

Knight Care Afternoon Program 2021-2022

The Knight Care Afternoon Program is designated to serve students in grades K-8 who attend New Milford Public Schools. This program is available at: **BERKLEY STREET ELEMENTARY SCHOOL, B.F. GIBBS ELEMENTARY SCHOOL** and **DAVID E. OWENS MIDDLE SCHOOL** for 2021-2022 school year. Our staff is comprised of certified teachers, teacher assistants and counselors. Knight Care tuition is paid on a monthly basis; the rate is determined by the number of days chosen, ranging from 2-5 days per week. Please note that we do not prorate weeks within a month, full monthly tuition is expected no matter the enrollment date. **There is a \$10.00 registration fee per child, per program.**

Hours of operation are dismissal time to 6:00 pm. If an emergency arises that may cause you to pick up later than 6:00 pm, please contact the site and let them know. **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. **No lunches are served through your child's school on half days; please send your child to school with a lunch on those days.** If there is an emergency early dismissal due to weather or other circumstance, there will be **NO Knight Care Afternoon Program.**

Upon reopening in September 2021 registration will be limited to the first 80 students in each building, this number may increase month to month from a waiting list created from incoming registrations. Registrations are dated upon receipt and will be treated on a first come first serve basis. Thank you for your understanding and cooperation.

The fees for 2021-2022 are as follows for the afternoon program:

5 days \$170.00 (first child), \$145.00 (for additional children in the same family)

4 days \$140.00, \$124.00

3 days \$108.00, \$ 96.00

2 days \$ 80.00, \$70.00

Please mail completed registration form to the address noted below. No payment should be sent with the registration form. Registrations sent to school with students will be returned.

When billed, please make all checks payable to: **Latchkey.**

Please mail all correspondence to: **Latchkey, P.O. Box 346, New Milford, NJ 07646.**

If you have any questions regarding the program please contact the Director, Ms. Sullivan at msullivan@nmmps.org. If you have **any billing or application questions**, please contact the Assistant Director, Mrs. LePage, at llepage@nmpsd.org .

Knight Care Afternoon Registration 2021-22

PLEASE COMPLETE REGISTRATION FORM FOR EACH CHILD

Student Name: _____

Medical Issues/Allergies/Medications: _____

Mother's Name: _____

Father's Name: _____

Address: _____

Home Phone: _____

Work Phone: _____

Cell Phone (If Any): _____

Emergency Contact Name: _____

Emergency Contact Person Phone #: _____

Email Address: _____

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

Grade: _____ **Anticipated Start Day:** _____

Number of Days: _____

Circle: Monday Tuesday Wednesday Thursday Friday

The following people are authorized to pick up my child:

Name (please print)	Relationship	Cell/Home Phone #
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1. _____

2. _____

3. _____

Parent/Guardian Signature: _____ Date: _____

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KNIGHT CARE AFTERNOON PROGRAM AGREEMENT 2021-22:

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

- 1.) **I agree** to pay a non-refundable registration fee of \$10.00 per child per program.
2. **I agree** to pay appropriate Knight Care program fees. **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.
3. **I understand** that a 30-day notification for withdrawal of my child is required and that failure to do so may result in forfeiture of the monthly payment.
4. **I 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.
5. **I am aware** that if my child is not picked up by the designated time, an additional fee may be imposed (**\$25 per incident**). Furthermore, 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.
6. **I agree** to notify the Assistant Director of the Knight Care Program 10 days in advance of the upcoming month for an increase or decrease in the number of days my child will be attending the program.
7. **I 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.
8. In the event of an emergency, **I give permission** to the director and/or site managers to have my child be treated by medical personnel.
9. **I 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.
10. **I 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 warning the first two times. The third time can result in suspension or dismissal from the program.
11. Early Dismissal Days – if we have an early dismissal as scheduled on our calendar, the program will run from dismissal to 6:00pm. If we have an **UNSCHEDULED/EMERGENCY EARLY DISMISSAL, there will be NO KNIGHT CARE AFTERNOON PROGRAM.**

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.**