



"Educating and Empowering the Next Generation of Leaders"

BEFORE & AFTER CARE REGISTRATION FORM

2018-2019

Please complete the following. **No student will be permitted** to begin the Before/After Care Program without registering and paying all required fees in advance, this also includes the voucher program through the State of NJ.

REGISTRATION FEE - \$75.00 PER FAMILY

Checks or Money Orders payable to: THE KINGDOM CHARTER SCHOOL OF LEADERSHIP

2018-2019 Program Fees:

Before Care Only

1 Child	\$65.00 per/month
2 Children	\$90.00 per/month
3+ Children	\$115.00 per/month

After Care Only

1 Child	\$145.00 per/month
2 Children	\$170.00 per/month
3+ Children	\$205.00 per/month

Both

1 Child	\$170.00 per/month
2 Children	\$195.00 per/month
3+ Children	\$220.00 per/month

Kingdom Flex Pass: For Before/After Care \$60.00 per/booklet of 5 sessions, per child.

Return Check Fee: \$40.00

ALL MONTHLY PAYMENTS ARE DUE ON THE 15TH OF EACH MONTH.

Tuition payments made on the 15th covers the 1st through the 30th of the current month. All flex passes for students must be used on the day service is rendered. ***Late fees will be applied to all unpaid balances and will affect student participation in school-wide activities.***

Child's Full Name: _____

Parent/Guardian Name: _____

PLEASE CHECK ALL THAT APPLY:

Participation: Before School: _____ After School: _____

Payment: Flex Pass: _____ Monthly: _____

Amount: \$ _____ Check/Money Order #: _____

Date of Enrollment: _____

Before and After Care Services are available for all students Grades K-5 who are enrolled at The Kingdom Charter School of Leadership.

Hours: Before Care 7:00 a.m. – 7:40 a.m.

After Care End of School Day – 6:00 p.m.*

(*Parents will be charged \$10.00 for every 5 minutes they are late. Upon 30 minutes past the closing of After Care, parents will be assessed an additional fee of \$40.00.)

Dates: September 4, 2018 – June 19, 2019 **(After Care will not be provided on ½ days.)**
(Tentative Dates)

Payment: Due on the 15th of every month. **Registration fee and 1st month's payment is due prior to attending the Before/After Care Program.**

Schedule: See Activity Schedule Below:

BEFORE CARE ACTIVITY SCHEDULE

7:00 A.M. Sign in
7:10 A.M. Morning Activity (Puzzles, Coloring, Computer Time, Games)
7:35 A.M. Clean Up
7:40 A.M. Dismissal

BEFORE CARE ACTIVITY SCHEDULE

4:00 P.M. Report to Aftercare	5:00 P.M. Constructive Activity
4:05 P.M. Attendance	5:40 P.M. Clean Up
4:10 P.M. Break into groups	5:50 P.M. Move to Front Lobby
4:15 P.M. Snack	6:00 P.M. Dismissal
4:25 P.M. Clean Up	
4:30 P.M. Kingdom Reading Club	



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BEFORE & AFTER CARE REGISTRATION INFORMATION

2018-2019

Program Participation

Student Information:

Last Name: _____ First Name: _____ Middle Initial: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Grade Level: _____ Age: _____ D.O.B.: _____

Family Information: Primary Parent/Guardian:

Last Name: _____ First Name: _____ Middle Initial: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Work Address: _____

City: _____ State: _____ Zip Code: _____

Contact Information:

Cell Phone No.: _____ Text Feature: _____ Yes _____ No

Home Telephone No.: _____

Work No.: _____

Email Address: _____

Family Information: Secondary Parent/Guardian:

Last Name: _____ First Name: _____ Middle Initial: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Work Address: _____

City: _____ State: _____ Zip Code: _____

Contact Information:

Cell Phone No.: _____ Text Feature: _____ Yes _____ No

Home Telephone No.: _____

Work No.: _____

Email Address: _____

Authorized Pick-Ups

121 West Church Street
Blackwood, NJ 08012

Phone # 856-232-0100
Fax # 856-232-2050

Permission is given for my child to be released from the program to the following individuals including the above stated Parent/Guardian to receive my child at the end of the day. Driver's license or valid photo ID required, students will not be dismissed to anyone without proper ID.

Name: _____

Relationship: _____

Address: _____

Phone No.: _____

Name: _____

Relationship: _____

Address: _____

Phone No.: _____

Emergency Contact

Must provide 2 additional names other than parents. List in order they are to be contacted. Note: Parents will be contacted first.

1. Name: _____ Relationship to Student: _____
Address: _____ City: _____ State: _____ Zip _____
Cell Phone: _____ Home Phone No.: _____
Work No.: _____

2. Name: _____ Relationship to Student: _____
Address: _____ City: _____ State: _____ Zip _____
Cell Phone: _____ Home Phone No.: _____
Work No.: _____

Please list any allergies and/or medical conditions your child may have:

I hereby acknowledge that I have completed this form to the best of my knowledge. I also give my child permission to participate fully in The Kingdom Charter School of Leadership's Before and After Care Program. I agree to comply with all the rules, regulations and policies as set forth in this packet. In addition, I agree to the financial obligation and terms of payment for this program and understand that all unpaid balances will result in late fees, possible termination from program and said child may not be able to participate in Kingdom activities until all such fines are made current. I also understand that any past due balances may be submitted to a collection agency and subsequent collection agency fees applied to the open balance.

Parent's/Guardian's Signature: _____ Date: _____