

Lopatcong Township School District After Care Registration/Agreement

Child's Name _____

Grade _____ Teacher _____

I am registering my child for

After Care

____ Full Time (8+ hours per week)

____ Part Time (5-8 hours per week)

____ Drop In (less than 5 hours per week)

I have reviewed the Lopatcong Township Board of Education School District After-Care Program Parent Handbook and understand that it is my responsibility to follow these policies and to make sure my child understands the rules and regulations of the program.

I understand COVID protocols will be followed as designated by the CDC, the Warren County Health Department and the NJ Department of Education.

I understand that my child may be suspended or terminated from the program, at the discretion of the director, for behavioral problems that endanger other people or create an unfavorable atmosphere for the rest of the group. I understand that there are no refunds for suspensions or terminations.

I understand that full and part-time payments are due prior to the first of each month. After the 10th, late fees will be assessed according to the 'Late Payment Policy'. I also understand that if my payment is not made by the 10th of the month, my child's services can be discontinued. I may need to seek alternative care until all back payments and fees have been paid.

I understand that fees are calculated into 10 equal monthly payments and are NOT based on the number of days in each month. Therefore, I realize I am required to give at least a 1 month notice prior to removing my child from the program. I understand that drop-in payments are calculated at the end of each month based on the number of hours of attendance and must be paid by the 10th of the following month.

I understand that final pick-up is 6:00p.m. and I will be charged \$1 for each minute past 6:00p.m. ***This fee will be required to be paid in CASH upon your arrival.***

I understand that the Lopatcong Board of Education School District After-Care Program is not responsible for lost belongings.

I understand that staff, in order to protect themselves and the Lopatcong Board of Education School District After-Care Program, agrees not to be alone with youth participants outside of Lopatcong Township Board of Education School District After-Care Program. This includes no babysitting, taking children on trips, transporting in personal vehicle, or having them in their homes when others are not present.

I understand that my child will not be admitted to the program until ALL registration materials and payments have been submitted and I have received notification from the After-Care Director/Coordinator.

I have read and understand all of the AfterCare policies.

Signature: _____

Date: _____