

Welcome to the Care Program 2021-2022

Please read carefully.

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, on a FULL TIME basis.

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 safe supervision

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

Before Care: \$40 per family After Care: \$50 per family, Both Before and After Care: \$45 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.

Weekly Rates

PLEASE KEEP IN MIND Before Care starts at 7:00AM and After Care begins at 3:40PM until 6:00PM

Before Care Tuition	# of Children	1	2	3
Weekly Rates:		\$55	\$65	\$75
After Care Tuition	# of Children	1	2	3
Weekly Rates		\$70	\$80	\$90

Payment for days attended is expected at the end of each week.

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:

\$20 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 a safe, kind year!



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

Registration closes September 3rd (no exceptions) and reopens September 13th

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

***Days attending M_____ T_____ W_____ TH_____ F_____**

If your child is attending After Care during phase one reopening, please send a lunch with your child to consume during Care.

Registration Check _____ Date _____ Amount _____

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

SUSSEX-WANTAGE BEFORE/AFTER CARE APPLICATION 2019-2020

1ST Child's Name: _____ Age: ____ Birth Date: _____ Going into grade ____ in Sept. '21

2nd Child's Name: _____ Age: ____ Birth Date: _____ Going into grade ____ in Sept. '21

3rd Child's Name: _____ Age: ____ Birth Date: _____ Going into grade ____ in Sept. '21

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 _____

