HASBROUCK HEIGHTS PUBLIC SCHOOLS

379 Boulevard Hasbrouck Heights, New Jersey 07604

2018-2019 KEYS Child Care Program

July 2018

Dear Parents:

The Hasbrouck Heights School District will once again sponsor a before-school and after-school child care program for Hasbrouck Heights Public School students in kindergarten through fifth grade at each of the elementary schools. The program for all students begins on the first day of school in September and will run through the last day of school in June.

Certified teachers along with support staff will conduct the programs. The morning program starts at 7:15 a.m. The after-school program runs from 3:08 p.m. to 6:00 p.m. On single session days, the after school program will operate from 12:35 p.m. until 6:00 p.m. The program will **not** operate when school is **closed** due to holidays or snow days.

The after-school program includes playtime, snack time, homework time and project time. You may enroll your child(ren) for as few as 2 days or up to 5 days, from either 3:08 p.m. to 4:30 p.m. or from 3:08 p.m. to 6:00 p.m. Please refer to the attached Monthly Fee Schedule for exact program fees. The before school program requires a \$10 registration fee, and the afternoon program requires a \$10 registration fee and a prepayment of the first and last months' fees. There will be no exceptions made to this requirement.

If you wish to enroll your child(ren) in the "KEYS" Child Care Program beginning the first day of school in September:

- 1. Complete the following registration form by Friday, August 24th to start on the first day of school.
- 2. Registration forms received after August 24th cannot start until Monday, Sept. 10th
- 3. Make your check payable to the "Hasbrouck Heights Board of Education"
- 4. Mail or bring the above to:

Hasbrouck Heights Board of Education Administration Building c/o Mrs. Joan Catapane - KEYS Program 379 Boulevard Hasbrouck Heights, N.J. 07604

PLEASE DIRECT ANY QUESTIONS TO JOAN CATAPANE AT 201-393-8146

HASBROUCK HEIGHTS SCHOOL DISTRICT "KEYS" Child Care Program 2018-2019

- Hasbrouck Heights Public School Students- Grades K to 5
- Convenient Locations Lincoln and Euclid Schools
- Classrooms, school gymnasium, library and playground

AFTERNOON PROGRAM

MONTHLY FEE SCHEDULE

	******** 3:08 to 6:00 ********			******* 3:08 to 4:30 ********		
Number of Days	1st Child	2nd Child	Additional Children	1st Child	2nd Child	Additional Children
5	\$210	\$192	\$174	\$179	\$164	\$151
4	\$190	\$173	\$157	\$159	\$145	\$132
3	\$164	\$151	\$137	\$133	\$123	\$112
2	\$138	\$128	\$117	\$107	\$97	\$87

Late Fees:

Please note that the above late pick-up fees will be charged on a daily basis and will be billed monthly. Repeated lateness in picking up your child may result in your child being excluded from the KEYS program.

MORNING PROGRAM

7:15 to 8:15 am

Cost of the program is \$6.00 per day per child and will be billed at the end of each month.

USE BLACK INK ONLY

"KEYS" Child Care Program REGISTRATION FORM – 2018-2019

Child's Name (<u>ONE</u>	CHILD ONLY)	Age
Street Address		
Town	State	Zip
Grade	Date of Birth	Home Phone
Mother's Name	Work/Cell Phon	e <u>One</u> Parent Email Address (Print)
Father's Name	Work/Cell Phon	e
Child Lives With:		
DAY	S OF THE WEEK (Circle)	TIME LEAVE # DAYS
AFTERNOON:	MON TUES WED THUR FRI	pm
MORNING:	MON TUES WED THUR FRI	N/A

HOW TO REGISTER

- 1. Complete the registration form and information/medical form
- 2. Include check or money order for the following totals (fees are refundable)
- 3. Make payments payable to "Hasbrouck Heights Board of Education"

	AFTERNOON PROGRAM	MORNING PROGRAM
Select (X) program registration		
A) Annual Registration (per child)	\$ <u>10.00</u>	\$ <u>10.00</u>
B) First Month's Tuition (Afternoon See Schedule)	\$	None
C) Last Month's Tuition/Security (Required) (Afternoon Same as line B)	\$	None
TOTAL ENCLOSED- EACH PROGRAM	\$	\$ <u>10.00</u>

Mail to: HH Board of Education

Administration Building-Attn: Mrs. Joan Catapane

379 Boulevard

Hasbrouck Heights, NJ 07604

Hasbrouck Heights Public School District – KEYS Program Information/Medical Form – USE BLACK INK ONLY

Child's Na	ame:			Female
	Last	First	Grade	Male
Address:		Ho	me Phone: _	
Mother's	Name:			
Mother's	Work Telephone Number: _		Cell: _	
Father's N	Name:			
Father's \	Work Telephone Number: _		Cell: _	
Child Live	es With:			
Name(s)/	phone numbers(s) of those	authorized to pick up my child	from the "KE	EYS" program:
Name		Phone Number _		
Name		Phone Number _		
Name		Phone Number _		
		Parent S	Signature	
******	*******	*******		******
		Medical Information		
1. Do	oes he/she have a medical բ	problem or chronic disease? If	yes, please	state problem:
2. Is	he/she on medication? If y	es, please list medication:		
	,	, .		
 3 Δr	e there any restrictions (nh	ysical, etc.)? If yes, please list	restrictions:	
0. 71	o more any restrictions (pri	yolodi, oto.). Ii yoo, piodoo iiot	rectrictions.	
4 D	oos vour shild have any allo	raise to food or modication?	ives what:	
4. Do	bes your ormu have any alle	rgies to food or medication? If	yes, what.	
5. Is	there any other information	about your child which should	be known?	