

ESTELL MANOR SCHOOL DISTRICT'S  
BEFORE AND AFTER SCHOOL PROGRAM  
WILDCATS DEN  
609.476.2267

**HOURS OF OPERATION:**

Full time participation discounts	September to January	February to June
Before School Regular and Early Dismissal	\$400.00	\$400.00
After School Regular and Early Dismissal	\$800.00	\$800.00

\*Additional siblings are half price

Regular With a reservation made by the 15 <sup>th</sup> of prior month	Daily Rate	Monthly
Before School - 7:00 A.M. to 9:10 A.M.	\$5.00	\$90.00
After School - 3:30 P.M. to 6:00 P.M. (sharp)	\$10.00	\$180.00
Early Dismissal - 1:30 P.M. to 6:00 P.M. (sharp)	\$15.00	n/a

\*Additional siblings are half price

There are no refunds for non-attendance.

Emergency Drop-In Rates for each student	Daily Rate
Before School Regular and Early Dismissal	\$7.50
After School Regular and Early Dismissal	\$15.00

\*No Discount for siblings

**REGISTRATION:**

Registration is complete upon receipt of application (including agreement to the policies), \$10.00 fee per family, and payment of first installment.

**PAYMENTS AND REFUNDS:**

Make checks or money orders payable to Estell Manor School District. There will be no refunds for non-attendance. Failure to make payment within 7 days of the due date could result in your child's removal from the program. All alternate arrangements must be approved and be in writing. A returned check will result in a \$15.00 charge and the removal of the child until a money order is received for the delinquent account. Once an insufficient funds check is received, the individual must pay all future fees with cash or a money order.

**TRANSPORTATION IS NOT PROVIDED.**

**SNACKS ARE NOT PROVIDED.**

Parents are required to send a healthy snack/drink for students participating in the After School Program.

**LATE PICK-UP POLICY:**

If you are unable to pick your child up by 6:00 P.M., it is your responsibility to contact the staff member on duty. You will be charged \$1.00 per minute late after 6 P.M. with a minimum charge of \$15.00. The parent/guardian will be required to sign a "Late Pick-up Form. The New Jersey State Police may be contacted if your child is not picked up timely. The school's master clock will be used to determine the correct time.

**DISCIPLINE:**

All school rules and codes of conduct will be in effect. Discipline problems will not be tolerated. Disregard of these policies will result in disciplinary action: 1. Warning 2. Written notice sent home 3. Dismissal from the program. Students may also be dismissed from the program for any incident that seriously jeopardizes the physical safety of themselves or others.

## WILDCATS DEN APPLICATION

ESTELL MANOR SCHOOL DISTRICT BEFORE AND AFTER SCHOOL PROGRAM Registration Form, Medical Release, and Emergency Form
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Student Last Name:	
Student First Name:	
Birth Date:	Start Date:
Names of Siblings and Grades:	
Parents/Guardians	
Mother's Last Name:	Mother's First Name:
Address:	
Home Phone:	Cell:
Father's Last Name:	Father's First Name:
Address:	
Home Phone:	Cell:
Employer:	Work:
Emergency contact name:	Relationship to child:
Home Phone:	Cell:

Note: Additional Children are charged at 1/2 price rates      Additional Child  yes  no  
 Separate form needed for each student

Program Options: please check your preference

Half Year Rates AM Only \$400.00     Fall/September through January     Spring/February through June  
 Half Year Rates PM Only \$800.00     Fall/September through January     Spring/February through June

\*Monthly Rates AM Only \$90.00

\*Monthly Rates PM Only \$180.00

\*Reservations must be made by the 15<sup>th</sup> day of the prior month

Weekly Rates AM Only \$25.00

Weekly Rates PM Only \$50.00

Daily Rates AM Only \$5.00

Daily Rates PM Only \$10.00

# WILDCATS DEN AUTHORIZATION FORM

## 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/OUR 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: \_\_\_\_\_

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