



# COLTS Club

Before and Aftercare Program  
Preschool- Grade 5

## *Welcome and Registration Packet*

The Colts Club provides families with a safe and nurturing environment. Students enrolled in the Colts Club have an opportunity to extend their learning and friendships as they play, explore, and engage with one another under the supervision of district personnel.

Join us today!

Colts Neck Township Schools  
MaryJane Garibay, Superintendent  
70 Conover Road  
Colts Neck, New Jersey, 07722  
732-946-0055 X4107

REVISED: 6/6/16



Welcome!

We are looking forward to starting your child(ren) with the Colts Club Extended Day Program.

**Admissions:**

- Child(ren) will be enrolled in preschool-grade 5
- Child(ren) **MUST** be potty trained to be accepted into the program. Any child(ren) not potty trained will be released from the program immediately.
- Enrollment is on a first come, first serve basis
- If enrollment is full when a parent registers, the child(ren) will be placed on a waiting list. As vacancies occur during the year, students will be filled from the waiting list, first.

**Operations:**

- AM Care: 7:30 a.m. until the start of school.
- PM Care: From end of school to 6:30 p.m.
- During the weeks of parent conferences and half days Colts Club will operate as a normal Colts Club day from dismissal until 6:30 p.m. except for the day before Thanksgiving break and day before Winter break, on those specified days Colts Club will be closed.
- If the district is closed, Colts Club is closed. The district calendar of school closings is available on the district's website for your convenience.
- Should the district have a delayed opening due to unexpected weather conditions, Colts Club **before care** will be closed.
- Should the district have an early dismissal due to unexpected weather conditions, Colts Club **after care** will be closed.
- Only an authorized person will be permitted to pick up the child(ren). If you have an emergency, please call us to notify us the authorized pick up person for that day
- In the event that you have not picked up your child(ren) by 6:30 p.m., a charge will be assessed of \$10.00 every (15) fifteen minutes.

**Tuition:**

- Tuition is due on or before the 20<sup>th</sup> of each month to Danielle Buckley, 70 Conover Road, Colts Neck, N.J. 07722. Please make checks payable to **Colts Neck Board of Education**
- 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 closing etc.
- Child(ren) shall not be permitted to participate in this program if the tuition /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 the programs services.

<b>BEFORE CARE TUITION RATES:</b>				
	<b>5 Days</b>	<b>4 Days</b>	<b>3 Days</b>	<b>2 Days</b>
<b>Annual</b>	\$1,150.00	\$940.00	\$720.00	\$520.00
<b>Monthly</b>	\$115.00	\$94.00	\$72	\$52.00

<b>AFTER CARE TUITION RATES:</b>				
	<b>5 Days</b>	<b>4 Days</b>	<b>3 Days</b>	<b>2 Days</b>
<b>Annual</b>	\$2,320.00	\$1,880.00	\$1,430.00	\$990.00
<b>Monthly</b>	\$232.00	\$188.00	\$143.00	\$99.00



**Colts Club Extended Care  
Registration Form 2016-2017**

To register, please complete this form and return to:

Danielle Buckley

70 Conover Road

Colts Neck, New Jersey 07722

Email: coltsclub@coltsneckschools.org

Extended Care will begin on **September 6, 2016**

Monthly payments will be due on the 20<sup>th</sup> of each month

**Home School** \_\_\_\_\_ My child has attended an extended care in the past (yes)\_\_\_\_(no)\_\_\_\_

1. Child's Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Grade (2016-2017) \_\_\_\_\_

2. Child's Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Grade (2016-2017) \_\_\_\_\_

3. Child's Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Grade (2016-2017) \_\_\_\_\_

AM Child Care- # of days needed per week ( \_\_\_\_\_ ) please circle days      M   T   W   TH   F

PM Child Care- # of days needed per week ( \_\_\_\_\_ ) please circle days      M   T   W   TH   F

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

DOES YOUR CHILD HAVE AN (circle) IEP / 504? YES \_\_\_\_\_ NO \_\_\_\_\_

DOES YOUR CHILD RECEIVE SERVICES FROM An INSTRUCTIONAL ASSISTANT DURING THE SCHOOL DAY?

YES \_\_\_\_\_ NO \_\_\_\_\_

**EMERGENCY CLOSING OPTION**

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

(please check one 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 Colts Club 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

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 by parent)

Name \_\_\_\_\_ Cell# \_\_\_\_\_ Other# \_\_\_\_\_

Name \_\_\_\_\_ Cell# \_\_\_\_\_ Other# \_\_\_\_\_

Name \_\_\_\_\_ Cell# \_\_\_\_\_ Other# \_\_\_\_\_

## 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 Colts Neck Township Schools. I am aware that all of the regulations and provisions provided in connection with the Colts Club program are in this packet and hereby agree to abide thereto. As per the Colts Club program, 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 closing etc.). I further acknowledge and agree to pay all tuition payments in accordance with the program, on or before the 20<sup>th</sup> of each month. I understand that the child(ren) shall not be permitted to participate in this program if the tuition and any 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 the Colts Club program 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 maybe necessary for the Board to expend in collecting the same.

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

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date