

Ocean Township Extended Day Program

Waretown Elementary School and Frederic A. Priff Elementary School
64 Railroad Avenue
Waretown, NJ 08758
(609) 693-3131 Ext. 226

Application for Before and After School Child Care

Pre-K – 6th Grade

School Year 2023-2024

PROGRAM BEGINS SEPTEMBER 8 – FIRST FULL DAY OF SCHOOL

Child's Name: _____ Grade: _____ Teacher: _____

Parent(s)/Guardian(s) with whom child resides:

Name: _____

Address: _____

Home Phone: _____ Business Phone: _____ Cell Phone: _____

E-mail Address: _____

FEES:

A.M.

\$8.00/day 1st Child

\$4.00/day 2nd Child

\$2.00/day 3rd Child

P.M.

\$13.00/day 1st Child

\$6.00/day 2nd Child

\$3.00/day 3rd Child

There may be a late fee of \$5.00 per 15 minute of lateness (after 6:00 PM)

Program begins September 8 – **FIRST FULL DAY OF SCHOOL**

Registration fee is \$40.00 per child.

No cash can be accepted. Only checks or money orders are accepted.

Checks/Money Orders should be made payable to the Ocean Township Board of Education. (OTBOE)

Tuition will be billed on Monday of the following week. All money is due by that Friday.

A \$5.00 late payment fee will be charged for late payment.

SCHEDULE: All accounts will be billed based on your selection. Regardless of attendance to the program and/or school (including absences), you will be charged for the days you have selected. In the event of a schedule change a new form will need to be completed and returned two weeks prior to the requested change.

A.M.

Please circle days on which child will attend.

M T W T H F

P.M.

Please circle days on which child will attend.

M T W T H F

In the event of an emergency change to your child's schedule, a note must be sent to the main office to avoid any transportation confusion.

Parent's Signature: _____ Date: _____

Please fill out and sign. Mail or drop off registration.

Barbara Byrnes, Director
Waretown Elementary School
64 Railroad Avenue
Waretown, NJ 08758
609-693-3131 ext. 226

*****Please return to extended day**

Ocean Township Extended Day Program

Before School Program

- Program Center:** Pre-K through 6th grade students utilizing extended day will be at the Waretown Elementary. Parents may drop off at one school. Please use the back entrance of the building.
- Drop-off:** All Children will be dropped off behind the Waretown Elementary. Parents will walk their child to the door.
- Hours of Operation:** 7:00 AM until the opening of school.
- Days of Operation:** We close for all school holidays and full day staff in-services. We are also closed for inclement weather and delayed openings.
- Program Staff:** Ratios range (students to adults), depending on age from 10 to 1 to 15 to 1.
- Activities:** Individual activities are expected and required. Quiet time, homework and study time is provided. You may bring a snack.
- Transportation:** Responsibility of the parent or guardian.
- Closing Information:** **In the event of a school closing, delayed opening or early dismissal due to inclement weather, the program will be closed.** Please check local TV and radio stations, as well as the internet and global phone calls for information.

After School Program

- Program Center:** Pre-K through 6th grade students utilizing extended day will be at the Waretown Elementary. Parents may drop off at one school. Please use the back entrance of the building.
- Hours of Operation:** End of school day until 6:00 PM.
- Days of Operation:** We close for all school holidays and full day staff in-services. We also close for inclement weather and early dismissals.
- Program Staff:** See above.
- Activities:** Outside and inside play. Homework time is provided. You may bring a PM snack.
- Pick-up:** Parents and visitors may not enter the building. Please come to the Waretown Elementary School (back entrance).
- Transportation:** Transportation home is the responsibility of the parent or guardian.
- Closing Information:** **In the event of a school closing, delayed opening or early dismissal due to inclement weather, the program will be closed.** Please check local TV and radio stations, as well as the internet and global phone calls for information. **If school is suddenly closed during the school day, the program WILL NOT stay open. Please have a plan in place for that type of event.**

Ocean Township Extended Day ENROLLMENT APPLICATION

Name Of Child:	Birthdate:	Enrollment Date:
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PARENT/GUARDIAN INFORMATION	<i>Please check the box (<input type="checkbox"/>) to indicate the primary residence of the child listed above.</i>			
	<input type="checkbox"/> PARENT/GUARDIAN # 1		<input type="checkbox"/> PARENT/GUARDIAN # 2	
	Name:		Name:	
	Relationship:		Relationship:	
	Cell Phone:		Cell Phone:	
	Home Phone:		Home Phone:	
	Home Address:		Home Address:	
	Employer Name:		Employer Name:	
	Employer Phone:		Employer Phone:	
	Employer Address:		Employer Address:	
E-Mail Address:		E-Mail Address:		

EMERGENCY CONTACTS	Persons authorized to pick up your child and/or contact in case of emergency if neither parent is available to assume responsibility for the child.					
	Contact Name #1:		Contact Name #2:		Contact Name #3:	
	Relationship:		Relationship:		Relationship:	
	Cell Phone:		Cell Phone:		Cell Phone:	
	Home Phone:		Home Phone:		Home Phone:	
	Employer Phone:		Employer Phone:		Employer Phone:	

CUSTODY	Name of person PROHIBITED from picking up your child:	
	If a non-custodial parent has been denied access, or granted limited access, to the child by a court order, please submit documentation to this effect for the center to maintain a copy on file, and to comply with the terms of the court order.	

PERMISSIONS	<input type="checkbox"/> I give permission for my child to participate in <u>WALKING TRIPS</u> within the center's neighborhood, using routes that pose no known safety hazards to children, with the understanding that the walk involves no entrance into another facility unless otherwise indicated.	<input type="checkbox"/> I <u>DO NOT</u> permission for my child to participate in <u>WALKING TRIPS</u> within the center's neighborhood, using routes that pose no known safety hazards to children, with the understanding that the walk involves no entrance into another facility unless otherwise indicated.
	<input type="checkbox"/> I give permission for my child to be <u>PHOTOGRAPHED</u> during normal daycare hours, field trips, or activities and understand that photographs may be used in promoting child care services, either in print or on the Internet.	<input type="checkbox"/> I <u>DO NOT</u> give permission for my child to be <u>PHOTOGRAPHED</u> during normal daycare hours, field trips, or activities and understand that photographs may be used in promoting child care services, either in print or on the Internet.

*Please return to school.

RECEIPT OF POLICIES	<p>I (we) attest that all of the information on this application is accurate, and that I (we) have received the following information:</p> <p><input type="checkbox"/> Center Policies and Procedures</p> <p><input type="checkbox"/> Information to Parents Document</p> <p><input type="checkbox"/> Policy on the Expulsion of Children from Enrollment</p> <p><input type="checkbox"/> Policy On The Use Of Technology And Social Media</p> <p><input type="checkbox"/> Policy On The Management Of Illnesses/Communicable Diseases</p> <p><input type="checkbox"/> Policy On The Release Of Children</p> <p><input type="checkbox"/> Policy on the Methods of Parental Notification of Injuries (if applicable)</p> <p>Other:</p> <p><input type="checkbox"/> Other: <u>Ocean Township Extended Day</u></p>

MEDICAL INFORMATION	Child's Health Care Provider:	[Redacted]
	Health Care Provider Phone:	[Redacted]
	Health Care Provider Address:	[Redacted]
	Name Of Insurance Company/Policy:	[Redacted]
	Group #:	[Redacted]
	Subscriber's Name On Insurance Card:	[Redacted]
	Known Allergies (including medication):	
	Medication My Child Is Taking:	
	List Special Conditions, Disabilities, Medical/Physical Restrictions, Medical Information For Emergency Situations:	

HEALTH STATEMENT	<p>As the parent/guardian of the above named child, I certify that he/she is in good physical health and may participate in the normal activities of the program and has no conditions or specific needs that require specific accommodations, unless otherwise indicated in the medical information provided above or an attached Universal Health Record or a Care Plan for Children with Special Health Needs.</p> <p style="text-align: right;">Parent/Guardian Initials:</p>

EMERGENCY TREATMENT	<p>As the parent(s)/ legal guardian(s) of the above named child, I (we) attest that the information above is correct. I (we) authorize the child care center staff to obtain emergency treatment for my child and understand that I (we) shall be promptly notified.</p> <p style="text-align: right;">Parent/Guardian Initials:</p>

Parent/Guardian Signature #1:	Date:	Parent/Guardian Signature #2:	Date:

*Please return to school

Ocean Township School District
Extended Day/School Year Program
EMERGENCY INFORMATION

Grade _____ School Year _____ Teacher _____

Student's Name: _____ Birth Date: _____
Address: _____ Home Phone: _____
Town: _____ E-Mail: _____

Mother's Full Name: _____ Cell Phone: _____
Mother's Home Address: _____ Home Phone: _____
Mother's Business Address: _____ Work Phone: _____

Father's Full Name: _____ Cell Phone: _____
Father's Home Address: _____ Home Phone: _____
Father's Business Address: _____ Work Phone: _____

List three relatives or neighbors who will assume responsibility for your child if you cannot be reached:

- | | | | |
|----|--------|----------------|---------|
| 1. | _____ | _____ | _____ |
| | (Name) | (Relationship) | (Phone) |
| 2. | _____ | _____ | _____ |
| | (Name) | (Relationship) | (Phone) |
| 3. | _____ | _____ | _____ |
| | (Name) | (Relationship) | (Phone) |
| 4. | _____ | _____ | _____ |
| | (Name) | (Relationship) | (Phone) |
| 5. | _____ | _____ | _____ |
| | (Name) | (Relationship) | (Phone) |

Family Physician _____ Phone # _____

Family Dentist _____ Phone# _____

Does your child have any allergies or health information that we should be aware of? (This information may be shared with School Personnel, Bus Drivers or EMS personnel.)

In case of accident or serious illness, I request the school to contact me. If the school is unable to reach me, I hereby authorize the school to make whatever arrangements are necessary.

Signature of Parent/Guardian _____ Date: _____

*****Please return to extended day program**

OCEAN TOWNSHIP EXTENDED DAY AND
YEAR PROGRAM
Parent/Guardian Pick-Up List

On the form below, please list those family members, friends and neighbors who will be picking up your child, or have your permission to pick up your child from the after school and summer programs. List as many as you can. Be sure you have their permission before writing their name on the list.

Name of Person	Relationship to Student	Phone Number

Signature of Parent/Guardian _____

Date: _____

***Please return to extended day program.

Ocean Township Extended Day

PARENT

RECEIPT OF INFORMATION:

- Information to Parents Document
- Policy on the Release of Children
- Policy on Methods of Parental Notification
(Applicable only if a method other than a phone call is used to notify parents of an injury to a child's head, a bite that breaks the skin, a fall from a height, or an injury requiring professional medical attention.)
- Policy on Communicable Disease Management
- Expulsion Policy
- Policy on the Use of Technology and Social Media

I have read and received a copy of the information/policies listed above.

Child(ren)'s Name:

Parent/Guardian's Name:

Signature

Date

**Please return to school*

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