

HASBROUCK HEIGHTS PUBLIC SCHOOLS
379 Boulevard
Hasbrouck Heights, New Jersey 07604

2022-2023 KEYS
Child Care Program

July 2022

Dear Parents:

The Hasbrouck Heights School District sponsors 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 **Thursday, September 8th, our first full day of school**, 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, 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. There will be no increase in cost for the 2022-2023 school year. **The afternoon program requires 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 12th to start on Thursday, September 8th.
2. Registration forms received after August 12th, child cannot start until Monday, Sept. 12th
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 2022-2023**

- 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	Additional Children	1st Child	Additional Children
5	\$235	\$215	\$205	\$185
4	\$215	\$195	\$185	\$165
3	\$190	\$175	\$160	\$145
2	\$165	\$150	\$135	\$120

Late Fees:

6 - 15 minutes = \$30.00 16 - 30 minutes = \$60.00 31 - 45 minutes = \$90.00

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.

PM KEYS payments are due on the first of each month. There is a grace period of 10 days for payments. Any payment received after the 10th of the month must include a \$10 late payment fee.

MORNING PROGRAM

7:15 to 8:15 am

Cost of the program is \$8.00 per day per child and will be billed at the end of each month

School: _____ Start Date: _____

USE BLACK INK ONLY

Classroom Teacher: _____

"KEYS" Child Care Program
REGISTRATION FORM – 2022-2023

Child's Name (ONE CHILD ONLY)

Age

Street Address

Town

State

Zip

Grade

Date of Birth

Home Phone

Mother's Name

Work/Cell Phone

One Parent Email Address (Print)

Father's Name

Work/Cell Phone

Child Lives With: _____

DAYS OF THE WEEK (Circle)

TIME LEAVE

DAYS

AFTERNOON: MON TUES WED THUR FRI

_____ pm

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>None</u>	\$ <u>10.00</u>
B) First Month's Tuition (<u>Afternoon</u> See Schedule)	\$ _____	None
C) Last Month's Tuition/Security (Required) (<u>Afternoon</u> Same as line B)	\$ _____	None
TOTAL ENCLOSED- EACH PROGRAM	\$ _____	\$ <u>10.00</u>

Mail or drop off at: HH Board of Education
 Administration Building-Attn: Mrs. Joan Catapane
 379 Boulevard, Hasbrouck Heights, NJ 07604 – DUE BY FRIDAY, AUGUST 12TH TO START FIRST DAY

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

Child's Name: _____ Female _____
Last First Grade Male _____

Address: _____ Home Phone: _____

Mother's Name: _____

Mother's Work Telephone Number: _____ Cell: _____

Father's Name: _____

Father's Work Telephone Number: _____ Cell: _____

Child Lives With: _____

Name(s)/phone numbers(s) of those authorized to pick up my child from the "KEYS" program:

Name _____ Phone Number _____

Name _____ Phone Number _____

Name _____ Phone Number _____

Parent Signature

Medical Information

1. Does he/she have a medical problem or chronic disease? If yes, please state problem:

2. Is he/she on medication? If yes, please list medication:

3. Are there any restrictions (physical, etc.)? If yes, please list restrictions:

4. Does your child have any allergies to food or medication? If yes, what:

5. Is there any other information about your child which should be known?
