must <u>TOTAL</u> tuition listed above

I _____ parent or guardian of _____,
 understand 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 **15th of the month** before the month of service.

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

Print Name

Signature

Date