



2018– 2019 Wallington Elementary Schools Pre-Care and After-Care Grades K – 6

The Wallington Board of Education is pleased once again to provide a Pre/After Care Program for residents of Wallington for the 2018 – 2019 school year. The program will operate out of Jefferson Annex School located at 6 Bond Street, and Gavlak School, located at 106 King Street.

Children will be encouraged to participate in various activities including arts and crafts, gym games, and board games. A nutritious after-school snack will be provided, as well as homework assistance from trained directors and assistants.

Parents may choose the days of the week and time slots that best meet their child care needs. The program operates when the schools are in session, and is available immediately after school, even on scheduled early dismissal days. The program will begin the first day of school, September 5th, 2018.

To register, please complete the enclosed registration forms and return them to: **Wallington Board of Education, ATTN: Pre/After Care Program, Jefferson School Annex, 6 Bond Street, Wallington, NJ 07057 by August 1st, 2018.** If you need assistance regarding registration, please call 973-777-4151 or 973-836-4700.

Eligibility:

Children in grades Kindergarten through Sixth (K-6) who attend Wallington public schools.

Flexible Schedules are Available

Hours:

We cover half days that are on the school calendar.

Before school from 7:30 – 8:30 am; after school from 3:00 pm until 4:30 or 6:00 pm

Monday through Friday

New Jersey School Nutrition/Wellness Policy

The State of New Jersey and the Wallington Board of Education recognize the growing epidemic of child and adolescent obesity resulting from poor diet and the lack of physical activity. The Board is committed to providing our students with healthy and nutritious after-school snacks, and to teaching them the importance of nutrition, physical fitness and other healthy habits.

The Wallington Board of Education offers your children a safe and caring environment before and after school where they can have fun and complete their homework.

Rates as of July 1st, 2018 (Payments will not be accepted before this date)

Registrations and payments received after

August 15th will incur a \$25 registration fee.

Days of Week	First Child			Additional Child		
	Pre-Care	4:30 PM Pick-up	6:00 PM Pick-up	Pre-Care	4:30 PM Pick-up	6:00 PM Pick-up
5	\$200	\$260	\$290	\$200	\$250	\$280
4	\$180	\$240	\$270	\$180	\$230	\$260
3	\$150	\$210	\$240	\$150	\$200	\$230
2	\$130	\$190	\$220	\$130	\$180	\$210
1	\$110	\$170	\$200	\$110	\$160	\$190

SECURITY DEPOSIT OF \$100 DUE WITH INITIAL REGISTRATION

If paying by check, please provide (2) checks: (1) for deposit fee and (1) for registration fee.

●PAYMENT OPTIONS:

A) MAIL TO THE BOARD OF EDUCATION IN A TIMELY MANNER.

B) HAND DELIVER TO THE MAIN OFFICE AT JEFFERSON ANNEX .

C) METHOD OF PAYMENT: CHECKS, MONEY ORDERS OR EXACT AMOUNT ONLY.

D) TWO INVOICES ARE PROVIDED EACH MONTH – ONE FOR YOUR RECORDS AND ONE TO BE SUBMITTED WITH PAYMENT

●PLEASE DO NOT SEND PAYMENTS WITH STUDENTS.

●PAYMENTS ARE NOT ACCEPTED AT FRANK W. GAVLAK SCHOOL.

●PLEASE BE REMINDED THAT MONTHLY PAYMENTS ARE DUE ON THE 15TH. PAYMENTS RECEIVED AFTER THE 15TH WILL INCUR A \$25 LATE FEE.

●THE SAFETY OF YOUR CHILD IS VERY IMPORTANT TO US.

In addition to notifying the school, please notify the program staff if your child will be absent.

If your child attends extra help, please send in a note indicating which days they will be attending.

Frank W. Gavlak: 973-725-9532

Jefferson Annex: 973-725-9531

Wallington Board of Education
32 Pine Street, Wallington, NJ 07057
Phone (973) 777-4151/Fax (973) 470-9073

PRE/AFTER CARE PROGRAM – REGISTRATION FORM 2018 – 2019

Child must be registered prior to attending the program. All forms must be returned with payment to the program director before a child may start program.

Child's Name _____ Grade/Teacher _____ Age _____

Street Address _____

Town _____ State _____ Zip _____

Gender (Circle) Male Female Date of Birth ____/____/____
(m) (d) (y)

Parent/Guardian _____

Work Phone _____ Home Phone _____ Cell Phone _____

Email _____ School Child Attends _____

Please list any allergies or medical conditions _____

PRE-SCHOOL # OF DAYS/WEEK _____
Days of Week: MON TUE WED THU FRI

AFTER SCHOOL # OF DAYS/WEEK _____
Days of Week: MON TUE WED THU FRI
Pick Up Time: 4:30 pm 6:00 Please

*******IMPORTANT LATE FEE INFORMATION*******

Please be reminded children must be picked up on or before your scheduled pick up time to avoid late fees.

A \$25 fee will be charged to your account if you do not arrive on your scheduled pick up time. An additional \$25 fee will be charged for every 15 minutes you are late. Fees are due on the 15th of the following month. Late payments, late registrations, and returned checks will be charged an additional fee of \$25.00.

PAYMENT METHOD (Please circle one) Cash Check # _____ Money Order # _____		
Tuition Amount \$ _____	Deposit \$ _____	Amount Paid \$ _____
_____ Signature		

Checks/money orders should be made out to "Wallington Board of Education."

**WALLINGTON BOARD OF EDUCATION
PRE/AFTER CARE PROGRAM 2018– 2019**

Child's Name _____

EMERGENCY CONTACTS/PICK UP PLAN

In the event the school building is closed unexpectedly for various reasons, you **MUST** have an Emergency Pick-Up Plan for your child. If this should occur, we need to know who to call if we cannot contact you. Please make advanced arrangements with three adults who we can call to quickly pick up your child, and list the names and required information below. We recommend that you choose adults who live or work close to the school, and who are familiar with your child.

Please be reminded if school is closed **for the day**, before and aftercare programs will be cancelled.

We will ALWAYS try to contact the parent/guardian first.

NAME _____ RELATIONSHIP _____
ADDRESS _____
PHONE (HOME) _____ (WORK) _____
(CELL) _____

NAME _____ RELATIONSHIP _____
ADDRESS _____
PHONE (HOME) _____ (WORK) _____
(CELL) _____

NAME _____ RELATIONSHIP _____
ADDRESS _____
PHONE (HOME) _____ (WORK) _____
(CELL) _____

**WALLINGTON BOARD OF EDUCATION
PRE/AFTER CARE PROGRAM 2018 – 2019**

Child's Name _____

APPROVED INDIVIDUALS FOR CHILD PICK-UP

List all people approved to pick up your child, including parents/guardians. Your child will NOT be released to anyone else without written permission from a parent/guardian. Please note that the people listed must be able to provide identification to the staff.

NAME _____ RELATIONSHIP _____
ADDRESS _____
PHONE (HOME) _____ (WORK) _____
(CELL) _____

NAME _____ RELATIONSHIP _____
ADDRESS _____
PHONE (HOME) _____ (WORK) _____
(CELL) _____

NAME _____ RELATIONSHIP _____
ADDRESS _____
PHONE (HOME) _____ (WORK) _____
(CELL) _____

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By signing this document, I do hereby acknowledge that information below has been explained to me and I understand all components.

I understand the **Registration Requirements**

I understand the **Payment Options** (outlined on the registration form)

I understand the **Late Fee Information** for pick-up and late payment (as explained on registration form)

Signature: _____

Date: _____

For Office Use:

