

**WOOD-RIDGE PUBLIC SCHOOLS**  
**540 Windsor Road**  
**Wood-Ridge, New Jersey 07075**  
**Doyle 201-820-4981**  
**WRIS 201-820-4989**

**2019-2020 C.A.R.E. Program**

July 24, 2019

Dear Parents/Guardians:

The Wood-Ridge School District will again sponsor an after-school child care program for Wood-Ridge Public School students in preK4 (*must be 4 years old and potty trained*) through sixth grade at the elementary and intermediate schools. The program for all students begins on the **Monday, September 9<sup>th</sup>** and will run through the last day of school in June.

The after-school program runs from 3:00 p.m. to 6:00 p.m. On single session days, the after school program will operate from 12:30 p.m. until 6:00 p.m. The program will **not** operate when school is **closed** due to holidays or snow days. All pertinent information will be posted on the district webpage, [wood-ridgeschools.org](http://wood-ridgeschools.org), under the parent tab.

The after-school program includes playtime, snack time, homework time and project time. In addition, teachers will be available for remediation help and assistance with homework. *Please note, snack/water will no longer be provided. You may send in a snack and water with your child.*

You may enroll your child(ren) for as few as 2 days or up to 5 days, from either 3:00 p.m. to 4:30 p.m. or from 3:00 p.m. to 6:00 p.m. Please refer to the attached Monthly Fee Schedule for exact program fees. **The program requires a prepayment of the first and last month's fees. There will be no exceptions made to this requirement.**

If you wish to enroll your child(ren) in the "C.A.R.E." Child Care Program beginning September 9, 2019:

1. Complete the following registration form by Thursday, September 5, 2019.
2. Make your check payable to the "Wood-Ridge Board of Education" or make your payment on RealTime.
3. Mail or bring the above to:

Wood-Ridge Board of Education  
c/o Mrs. Danila Gregory  
540 Windsor Road  
Wood-Ridge, N.J. 07075

**PLEASE DIRECT ANY QUESTIONS TO DANILA GREGORY AT 201-933-6777 x5627**  
**Or [dgregory@wood-ridgeschools.org](mailto:dgregory@wood-ridgeschools.org)**

**WOOD-RIDGE SCHOOL DISTRICT  
"C.A.R.E." Child Care Program 2019-2020**

- Wood-Ridge Public School Students- Grades PreK4 to 6
- Convenient Locations - Doyle and Intermediate Schools
- Classrooms, school gymnasium, library and playground

**MONTHLY FEE SCHEDULE**

Number of Days	***** 3:00 to 6:00 *****		***** 3:00 to 4:30 *****	
	1st Child	Additional Children	1st Child	Additional Children
5	\$290	\$280	\$260	\$250
4	\$270	\$260	\$240	\$230
3	\$240	\$230	\$210	\$200
2	\$210	\$200	\$180	\$170

**Payments are due on the first of the month. Repeated missed and/or late payments may result in your child being excluded from the C.A.R.E. program.**

**Fees for Late Pick Up:**

6 - 15 minutes = \$35.00

16 - 30 minutes = \$65.00

31 - 45 minutes = \$95.00

**Please note that the above late pick-up fees will be charged on a daily basis. Repeated lateness in picking up your child may result in your child being excluded from the C.A.R.E. program.**

School: \_\_\_\_\_ Start Date: \_\_\_\_\_

**WOOD-RIDGE SCHOOL DISTRICT  
"C.A.R.E." Child Care Program  
REGISTRATION FORM – 2019-2020**

Child's Name (ONE CHILD ONLY) \_\_\_\_\_ Age \_\_\_\_\_

Street Address \_\_\_\_\_

Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Grade \_\_\_\_\_ Date of Birth \_\_\_\_\_ Home Phone \_\_\_\_\_

Mother's Name \_\_\_\_\_ Work/Cell Phone \_\_\_\_\_ One Parent Email Address (Print) \_\_\_\_\_

Father's Name \_\_\_\_\_ Work/Cell Phone \_\_\_\_\_

Child Lives With: \_\_\_\_\_

<u>DAYS OF THE WEEK (Circle)</u>	<u>TIME LEAVE</u>	<u># DAYS</u>
MON TUES WED THUR FRI	_____ pm	_____

**HOW TO REGISTER**

1. Complete the registration form and information/medical form
2. Include check or money order for the following totals (fees are refundable)
3. Make payments payable to **"Wood-Ridge Board of Education"**

A) First Month's Tuition (See Schedule) \$ \_\_\_\_\_

B) Last Month's Tuition/Security (**Required**) (Same as line B) \$ \_\_\_\_\_

TOTAL ENCLOSED \$ \_\_\_\_\_

Payments may be made on RealTime.  
Forms may be emailed to [dgregory@wood-ridgeschools.org](mailto:dgregory@wood-ridgeschools.org)

Mail to: Wood-Ridge Board of Education  
Attn: Mrs. Danila Gregory  
540 Windsor Road  
Wood-Ridge, NJ 07075

School: \_\_\_\_\_ Start Date: \_\_\_\_\_

**Wood-Ridge Public School District – C.A.R.E. Program  
Information/Medical Form**

Child's Name: \_\_\_\_\_ Female \_\_\_\_\_  
Last First Grade Male \_\_\_\_\_

Address: \_\_\_\_\_ Home #: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Mother's Work Telephone Number: \_\_\_\_\_ Cell: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Father's Work Telephone Number: \_\_\_\_\_ Cell: \_\_\_\_\_

Child Lives With: \_\_\_\_\_

Name(s)/phone numbers(s) of those authorized to pick up my child from the "C.A.R.E." program:

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

\_\_\_\_\_  
Parent Signature

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**Medical Information**

1. Does he/she have a medical problem or chronic disease? If yes, please state problem:

\_\_\_\_\_  
\_\_\_\_\_

2. Is he/she on medication? If yes, please list medication:

\_\_\_\_\_

3. Are there any restrictions (physical, etc.)? If yes, please list restrictions:

\_\_\_\_\_

4. Does your child have any allergies to food (i.e., PEANUT, EGGS) or medication? Please be specific:

\_\_\_\_\_

5. Is there any other information about your child which should be known?

\_\_\_\_\_