Welcome to the Care Program 2019-2020

Please read carefully. Changes have been made.

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, on a FULL TIME basis. Children are expected to attend regularly and must present a note in the AM to their teacher if other arrangements need to be made for a particular reason, at dismissal. Transportation is provided for our students attending both Lawrence and Sussex Middle School.

Before Care and After Care are held at the Wantage 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 games that encourage cooperative interaction. Our two groups, K-2 and 3-8, are instructed by certified teachers and are age appropriate in structure. Two separate classrooms are utilized. Lawrence School Before and After Care students are escorted to and from the bus each day by a staff member.

Initial Registration is payable when you submit your application. Please make checks payable to: Sussex-Wantage BOE. Registration fees are as follows:

- Before Care: $35 per family
- After Care: $45 per family
- Both Before and After Care: $40 per family

Tuition Rates: The weekly tuition fees should be paid to the building site director. A weekly/monthly reminder will be available at the beginning of each month. Please make your monthly payment promptly by the 1st of every month.

<table>
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<tr>
<th>Weekly Rate Guide</th>
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<tbody>
<tr>
<td>Before Care Tuition</td>
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<tr>
<td>Weekly Rates</td>
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<tr>
<td>After Care Tuition</td>
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<tr>
<td>Weekly Rates</td>
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Late Payments:
A late fee of $5.00 will be assessed for each account not paid by the end of the first week of every month. Missing two consecutive tuition payments will result in your child being excluded from all programs. Late pick-up fees will be charged at the rate of:
- $15 per 15 minutes 6:01 – 6:15 p.m.
- $30 from 6:15 – 6:30 p.m., etc.

A student will be dismissed from the program for nonpayment of tuition and/or fees.

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 than on 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 morning there will be Morning Care on a delayed opening is due to extreme cold temperatures. An Alert Now call to parents/guardians will address this.

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 another wonderful year!

BOTH Before and After Care start the first day of school.
Registration closes September 1st and reopens September 15th for scheduling.

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

<table>
<thead>
<tr>
<th>Registration Check</th>
<th>Date</th>
<th>Amount</th>
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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.’19

2<sup>nd</sup> Child’s Name: __________________________ Age: ___ Birth Date: _______ Going into grade ____ in Sept.’19

3<sup>rd</sup> Child’s Name: __________________________ Age: ___ Birth Date: _______ Going into grade ____ in Sept.’19

Home Address ____________________________________________________________________________________

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<thead>
<tr>
<th>Mother’s name</th>
<th>Address if different than child’s/children</th>
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</thead>
</table>

Phone (Home) | (Work) | (Cell) | (Emergency) |

Employer’s Name/Address

<table>
<thead>
<tr>
<th>Father’s Name</th>
<th>Address (if different than child’s/children)</th>
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</table>

Phone (Home) | (Work) | (Cell) | (Emergency) |

Employer’s Name/Address

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**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 Director in advance of the pick-up date

<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
<th>Phone Number</th>
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</table>

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:

1st Child | Type of Medication | Taken for
---|---|---

2nd Child | Type of Medication | Taken for
---|---|---

3rd 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 be aware:
- 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:______________________________________________________

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:

I have reviewed the Before/After Care Rules and realize I am responsible for my child/children following all of them in order to remain in the program. ____________________________________________

Parent Signature Date

1st Child’s signature 2nd Child’s signature

3rd Child’s signature Date

Videos Yes, I give my child permission to watch PG rated movies
        No, my child may not watch PG rated movies.