



FOR STAFF USE ONLY
 Start Date: Allergies: Food Epipen: YES Pick-Up
 Medicine _____
 Other: _____

**2022-2023
NEED Program**

Child's Information

		<input type="checkbox"/> Male	
		<input type="checkbox"/> Female	
Last Name	First Name	Nickname	Date of Birth
Street Address			
City		State	Zip
2022-2023 Grade <input type="checkbox"/> PreK <input type="checkbox"/> K <input type="checkbox"/> 1 st <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd <input type="checkbox"/> 4 th <input type="checkbox"/> 5 th		Teacher: <small>Leave Blank if Unknown</small>	Bus #: or Car Rider <small>Circle One; Leave Blank if Bus # is Unknown</small>
If preschool: <input type="checkbox"/> Partially potty trained <input type="checkbox"/> Fully potty trained Pull-ups? <input type="checkbox"/> Yes <input type="checkbox"/> No A full change of clothes, Pull-ups, wipes & gloves must be provided and maintained at the program at all times.			

Family Information – List the name(s) of parents/guardians who are responsible for the child enrolled and the tuition payments. Additional adults can be listed in release information below.

Parent/Guardian #1

Parent/Guardian #2

Parent Name		
Relationship	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other _____	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other _____
Street Address		
City, State, Zip		
Home Phone		
Cell Phone		
Employer		
Work Phone/Ext.		
Email Address	Email addresses are used for billing, tax statements, schedules and emergency notifications.	
Child resides with: <input type="checkbox"/> Both Parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Shared Custody <input type="checkbox"/> Guardian <input type="checkbox"/> Other _____		
Individual(s) Responsible for NEED payments: <input type="checkbox"/> Both Parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other		

Release Information/Emergency Contacts

Complete information for at least two emergency contacts, other than the parent/guardian listed above. Children will not be released unsupervised or to any unauthorized person(s). The following people, who are aware that their names are being furnished and are available within 20 minutes of the site, have my permission to pick up my child, and should be contacted in the event of an emergency if I cannot be reached. Individuals will be contacted in the order they are listed. All emergency contacts must be 18 years of age. No exceptions. Photo identification will be required. Please advise your contacts.

Name/Relationship to child	Telephone Number(s)	Name/Relationship to child	Telephone Number(s)
Contact 1 Relationship:		Contact 2 Relationship:	
Contact 3 Relationship:		Contact 4 Relationship:	

List individuals below, who are NOT authorized to remove the student from the NEED Program:

		<input type="checkbox"/> Yes <input type="checkbox"/> No
Name(s)	Relationship to Child	Court Documents Attached

Child's Name: _____

Grade: _____

2022-2023 NEED Program

Medical Information/Personal Information

There is **NO NURSE** available during this program. Medication may **NOT** be given by the staff, with the exception of a prescribed Epipen in its original packaging and prescription label attached. Written orders must say the student requires administration of epinephrine for anaphylaxis. Students may **NOT ATTEND** the program until an Epipen has been provided along with proper documentation.

Does your child have any medical conditions and/or food allergies? Yes No Are they life threatening? Yes No

Medical Condition: _____ Epipen needed: Yes No

Allergies to: Food _____ Medicine _____ Other _____ None

Other: _____

Allergies – please describe the allergic reactions and management (ex. carrots = hives on face if eaten, no treatment, call parent)

My child has a: Individual Education Plan (IEP) Case Manager: _____ 504 modification plan Case Manager: _____

Individual Health Plan (IHP) for special instruction to NEED staff on a medical condition listed above Contact #: _____

_____ (Please initial). I give my child's case worker and/or school nurse permission to discuss specific needs in the interest of offering reasonable accommodations to my child in the childcare program. In accordance with the *Americans With Disabilities Act*, the NEED childcare program will provide reasonable accommodations for participants with disabilities. The District reserves the right to make a determination that students that require accommodations which exceed the reasonable standard would be deemed inappropriate for the program and therefore not eligible to participate. A determination as to whether a requested accommodation is reasonable would be based upon a case by case analysis involving and interactive exchange between the parties to determine whether a reasonable accommodation was capable of being furnished.

Please advise us of any relevant information in regards to any special needs/behaviors/other information that would be helpful to our staff in meeting your child's needs in the program. Are there any social, emotional, speech, language, family situations, etc. that we should be aware of?

Agreements & Authorizations

I/We understand that my/our signatures represents that I/we have read, understand and agree to abide by the policies and procedures for the NEED program and accept financial responsibility for services rendered and understand that payment of the fees are due by the 15th of the month prior to the month of service. There is a built in grace period until the 20th of the month. This allows for student absences, weekends, etc. Payments received after this time will incur a \$30 late fee for all outstanding current balances including unpaid added day charges, balances as a result of partial payments, and failure to pay tuition. A minimum of two weeks written notice is required to stop future tuition obligations. I/We understand that my child(ren) may be removed from the program for failure to pay tuition. I/We understand that a bank service fee may be collected on all returned checks. I/We understand that credit/exchanges/refunds are not provided in the event that a child does not attend the program for any reason. I/We understand that we will be responsible for all legal fees incurred by the district in an attempt to collect outstanding debt. The tuition rates are based on 180 school days, then 10 equal monthly payments. All months are the same fee including June. I/We acknowledge that further guidance and developments from the Department of Education or the school district could cause modification to our current program plans at any time. I/We acknowledge that there is NO NURSE available during the program operation. I/We agree to provide in writing to the NEED office, notice of any changes to the information I have provided on this registration form and/or changes to my child's NEED Program schedule. I give permission for my child to appear in photos on bulletin boards, art displays, ParentSquare and within the district as approved by the NEED Program. The NEED Program will not list children's names on any media coverage.

Signature of Parent/Guardian _____ Date _____

Signature of Parent/Guardian _____ Date _____

Print Name of Parent/Guardian _____

Print Name of Parent/Guardian _____



2022-2023 NEED Program Enrollment Agreement (one per family)

- Children may **NOT** bring glass bottles, energy drinks and **any foods containing nut or peanut products to the program.**
- I agree to assume full responsibility for any damage to person or property caused by my child.
- I will notify the NEED office if my child will not be present in the afternoon program. Any day that my child does not attend school, or receives in-school suspension, s/he cannot attend the NEED program.
- I understand that in the event of inclement weather or other emergency, when school is closed, the NEED program will also be closed. In the event of a delayed school opening, the NEED morning program will be cancelled. Finally, if the school district dismisses early due to inclement weather or other emergency, the NEED program will not open. Information of school closings are handled through the school district procedures.
- When picking up your child you are asked to park in a designated parking spot and not in the fire lane.
- I understand that if my child has a persistent pattern of negative behavior, and interventions have not been successful, I may be asked to remove my child from the program. No refunds will be issued.
- I agree that if the behavior or health of my child should make it necessary to send him/her home, I, or an emergency contact person, will immediately pick up my child from the program. Failure to do so may result in further suspension in the program.
- Based on the magnitude of the incident, my child will be withdrawn from the program for an appropriate amount of time beginning the day after the incident. An accumulation of incidents may result in my child's termination from the program.
- I confirm that my child is in good health and able to participate in program. I understand that medication, including prescription and non-prescription drugs, cannot be administered by the staff in the program. Arrangements may be able to be made through the school nurse. Epipens will require a copy of written physician orders.
- If your child has an injury or health condition that prevents them from participating in the gym or outside, please notify the NEED program in writing.
- Emergency Medical Release: If emergency medical or dental treatment is deemed necessary and I cannot be contacted, I authorize the program staff to act on my behalf in granting permission for my child to receive emergency treatment. I will be responsible for any such treatment deemed necessary by a physician or dentist. In such an event requiring medical attention the school's insurance is a secondary policy with claim forms that needed to be filed in an expedited manner. For all claims, the child's medical insurance is the primary insurer. Any claim for secondary coverage should be made immediately, but no more than 30 days after the accident.
- My child is not allowed to leave the program unless picked up by an authorized adult with ID and be at least 18 years old.
- The NEED program will not reimburse families for tuition payments or credit families for unused days. The only exception to this policy would be in the case of an extended illness, whereby the **student** has missed 10 or more consecutive days, all of which must be substantiated by a physician's written note and provided to the program coordinator.
- I agree to inform the NEED office, in writing or email to the coordinator, of any changes in the information that I have provided on the registration form and/or changes to my child's schedule. I will provide written notice by the 15th of the month prior when withdrawing my child from the program. This includes the month of June. Subsequent return enrollment will be based on space availability.
- Unpaid bills, even for those children no longer attending, will be turned over to a collection agency for payment. I understand I will be responsible for the original debt together with all accrued finance and collection charges, court costs and attorney's fees which are allowed by law. Outstanding or past due balances could cause your child to be suspended from attending not only the NEED program, but other district sponsored programs as well.
- I understand the late fee policies and fees incurred and I agree to payment of these fees: Late Schedules of requested dates for the following month - \$30.00 late fee. Tuition payments are due on the **15th of the prior month to care.** I understand that the district reserves the right to cancel the program based on enrollment, financial feasibility and building availability.
- Late/Non Payment and Bounced Check Fee Policies: In the event that the check that I provide to the program for payment of services is returned for insufficient funds/closing of an account or any other reason, I will be charged a fee up to \$20.00 in addition to the original amount due. If/when two checks are returned, I will only be allowed to pay for the childcare services via cash, money order or credit card. All cash payments must be brought directly to the coordinator during operating hours.
- My child must be picked up by 5:45 p.m. Pick-up after 5:45 p.m. is considered a LATE pick-up. Pick-ups from 5:45 pm – 6:00 pm - \$15.00 fee; After 6:00 pm the late fee is increased by \$1.00 per minute. After 3 late pick-ups, all late fees are doubled. Repeat offenses could result in termination from the program.
- In the event that you will be late, please contact your emergency pick-up designee to pick up your child, and thus avoid the late fees. In addition, chronic offenders may be removed from the program. Exceptions for weather, traffic, road construction, etc. will NOT be given.
- My child/ren have permission to watch PG movies, and to attend activities within the school where animals may be present.
- Photographic Permission: I give my permission to have his/her picture taken while participating in the NEED program, my child appear in any media coverage approved by the NEED Program.
- Each day a period of time will be allotted to Homework Club. We ask that parents share their expectations with their child. Staff members will assist children that need help. Every effort will be made to help your child complete their homework. Individual homework assignments are not reviewed by the staff.
- Sharing information: I agree to allow Plumsted Township School District administrators and the program coordinator to share information (including medical, custodial, and/or behavioral records) for a child's safety and well-being.

I have read, understand, and agree to abide by all of the above.

Signature of Parent/Guardian/Print

Child name(s)

Date

2022-2023 NEED Childcare Registration Form (rates are monthly unless listed otherwise)

AM Programs Available (days of the week must stay the same)	Any 2 days per week	Any 3 days per week	Any 4 days per week	5 days per week
Before School 6:45 am – 8:50 am (start of school)	\$110.00 Per Month	\$130.00 Per Month	\$145.00 Per Month	\$160.00 Per Month
Before School 8:00 am – 8:50 am (start of school)				\$110.00 Per Month
Add on +1 daily rate		\$10.00 Per Day		
PM Program Available (days of the week must stay the same)	Any 2 days per week	Any 3 days per week	Any 4 days per week	5 days per week
PreK-5 th Grade After School Dismissal @ until 5:45 pm (includes early dismissal days)	\$155.00 Per Month	\$195.00 Per Month	\$235.00 Per Month	\$265.00 Per Month
Add on +1 daily rate (regular dismissal) +1 daily rate (early dismissal)		\$22.00 Per Day \$32.00 Per Day		

ONE FORM PER CHILD

Child's Last Name First Name Nickname			2022-2023 Grade: <input type="checkbox"/> Pre K <input type="checkbox"/> K <input type="checkbox"/> 1 st <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd <input type="checkbox"/> 4 th <input type="checkbox"/> 5 th	Teacher: _____ Leave blank if unknown
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Clearly mark with an "X" the in person school days your child WILL attend.

Before School Care Days & Drop Off time:

Choose one: ___ 6:45 am ___ 8 am

Monday	Tuesday	Wednesday	Thursday	Friday

After School Care Days & Pick Up time by 5:45 pm:

Monday	Tuesday	Wednesday	Thursday	Friday

Rates are based on the number of scheduled school days for the Plumsted Township School District (180) divided into ten (10) equal payments including the month of June. Therefore, the tuition for all ten (10) months will be identical. There are no refunds/credits or day exchanges for months containing holidays, snow days, and/or for days missed due to illness, vacation, etc. In addition, days cannot be swapped for alternate days of the week. During the weeks of parent teacher conferences and half days child care will operate as a normal NEED day from dismissal until 5:45 PM at NO additional charge. If canceling the plan, I will provide written notice (email is acceptable) by the 15th of the preceding month or be responsible for the following month's tuition. I understand that I must call either the NEED office or notify the Main Office if my child will be taking the bus on a day that they are scheduled to attend the NEED program. Currently there are limitations on the number of students we can accommodate in cohorts. Further guidance and developments from the Department of Education or the school district could cause modification to our current program plans at any time. There are no program plan changes accepted for the month of June. Program plan changes (to increase/decrease/drop) can go into effect the 1st of the month only.

Parent Signature: _____

Date: _____

This is an: ___ Initial Application ___ Change Request

Effective Date: _____ or **First Day**

Before School Expenses: _____

After School Expenses: _____

Discount, if applicable: _____
(One discount per family)

Family Registration Fee: _____

Program Plan Change Fee: _____

Amount Due Payable to "NEED Program" - Check # _____ Cash \$ _____

If your child is attending the afternoon program for the first time, please send a note to their classroom teacher on their first day of attending the NEED program.

- 15% Oldest Child Discount (3+ children in the same family)
- 10% Oldest Child Discount (2 children in the same family)
- 15% Reduced Lunch Family Discount Verified by: _____ on _____
- 20% Free Lunch Family Discount Verified by: _____ on _____
- \$45.00 – Family registration \$0.00 – Verified Free/Reduced Lunch
- \$20.00 per family – if a student drops/stops the program and wants to re-enroll (on a space available basis).
- 1st change – Free for the family
- 2nd change-4th change \$15 per child or \$20 per family 5^{th+} change - \$25 ea.

Revised: July 2022

Completed applications can be emailed to HarperL@newegypt.us. If you would like to pay by credit/debit card, please request a click-to-pay invoice. All forms and tuition must be received prior to starting. Enrollment is pending space availability in the program.