

## Welcome to the Care Program 2022-2023

*The Sussex-Wantage Care Programs were designed to offer a safe, caring environment for your child/children. Morning Care will open at 7:00 AM and After Care will open until 6:00 PM for working parents. Thank you in advance for your patience and understanding.*

### **Care Program Information and Application**

The Sussex-Wantage Care Program is a non-profit, self-supported tuition based program assessing fees to those using its services. It is available to resident Sussex-Wantage students in grades K-8. Before Care and After Care are held at the Wantage Elementary School and transportation will be provided for students as needed to their appropriate school for classes, and back to Wantage in the PM for After Care. The program includes homework assistance, outside play, and safe supervision

Initial Registration is payable when you submit your application. Please make checks payable to: **Sussex-Wantage BOE**. Applications can be mailed or dropped off to the attention of Christina Riker at the Board of Education Offices, 27 Bank Street, Sussex, NJ 07461.

**Registration Fees** are as follows:

---

Before Care: \$50 per family After Care: \$60 per family, Both Before and After Care: \$55 per family

---

Tuition Rates: The weekly tuition fees should be paid to the building site Co-Director and **are due at the end of each week**. A monthly statement will be mailed after each month. Please remit any balance due upon receipt. Any unpaid balance from the 2021-2022 school year or 2022 Summer Care must be paid in full before application can be submitted.

#### **Before CARE 2022-2023**

Full-Time (at least 3 days per week)

1 Child	2 Children	3 Children	4 Children
\$55.00/week	\$85.00/week	\$105.00/week	\$125.00/week

Part-Time Daily Rate (1-2 days per week)

1 Child	2 Children	3 Children	4 Children
\$15.00/day	\$20.00/day	\$25.00/day	\$30.00/day

#### **After CARE 2022-2023**

Full-Time (at least 3 days per week)

1 Child	2 Children	3 Children	4 Children
\$80.00/week	\$100.00/week	\$120.00/week	\$140.00/week

Part-Time Daily Rate (1-2 days per week)

1 Child	2 Children	3 Children	4 Children
\$20.00/day	\$25.00/day	\$30.00/day	\$35.00/day

#### **Late Payments:**

A late fee of \$25.00 will be assessed for each account not paid within one week of monthly statement. Missing two consecutive months of tuition payments will result in your child being excluded from all programs.

**Late Pick-up Fees:**

Family will be charged at the rate of:

\$20 per 15 minutes 6:01 – 6:15 p.m.

\$30 from 6:15 – 6:30 p.m., etc.

**Income Tax Child Care Credit**

Expenses for school-age child care may qualify for income tax child care credit. Our Taxpayer Identification Number is 22-1756803. Annual statements will not be issued for Care Programs. Remember to put necessary information on the memo section of your checks. (Also please note student's name if different from the name on the check).

A parent/guardian must sign their child **IN** each morning of Before Care upon arrival. A parent/guardian must sign their child **OUT** at After Care.

All Extended Day Programs will be cancelled on those days when school is cancelled due to inclement weather or other emergencies. **In the event of a delayed opening, there is NO Before Care. The only exception would be on a delayed opening is due to extreme cold temperatures.**

Communication is the key to success! If you have any questions, do not hesitate to call or leave a message at the Care Phone # 862-268-7420 or to notify us of any changes to your child/children's attendance in this program. Thank You!

**Let's have a safe, kind year!**



***BOTH Before and After Care start the first day of school.***

**Registration closes September 2nd (no exceptions) and reopens September 12th**

**\*\*\*This application will be treated as confidential and will be discussed only with the billing parent.**

**\*Days attending** M\_\_\_\_\_ T\_\_\_\_\_ W\_\_\_\_\_ TH\_\_\_\_\_ F\_\_\_\_\_

Registration Check \_\_\_\_\_ Date \_\_\_\_\_ Amount \_\_\_\_\_

Application is for (circle one): Before Care After Care Both

SUSSEX-WANTAGE BEFORE/AFTER CARE APPLICATION 2019-2020

1<sup>ST</sup> Child's Name: \_\_\_\_\_ Age: \_\_\_ Birth Date: \_\_\_\_\_ Going into grade \_\_\_\_ in Sept.'22

2<sup>nd</sup> Child's Name: \_\_\_\_\_ Age: \_\_\_ Birth Date: \_\_\_\_\_ Going into grade \_\_\_\_ in Sept.'22

3<sup>rd</sup> Child's Name: \_\_\_\_\_ Age: \_\_\_ Birth Date: \_\_\_\_\_ Going into grade \_\_\_\_ in Sept.'22

4<sup>th</sup> Child's Name: \_\_\_\_\_ Age: \_\_\_ Birth Date: \_\_\_\_\_ Going into grade \_\_\_\_ in Sept.'22

Home Address \_\_\_\_\_

\_\_\_\_\_  
**Mother's name** Address if different than child's/children

\_\_\_\_\_  
Phone (Home) (Work) (Cell) (Emergency)

\_\_\_\_\_  
Employer's Name/Address

\_\_\_\_\_  
**Father's Name**

\_\_\_\_\_  
Address (if different than child's/ children)

\_\_\_\_\_  
Phone (Home) (Work) (Cell) (Emergency)

\_\_\_\_\_  
Employer's Name/Address

**RELEASE INFORMATION**

In addition to myself, my child may be released ONLY to the following person(s) at the end of the day: Please be aware that the only persons able to add or delete pick up persons will be the parent or guardian applying for child care.. If a one time pick-up is arranged, a note or phone call will need to be provided to the Care Co-Director in advance of the pick-up date

---

Name	Address	Phone Number
------	---------	--------------

---

Name	Address	Phone Number
------	---------	--------------

---

Name	Address	Phone Number
------	---------	--------------

**\*Parent MUST send in a dated permission note if child is to be released to anyone other than those listed above.**

**HEALTH/MEDICAL INFORMATION**

Please list any allergies, medical conditions or health problems your child may have, including medications your child is presently taking on a regular basis:

---

1 <sup>st</sup> Child	Type of Medication	Taken for
-----------------------	--------------------	-----------

---

2 <sup>nd</sup> Child	Type of Medication	Taken for
-----------------------	--------------------	-----------

---

3 <sup>rd</sup> Child	Type of Medication	Taken for
-----------------------	--------------------	-----------

Because we do not have a registered nurse on staff, children requiring an Epi-pen must be able to administer it to themselves. We regret that we cannot accommodate children with limiting medical conditions.

In case of an accident or serious illness requiring immediate medical attention, we will contact 911. Every effort will be made to contact you in such an emergency. Please provide phone #s where you can be reached if not at home or work.

In case of an EMERGENCY please call \_\_\_\_\_ or \_\_\_\_\_.

**Parents: Please Acknowledge the below:**

- I am aware my child will be transported to and from Lawrence or Sussex Middle School as needed to attend the Care Programs.

Signature: \_\_\_\_\_

- I am aware the Care Programs practice an allergy free policy. We ask that no peanut product be eaten during program hours. Other specific allergies will be listed as need arises.

Signature: \_\_\_\_\_

- I am aware that Care tuition is due weekly and **MUST** be paid in full after each month.

Signature: \_\_\_\_\_

**BEFORE/AFTER CARE RULES**

It is imperative that your child is provided with a safe, nurturing atmosphere while attending our program. Reviewing the following rules and guidelines with your child prior to his/her enrollment should help to avoid problems later on.

- Physical violence of any kind for any reason is strictly prohibited.
- Children are expected to use games and recreation equipment with care and responsibility.
- Children must stay within the designated play areas while outdoors.
- Everyone is expected to help clean up the room at the end of each day.
- Valuable items are best left at home.
- Respectfulness, proper language, good manners, cooperation, kindness, and consideration toward other students and staff will help everyone to get along better.

Not following any of the above rules may result in a two-day suspension, or, in extreme cases, an expulsion from the program.

Please review the above guidelines with your child(ren) and then together sign the contract below:

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
1<sup>st</sup> Child's signature

\_\_\_\_\_  
2<sup>nd</sup> Child's signature

\_\_\_\_\_  
3rd Child's signature

\_\_\_\_\_  
4th Child's signature

Videos:                    \_\_\_\_\_ Yes, I give my child(ren) permission to watch PG rated movies

                                 \_\_\_\_\_ No, my child(ren) may not watch PG rated movies.