



PRESCHOOL PROGRAM REGISTRATION

Please complete all fields.

Student Information

1. Student Name: _____
(Last) (First) (Middle Initial)
Age (as of October 1, 2020): _____ Sex: _____ Birthdate (mm/dd/yy): _____
Place of Birth (City, State): _____
Ethnicity (check one): White Black Hispanic
 Pacific Islander Asian Native American/Alaskan
Language Spoken at Home: English Other (specify): _____
2. Mailing Address: _____
City: _____ State: _____ Zip Code _____
3. Daily dismissal for this student. Who is authorized to sign them out? _____

Guardianship Information

1. Parent/Guardian Name (First Last): _____
Mailing Address: _____
City: _____ State: _____ Zip Code _____
Phone (H): _____ (C): _____ (W): _____
Parent/Guardian E-mail Address:* _____
*Your email is used to communicate updates, invoices, & other important information.
2. Parent/Guardian Name (First Last): _____
Mailing Address: _____
City: _____ State: _____ Zip Code _____
Phone (H): _____ (C): _____ (W): _____
Parent/Guardian E-mail Address:* _____
*Your email is used to communicate updates, invoices & other important information.
3. Student resides with: #1 #2 Both Guardian – Name: _____

Emergency Contact Information (Individual who will assume temporary care if parent can't be reached)

1. _____
Name (First Last) Address Phone
2. _____
Name (First Last) Address Phone

Insurance Information:

1. Does your child have Health Insurance?

Yes Primary Cardholder's Name: _____
Insurance Company: _____
ID#: _____ Group#: _____

No NJ FamilyCare provides free or low cost health insurance for uninsured children and certain low income parents. For more information call 1-800-701-0710 or visit www.njfamilycare.org to apply online.

Roxbury Community School - Preschool Policies

By submitting this form you agree to abide by all policies of the Roxbury Preschool program. Please write your initials by each "I understand," statement to the right.

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 regards to early dismissals and snow days. There are no makeup 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. _____ I understand.
2. **REGISTRATION FEE AND DEPOSIT:** To register, parents will pay a \$50 (non-refundable) registration fee per child to the Roxbury Community School along with a deposit of the first full month's tuition (program cost + extended care, if applicable). _____ I understand.
3. **MONTHLY CHILDCARE PAYMENT DUE DATE AND LATE PAYMENT FEE:** I understand the monthly fee is due on the 15th of each month and paid directly to the Roxbury Community School. If this fee is received after that date by the Community School, a late fee of \$10 will be incurred and added to my invoice unless auto-billing is set up with a different agreed upon date. _____ I understand.
4. **COMMUNITY SCHOOL LOCATION:** The Roxbury Community School is located in the Roxbury Board of Education building on the second floor at 42 North Hillside Avenue in Succasunna, NJ 07876. Hours are Monday through Friday, 9 a.m. to 3 p.m. The office follows the school calendar and is closed on the days schools are scheduled to be closed. _____ I understand.
5. **RECEIPTS:** A monthly invoice will be shared with you showing your payments and balances. This invoice should be used for your receipt and tax purposes as it includes our Tax ID number. _____ I understand.
6. **REFUNDS AND WITHDRAWALS.** I understand that withdrawals can only be made at the end of the month and I will send notice in writing 14 school days in advance of the date of withdrawal from the program. I understand that any fees owed plus a \$150 administrative fee will be deducted from all refunds. Refunds take approximately 6 to 8 weeks from receipt of signed refund form. _____ I understand.
7. **RETURNING TO THE 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. _____ I understand.
8. **SCHOOL CLOSINGS, DELAYS AND EARLY DISMISSALS:** I have read the program closings and delayed opening 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 will NOT call me and that I have been strongly advised to sign up for Honeywell Alerts. _____ I understand.

9. **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. 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. I understand that a school nurse is not on duty during the extended care program. _____ I understand.

10. **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. _____ I understand.

11. **SIGN OUTS & LATE PICKUPS:** I understand that my child must be signed out each day by an authorized adult, 18 years or older. If my child is not picked up by 2:00 p.m. I will be considered late. There will be a charge of \$10 if I arrive after 2:10 p.m. and are not enrolled in an extended care program. Please try and be on time. _____ I understand.

12. **MEDICAL POLICY/IMMUNIZATIONS:** Children entering preschool will need all the Preschool Health Requirements and Records completed as mentioned in this packet before entering the program. _____ I understand.

13. By submitting this form, I give permission for my child to participate in the Roxbury Community School Preschool program. I have read and understand the policies and procedures of the Roxbury Community School Preschool Program as stated here. I understand the information provided in the contract and agree to adhere to them. I understand that participation in Roxbury Community School activities is at my own risk. The Roxbury Township Board of Education assumes no liability. _____ I understand.

REGISTRATION INFORMATION: For your registration to be complete you must pay the registration fee and deposit to the Roxbury Community School. _____ I understand.

The Community School is located on the second floor of the Roxbury Board of Education at 42 North Hillside Avenue in Succasunna, NJ 07876. Hours are 9:00 a.m. to 3:00 p.m., Monday through Friday. The email address is comschool@roxbury.org and phone number is 973-584-7699.

Registration for Preschool/Extended Care Selection (check all that apply):

- Preschool Program (9:00 a.m. – 2:00 p.m.) - \$715/month
This amount is subject to change based on any applicable discounts.
- Extended Care Option 1: (7:00 a.m. – 9:00 a.m. and 2:00 – 5:00 p.m.) - \$400/month
- Extended Care Option 2: (Kennedy Dismissal Schedule) - \$277.50/month
- Extended Care Option 3: (Choose Your Hours) - \$12/hour – Hours are paid for by the month based on your particular schedule. Schedules need to be provided at time of registration.

Signature: _____ **Date:** _____

RCS OFFICE USE ONLY:

Reg. Date:		Reg.Fee/Deposit Rec.		Amt. Rec.	
Extended Care Option/Schedule:					




☺ **THANK YOU FOR REGISTERING! WE LOOK FORWARD TO PARTNERING WITH YOU IN YOUR CHILD'S GROWTH AND LEARNING!**

MEDIA CONSENT FORM

The Roxbury Township School District is proud of the many successes that students and staff achieve every day within Roxbury Township's seven area schools. The Roxbury Township School District regularly announces and publicizes achievements, activities, and events. Achievements, activities, and events include, but are not limited to, academic presentations, art exhibits, athletic events, awards, community service activities, concerts, contests, district presentations, honors, honor roll(s), music, outstanding academic work, outstanding educational initiatives, plays, special programs, sports, student(s) of the month, and/or teams.

At various points throughout the school year, or during summer programs, your child may have an opportunity to be photographed or videoed for publicity and/or announcement purposes. Achievements, activities, and events are announced through area publicity and media outlets, as well as presentation venues. Publicity and media outlets include, but are not limited to, printed and/or on-line newspapers and/or magazines, radio and/or television news sites and/or social media platforms, as well as the Roxbury Township Public Schools' website, teacher webpages, the district's newsletter, email and social media platforms, and/or public presentations or displays in buildings throughout the district and the greater community, such as, but not limited to, your child's school, other district buildings, government buildings and/or area malls and/or universities.

Media Consent Grants:

-  Permission for a photo/image that includes student without any other personal identifiers to be published on the district and/or school's website and social media platforms, as well as sent in press releases to area media and publicity outlets and publications, and/or public presentation venues or displays.
-  Permission for photo/image, name, and/or school, and/or grade to be published on the district and/or school's website and social media platforms, as well as in press releases to area media and publicity outlets and publications and/or public presentation venues or displays.
-  Permission for student name, photo/image, and/or school, and/or grade, as well as images of student's outstanding art work and/or outstanding academic work to be published on the district and/or school's website and social media platforms, as well as sent in press releases to area media and publicity outlets and publications and/or public presentation venues or displays.

By granting permission, you also: 1) Release the school district from any liability that might be incurred as a result of granting this permission, as well as waive and give up any and all claims related to the foregoing; 2) Understand the district is not responsible or liable for another person's postings or online sharing of your child's likeness or personally identifiable information; 3) Understand that no home address, email address, or telephone number will appear with your child's picture or work on any district communication platforms. Additionally, locations and times of class trips will not be released.

Pursuant to law, we will not release any personally identifiable information without prior written consent from you as parent or guardian, unless as part of an athletic and/or academic team, performing arts group, and/or other public performance based activity, or as part of a large group photograph submitted without names. As you are aware, there are potential dangers associated with the posting of personally identifiable information on a website since global access to the Internet doesn't allow us to control who may access such information. These dangers have always existed; however, we as schools do want to celebrate your child and his/her work. The law requires that we ask for your permission to use information about your child. This Media Consent Form is to both inform you and to give you the option to "opt-out" of giving Media Consent permission.

(Check One)

YES, I DO grant permission to acknowledge my child's achievements, activities, and/or event participation, through media, websites, publicity, presentations and/or within school and/or district and community presentation venues.

NO, I DO NOT grant permission to acknowledge my child's achievements, activities, and/or event participation, through media, websites, publicity, presentations and/or within school and/or district and community presentation venues.

Student Name: _____ Grade: _____ Date: _____

Parent/Guardian (print): _____ Signature: _____

Relation to Student: _____

If you, as the parent or guardian, wish to rescind this agreement, you may do so at any time in writing. This signed consent form shall be in effect for the time period in which the student is enrolled in the district. In the event the student is an adult, all references to "my (our) child" shall be deemed to apply to the adult student.