



Before School Registration Form 2018-2019

Springfield Board of Education Attn: Patricia Mannino P.O. Box 210 Springfield, New Jersey 07081
Or call Patricia Mannino 973-376-1025 Extension 1217 for information

Start Date: _____

(To start the first day of school you must register no later than August 13th, 2018)

Name of Child _____ School _____ Grade _____ Teacher _____

Mother/Guardian _____ Father/Guardian _____

Billing Address: _____ Address(If Different) _____

Day phone: _____ Day phone: _____

Evening phone: _____ Evening phone: _____

Cell phone: _____ Cell phone: _____

Email: _____ Notes: _____

Name of LOCAL designated pick-up person other than yourself:

Name _____ Phone number: _____ Cell phone: _____

Name _____ Phone number: _____ Cell phone: _____

Emergency Information

If you cannot be reached, please name two (2) Local People we might contact in an emergency

Name _____ Phone _____ Cell phone: _____

Name _____ Phone _____ Cellphone: _____

Child's Allergies _____

Doctor's Name _____ Phone _____

Days of the week my child will attend the Before School Program: TUITION PAYMENTS ARE SUBJECT TO CHANGE FOR 19-20

(Please Circle) **Monday Tuesday Wednesday Thursday Friday** Changes: _____

Monthly Fees: 1 Day Week: \$22.00 2/Week: \$42.00 3/Week: \$62.00 4/Week: \$84.00 5/Week: \$104.00

Discounts: 10% for a second sibling; 25% for the third or more sibling-siblings must reside at the same address. Springfield reserves the right to request proof of current residence, sibling relationships, and other such eligibility criteria.

(Fees are based on a 180 school day calendar; credits will not be given for missed days.)

In the event of an injury that requires medical attention, I grant the school the authority to contact the Springfield Rescue Squad or, if necessary, have my child transported to the Overlook Emergency Room

- Completion of this form, accompanied by a \$25.00 (per family) non-refundable registration fee **(FOR FIRST TIME REGISTRANTS)** is required to be admitted to the program.
- The first payment for children starting in September 2018 is due by **AUGUST 13th, 2018**
- **Payments are due the first of each month.** All checks are payable to: **Springfield Board of Education.**
- Proper behavior is required of all children. These behaviors include, but are not limited to, appropriate interactions with other children and following the instructions of teachers, and other after school staff. The Springfield Schools will make every effort to work with students, staff and families to assure that each child has a safe and enjoyable experience. In extreme circumstances, if necessary, the after school program reserves the right to exclude students unable to behave appropriately.

Parent/Guardian Signature: _____ Date: _____



After School Registration Form 2018-2019

Springfield Board of Education Attn: Patricia Mannino P.O. Box 210 Springfield, New Jersey 07081
or call Patricia Mannino at 973-376-1025 Extension 1217 for information

Start Date: _____

(To start the first day of school you must register no later than AUGUST 13th, 2018)

Name of Child _____ School _____ Grade _____ Teacher _____

Mother/Guardian _____ Father/Guardian _____

Billing Address: _____ Address(If Different) _____

Day phone: _____ Day phone: _____

Evening phone: _____ Evening phone: _____

Cell phone: _____ Cell phone: _____

In the event school closes early due to inclement weather or other emergencies, the After School Program may also be cancelled. Please indicate below your early dismissal plan for your child.

_____ Walk

_____ Bus

_____ Will be picked up by: please include the name and contact number of LOCAL designated pick-up person other than yourself.

Name _____ Phone number: _____ Cell phone: _____

Emergency Information

If you cannot be reached, please name two (2) Local People we might contact in an emergency

Name _____ Phone _____ Cell phone: _____

Name _____ Phone _____ Cell phone: _____

Child's Allergies _____

Doctor's Name _____ Phone _____

Days of the week my child will attend the After School Program: **TUITION PAYMENTS ARE SUBJECT TO CHANGE FOR 19-20**

(Please Circle) Monday Tuesday Wednesday Thursday Friday Changes: _____

Monthly Fees: 1 Day Week: \$ 68.00 2/Week: \$125.00 3/Week: \$182.00 4/Week: \$240.00 5/Week: \$297.00

Discounts: 10% for a second sibling; 25% for the third or more sibling-siblings must reside at the same address. Springfield reserves the right to request proof of current residence, sibling relationships, and other such eligibility criteria.

(Fees are based on a 180 school day calendar (36 weeks); credits will not be given for missed days.)

In the event of an injury that requires medical attention I grant the school the authority to contact the Springfield Rescue

Squad or, if necessary, have my child transported to the Overlook Emergency Room

- Completion of this form, accompanied by a \$25.00 (per family) non-refundable registration fee **(FOR FIRST TIME REGISTRANTS)** is required to be admitted to the program.
- The first payment for children starting September 2018 is due no later than **AUGUST 13th, 2018** *Payments are due the first of each month.* All checks are to be made payable to: Springfield Board of Education.
- Proper behavior is required of all children. These behaviors include, but are not limited to, appropriate interactions with other children and following the instructions of teachers, and other after school staff. The Springfield Schools will make every effort to work with students, staff and families to assure that each child has a safe and enjoyable experience. In extreme circumstances, if necessary, the after school program reserves the right to exclude students unable to behave appropriately.

Parent/Guardian Signature: _____ Date: _____