

WOOD-RIDGE PUBLIC SCHOOLS
540 Windsor Road
Wood-Ridge, New Jersey 07075

2019-2020 (Before) C.A.R.E. Program

July 24, 2019

Dear Parents/Guardians:

The Wood-Ridge School District will sponsor a before-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 9th** and will run through the last day of school in June. Please note that you must sign your child (ren) in every day.

The before-school program runs from 7:00 a.m. to 8:00 a.m. with the option of 7:30 a.m. to 8:00 a.m. If you wish to enroll your child(ren) in the "C.A.R.E." (Before) 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

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

All students must be signed in

MONTHLY FEE SCHEDULE

| Number of Days | ***** 7:00 to 8:00 ***** | | ***** 7:30 to 8:00 ***** | |
|-------------------|--------------------------|------------------------|--------------------------|------------------------|
| | 1st Child | Additional Children | 1st Child | Additional Children |
| 5 | \$100 | \$95 | \$65 | \$60 |
| 4 | \$85 | \$80 | \$55 | \$50 |
| 3 | \$70 | \$65 | \$45 | \$40 |
| 2 | \$55 | \$50 | \$35 | \$30 |

Daily Drop In Rate is \$10

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.

School: _____ Start Date: _____

**WOOD-RIDGE SCHOOL DISTRICT
"C.A.R.E." Before 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 (Please circle)</u> | <u>Time In (7:00/7:30)</u> | <u># Days</u> |
|---|----------------------------|---------------|
| MON TUES WED THURS FRI | _____ am | _____ |

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) Monthly Tuition \$ _____

TOTAL ENCLOSED \$ _____

Payments may be made on RealTime.
Forms may be emailed to dgregory@wood-ridgeschools.org

Mail to: Wood-Ridge Board of Education
Attn: Mrs. Danila Gregory
540 Windsor Road
Wood-Ridge, NJ 070075

School: _____ Start Date: _____

**Wood-Ridge Public School District – C.A.R.E. (Before) 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: _____

Parent Signature

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?

