

*For Wayne Extended Day Program Staff only:*  Medical  No Photo

**Participant Information** (Please print information clearly.)

				Requested Start Date			Month	Day	Year
Child Name				Sex	M	F	Date of Birth		Grade
Address						Home Phone			
School						<i>Email (required for the monthly payment due notice)</i>			

**Program Registration Information** (Standard Fees are applicable to one child, or the oldest child in the family in the Early Start or Wrap-Up program. Younger siblings if attending the same program - ES or WU - are eligible for Sibling Fee rates.)

Early Start	# Days	Circle Days					Wrap-Up	# Days	Circle Days					Emergency Use Only	
		M	T	W	H	F			M	T	W	H	F	YES	NO
ES Fees	Standard	Sibling					WU Fees	Standard	Sibling					<b>FEES</b> Include first and last month's tuition.	
2 Day	\$45	\$35					2 Day	\$95	\$75					Reg. Fee.	\$30.00
3 Day	\$60	\$50					3 Day	\$115	\$95					Early Start	
4 Day	\$75	\$65					4 Day	\$140	\$120					Wrap-Up	
5 Day	\$85	\$75					5 Day	\$155	\$135						
<b>PAYMENT SUMMARY</b>		Circle			Date						<b>Total</b>				
<i>For Wayne Extended Day Program Staff only</i>		Check #	CC	Cash											

**Parent/Guardian Information** (Use "same" where address & home phone are the same as the child.)

Name		Address			City
Relationship	Home Phone	Work Phone + Ext.		Cell phone for emergencies only	
Name		Address			City
Relationship	Home Phone	Work Phone + Ext.		Cell phone for emergencies only	

<b>Primary Contact</b>	<b>Phone Number</b>
<b>Mobile Phone</b>	<b>Mobile Provider</b>
<b>Circle: Yes No - To receive Text Alerts</b>	

**Other Emergency Contacts** (Minimum of two must be provided. Must be able to reach the Program Site in 15-20 minutes)

Name	Relationship	Home Phone	Work Phone + Ext.	Authorized for Pick-up?
				YES NO
				YES NO

(Note: This form **MUST** be completed and returned with your full registration package and first and last month's payment for registration to be processed. Two weeks processing time minimum is required for the start of school. Children may not start the program until the full registration process is completed.)

**MEDICAL INFORMATION FORM**

Child Name	Date of Birth	School
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The Extended Day Program involves both vigorous and quiet indoor and outdoor play, including the use of climbing equipment. A snack is served each day to those children enrolled in the Wrap-Up Program.

***Please provide answers to all of the following questions:***

1. Does this child have any physical conditions of which we should be aware? \_\_\_\_\_

\_\_\_\_\_

2. Does this child require any special attention, or routines that would be helpful to take into consideration during the program times of the day? \_\_\_\_\_

\_\_\_\_\_

PLEASE NOTE: **MEDICATIONS CAN NOT BE ADMINISTERED BY PROGRAM STAFF.** Please make arrangements to have any required medications administered either before or after program hours.

3. Is this child physically and emotionally able to participate in the Extended Day Program? \_\_\_\_\_

\_\_\_\_\_

4. List any foods that the child should **not** be permitted to eat. \_\_\_\_\_

\_\_\_\_\_

5. Please note any special concerns or information that would assist our staff in making your child's experience more enjoyable. (Please use other side if more room is needed.) \_\_\_\_\_

\_\_\_\_\_

6. Physician's Name \_\_\_\_\_ Physician's Phone # \_\_\_\_\_

7. My child's immunizations are up to date as required by the Wayne Township Public Schools. YES NO

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**In case of an emergency the Extended Day Program will obtain medical treatment for my child.**

**PHOTO PERMISSION**

I authorize the Extended Day Staff to take photographs of my son/daughter for the use in bulletin boards, press releases, publicity (EG: website, fliers), and public relations purposes only.

(Note: No names of minors are printed with any pictures).

Please circle: **YES** or **NO**

**HOMEWORK CONTRACT**

\_\_\_\_\_ I would like my child to complete all of his/her homework before participating in any of the activities planned for the day.

\_\_\_\_\_ I would like my child to complete all of his/her homework before participating in any of the activities planned for the day with the exception of gym and extracurricular activities.

\_\_\_\_\_ I would like my child to complete his/her homework at home.

**\* \* REGISTRATION PACKAGE COMPLETION VERIFICATION \* \***

- Enrollment Forms (Contact Information & Medical Form)
  - Included First & Last Month's Fees in Payment
    - Photo Permission
    - Homework Contract
  - Read & Detach Payment Agreement
  - Detach Teacher Advisement Form
- Return Registration Pages 1-3 to 1006 Hamburg Turnpike, Wayne, NJ 07470

**PARENT GUARDIAN AGREEMENT**

I agree to all fees and payment as outlined on the attached payment schedule.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**Please detach and keep for your records.**

## Payment Schedule



A payment due notice is emailed to parent/guardians two weeks before a payment is due. Payment must be in the office by the first of the month.

Because the yearly cost is divided into ten equal payments, no deductions are made for school vacations or missed days. Payments are due by the 1st of the month.

### Late Payments

- A late fee of \$10.00 will be charged to your account for late payments.
- A non - payment will result in cancellation
- A fee of \$20.00 will be charged for checks returned by the bank.
- Payments must be made on time to ensure your child's spot in the Program.
- If you have extenuating circumstances that prevent you from paying the fees in a timely and consistent manner, please call the Extended Day Program at 973-968-7427. We will make every effort to work with you.

### Late Pick-up Service Charges

Parents arriving after 6:00PM will be charged a late fee of \$10.00 for each 10 minutes beginning at 6:01 PM. Late fee payments will be added to the monthly invoice and must be paid with the currently due fees. **Continuous late pick-ups will result in your child's permanent dismissal from the Program. This policy is strictly enforced.**

1-10 Minutes Late = \$10	11-20 Minutes Late = \$20	21-30 Minutes Late = \$30
31- 40 Minutes Late = \$40	41-50 Minutes Late = \$50	51-60 Minutes Late = \$60

*Wayne Police will be called for any child left longer than 1 hour after the program closes. Please see "Policy on the Release of Children" for procedures for the children who are not picked up for more than one hour after the Program is closed.*

**If you pick up your child(ren) later than 6 p.m., the daily timesheet will list "LPU" (late pick-up) and your Caregivers will provide a Late Pick-up Attendance Sheet for your signature.**

### Parent Guardian Agreement

I understand that I and my child are responsible for complying with all procedures as outlined in the Parent/Guardian Handbook. All changes in the program must be made prior to the following month to go into effect. I understand and agree that all fees and payment must be paid no later than the first of the month. My child's enrollment will be cancelled if there is a failure to pay and/or to make arrangements with WCP for account reconciliation.

## URGENT NOTICE FOR WRAP-UP PROGRAM PARENTS

Communication is crucial between you and your child's teacher, and you and the Extended Day staff. This communication will ensure your child's safety as well as eliminate confusion.

**Please read the notice below and use this form to notify your child's teacher of his/her enrollment in the after school Wrap-Up Program.**

It is the parent's responsibility to inform the child's teacher that he or she will be attending the Wrap-Up Program held at the child's school. Please do this by completing the form below (or a note of your own) and sending it to the teacher on the **first day of school**.

Also, to ensure that your child's after school destination is clear - if your child uses bus transportation, please mark your child's bus pass by crossing out the PM bus route and put Wrap-Up Extended Day Program and the name of your child's school.

Please discuss the Extended Day Program with your child(ren). Ensure they are clear about where they are to go each day after school. This is especially critical in the beginning of school, and when children do not go to the program every day. In the excitement of school starting, children can become confused or forget where they are to report. Please review this daily with your child(ren) until you are confident they can carry this out independently.

Always inform, in writing, the classroom teacher and the program of any changes in your child's routine.

Thank you.

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### TEACHER ADVISEMENT FORM

TO: \_\_\_\_\_, Classroom Teacher

My child \_\_\_\_\_ will be attending the Wayne Township Public Schools Extended Day Program which is located in the school. He/she is registered in the After School Program on the following days: \_\_\_\_\_ each week.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**Give this notice to your child to take to his/her Teacher.**