



**Saint James School
Basking Ridge, New Jersey**

**2019 - 2020
After-School Care Program**

REGISTRATION FORMS

The Saint James School After-School Care Program will take place on days when school is in session from 3:00 to 6:00 PM on full days and from 12:45 to 6:00 PM on half days.

Please complete and return all forms below to the Main Office if you would like to enroll your child(ren) in the After-School Care Program. These forms should be completed and the Registration Fee paid at the beginning of the school year if you plan to use the program at any time during the year. **Please do not send your child(ren) to the After-School Care Program before submitting all Registration Forms noted below to the Main Office.**

A one-time **Registration Fee** for new participants (those who have not been enrolled in this program during previous school years) in the amount of \$50.00 per child is due with this registration form. **All students who are enrolling in the After-School Care program should submit all the following forms included below: Registration Form, Medical History Form, Student Release Form, and Email Notification Form.**

We are offering the following After-School Care Plans this year. You may switch between the plans as needed:

- **Monthly Plan 5 days/per week for each calendar month (no prorating):**
 - \$350.00 - first child
 - \$300.00 - each additional child
- **Hourly Rate Plan:**
 - \$8.00 each child/per hour

Tuition for the Monthly Plan is due the 15th of the previous month for the following month. **No invoice or reminder will be sent.**

Tuition for Hourly Rate attendees will be billed monthly based on daily sign-out times. **Please make sure to indicate the sign-out time when you pick up your child(ren) at the end of the day.** If there is no sign out time noted, you will be billed for the full after-school care period that day.

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2019-2020 REGISTRATION FORM
(Please complete one form per family)

Child's Name _____ Grade _____

Child's Name _____ Grade _____

Child's Name _____ Grade _____

Address _____

Street

City

State

Zip Code

Home Phone (____) _____ DOB _____

Mother's Name _____

Cell Phone # (____) _____ Work Phone # (____) _____

Father's Name _____

Cell Phone # (____) _____ Work Phone # (____) _____

Our family expects to participate in the following After-School Care Plan (please check):

_____ **Monthly Plan: 5 days per week for the calendar month**

_____ **Hourly Rate Plan: \$8 per hour, per child**

Please note that child(ren) will only be released to a parent or other authorized individual as noted on the Student Release Form. No child may leave the After-School Care Program unaccompanied by an authorized adult.

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2019-2020 MEDICAL HISTORY FORM

(Please complete one form for each child.)

Child's Name _____ Grade _____

Address _____
Street _____

City State Zip Code

Home Phone __ (____) _____ DOB _____

Mother's Name _____

Cell Phone # __ (____) _____ Work Phone # __ (____) _____

Father's Name _____

Cell Phone # __ (____) _____ Work Phone # __ (____) _____

Medical History:

Allergies (include allergies to particular medicines, foods and insects):

Does your child require an Epi Pen? Yes* _____ No _____

***If your child requires an Epi Pen, please provide one to the After-School Care Program prior to the first day of attending the program.**

Please list any limits to student's physical activity:

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2019-2020 STUDENT RELEASE FORM

**(Please complete one form per family and
update as necessary throughout the school year.)**

I, _____, give Saint James School
After-School Care Program permission to release my child(ren):

to _____, who resides
at _____.

The individual's phone number is (____)_____.

This release may take place when I am unable to pick my child up from the Saint James School After-School Care Program at the time of its closing. Such releases may require that my child be transported to the residence noted above.

Signed: _____

Date: _____

Alternate pick-up person #2: _____

Address _____

Phone Number (____)_____

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2019-2020 EMAIL NOTIFICATION FORM

(Please complete one form per family.)

Please provide us with an email address(es) where you can be reached if our school should close due to inclement weather or an emergency. You may provide us with multiple emails.

Child's Name _____ Grade _____

Child's Name _____ Grade _____

Child's Name _____ Grade _____

Email address(es):
