

# Wildcats' Den Policies, Procedures, and Application Packet

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## ESTELL MANOR SCHOOL DISTRICT

### Wildcats' Den

#### BEFORE AND AFTER SCHOOL PROGRAM 2021-22

#### REGISTRATION:

In order to register, complete and sign the Registration Form and Medical Release/Emergency Contact Information at the end of this packet. Registration is complete upon receipt of forms, payment of registration fee of \$10.00 (per family), and payment of first installment. Please include a completed calendar if your child is registering for less than a full semester.

#### HOURS OF OPERATION:

Morning (AM) Program: 7:00 AM – Start of School Day. (Please note there will be no morning Wildcat's Den when there is a delayed opening)

Afternoon (PM) Program: School dismissal (regular and early) - 6:00 PM. Parents who pickup their children late will be charged a late fee (please see "LATE PICK-UP POLICY"). (Please note there will be no afternoon care for emergency and weather related closures).

#### PROGRAM LOCATION:

The program will utilize the music room, playground, and selected classrooms depending on the activity.

#### PAYMENT AND REFUNDS:

Make checks or money orders payable to Estell Manor School District. No refunds or credits will be issued once the program begins. Failure to make payments within 7 days of the due date will result in your child's removal from the program (unless you contact the Program Coordinator and alternate arrangements are made in writing). There will be no refunds for non-attendance.

#### RETURNED CHECKS:

Returned checks will result in a \$15.00 charge. Students will be dismissed from the program until a money order is received for the amount due. Once an insufficient funds check is received, the individual must pay all future fees with a money order.

#### TRANSPORTATION:

Parents/guardians/designated adults are responsible for picking up students. Bus transportation is not provided.

#### SNACKS:

Parents are required to send a healthy snack and a drink in for your child's refreshment during the after school hours. Snacks will NOT be provided.

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## SIGN OUT PROCEDURES:

Parents/guardians or designated adults will sign in/out their children with the staff member on duty. The Coordinator and/or staff members on duty will carry the student sign-out sheet with them to verify adult identification.

## LATE PICK-UP POLICY:

If you are unable to pick your child up by 6:00 PM, it is your responsibility to contact the staff members on duty. You will be billed \$1.00 per minute late after 6:00 PM with a minimum charge of \$15.00. The parent/guardian/designated adult will be required to sign a "Late Pick-up Form" indicating if the late fee was paid or is to be added to the next installment. The New Jersey State Police may be contacted if your child is not picked up on time. The school master clock will be used to determine correct time.

## DISCIPLINE:

Our after school program necessitates a cooperative effort among parents, students, and staff. Discipline problems will not be tolerated. All school rules and codes of conduct will be in effect. Disregard of these policies will result in disciplinary action according to this document. First, the student will be warned; second, the parents will be sent a written notice of the incident or action; and finally, upon receipt of a third written notice of disciplinary problems; the child will be dismissed from the program. Students may also be dismissed from the program for the first incident that seriously jeopardizes the physical safety of themselves or others. No refunds will be provided for students dismissed from the program for disciplinary reasons.

## SPECIAL ASSISTANCE:

Financial assistance is available through the Quality Care if you qualify through this outside agency. Quality Care is not affiliated with the school district. You should contact the Quality Care organization immediately at 609-898-5500 if you require financial assistance.

## PROGRAM COORDINATOR CONTACT INFORMATION:

The Coordinator can be reached at Estell Manor School at 609-476-2267 during regular school hours. Please feel free to call if you have questions about the program, registration, or special needs. Emergency drop-in notice should be given directly to the school office staff. Do not leave voicemail for emergency drop-in participation.

## PARENT/GUARDIAN AND STUDENT AGREEMENT:

Registration of your child into the program will require you to formally agree to the policies and regulations set forth in this document.

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## TUITION / PAYMENT SCHEUDLE (Payment REQUIRED prior to services)

### FULL TIME STUDENTS

FALL SEMESTER (September – January 31)				
	AM Program	PM Program		Fall Due Dates
Single Payment*	\$ 400.00	\$ 800.00	<i>* Discount if paid in full *</i>	Sept. 7, 2021
Monthly Payments	\$ 90.00	\$ 180.00		1 <sup>st</sup> of Month

SPRING SEMESTER (February 1 - June)				
	AM Program	PM Program		Spring Due Dates
Single Payment*	\$ 400.00	\$ 800.00	<i>* Discount if paid in full *</i>	Feb.1, 2022
Monthly Payments	\$ 90.00	\$ 180.00		

- A one- time annual family registration fee of \$10.00 must be paid by all registrants.
  - Additional children are half price.
  - Reminder: there are no refunds for non-attendance.
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### PART TIME STUDENTS

#### Daily Rates

AM Program \$ 5.00  
PM Program \$ 10.00

- If you are registering your child part time care, a monthly calendar must be completed and submitted with payment prior to the month of service. (Reminder: there are no refunds for non-attendance).
- A one- time annual family registration fee of \$10.00 must be paid by all registrants.
- Additional children are half price.

#### Emergency Drop-In Rates/Early Dismissal Day

AM \$7.50

PM \$15.00

Early Dismissal Day \$15.00

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(ONE REGISTRATION FORM PER CHILD REQUIRED) <b>ESTELL MANOR SCHOOL DISTRICT</b> <b>Wildcat's Den ~ BEFORE AND AFTER SCHOOL PROGRAM 2021-2022</b> Registration Form, Medical Release, and Emergency Form	
Student Last Name:	
Student First Name:	
Birth Date:	Start Date:
Names of Siblings and Grades:	
<b>Parents/Guardians</b>	
Mother Last Name:	Mother First Name:
Address:	
Home Phone:	Cell:
Employer:	Work:
Father Last Name:	Father First Name:
Address:	
Home Phone:	Cell:
Employer:	Work:
<b>Emergency contact name:</b>	Relationship to child:
Address:	
Home Phone:	Cell:

(Note: Additional Children are charged at 1/2 price rates) Additional Child  yes  no Separate form needed per student

Type of Program	No. of Days	Daily Rate	Enter Total
<b>Part Time Options:</b>			
AM Daily Rate (monthly calendar attached)	[ ]	\$ 5.00	\$ [ ]
PM Daily Rate (monthly calendar attached)	[ ]	\$ 10.00	\$ [ ]
<b>Full Time AM Options:</b>			
Semester Rate AM (full time) ~ Single Payment	\$ 400.00	Fall / Spring	\$ [ ]
Semester Rate AM (full time) ~ Monthly Payments	\$ 90.00	Fall / Spring	\$ [ ]
<b>Full Time PM Options:</b>			
Semester Rate PM (full time) ~ Single Payment	\$ 800.00	Fall / Spring	\$ [ ]
Semester Rate PM (full time) ~ Monthly Payments	\$ 180.00	Fall / Spring	\$ [ ]
Registration Fee (due at initial annual registration)	Mandatory fee	Per Family	\$ 10.00
<b>TOTAL DUE</b>			\$ [ ]

*For Office Use Only:*

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

Received by initials: \_\_\_\_\_

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Cash  Check  Money Order

Calendar Included:

## AUTHORIZATION FOR PICK UP

Your child will only be released to an authorized person listed on this form (parents/guardian and/or emergency contact). In case of emergency or an unforeseen circumstance, please indicate the name, address, and phone number of any person(s) who you authorize to pick up your child on your behalf.

Name:
Address:
Phone:
Name:
Address:
Phone:

A parent/guardian's authorization for pick up must be received before your child will be released to anyone not listed here. If not received, and we cannot notify parent/guardian by phone, the child will not be released. Specify Person(s) NOT authorized to visit or pick up your child: \_\_\_\_\_

## MEDICAL INFORMATION

Doctor:	Office phone:
Medical Coverage:	Medical Insurance #:
Allergies/Medical Problems:	

Note: No medications will be administered during before or after school programs

**IMMUNIZATION:** You are required to have your child's recent immunization records in the school files.

**EMERGENCY CONSENT:** It is our policy to notify a parent/guardian when a child is ill or needs medical attention. Occasionally, we cannot contact a parent/guardian and we need to get immediate help for the child. Our procedure is to take the child to the nearest emergency service.

Please sign below so that we can take appropriate action on behalf of your child.

I HEARBY GIVE MY/OUT CONSENT FOR MY/OUR CHILD:

\_\_\_\_\_  
 WHEN INJURED/ILL, TO BE TAKEN TO THE NEAREST EMERGENCY CENTER BY THE STAFF OF MY CHILD'S BEFORE/AFTER SCHOOL PROGRAM WHEN I/WE CANNOT BE CONTACTED. I CONSENT TO AN AMBULANCE BEING CALLED TO TRANSPORT THET CHILD, IF NECESSARY.

(1) Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(2) Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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***I HAVE READ AND AGREE TO THE POLICIES AND PROCEDURES FOR PARTICIPATION IN THE WILDCAT'S DEN BEFORE AND AFTER SCHOOL PROGRAM.***

(1) Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(2) Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_