

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 OR 105
aftercare@bernardsboe.com

March, 2009

TO: Current & Prospective Families of the Elementary School
Before/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. Included in the packet are a registration form and release permission form and 10 monthly tuition forms. Please include your \$25 registration fee with your packet and return it by June 1st. Your September tuition is due August 15, 2009.

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 Before/After School Care Program

101 Peachtree Road
Basking Ridge, NJ 07920
908-204-2600 ext. 102 or 105
Aftercare@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.

Schedule

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

- 7:00 am – 8:30 am
- 3:15 pm – 6:00 pm

On Parent/Teacher Conference days, the afternoon session will begin at 1:15 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. 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. If we have the enrollment, the program will run at one of the schools, but all K-5 children are welcome.

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 will be provided each morning. Parents are invited to join their child for breakfast.

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.

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 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.

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)

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.

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 1:00. If you are concerned with weather conditions, you may pick your child up earlier than 1:00 pm.

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.

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

Child's name: _____ Date of birth: _____

School Name: _____ Grade: _____

Address: _____

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

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 check all that apply)

Monday	_____ Before	_____ After	_____ Both
Tuesday	_____ Before	_____ After	_____ Both
Wednesday	_____ Before	_____ After	_____ Both
Thursday	_____ Before	_____ After	_____ Both
Friday	_____ Before	_____ After	_____ Both

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

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 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: _____

Bernards Township School District
Before/After School Care Program
Elementary School K-5
TUITION FORM
2009-10 School Year

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

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

**A YEARLY REGISTRATION FEE IN THE AMOUNT OF \$25 IS DUE WITH
YOUR PACKET**

2009-10 Tuition Rates

Schedule –AM only Option	Monthly Tuition
1 day of AM only per week	\$38.00
2 days of AM only per week	\$72.00
3 days of AM only per week	\$106.00
4 days of AM only per week	\$140.00
5 days of AM only per week	\$174.00

Schedule –PM only Option	Monthly Tuition
1 day of PM only per week	\$62.00
2 days of PM only per week	\$120.00
3 days of PM only per week	\$178.00
4 days of PM only per week	\$236.00
5 days of PM only per week	\$294.00

Schedule –AM and PM Option	Monthly Tuition
1 day of AM and PM per week	\$94.00
2 days of AM and PM per week	\$184.00
3 days of AM and PM per week	\$274.00
4 days of AM and PM per week	\$364.00
5 days of AM and PM per week	\$454.00

TUITION IS NON REFUNDABLE 10% sibling discount on second child

Bernards Township School District
Before/After School Care Program
Elementary School K-5
TUITION FORM
2009-10 School Year

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

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

**A YEARLY REGISTRATION FEE IN THE AMOUNT OF \$25 IS DUE WITH
YOUR PACKET**

2009-10 Tuition Rates

Schedule –AM only Option	Monthly Tuition
1 day of AM only per week	\$38.00
2 days of AM only per week	\$72.00
3 days of AM only per week	\$106.00
4 days of AM only per week	\$140.00
5 days of AM only per week	\$174.00

Schedule –PM only Option	Monthly Tuition
1 day of PM only per week	\$62.00
2 days of PM only per week	\$120.00
3 days of PM only per week	\$178.00
4 days of PM only per week	\$236.00
5 days of PM only per week	\$294.00

Schedule –AM and PM Option	Monthly Tuition
1 day of AM and PM per week	\$94.00
2 days of AM and PM per week	\$184.00
3 days of AM and PM per week	\$274.00
4 days of AM and PM per week	\$364.00
5 days of AM and PM per week	\$454.00

TUITION IS NON REFUNDABLE 10% sibling discount on second child

Bernards Township School District
Before/After School Care Program
Elementary School K-5
TUITION FORM
2009-10 School Year

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

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

**A YEARLY REGISTRATION FEE IN THE AMOUNT OF \$25 IS DUE WITH
YOUR PACKET**

2009-10 Tuition Rates

Schedule –AM only Option	Monthly Tuition
1 day of AM only per week	\$38.00
2 days of AM only per week	\$72.00
3 days of AM only per week	\$106.00
4 days of AM only per week	\$140.00
5 days of AM only per week	\$174.00

Schedule –PM only Option	Monthly Tuition
1 day of PM only per week	\$62.00
2 days of PM only per week	\$120.00
3 days of PM only per week	\$178.00
4 days of PM only per week	\$236.00
5 days of PM only per week	\$294.00

Schedule –AM and PM Option	Monthly Tuition
1 day of AM and PM per week	\$94.00
2 days of AM and PM per week	\$184.00
3 days of AM and PM per week	\$274.00
4 days of AM and PM per week	\$364.00
5 days of AM and PM per week	\$454.00

TUITION IS NON REFUNDABLE 10% sibling discount on second child

Bernards Township School District
Before/After School Care Program
Elementary School K-5
TUITION FORM
2009-10 School Year

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

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

**A YEARLY REGISTRATION FEE IN THE AMOUNT OF \$25 IS DUE WITH
YOUR PACKET**

2009-10 Tuition Rates

Schedule –AM only Option	Monthly Tuition
1 day of AM only per week	\$38.00
2 days of AM only per week	\$72.00
3 days of AM only per week	\$106.00
4 days of AM only per week	\$140.00
5 days of AM only per week	\$174.00

Schedule –PM only Option	Monthly Tuition
1 day of PM only per week	\$62.00
2 days of PM only per week	\$120.00
3 days of PM only per week	\$178.00
4 days of PM only per week	\$236.00
5 days of PM only per week	\$294.00

Schedule –AM and PM Option	Monthly Tuition
1 day of AM and PM per week	\$94.00
2 days of AM and PM per week	\$184.00
3 days of AM and PM per week	\$274.00
4 days of AM and PM per week	\$364.00
5 days of AM and PM per week	\$454.00

TUITION IS NON REFUNDABLE 10% sibling discount on second child

Bernards Township School District
Before/After School Care Program
Elementary School K-5
TUITION FORM
2009-10 School Year

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

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

**A YEARLY REGISTRATION FEE IN THE AMOUNT OF \$25 IS DUE WITH
 YOUR PACKET**

2009-10 Tuition Rates

Schedule –AM only Option	Monthly Tuition
1 day of AM only per week	\$38.00
2 days of AM only per week	\$72.00
3 days of AM only per week	\$106.00
4 days of AM only per week	\$140.00
5 days of AM only per week	\$174.00

Schedule –PM only Option	Monthly Tuition
1 day of PM only per week	\$62.00
2 days of PM only per week	\$120.00
3 days of PM only per week	\$178.00
4 days of PM only per week	\$236.00
5 days of PM only per week	\$294.00

Schedule –AM and PM Option	Monthly Tuition
1 day of AM and PM per week	\$94.00
2 days of AM and PM per week	\$184.00
3 days of AM and PM per week	\$274.00
4 days of AM and PM per week	\$364.00
5 days of AM and PM per week	\$454.00

TUITION IS NON REFUNDABLE 10% sibling discount on second child

Bernards Township School District
Before/After School Care Program
Elementary School K-5
TUITION FORM
2009-10 School Year

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

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

**A YEARLY REGISTRATION FEE IN THE AMOUNT OF \$25 IS DUE WITH
YOUR PACKET**

2009-10 Tuition Rates

Schedule –AM only Option	Monthly Tuition
1 day of AM only per week	\$38.00
2 days of AM only per week	\$72.00
3 days of AM only per week	\$106.00
4 days of AM only per week	\$140.00
5 days of AM only per week	\$174.00

Schedule –PM only Option	Monthly Tuition
1 day of PM only per week	\$62.00
2 days of PM only per week	\$120.00
3 days of PM only per week	\$178.00
4 days of PM only per week	\$236.00
5 days of PM only per week	\$294.00

Schedule –AM and PM Option	Monthly Tuition
1 day of AM and PM per week	\$94.00
2 days of AM and PM per week	\$184.00
3 days of AM and PM per week	\$274.00
4 days of AM and PM per week	\$364.00
5 days of AM and PM per week	\$454.00

TUITION IS NON REFUNDABLE 10% sibling discount on second child

Bernards Township School District
Before/After School Care Program
Elementary School K-5
TUITION FORM
2009-10 School Year

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

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

**A YEARLY REGISTRATION FEE IN THE AMOUNT OF \$25 IS DUE WITH
 YOUR PACKET**

2009-10 Tuition Rates

Schedule –AM only Option	Monthly Tuition
1 day of AM only per week	\$38.00
2 days of AM only per week	\$72.00
3 days of AM only per week	\$106.00
4 days of AM only per week	\$140.00
5 days of AM only per week	\$174.00

Schedule –PM only Option	Monthly Tuition
1 day of PM only per week	\$62.00
2 days of PM only per week	\$120.00
3 days of PM only per week	\$178.00
4 days of PM only per week	\$236.00
5 days of PM only per week	\$294.00

Schedule –AM and PM Option	Monthly Tuition
1 day of AM and PM per week	\$94.00
2 days of AM and PM per week	\$184.00
3 days of AM and PM per week	\$274.00
4 days of AM and PM per week	\$364.00
5 days of AM and PM per week	\$454.00

TUITION IS NON REFUNDABLE 10% sibling discount on second child

Bernards Township School District
Before/After School Care Program
Elementary School K-5
TUITION FORM
2009-10 School Year

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

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

**A YEARLY REGISTRATION FEE IN THE AMOUNT OF \$25 IS DUE WITH
YOUR PACKET**

2009-10 Tuition Rates

Schedule –AM only Option	Monthly Tuition
1 day of AM only per week	\$38.00
2 days of AM only per week	\$72.00
3 days of AM only per week	\$106.00
4 days of AM only per week	\$140.00
5 days of AM only per week	\$174.00

Schedule –PM only Option	Monthly Tuition
1 day of PM only per week	\$62.00
2 days of PM only per week	\$120.00
3 days of PM only per week	\$178.00
4 days of PM only per week	\$236.00
5 days of PM only per week	\$294.00

Schedule –AM and PM Option	Monthly Tuition
1 day of AM and PM per week	\$94.00
2 days of AM and PM per week	\$184.00
3 days of AM and PM per week	\$274.00
4 days of AM and PM per week	\$364.00
5 days of AM and PM per week	\$454.00

TUITION IS NON REFUNDABLE 10% sibling discount on second child

Bernards Township School District
Before/After School Care Program
Elementary School K-5
TUITION FORM
2009-10 School Year

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

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

**A YEARLY REGISTRATION FEE IN THE AMOUNT OF \$25 IS DUE WITH
YOUR PACKET**

2009-10 Tuition Rates

Schedule –AM only Option	Monthly Tuition
1 day of AM only per week	\$38.00
2 days of AM only per week	\$72.00
3 days of AM only per week	\$106.00
4 days of AM only per week	\$140.00
5 days of AM only per week	\$174.00

Schedule –PM only Option	Monthly Tuition
1 day of PM only per week	\$62.00
2 days of PM only per week	\$120.00
3 days of PM only per week	\$178.00
4 days of PM only per week	\$236.00
5 days of PM only per week	\$294.00

Schedule –AM and PM Option	Monthly Tuition
1 day of AM and PM per week	\$94.00
2 days of AM and PM per week	\$184.00
3 days of AM and PM per week	\$274.00
4 days of AM and PM per week	\$364.00
5 days of AM and PM per week	\$454.00

TUITION IS NON REFUNDABLE 10% sibling discount on second child

Bernards Township School District
Before/After School Care Program
Elementary School K-5
TUITION FORM
2009-10 School Year

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

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

**A YEARLY REGISTRATION FEE IN THE AMOUNT OF \$25 IS DUE WITH
YOUR PACKET**

2009-10 Tuition Rates

Schedule –AM only Option	Monthly Tuition
1 day of AM only per week	\$38.00
2 days of AM only per week	\$72.00
3 days of AM only per week	\$106.00
4 days of AM only per week	\$140.00
5 days of AM only per week	\$174.00

Schedule –PM only Option	Monthly Tuition
1 day of PM only per week	\$62.00
2 days of PM only per week	\$120.00
3 days of PM only per week	\$178.00
4 days of PM only per week	\$236.00
5 days of PM only per week	\$294.00

Schedule –AM and PM Option	Monthly Tuition
1 day of AM and PM per week	\$94.00
2 days of AM and PM per week	\$184.00
3 days of AM and PM per week	\$274.00
4 days of AM and PM per week	\$364.00
5 days of AM and PM per week	\$454.00

TUITION IS NON REFUNDABLE 10% sibling discount on second child