

JACKSON CHILD CARE ACADEMY

P.O. Box 739, Jackson, NJ 08527

ELEMENTARY SCHOOL REGISTRATION FORM 2020-2021

To register and ensure child care beginning on the first day of school please complete this form and deliver before Thursday, August 20, 2020. Registration will close on August 20th and will reopen based on availability.

Payment of the \$50 registration fee and September tuition is required with this application.

PAYMENT OPTIONS:

1. online payment for existing families 2. check or money order 3. cash, by appointment only

SCHOOL: (circle one) Crawford Rodriguez Elms Holman Johnson Rosenauer Switlik

1. Child's Last Name _____ First _____ DOB _____ Grade _____

2. Child's Last Name _____ First _____ DOB _____ Grade _____

3. Child's Last Name _____ First _____ DOB _____ Grade _____

Do you have another child in Pre-School, Middle School or S.P.O.R.T Child Care? _____

Please circle one: AM Child Care PM Child Care Both AM & PM Child Care

Child Care schedule will follow in-person learning days.

**** THERE IS NO WALK IN OPTION AVAILABLE ****

IMPORTANT: PLEASE NOTIFY YOUR CHILD'S TEACHER OF THEIR CHILD CARE SCHEDULE.

ANY CHILD CLASSIFIED? YES NO List name of child/ren below:

1. _____ 2. _____ 3. _____

IS YOUR CHILD IN A SELF-CONTAINED CLASSROOM (PSD, MD, BD, MLLD, SOLVE)? YES NO List name of child/ren below:

1. _____ 2. _____ 3. _____

EMERGENCY CLOSING OPTION

In the event of an emergency (snow, other) and school is closed early I request the following option:
(please check one option only)

A. Have my child(ren) take the bus home _____ (please initial)

B. I will pick my child(ren) up at school by *early dismissal time* _____ (please initial)

Please circle child(ren) primary residence: Parent /Guardian 1 Parent/Guardian 2 Both Parents

Parent/Guardian #1

First Name _____

Last Name _____

Home Address _____

City _____ Zip _____

Cell Phone _____

Home Phone _____

Email _____

Work Phone _____

Parent/Guardian #2

First Name _____

Last Name _____

Home Address _____

City _____ Zip _____

Cell Phone _____

Home Phone _____

Email _____

Work Phone _____

For Office Use Only: G1 _____ G2 _____ SC _____

EMERGENCY MEDICAL RELEASE

If emergency medical care is deemed necessary and I cannot be contacted, I authorize the Child Care staff to act on my behalf in granting permission for my child to receive emergency treatment.

Medical Insurance _____
(company and policy number)
Medical/Health Concerns _____
(medications, allergies, special needs, etc. use separate paper if necessary)

Photographic permission: _____ *I Do* _____ *Do Not* give permission for my child to appear in the media. I understand that the staff has been given authority to determine appropriate requests.

AUTHORIZED EMERGENCY CONTACTS (must be 18 or older)

Please give the names and phone numbers of two or more people who may pick your child up or be notified in case of an emergency or illness when parents/guardians are not available. (changes must be in writing from parent)

Name _____ Cell # _____ Other # _____

Name _____ Cell # _____ Other # _____

Name _____ Cell # _____ Other # _____

PROGRAM PARENT PORTAL / ONLINE PAYMENT OPTION

The \$50 registration fee and September's tuition is required with this application. Subsequent payments are due between the 15th and the 25th of the month PRIOR to services. For instance, the October payment is due between September 15 and September 25. You will **not** receive monthly bills. In order to avoid late charges and to ensure your child's placement in the program, payments must be made by the 25th of each month. It is recommended that you take advantage of our FREE online payment option. Please indicate below if you are already registered for the online payment option, or if you would like to register for the free online payment option.

(please check one below)

1. _____ I am already registered with the **Child Care** program for the online payment option.
2. _____ I would like to register for the free **Child Care** online payment option, please send me an invitation to the following email address:

email _____ @ _____

Please note: The 2019-2020 accounts must be paid in full prior to registering for the 2020-2021 program.

TUITION AGREEMENT

I certify that (name of child/ren) _____ presently resides with the undersigned at the designated address and is a student enrolled in the Jackson Township School District.

I am aware that all of the regulations and provisions offered by the Jackson Township School District in connection with its Child Care Academy are posted on their website and hereby agree to abide thereto.

As per Jackson School District Policy, there will be no credit or refund of fees given for unused time, i.e. cancellation, vacation, illness, absences, snow day interruptions including delayed openings and early closings etc.

I further acknowledge that the Jackson Township Board of Education may terminate this agreement for any failure of the undersigned, or the child, to abide with the regulations and conditions referred to in the above documentation and for any other cause which the Jackson Township Board of Education feels, in its sole discretion, is not for the best interest of the child or the district, provided the undersigned receives five (5) days prior written notice.

The undersigned agrees to pay all tuition payments in accordance with the academy, **between the 15th and the 25th of the month prior to services rendered**. I understand that the child/ren shall not be permitted to participate in this academy if the tuition and any walk-in/late charges are not received in full prior to the first of the month.

Any account one month or more in arrears will result in the cancellation of child care services. Any default in the payment of tuition or other related charges shall result in the undersigned being responsible for the same, plus interest, as well as any cost, including reasonable attorney fees, that may be necessary for the Board to expend in collecting the same.

In acknowledgment of the terms of this agreement, please sign below.

Parent/Guardian Signature

Date