

Glen Rock Community School

600 Harristown Road
Glen Rock, NJ 07452
201-389-5011

School Age Child Care (SACC) – Registration Agreement 2018-19

In consideration of my child's participation in the Glen Rock Community School (herein referred to as GRCS) School Age Child Care Program (SACC), I understand and agree to the following:

1. I wish to enroll my child _____ in the GRCS "School Age Child Care Program" for the 2018-19 school year (Sept. 5, 2018 to June 20, 2019).
2. I understand that I am responsible for ten monthly payments in the amount determined by the number of days my child is attending, as specified on the payment schedule. The monthly fee will not vary due to the number of school days in a given month. I shall remit each month's fee **by the first of that month**, according to the payment schedule.
3. I agree to pay \$_____ per month for the Before Care Program and \$_____ per month for the After Care Program.
4. I understand that **if my payment is received after the 5th of the month, a \$25 late fee will be assessed and I agree to pay said fee.** I understand that if late payments continue to occur, I may be asked to withdraw my child from the program. I understand that I am responsible for meeting all payment deadlines and that while the GRCS may provide an electronic reminder to me, said reminder is a courtesy only and non receipt of that reminder does not negate my responsibility for payment.
5. I understand that there will not be any refunds for any day that my child is absent.
6. I understand that there will not be any refunds for any day that the program does not run due to emergency closure of either the school building or the entire school district.
7. I understand that I must notify the GRCS office **in writing (email preferred to grcs@glenrocknj.org) by the 25th of the previous month** if I wish to withdraw my child from the program.
8. I understand that if I withdraw my child from the program and have an outstanding balance, I or any member of my immediate family will not be permitted to register for any GRCS program/trip/class or be considered for employment, until the balance is paid in full.
9. I understand that if I wish to make any changes to my child's schedule (days of the week or number of days attending) I must notify the GRCS office **in writing (email preferred to grcs@glenrocknj.org)** by the 25th of the month preceding the month in which the changes are to take place. I further understand that said changes can only take effect on or after the first of the month.
10. **I understand that any requested change in schedule carries a \$20 service fee and I agree to pay said fee prior to the change being affected.**
11. I understand that for the safety of my child, I will be personally responsible to see that my child reaches the caregiver each morning, no earlier than 7 a.m., if enrolled in the Before Care Program. I understand that for the safety of my child, I agree to personally sign my child out by 6:30 p.m., and to provide the name(s) of my designee(s) permitted to sign out my child in my absence, if enrolled in the After Care Program.
12. I understand that for the security of my child I am responsible for providing an additional LOCAL emergency contact who can reach the site quickly in the event that the program cannot reach either parent.
13. **I understand that if my child is picked up after 6:30 p.m. (according to the school clock) I agree to pay a fee of \$2 per minute for each minute late.** If my child is not picked up by 6:30 p.m., the emergency contact will be called. This must be someone other than a parent and must be kept up to date. In extreme cases, contact will be made with DYFS or the Glen Rock Police. If pick-up tardiness continues, I may be asked to withdraw my child from the program.
14. I understand that once my child has been picked up from the After Care Program, my child cannot return to the program later that same day.
15. I understand that when my child is absent from school **for any reason**, he/she may not attend the After Care Program that same day. I understand that if my child leaves school for reasons other than illness, he/she may attend the After Care Program provided he/she has returned to the classroom prior to 2:30 p.m.
16. I understand that my child must fully participate in the Before and/or After Care Program in all indoor/outdoor activities, with no exceptions.
17. I acknowledge that medication (other than Epi-pen) cannot be administered to my child by any member of the SACC staff.
18. **If my child uses an Epi-pen, I must notify the GRCS at the time of registration for SACC and must provide an Epi-pen for use at the program site.**

19. I shall indemnify and hold harmless the Glen Rock Board of Education from any and all injuries occurring to my child, except as to such injuries that directly result from acts of negligence on the part of the Glen Rock Board of Education.
20. In the event of an emergency, I give my permission to the caregiver to have my child treated by medical personnel. The caregiver will make reasonable attempts to contact the parent or emergency contact prior to emergency medical treatment.
21. In the event of behavior of my child that is consistently inappropriate, the violation of any rule of the program or the terms of the registration agreement, or for any other good cause, the GRCS reserves the right to remove my child from the program.
22. If the enrollment is not sufficient to support the operations of the program, or the program is otherwise terminated, I will receive a full refund of all unused tuition fees paid by me.
23. I understand that any specific requests that I have regarding my child must be discussed with my child's primary caregiver in advance so that it can be determined if, in fact, my request can be accommodated.

Additional procedures, including school closings for weather or emergencies, early dismissal, etc., are included in the School Age Child Care brochure, which should be read in conjunction with this agreement. Please keep this agreement on hand for easy reference.

Please Print Child's Name

Parent's/Guardian's Signature

Date

Please Print Parent's/Guardian's Name

Address on Community Pass account