

Sandman Consolidated School
838 Seashore Road
Cape May, NJ 08204
Telephone: (609) 884-9410
Fax: (609) 884-9412

LOWER TOWNSHIP ELEMENTARY SCHOOL DISTRICT
905 SEASHORE ROAD
CAPE MAY, NEW JERSEY 08204

Memorial School
2600 Bayshore Road
Villas, NJ 08251
Telephone: (609) 884-9430
Fax: (609) 886-0515

Maud Abrams School
714 Townbank Road
Cape May, NJ 08204
Telephone: (609) 884-9420
Fax: (609) 884-9421

TELEPHONE: (609) 884-9400
FAX: (609) 884-1821
DAY CARE OFFICE (609) 884-9430 X 5 - FAX (609) 898-9008

Carl T. Mitnick School
905 Seashore Road
Cape May, NJ 08204
Telephone: (609) 884-9470
Fax: (609) 884-9481

2017 – 2018 School Year

Dear Parents/Guardians:

Welcome to Lower Township Elementary Day Care Program. Enclosed you will find:

Registration Form: This form must be completely filled in. Be sure to read the Parent/Guardian Agreement. When you have completed and read all the information on the form please sign and date it.

Attendance Contract: Please complete the attendance contract. Attendance must be 5 days per week. This record enables us to provide adequate coverage for the safety of your child and to provide accurate information to district personnel. You will note that the fees for service are also indicated.

Payment Envelope Instructions: All Day Care Fees are due on the first Monday of each month. The envelope will be completed with each month's anticipated fee due. Instructions for completing payment envelope are included in this packet. Any account delinquent for two weeks will result in termination from the Day Care Program. September's fees are due the first week of school. Make payments payable to: LTES Day Care Program. All cash payments should be brought directly to the Day Care Office at Memorial School.

Power of Attorney Form: Medical form in case of emergency.

Transportation: Day Care adheres to the district transportation guidelines. Daily changes are not permitted.

Unless you have completed a registration form, attendance contract and a two-week deposit sent in with this registration and applied to June 2018, your child will not be permitted to attend Day Care.

These forms are due in the Day Care Office by August 14, 2017. The start date for any registration received after August 14th is Monday, September 11th.

Thank you for your cooperation.

Yours truly,

***Space is Limited!!!**

Debi Douglass

Day Care Secretary

Name _____

Phone _____ Grade/School _____

Teacher _____ Bus _____

Program _____ Fees _____

***Payment is due on 1st Monday of month**

Month	Due	Paid	Office	Memo
9/5				
10/2				
11/6				
12/4				
1/2				
2/5				
3/5				
4/9				
5/7				
To 6/4				
Deposit				

Make checks payable to: LTES Day Care

PAYMENT ENVELOPE PROCEDURES

The **MONTH** column is self-explanatory. The dates shown are the first **Monday of each month** when payment is due.

Reminder: Any Day Care Fees **not** received by the 15th of each month **will** result in immediate termination from the Program.

The **DUE** column will be completed by the office. This will indicate the **anticipated** fees for each month. These are based on your requested Day Care needs.

Please Note: When you do not use the program according to your **pre-paid needs** (ie vacation, long-term illness, adjustments will be made only when a Monday through Friday absence occurs.)

The **PAID & OFFICE** column will be completed by the Day Care Office. It will note the amount paid, your check number or money order received. The initials in the **MEMO** column indicate payment has been received.

Parents are not to make any changes or write on the payment envelope.

When remitting your monthly fees in cash, **please** place it in the payment envelope, **DO NOT SEAL**, then place it in a larger, white envelope marked "**Day Care**" and be sure to **include your child's name and grade**, seal this envelope and give it to the Day Care Assistants.

It is **important** that you check your child's book bag regularly for the payment envelope and any notices of importance, if the Day Care Assistants, personally have not handed to you.

Any **ADJUSTMENTS**, due to inclement weather will be credited during the year.

Notify the Day Care Office of any vacations you will be taking during the school year with a phone call or note.

I hope this clearly explains the payment process.

**LOWER TOWNSHIP ELEMENTARY SCHOOL – DAY CARE PROGRAM
2017 - 2018**

Day Care Phone 884-9430 X 5 - Fax: 898-9008

Start Date: _____

Child's Name _____ **Birthdate** _____ **Grade** _____ **School** _____

Child's Name _____ **Birthdate** _____ **Grade** _____ **School** _____

Child's Name _____ **Birthdate** _____ **Grade** _____ **School** _____

Address _____ **City** _____ **Home #** _____ **Cell #** _____

Father's Name _____ **Place of Employment** _____ **Phone** _____

Email Address _____

Mother's Name _____ **Place of Employment** _____ **Phone** _____

Email Address _____

Child living with: **Mother/Father** _____ **Mother** _____ **Father** _____ **Guardian (Name)** _____

****List ONLY people who have permission to pick up your child: (Excluding Parents)**

Please give names, relationship & phone number of those people who have permission to pick up your child or may be notified in case of emergency or illness, or if we are unable to reach you, the parent/guardian. These people should live in Lower Township. Please provide a telephone number where these people may be reached during program hours.

Name _____ **Relationship** _____ **Phone** _____

Name _____ **Relationship** _____ **Phone** _____

Name _____ **Relationship** _____ **Phone** _____

Physician's Name _____ **Phone** _____

NOTE: ALLERGIES OR HEALTH-RELATED CONDITIONS: _____

Allergies: **Mild** _____ **Moderate** _____ **Severe** _____ **Medicines prescribed** _____

PARENT/GUARDIAN AGREEMENT

In case of accident or illness, I authorize the Day Care Program personnel to act in the best interest of my child. I give the District permission to have a copy of the Power of Attorney on file in the Day Care Office.

I know that payment is required for this service and agree to abide by the guidelines set forth in the Day Care Program Parent/Guardian Handbook.

- 1) Hours of operation: 7:00am until the start of school / Dismissal until 5:45pm* (Note: Exception – Half-days before holiday breaks students **must** be picked up by 4:00pm. *A late fee of \$15.00 is charged for pick up after our closing time of 5:45pm or 4:00pm.
- 2) Fees must be paid on the first Monday of each month. If not paid within two (2) weeks, termination will result.
- 3) It is the parent/guardian's responsibility to report any changes in pertinent information provided on the registration form, such as phone numbers, medical updates, emergency contacts and student release information. This information in the Day Care office and the child's school office must be identical.
- 4) **NO** Day Care will be provided on dates when school is not in session.
- 5) Day Care adheres to the district transportation guidelines. **Daily changes are not permitted.**
- 6) Day Care operates on a "**three strikes and you're out**" platform in terms of student behavior. Please see the Day Care Parent/Guardian Handbook for further details, as well as the Student Code of Conduct in the District Parent/Guardian Handbook.

Parent/Guardian Signature _____ **Date** _____

Office Use Only--Bus Stop/Time/Driver _____

Start _____ **Program** _____ **Days** _____ **Fee** _____ **Paid** _____

Teacher _____ **Grade/School** _____ **Bus** _____ **Envelope** _____ **POA** _____

ATTENDANCE CONTRACT

For the safety of the students, Day Care transportation arrangements must be consistent. Students **may not** participate in Day Care less than five days a week and be transported home by the district on the other days. The schedule must be a permanent one; **daily changes will not be honored.**

For students whose Day Care schedules vary from week to week, the student will be required to attend Day Care everyday and the parent/guardian will transport the student home from Day Care. No bus transportation will be provided.

Circle the program (AM or PM) desired: **Monday Thru Friday Only**

Kindergarten thru 6th Grade

Fee: AM Program **\$20.00 per week**

PM Program **\$40.00 per week**

Circle the program desired: **Monday Thru Friday Only**

Pre-School:

	Session	Hours	Cost/Week
Must be 5 days	AM	7:00-9:30	\$20.00+
Must be 5 days	PM	3:30-5:45	\$20.00+
Must be 5 days	Extended/AM	9:30-1:00	\$55.00+#
Must be 5 days	Extended/PM	12:00-3:30	\$55.00+#
Must be 5 days	AM/Extended	7:00-1:00	\$65.00+
Must be 5 days	PM/Extended	12:00-5:45	\$65.00+
		+Snack	# Busing

NOTE: ALL DAY CARE FEES ARE SUBJECT TO CHANGE!

Vacation & long-term illnesses are not charged when absences occur during a **Monday through Friday week only**.

AM/Extended – for students attending PM Preschool Session.

PM/Extended – for students attending AM Preschool Session.

If a student requires 1:1 aide, parents/guardians will be responsible for the current hourly rate.

You may contact the **Day Care Office at 884-9430 X 5** with any questions.

Parent/Guardian Signature _____