

***LONG BEACH ISLAND SCHOOLS
KIDS' CARE PROGRAM***



ENROLLMENT PACKET

**ENROLLMENT PACKET FOR
LONG BEACH ISLAND SCHOOLS KIDS' CARE PROGRAM
(LBISKCP)**

TABLE OF CONTENTS

Enrollment Application.....	2
Authorized Pick-Up Form.....	5
Non-Custodial Directive.....	6
Homework Time Form.....	7
Tuition Rate Sheet.....	8

Long Beach Island Schools Kids' Care Program (LBISKCP) Application
LBI Board Office
201 20th Street, Ship Bottom, NJ 08008
609-494-8851 ext. 2011

Completing this application represents your expression of interest in the program and does not constitute acceptance into the program

SECTION I: General Information

	<u>Children's Name</u>	<u>Grade</u>	<u>Age</u>	<u>Date of Birth</u>	<u>Sex</u>
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____

Parent(s) or Guardian(s) with whom the child(ren) reside(s):

Name: _____ Home Phone: _____

Relationship: _____ Cell Phone: _____

Home Address: _____

Employer Name: _____ Work Phone: _____

Employer Address: _____ Work Hours: _____

Name: _____ Home Phone: _____

Relationship: _____ Cell Phone: _____

Home Address: _____

Employer Name: _____ Work Phone: _____

Employer Address: _____ Work Hours: _____

Person(s) responsible for payment:

I agree to be responsible for the payment of the Kids Care tuition (see attached tuition form for rates).

Signature of Parent/Guardian

Date

Section II: Registration Policies of the LBISKCP

I am enrolling my child(ren): _____

Please initial next to each line:

- _____ I have read and understand the LBISKCP description attached to the LBISKCP application
- _____ I have read and understand the terms and polices of the LBISKCP Parent Handbook that accompanies the LBISKCP application.
- _____ I understand that on days that the school is closed, as specified in the school calendar and/or emergency closure days, there will be no program. It is my responsibility to make alternate arrangements for my child(ren). On Early Dismissal Days for parent-teacher conference or when the physical facility is open, the LBISKCP accommodates those days. I understand that in the event of an early closing due to emergency situations there will be no program. The school is responsible to contact parents/guardians in such situations.
- _____ I understand that I am responsible to make monthly payments in full of the specified contracted fees and other incurred fees on or before the first of each month. Payments received after the 15th of the month will be charged a \$20 late fee. Post-dated checks will not be accepted. Payment will be made by check or money order made payable to the LBI BOE. **NO CASH WILL BE ACCEPTED.**
- _____ I agree to pay the first month's tuition upon my child's acceptance into the LBISKCP.
- _____ I agree to be responsible for my child(ren)'s full fee payment for the LBISKCP regardless of absence.
- _____ I agree to pay \$25.00 in late charges per one half (1/2) hour per child if I am late to pick up my child.
- _____ I have read and agree with the Behavior Policy in the LBISKCP Parent Handbook and understand that my child may be dismissed from the program if behavior is not acceptable.
- _____ I agree that an adult (18 years or older) listed on the authorized pick-up form will sign my child out of LBISKCP.
- _____ If an emergency arises and I will be late, I understand that it is my responsibility to call my contact person to pick the child up from the LBISKCP on time.
- _____ I give permission for my child(ren) to participate in indoor/outdoor recreational activities as part of the LBISKCP.
- _____ If a student is not well, becomes sick or injured, the LBISKCP staff will contact the parent immediately. If a Medical Emergency arises, the LBISKCP will contact *both 911 and the parent/guardian*. A Medical Emergency may require immediate hospital attention and I understand that my child will be transported to the nearest hospital, as needed.
- _____ I will notify the LBISKCP Staff and the LBIBOE office of any changes in the information given herein, including, but not limited to , contact persons, addresses, phone numbers, *health concerns/allergies (* see below *)*, non-custodial parent information, and departure times throughout the school year as necessary in writing.

* Please select and initial one of the following:

- _____ My child has health concerns/allergies. (Requires follow-up with the Student Health Office in your child's building.)
- _____ My child does not have any health concerns/allergies.

I agree to the above stated terms and conditions and to adhere to the LBISKCP Registration Policies. I give my authorization and permission as required herein so that my child may participate in the Long Beach Island Schools Kids Care Program.

Signature of Parent/Guardian

Date

Section III: Program Selection: Please check portions of the Kids' Care program for enrollment

_____ Morning Program

_____ PM Program

Choice of Days for the AM program

Child(ren)'s Name:

_____	_____
_____	_____
_____	_____

Please Check/Fill in the Lines That Apply:

5 Days Per Week	Monday Through Friday	_____
4 Days Per Week	Which 4 Days?	_____
3 Days Per Week	Which 3 Days?	_____
2 Days Per Week	Which 2 Days?	_____
1 Day Per Week	Which 1 Day?	_____

Choice of Days for the PM program

Child(ren)'s Name:

_____	_____
_____	_____
_____	_____

Please Check/Fill in the Lines That Apply:

5 Days Per Week	Monday Through Friday	_____
4 Days Per Week	Which 4 Days?	_____
3 Days Per Week	Which 3 Days?	_____
2 Days Per Week	Which 2 Days?	_____
1 Day Per Week	Which 1 Day?	_____

Per Registration Policies a late charge will be assessed for late pick-up of child(ren). Habitual lateness for child pick-up is a reason for termination of participation in the program.

Signature of Parent/Guardian

Date

Authorized Pick-Up Form Long Beach Island Schools Kids' Care Program

Please list person(s) authorized to pick up your child(ren), including parents/guardians. Authorized pick-up person must be 18 years of age or older.

Name/Relationship Address Town Zip Home Phone Cell Phone

Name/Relationship Address Town Zip Home Phone Cell Phone

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Name/Relationship Address Town Zip Home Phone Cell Phone

Emergency Numbers: Please give the name, address, and telephone number of 2 people (other than named above), who may be notified in case of emergency or illness when parents or guardians are not available. These people should be in the vicinity of the school district during the hours of the program.

Name/Relationship Address Town Zip Home Phone Cell Phone

Name/Relationship Address Town Zip Home Phone Cell Phone

Signature of Parent/Guardian

Date

**Non-Custodial Directive
Long Beach Island Schools Kids' Care Program**

Child(ren)'s Name: _____

The person's name listed below is **not allowed access to my child** during LBISKCP:

Name/Relationship: _____

Name/Relationship: _____

Name/Relationship: _____

Legal documentation indicating proof of custodial parent or legal guardian status must be attached to this form.

Custodial Parent/Legal Guardian Signature

Date

This form MUST be returned with the LBISKCP Application

HOMEWORK TIME

The LBISKCP operates a homework center during the after school program. We believe that we can support your family and your child's school success by providing some time during the program for homework. Please realize that we cannot provide your child with one-on-one assistance nor is this a tutorial session. Homework time is 20 minutes.

Please check off one of the following:

My child should work on homework at the program

My child should NOT work on homework at the program**

**If you do not wish for your child to participate in Homework Time they should have a book or some other quiet activity to keep themselves occupied during this period of the program.

Role of the LBISKCP Student:

- Bring the books, notebooks, and worksheets that they need
- Try their best to understand the assignment
- Be quiet if asked by the staff

Role of the Families:

- Check the homework that your child has completed during the program time
- Realize that homework may need to be completed at home
- Support the child with unfinished or difficult homework
- Talk with teachers at the school about homework issues

Role of the LBISKCP Staff:

- Provide a homework area
- Communicate successes or concerns about homework to families

Signature of Parent/Guardian

Date

Tuition Rate Sheet Long Beach Island Schools Kids' Care Program

Monthly Payments are due on the 1st of each month

Check or Money Orders Made Payable to LBI BOE

NO CASH WILL BE ACCEPTED

PROGRAM RUNS ONLY ON DAYS WHEN SCHOOL IS IN SESSION

Monthly Tuition Rates

AM Program: 7:00 am – Start of School

The AM Program is a Flat Fee program. Your child may attend as many days as you wish for the monthly fee. Monthly tuition rates are:

1st Child - \$75 per month Any Child thereafter - \$60 each per month*

PM Program: Dismissal – 6:00 pm

The PM Program is based on the number of days the child/children attend.

<u>Days Per Week</u>	<u>1st Child Fee</u>	<u>2nd Child Fee*</u>	<u>Each Child Thereafter Fee*</u>
5 days	\$225	\$202	\$101
4 days	\$180	\$162	\$81
3 days	\$135	\$121	\$60
2 days	\$90	\$81	\$40
1 day	\$45	\$40	\$20

*Children must be in same family

****There is a \$25 Non-Refundable Annual Registration Fee****