

Knight Care Afternoon Program 2024-2025

1st Day of PM Care: 9/9/24; Last Day of PM Care: 6/18/25 (subject to change)

The Knight Care Afternoon Program is available for students in K-8 at **BERKLEY STREET ELEMENTARY SCHOOL, B.F. GIBBS ELEMENTARY SCHOOL, and DEO MIDDLE SCHOOL** for the **2024-2025** school year. Children are supervised by site managers who are highly qualified teachers, aides, and highschool counselors.

Hours of operation are school dismissal time to 6:00 pm.

Consistent incidents of late pick up will result in a \$25 charge per incident.

On scheduled early dismissal days, the program will begin at dismissal time.

School lunches are not served through your child's school on half days; children must bring lunch from home on those days.

If there is an emergency early dismissal due to weather or other circumstance,
PM Knight Care is canceled.

Important Registration Information

- Applications for the 2024-2025 school year are to be mailed to the P.O. Box and include the completed registration forms and a check or money order with FULL payment, including registration fee(s) for the month you are registering for. Applications sent without full payment will not be processed and that will delay your child's start date.
- A monthly invoice will then be emailed to you. Based on the payment option you select, payment will either continue to be by check/money order or by PaySchools Central.
- Please note: Applications for a September start date must be received and processed by August 31, 2024. **Any applications received after August 31, 2024, will not be processed until after September 13, 2024.** *Additionally, there will be a 48 hour processing window for any applications submitted hereafter. Once payment and paperwork has been received & processed, an email will be sent from the director to confirm your child's start date.*

If you have any questions **regarding the program** please contact the
Director - Lisa Horgan (Knightcare@nmpsdsd.org).

If you have **any billing or application questions**, please contact the
Assistant Director – Rebecca Auerbach (Knightcare@nmpsdsd.org).

KNIGHT CARE AFTERNOON PROGRAM AGREEMENT 2024-2025
PAYMENT INFORMATION

Knight Care tuition is paid on a monthly basis; please note that we do not prorate weeks within the month, full monthly tuition is expected no matter the enrollment date or the number of days attending.

There is a \$10.00 registration fee per child, per program.

Number of Days	1st child	Each, for 2nd child or more
5	\$230	\$180
4	\$195	\$155
3	\$160	\$135
2	\$130	\$105

Please note that you have the option to pay one of two ways **BEGINNING WITH THE OCTOBER BILL** and the option you choose will remain your chosen payment for the entirety of the 2024-2025 school year. Once selected, you will NOT be able to switch the way you pay.

Option 1 - Pay by check/money order (made payable to Latchkey). Please mail all correspondence to: Latchkey, P.O. Box 346, New Milford, NJ 07646.

Option 2 - Utilize PaySchools Central (www.payschoolscentral.com) where you can set up an account to use a credit/debit card (4.5% ACH fee added) or a checking account (\$1.75 fee per transaction added).

ALL PAYMENTS MUST BE RECEIVED BY THE LAST DAY OF THE MONTH PRIOR TO SERVICE RENDERED – see table below.

2024-2025 Due Dates

September Tuition Due on or Before 8/31/24	February Tuition Due on or Before 1/31/25
October Tuition Due on or Before 9/30/24	March Tuition Due on or Before 2/28/25
November Tuition Due on or Before 10/31/24	April Tuition Due on or Before 3/31/25
December Tuition Due on or Before 11/30/24	May Tuition Due on or Before 4/30/25
January Tuition Due on or Before 12/31/24	June Tuition Due on or Before 5/31/25

****ALL PAYMENTS NOT RECEIVED BY THE ABOVE DATES WILL INCUR A \$30 LATE FEE****

Knight Care Afternoon Registration 2024-2025

PLEASE COMPLETE REGISTRATION FORM FOR EACH CHILD

Student Name: _____

Address: _____

Home Phone: _____

Mother's Name: _____ Mother's Cell Phone: _____

Mother's Email: _____ Mother's Work Phone: _____

Father's Name: _____ Father's Cell Phone: _____

Father's Email: _____ Father's Work Phone: _____

Medical Issues/Allergies/Medications: _____

Emergency Contact Name (Relation to Student): _____

Emergency Contact Person Phone #: _____

Circle School: **Berkley Street Elementary** **B.F. Gibbs Elementary** **DEO Middle School**

Grade: _____ **Anticipated Start Day:** _____ Number of Days: _____

Circle: Monday Tuesday Wednesday Thursday Friday Varied

The following people are authorized to pick-up my child:

Name (please print): Relationship: Cell/Home Phone #:

1. _____

2. _____

3. _____

Parent/Guardian Signature: _____ Date: _____

KNIGHT CARE AFTERNOON PROGRAM AGREEMENT 2024-2025

PLEASE INITIAL AFTER EACH AGREEMENT STATEMENT

I, _____ *the parent(s)/ legal guardian of* _____

1. **Agree** to pay a non-refundable registration fee of \$10.00 per child, per program via check/money order _____ **(Initial Here)**
2. Our family has agreed to OPTION 1(Pay Via Check) / OPTION 2 (Pay via PaySchools Central). **Please CIRCLE/HIGHLIGHT** your option choice. **I Agree** to remit the fee each month by the last day of the preceding month. I understand that program fees will not be prorated based on actual attendance. **I understand** that a **\$30.00** late fee will be imposed on payments not received by the last day of the preceding month. **I understand** that my child may be dis-enrolled from the program if I am frequently late with my payments. All cases will be examined by both the Knight Care Director and Assistant Director regarding continuation in the program. _____ **(Initial Here)**
3. **Agree** that my child will be picked up by **6:00 pm promptly**, and that it is my sole responsibility to provide alternate arrangements. The New Milford Board of Education is expressly discharged of any and all liability and responsibility in the event my child is not picked up by 6:00 pm.. If my child is not picked up by the designated time, an additional fee may be imposed (**\$25 per incident**). I am also aware that continued tardy pick-up may result in removal from the program. This action is at the discretion of the Director of the Knight Care Program. _____ **(Initial Here)**
4. **Agree** that the New Milford Board of Education and the Knight Care Program will be held free and harmless from any and all injuries occurring to my child, except as to such matters that are resultant from acts of negligence on the part of the New Milford Board of Education and its agents or employees. _____ **(Initial Here)**
5. **All children** are expected to use the bathroom facilities independently. No staff members will be expected or allowed to help children in the bathroom. We understand that accidents happen; if this occurs, you will receive a call to have your child picked up or clothes can be brought and you or a family representative can help the child change their clothes. _____ **(Initial Here)**
6. In the event of an emergency, **give permission** to the director and/or site managers to have my child be treated by medical personnel. _____ **(Initial Here)**
7. **Understand** that program fees are non-refundable regardless of actual attendance in the program. I agree to all financial terms of my child's involvement in Knight Care which includes, paying tuition on time, late fees, registration fees, late pick up fees and all financial responsibilities. _____ **(Initial Here)**
8. **Am aware of and understand** the Behavior Policy - "Three Strikes" can cause my child to be removed from the program. Inappropriate behavior (physical and/or verbal) will get a write-up the first two times. The third time will result in suspension or dismissal from the program. _____ **(Initial Here)**
9. Early Dismissal Days – if we have an early dismissal as scheduled on our calendar, the program will run from dismissal to 6:00pm and my child will bring lunch from home. If we have an **UNSCHEDULED/EMERGENCY EARLY DISMISSAL, PM KNIGHT CARE IS CANCELED.** _____ **(Initial Here)**

MONTHLY TUITION SELECTED: _____

CHILD'S NAME(S): _____

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

PARENT CELL PHONE NUMBER: _____

Please note, your child will not be admitted into the program without this signed document