

Dear Roxbury Kindergarten Families,

The Roxbury School District is pleased to offer Kindergarten Wrap-Around through the Roxbury Community School. We look forward to the academic & social growth that our students can anticipate with an exciting year ahead of them!

The Kindergarten Wrap-Around program is scheduled to run in each Elementary School location with a minimum of 12 students per building. This program is a complement of their regular school day and we will work directly with building Principals to establish placement and scheduling for their regular Kindergarten session. All students regardless of placement who receive transportation from our district can anticipate being transported for a regular morning drop off to school and will return home on the afternoon buses.

Depending on enrollment, we anticipate having a teacher and an aide for each location. At the present time, we are in the process of reviewing staff applications. Therefore, it is important for us to receive confirmation from families registering children so we can appropriately staff our locations.

The contract outlines the payment policy which includes a \$50.00 non-refundable deposit and the monthly payments for September and June, totaling \$650. The deposit must be received by Wednesday, June 30, 2010. Credit card payments are accepted and our office will have extended hours until 8pm on Wednesday, June 16th and Thursday, June 17th if you would like to pay in person. Upon request our office will furnish a receipt for each family with our Tax ID number for your records.

We are very excited about this new opportunity and appreciate the feedback and support the community has provided us in order to establish this program. We look forward to working with you and your child for the upcoming school year!

Sincerely,

Deborah Burleigh

Roxbury Community School Wraparound Program 2010-2011

I am enrolling (first & last names): _____ for the **full** school year; **our program does not accept daily drop-ins.**

School child will attend in September 2010:

__Franklin __Kennedy __Jefferson __Nixon

1. Program Schedule: I understand that this program will run in coordination with the district school calendar. I also understand that we will follow the district policy in regard to early dismissal and snow days. There are no make up days scheduled in addition to the days already scheduled in the school district calendar. If snow days are not used or school is not in session there will be no program scheduled for that day. The program is designed as a 5-day program.

2. FEES: Annual family registration fee of **\$50.00 (non-refundable) + First month and final month of June deposit due at the time of registration totaling \$650 per student.**

MONTHLY CHILDCARE PAYMENT due date and late payment fee: I understand the monthly fee in the amount of **\$300** is due on the **1st day** of the month of service and I will **not** be sent a bill by the Community School. If this fee is received (postmarked or hand delivered) after the first day of the month of service, I must include a **late payment fee of \$10.00**. If 1st of month is a weekend or holiday, payment must still be received/postmarked by the 1st of the month or late fee will be required. The Community School is located at Roxbury High School Room A104, 1 Bryant Drive, Succasunna, NJ 07876. Hours are Monday through Friday from 8:30 a.m. to 4:00 p.m. The office also follows the school calendar and is closed on the days schools are scheduled to be closed. *The first payment is due on September 1, 2010 for the month of October.*

4. I understand that a fee of \$25 will be added to my balance for each returned check or credit card denial. If a bounced check or credit card is denial, I will be required to pay by cash or Money Order.

6. RECEIPTS: I understand that upon request the Community School will furnish me a receipt for my payments for the program which will include the Tax ID number. My cancelled check or credit card statement will serve as a monthly receipt of payment.

7. WITHDRAWAL NOTICE/REFUND POLICY: I will send notice in writing **2 full weeks in advance of the date of withdrawal from the program to the Community School Office. I understand that any fees owed plus a \$50 administrative fee will be deducted from all refunds.** Refunds take approximately 6-8 weeks from receipt of signed refund form.

8. RETURN TO PROGRAM: I understand that if I leave the Community School program there is no guarantee my child may return to the program if enrollment increases to its maximum.

9. I understand that the Community School Staff will assume responsibility for my child during program hours only. Staff members are not permitted to drive/walk my child home.

10. MEDICAL EMERGENCY PROCEDURES: I understand that the Community School staff will first attempt to contact me. If I cannot be reached, the staff will contact emergency persons named on my child's information form. If hospital attention is necessary, an ambulance or emergency vehicle may take my child to the hospital. I will keep all contacts and phone numbers up to date with the program staff.

11. I have read the program closings and delayed openings procedures. I fully understand that it is my responsibility to make emergency arrangements for my child and to ensure my child knows what to do in case of an unscheduled emergency school dismissal. I understand that the Community School staff will NOT call me and that I have been strongly advised to sign up for Honeywell Alerts. I understand that on days AM Kindergarten is cancelled I must provide transportation for my child to attend the Wraparound Program. The afternoon bus will take students who receive transportation home on these days.

12. ABSENCES: If my child is absent **from school**, I understand that notification to the Community School is STILL necessary. Children absent from school will not be admitted into Community School program. If my child is in school but will not attend the Kindergarten extension on a scheduled day, I must notify the program preferably **by phone** or by **written notification** addressed directly to the program. Each program has a 24-hour voicemail and a mailbox in the school's office. Notice to a classroom teacher is not sufficient notice to the Community School.

13. NO REFUNDS FOR ABSENCES, SUSPENSIONS OR EXPULSION. I understand that in the event of any absences, suspensions or expulsion during program hours or activities, I will be responsible for fees for time reserved, not actual time spent at the program.

14. FOR PM Kindergarten Wraparound – SIGN OUTS & LATE PICKUPS: I understand that my child must be signed out each day by an authorized adult, 18 years or older or will be transported by school bus. There will be a charge of \$1.00 per minute late after the first late pick up. **Chronic lateness (4 or more late pickups) is grounds for cancellation of childcare services.**

Who will be responsible for _____ fees?
Student Name

Name: _____

Address (es) and phone numbers of responsible person(s):

Name (please print) Address Phone # Signature

Name (please print) Address Phone # Signature

I have read and understand the policies and procedures of the Roxbury Community School Kindergarten Wraparound Program as stated here. I understand the information provided in the contract and agree to adhere to them. I give my child permission to participate fully in this program.

Signature

Relationship to child

date

E-mail address: _____

Payment: \$300 (first month) + \$300(last month) + \$50.00 (non-refundable registration fee) = \$650 Total
Registration Due by June 30th

For office use only _____ __Franklin __Kennedy __Jefferson __Nixon

The Kindergarten Wraparound Program will begin on Tuesday, September 7, 2010

CREDIT CARD PAYMENT: We will bill your credit card monthly unless otherwise indicated.

Credit Card Information: Visa MasterCard Payment Amount \$ _____ (Minimum credit card amount is \$25)

_____ Credit Card Number Expiration
Date

_____ Credit Card Holder's Name (please print) Credit Card Holder's
Signature

Send this form and ALL other required forms in this packet with appropriate fees to:
Roxbury Community School 1 Bryant Drive, Room A104 Succasunna, NJ 07876
www.roxbury.org/comschool
Telephone: (973) 584-7699 Fax: (973) 584-0376

*** FORMS WITH MISSING INFORMATION WILL NOT BE PROCESSED! * ***