



TEANECK COMMUNITY CHARTER SCHOOL

563 Chestnut Avenue
Phone: (201)833-9600
E-Mail: tccs@tccsnj.org

Teaneck, NJ 07666
Fax: (201)833-9225
Website: www.tccsnj.org

Drop-In-Care Only

After School Program Registration Form

(Please Print the Following Information)

School Year: _____

Student's name: _____ D.O.B. _____ Grade _____

Address: _____

Parent/Guardian Information

Parent 1 name: _____

Address: _____

Email: _____

Phone: (Home) _____ (Work) _____ (Cell) _____

Parent 2 name: _____

Address: _____

Email: _____

Phone: (Home) _____ (Work) _____ (Cell) _____

Emergency Contact Information

Emergency Contacts: Please list in order of preference individuals we may contact in the event of an emergency

Name _____ Relation to Child _____

Address _____ Telephone# _____

Name _____ Relation to Child _____

Address _____ Telephone# _____

Name _____ Relation to Child _____

Address _____ Telephone# _____

In addition to the emergency contacts listed on the previous page, **the following people** have your authorization to pick up your child from the after school program:

- (1) Name _____
- (2) Name _____
- (3) Name _____

Program Fees (please circle all that apply) –

Days per week →	5 days	4 days	3 days	2 days (minimum)
Payment Option	Full Week	M T W Th F (Circle 4 days)	M T W Th F (Circle 3 days)	M T W Th F (Circle 2 days)
Monthly Fees	\$185/month	\$155/month	\$135/month	\$115/month
<i>There is a 10% discount for additional siblings and a \$25.00 discount for 4:30 PM pickup</i>				
<i>Drop-In-Care Fees:</i>		\$20 per day (Payment is required at pick-up)		
<i>*****Please note, "Drop-in-Care" is NOT available on ½ days.*****</i>				

ALL After School Attendees Pick Up Time: Child(ren) must be picked up by 6:00 pm or late fees will be assessed and must be paid on the spot.

Medical/Allergy Information

Does your child have any allergies? Yes No
If yes, please describe: _____

Are there any foods your child cannot eat? Yes No
If yes, please describe: _____

Does your child have any medical condition that would prevent him/her from participating in any activities of the after school program? Yes No

If yes, please describe: _____

Parent/Guardian Signature: _____ **Date:** _____

Teaneck Community Charter School After School Program Information

The Teaneck Community Charter School After-School Program is open to all charter school children. The program will begin the first regular day of school and runs according to the school calendar. A calendar of additional important dates will be provided by the program Director. The After-School Program will be available on half days (12:30pm to 6:00 pm). Students will have the opportunity to participate in a variety of activities including recreation, arts and crafts, projects, and free play. A healthy snack and drink will be provided and there will be time set aside for homework each day. Students will be separated into two distinct groups (Kindergarten – Second grade and Third – Eighth grade) for daily activities. This set-up will include a specific supervisor assigned to each group and more age appropriate activities in a smaller group setting.

Any child enrolled in the after school program will have the option of enrolling in any of our after school clubs (Pottery, Mad Science, etc) at half price of the clubs cost. Applications for these clubs will go home in the Friday Backpacks and spots in these clubs will be assigned on a first come first serve basis.

Any child who is officially absent from school on any given day may not attend the After-School Program.

Children will be released only to the individual(s) listed on their registration form. Those individuals must come into the building and sign-out the child each day. If your child is going home with anyone other than the person(s) listed on the After-School registration form, the school **must** be notified in writing.

HOURS: The program begins at the end of the school day (3:15 PM) and runs until 6:00 PM. In the event that the school closes early due to inclement weather or an emergency situation, the After-School Program will NOT run. Parents, or their emergency contacts will be notified to pickup their children at school.

REGISTRATION: Children may attend the program for a minimum of two days up to five days per week. There is also “drop-in-care” at a special fee. For each child in a family, there must be a separate, completed registration form.

FEES: The fee for the program is \$185.00 per month for 5 days per week; \$155 per month for 4 days; \$135 per month for 3 days and \$115 per month for 2 days per week (minimum). There is a 10% discount for additional siblings and a \$25.00 discount for 4:30 PM pickup.

Drop-in care is \$20.00 for the day (3:15pm-6:00pm) Payment is required when a child is picked-up. ***Please note, there is NO “Drop-in-Care” available on half days.***

Payment is due by the 15th of the month preceding the month of service. If payment is not made two weeks in advance, a penalty fee of \$10.00 will be charged. Checks or money orders are the preferred method of payment. Please specify months you are paying for on your check or money order. **Please return the registration form, this signed information sheet (see other side) and first (September) and last month (June) payments by the first day of school.** Once the After-School Program begins, payment can be given directly to the After-School Program Coordinator.

(OVER)

After-School Program Information
Page Two

RETURNED CHECKS: In the event that a check is returned by the bank unpaid, any fees associated will be requested and charged back to the family. In addition, replacement payment will only be accepted in the form of cash or money order.

There are no refunds once payment is made, regardless of whether the child is absent from school or the school is closed due to an emergency situation.

LATE PICK UPS: A \$10.00 late pickup fee will be charged for any child picked up after 6:00 PM. After 6:15 there will be an additional charge of \$1.00 per minute and the emergency contact person will be called to pickup the child. **This late pick-up fee must be paid when picking up the child and is strictly enforced.**

HEALTH AND SAFETY: Please speak with the school nurse regarding any medication questions or concerns you may have.

If a child becomes ill during the After-School Program, the parent, emergency contacts, or if need be, child's physician, will be called. In case of an emergency, 911 will be called. Please make sure that your child's medical information and emergency phone numbers are up-to-date. E-mail addresses for each parent are especially important for special announcements, payment information and school closings.

The school rules also apply to the After-School Program and rule infractions will be handled in the same consistent manner. It is understood that this is a voluntary program and my child's participation in this program may be suspended or terminated if my child's behavior becomes a detriment to the safety and/or enjoyment of the other participants.

By signing below, I understand and accept all of the above.

CHILD'S NAME: _____

Parent/Guardian Signature

Date