

JACKSON CHILD CARE ACADEMY

S.P.O.R.T. REGISTRATION FORM FOR JMHS & JLHS 2017-2018

To register and insure first day of school services, please complete this form and deliver between July 1 and August 11 to Jackson Child Care Academy, P.O. Box 739, Jackson, NJ 08527.

Registration will close on August 11 and will reopen on September 1 with a start date of **September 11 or after**.

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

PAYMENT OPTIONS: 1. *online payment-attach confirming receipt* 2. *check-full amount* 3. *cash-accepted in office only*
Subsequent monthly payments will be due on the 25th of the month prior to service.

(i.e. October's payment will be due on September 25th)

Future Payments are encouraged to be made ONLINE. If you do not have an online payment account with us, please complete the online payment option on page 2 of this form and a link to the system will be emailed to you.

HOME SCHOOL _____ My child has attended Jackson Child Care in the past (yes) ___ (no)___

1. Child's Last Name _____ First Name _____ Grade (2017-18) _____

2. Child's Last Name _____ First Name _____ Grade (2017-18) _____

PM Child Care - (_____) flat rate of \$200.00 per month

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

DOES CHILD RECEIVE SERVICES FROM A PARAPROFESSIONAL? YES NO List name of child/ren below:

1. _____ 2. _____

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)

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 _____

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 # _____

ONLINE PAYMENT OPTION (preferred method of payment)

The \$50 registration fee and September's tuition is required with the 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 and so on. You will **not** receive monthly bills. In order to avoid late charges and to insure your child's placement in the program, payments must be made by the 25th of each month PRIOR to services. 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. (for accounting purposes, if you were registered for the online payment option through the Pre-School program you must re-register with a different email through the Child Care Program.) (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 _____ @ _____

JACKSON CHILD CARE ACADEMY • P.O. BOX 739 - JACKSON, NJ 08527

Please note: The 2016-2017 accounts must be paid in full prior to registering for the 2017-2018 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