



2016 -2017 Before & After Care

Fun for kids...peace of mind for parents.

PROGRAM PHILOSOPHY

The GBEAF Before and After Care (BAC) program enables students to extend learning beyond the typical hours of a school day. Snacks, homework, and games are merely a start. School district paraprofessionals and certified teachers preside over all activities, and learners will engage in a variety of experiences that will expand their interests, help them relate to peers and adults, and develop a meaningful enjoyment of the world. We want your child to arrive home at the end of the day with homework done and lots of exciting stories to tell.

PROGRAM ACTIVITIES

Activities will include snacks, homework time, peer tutoring, large- and small-group instruction, demonstrations, presentations, structured play, unstructured play, educational computer time, arts and crafts, seasonal events, and music.

MONTHLY FEE SCHEDULE

A \$50 registration fee enrolls your child for the year, then the following rates apply:

Days Per Week	Morning Program (7:00 AM until Start of School)		Afternoon Program (Dismissal until 6:00 PM)	
	First Child	Each Additional Child	First Child	Each Additional Child
5	\$160	\$150	\$225	\$215
4	\$135	\$125	\$190	\$180
3	\$110	\$100	\$155	\$145
2	\$85	\$75	\$120	\$110

DROP-IN PROGRAM

A one-time fee of \$50 per child will secure Drop-In eligibility for the school year, then the following daily rates apply:

Morning Program		Afternoon Program	
First Child	Each Additional Child	First Child	Each Additional Child
\$20	\$15	\$25	\$20

SCHEDULE

The BAC program will operate only on days of the regular school year when class is in session. On normal school days, the Before-School program will run from 7:00 AM until the beginning of school. The After-School program will begin immediately after dismissal and continue until 6:00 PM

When Green Brook Schools operate on a shortened-day schedule, the After-School program will operate from each school's dismissal time until 6:00 PM.

The After-School program ends promptly at 6:00 PM. **Delayed pickup will result in a fee of \$1.00 per minute per child (cash or check), due at the time of pickup.** Parents will receive a receipt upon payment of this fee.

Notes regarding inclement weather:

- The BAC program will not operate when schools are closed for the day.
- A delayed opening will delay the start of the Before-School program by two hours.
- In the event of early dismissal, the After-School program will still run until 6:00 PM.
- **In ANY emergency situation, however, the Superintendent of the Green Brook School District may, at his or her discretion, cancel or shorten the BAC program.**

APPLICATION AND PAYMENT

A completed application and payment of the registration fee (\$50) plus the first month's tuition are due by **August 15, 2016**. Please make **checks payable to GBEAF**, and mail to the following address:

The Green Brook Education and Athletic Foundation
132 Jefferson Avenue
Green Brook, NJ 08812

The \$50 registration fee will be waived for students registered BEFORE July 1, 2016 for weekly Before Care or After Care.

We are sorry, but the \$50 Drop-In registration fee cannot be waived.

Payment for each month after September is due **on the 24th of the preceding month**. A **late fee of \$20.00** will apply to any payment not received **BEFORE** the first of the month.

Program Coordinator Paul Fornale can be reached at foundation@gbtps.org or 732-968-1051, Ext. 5011.



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REGISTRATION INFORMATION

Child's Name _____

School _____

Grade _____ Homeroom/Classroom Teacher _____

Child's Home Address _____

PARTICIPATION:

Before Care--number of days per week: 5 4 3 2

Days attending: Monday Tuesday Wednesday Thursday Friday

After Care--number of days per week: 5 4 3 2

Days attending: Monday Tuesday Wednesday Thursday Friday

We understand that attendance may change from week to week. If this is the case, please inform the Program Coordinator (foundation@gbtps.org) before the start of each week.

Drop-In Service Only

NOTE: Children registered for regular weekly care are automatically eligible for Drop-In service for mornings or afternoons when they are not regularly scheduled for care. No separate registration fee is due; daily Drop-In fees would apply.

Student's Name _____



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2016 -2017 Before & After Care CONTACT INFORMATION

PARENT/GUARDIAN'S NAME _____

Daytime Phone _____ **Cell** _____

Email Address _____

SECOND PARENT/GUARDIAN'S NAME _____

Daytime Phone _____ **Cell** _____

Email Address _____

EMERGENCY CONTACT OTHER THAN A PARENT OR GUARDIAN:

(**NOTE:** By listing this person, you authorize him or her to pick up your child if necessary.)

Name _____

Daytime Phone _____ **Cell** _____

ADDITIONAL INFORMATION REGARDING PICKUPS (Please include the names of additional people you authorize to pick up your child):

Persons not listed on this form may only pick up children upon approval from the program coordinator. Parents/guardians must make emergency arrangements with the Program Coordinator directly.

Messages may be left for the Program Coordinator, Paul Fornale, at foundation@gbtps.org or 732-968-1051, Ext. 5011 outside of program hours.

During program hours, the Program Coordinator may be reached directly at 732-844-0271.

Student's Name _____



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TERMS OF AGREEMENT

1. All applicable forms and fees must be submitted prior to any child's participation in the BAC program. A \$25.00 fee will be assessed for nonsufficient funds or returned checks.
2. Parents/guardians must inform the Program Coordinator, Paul Fornale (foundation@gbtps.org or 732-968-1051, Ext. 5011), immediately of changes to information on registration and/or medical forms.
3. Children enrolled in the Morning Program may be dropped off no earlier than 7:00 AM.
4. The After-School program ends promptly at 6:00 PM. Delayed pickup will result in a fee of \$1.00 per minute per child (cash or check), due at the time of pickup. Parents will receive a receipt upon payment of this fee.
5. Drop-In service requires parents to notify the Program Coordinator by 6:00 PM on the school day before the child is to attend. Payment for the day of attendance is due to BAC program staff upon pickup and may take the form of cash or a personal check. Parents will receive a receipt.
6. The BAC program will operate only on days of the regular school year when class is in session. On normal school days, the Before-School program will run from 7:00 AM until the beginning of school. The After-School program will begin immediately after dismissal and continue until 6:00 PM
7. The BAC program will not operate when schools are closed for entire day due to inclement weather.
8. A delayed opening will delay the start of the Before-School program by two hours; however, the Superintendent of the Green Brook School District may, at his or her discretion, cancel or shorten the Before-School program due to emergency conditions of any kind. Information regarding the status of the BAC program will be posted at www.gbtps.org.
9. In the event of an early dismissal, the After-School program will run until 6:00 PM; however, the Superintendent of the Green Brook School District may, at his or her discretion, cancel or shorten the After-School program due to emergency conditions of any kind. Information regarding the status of the BAC program will be posted at www.gbtps.org.
10. Payment for each month after September is due on the 24th of the preceding month.
 - A. A \$20 late fee applies to any payment not received BEFORE the first of the month.
 - B. Failure to make payment—including late fees—by the fifth of the month may result in suspension or termination of services.
11. Morning Program students are welcome to bring a breakfast to eat prior to the beginning of school.
12. The BAC program will provide a light snack to Afternoon Program participants, making reasonable accommodations for food restrictions.
13. Students participating in the BAC program will follow all rules and live up to all expectations that apply during the regular school day. They will respect all students and staff.
 - A. Disciplinary matters may be referred to the Program Coordinator, who will communicate with parents.
 - B. Two disciplinary referrals—or a referral for a single severe incident—may result in suspension or dismissal from the BAC program at the discretion of the BAC Program Coordinator, and payment for the month during which suspension or dismissal occurs is non-refundable.
14. Personal belongings are the sole responsibility of the students who bring them to the BAC program. BAC program personnel, the Green Brook Education and Athletic Foundation, and the Green Brook School District are not responsible if any such items are lost, stolen, or damaged.

Parent/Guardian Signature _____

Date: ___/___/___

Student's Name _____



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HEALTH HISTORY/MEDICAL RELEASE

FAMILY PHYSICIAN : _____ Phone _____

FOOD ALLERGIES/RESTRICTIONS? Yes _____ No

MEDICAL ALLERGIES? Yes _____ No

Please list any medical issues or chronic illnesses:

DOES THIS CHILD REQUIRE AN EPI-PEN? Yes No

If yes, please explain why your child requires an Epi-Pen:

DOES THIS CHILD TAKE ANY MEDICATION ON A ROUTINE BASIS?

Yes _____ No

WILL THIS CHILD NEED MEDICATION ADMINISTERED DURING OUR PROGRAM?

Yes _____ No

If yes, we ask that you:

- (1) Keep medication in its original package.
- (2) Write the child's name on container.
- (3) Provide a physician's note for medication administered during program hours.
- (4) Contact your school nurse.

CAN THIS CHILD PARTICIPATE IN ALL PROGRAM ACTIVITIES? Yes No

If no, describe any restrictions _____

DOES THIS CHILD HAVE AN IEP? Yes No

If so, please indicate the child's case manager _____

DOES THIS CHILD HAVE A 504 PLAN? Yes No

PARENT AUTHORIZATION:

I certify that all information above is complete, correct, and factual. If information is found to be false, I understand that my child will be expelled from program without refund of fees paid. I authorize the sharing between the BAC program and the Green Brook Schools District's school nurses of any information pertinent to the health and safety of my child. My child has permission to engage in all care program activities except as noted, and I authorize BAC personnel to administer the medication(s) listed above. Further, I authorize medical treatment under emergency circumstances in my absence. I confirm that my child is up to date on all immunizations as required by the NJ Dept. of Health and Senior Services Annual Immunizations Report. This Release Form is signed of my own free will.

Parent/Guardian Signature _____ Date: ____/____/____