

2011-12 School Year WAMS

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

June, 2011

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

FROM: Cherie Ackerman, Parent Relations Coordinator

RE: Registration for 2011-12

This is the registration packet for the 2011-12 school year. Return the registration by July 1, 2011. 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.

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](mailto:Aftercare@bernardsboe.com)



#### **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.

### **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.
- Your child must be signed out, they are not permitted to leave school grounds alone.

### **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 15<sup>th</sup> of the prior month. This will enable the Director to schedule appropriate staff. Your September tuition will be due on August 15<sup>th</sup>. 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. We are committed to meet your needs and will continue to make that our priority.

## 2011-12 School Year WAMS

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](http://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.*

**P**  
After School Care Program  
**M**  
**M**

**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):**

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**Does your child require an Epi Pen?      Yes\*      No**

**\*If your child requires an Epi Pen, please provide one to the After School Care Program, prior to the first day of school.**

**Physical disorders:** \_\_\_\_\_

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

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**List any limits to student's physical activity:** \_\_\_\_\_

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**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:** \_\_\_\_\_

P  
After School Care Program



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 release may require that my child be transported to the above residence.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

Alternate Pick-up person #2: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**P**  
After School Care Program



Student's Name \_\_\_\_\_ Month Sept. 2011 (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  
2011-12 Tuition Rates**

<b>Schedule –PM only Option</b>	<b>Monthly Tuition</b>
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