



## SCHOOL AGE PROGRAM CONTRACT

**Summary**

**Child's Name** \_\_\_\_\_

Amount Paid \_\_\_\_\_

Check # \_\_\_\_\_ Cash \_\_\_\_\_ Credit Card \_\_\_\_\_

School Attending: \_\_\_\_\_

Grade: \_\_\_\_\_

Program Year \_\_\_\_\_ Start Date: \_\_\_\_\_

**THIS AGREEMENT** between Jefferson Child Care and Education Center, Inc. ("JCCEC,") and the parent or guardian signing below (the "Parent/Guardian,") for services to the child identified below is executed on the date(s) appearing below and is effective on the date signed by the JCCEC representative who has reviewed the Agreement, as set forth below.

**NOW THEREFORE**, the parties agree as follows.

**1. Services.**

The JCCEC Parent Handbook (the "Parent Handbook,") describes the services to be provided by JCCEC, JCCEC's policies, and the obligations of the Parent/Guardian for the School Age Program (the "Program,").

**2. Receipt of Parent Handbook.**

The Parent/Guardian hereby acknowledges receipt of a copy of the Parent Handbook and agrees to comply with all of the policies, terms, and conditions contained in the Parent Handbook.

**3. Days of Service.**

Following are the days of service covered by this Agreement:

**(Please Choose One)**

\_\_\_\_\_ Five Days

\_\_\_\_\_ Monday, Wednesday, Friday:

\_\_\_\_\_ Tuesday & Thursday

\_\_\_\_\_ Other combination of days: \_\_\_\_\_

Before School \_\_\_\_\_ After School \_\_\_\_\_ Both \_\_\_\_\_

**4. Tuition Rates.**

**4.1 Current Rates.** The current tuition rates for the Program are as follows:

Before school care is \$14 per day

After school care is \$22 per day

Before and after school care is \$32 per day

Full day care (at the center) is \$50 per day or \$250 per week

Based upon the days of service specified above and the current tuition rates, the current weekly fee for the Program for the Parent/Guardian's child is \$\_\_\_\_\_.

**4.2 Late Pickup.** JCCEC's hours of operation are 7:00 a.m. – 6:00 p.m. Late pick-ups will incur a fee of \$1.00 for every minute past 6:00 p.m.

**4.3 Tuition Subject to Change.** The Parent/Guardian acknowledges and agrees that, while JCCEC uses its best efforts to maintain tuition rates, JCCEC may have to raise the tuition rates from time to time for children attending the Program. The Parent/Guardian agrees that the Parent/Guardian will pay the tuition rates that are in effect during the time that their child is attending the Program.

**5. Payment of Tuition.**

**5.1 Due on Signing.** In addition to the tuition for the Program, payment of a registration fee (for new children only), two weeks' tuition as a security deposit, and tuition for the first week of the Program are due upon signing this Agreement. The payment due upon signing is:

$$\begin{array}{ccccccc}
 \underline{\$40.00} & + & \underline{\hspace{2cm}} & + & \underline{\hspace{2cm}} & = & \underline{\hspace{2cm}} \\
 \text{Non-refundable} & & \text{Two week security} & & \text{First week's} & & \text{Total due on signing} \\
 \text{registration fee} & & \text{deposit} & & \text{tuition} & & 
 \end{array}$$

**5.2 Weekly Tuition.** The Parent/Guardian agrees to pay the weekly tuition in effect no later than Thursday for the following week. The Parent/Guardian acknowledges and agrees that their child will not be allowed to attend the Program if tuition payment is in arrears, in accordance with the procedure described in the Parent Handbook. There is a returned check fee of \$30.00.

**5.3 Overdue Balance and Collection.** Overdue balances will be charged interest at an annual rate of 18%. Overdue balances may be subject to collection proceedings. Collection proceedings will include the full balance in arrears, accrued interest of 18% per annum, a late penalty of \$ [redacted], and any and all collection and legal fees.

**5.4 Absences and Closures.** The Parent/Guardian understands that **no reduction** in tuition will be made for their child's absence due to sickness, vacation, or other causes or when JCCEC is closed for vacation, holidays, or for emergencies beyond JCCEC's control such as, for example, snow days, lack of heat or water at the facility at which the Program is being conducted, which result in the JCCEC facility being closed.

- 6. Notice of Withdrawal.** The Parent/Guardian understands and agrees that JCCEC requires a two week notice of withdrawal from the Program. Failure to provide notice may result in forfeit of the deposit.
- 7. Information Provided by Parent/Guardian.** Attached to this Agreement are copies of the information provided by the Parent/Guardian to JCCEC as part of the application for JCCEC's services. The Parent/Guardian confirms that this information is accurate and agrees to inform JCCEC regarding changes in circumstances, and **immediately** in the event of any changes in the emergency information previously provided to JCCEC.
- 8. Term.** The term of this Agreement shall be for the Program year identified above. A new agreement must be signed for every Program year.

**IN WITNESS WHEREOF,** the Parent/Guardian has identified the child below and the parties have executed this Agreement on the dates appearing below.

\_\_\_\_\_  
 (Child's Name/Date of Birth)

\_\_\_\_\_  
 Signature of Parent/Guardian      Date

\_\_\_\_\_  
 Signature of JCCEC Representative      Date

**EMERGENCY FORM**

Child's Name \_\_\_\_\_ Birthdate \_\_\_\_\_  
                    Last                      First                      Middle

Address of child \_\_\_\_\_ Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Child Living With: Both Parents \_\_\_\_ Mother Only \_\_\_\_ Father Only \_\_\_\_ Other \_\_\_\_

(Drop-off or Pick -up restrictions/court orders require Legal Documents)

Mother  
Name

Father  
Name

Address

Address

Phone

Phone

Cell#

Cell#

E-Mail:

E-Mail:

Place of Business or School

Name

Name

Address

Address

Phone

Hrs.

Phone

Hrs.

Physician

Name \_\_\_\_\_

Phone \_\_\_\_\_

Address \_\_\_\_\_ Insurance Co./# \_\_\_\_\_

**Emergency & Sign Out Names** (please print name, signature not required at this time.)

Emergency contacts (an adult that must be available within 30 minutes of calling in case of parent or guardian unavailability)

1. Name  
Address  
Signature  
Phone

2. Name  
Address  
Signature  
Phone

3. Name  
Address  
Signature  
Phone

4. Name  
Address  
Signature  
Phone

Note here any medical problem or allergy \_\_\_\_\_

I give my permission to Jefferson Childcare & Education Center for the following:

1. To give medical treatment to my child if necessary.
2. For my child to be photographed, taped or filmed and use his./her work for display and publication.

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

Date \_\_\_\_\_



I (We) \_\_\_\_\_  
Name(s)

Of \_\_\_\_\_ do hereby state \_\_\_\_\_  
City County State

That I am (we are) the parents/guardians, having legal custody of \_\_\_\_\_

Child's Name \_\_\_\_\_  
A minor, age \_\_\_\_\_, born \_\_\_\_\_ who resides with me (us) at \_\_\_\_\_  
Address

I (We) authorize Jefferson Child Care and Education Center, P.O. Box 527: 29 Nolan's Point Rd., Lake Hopatcong, NJ 07849, to consent treatment, and or hospital care to be rendered to the minor at a recognized medical facility, under the general supervision of a licensed Physician.

Dated this \_\_\_\_\_ day of \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent (s) or Guardian (s)

Witness \_\_\_\_\_ Date \_\_\_\_\_

Existing medical problems of child, in any \_\_\_\_\_

Existing allergies, if any \_\_\_\_\_

Child's Doctor \_\_\_\_\_ Doctor's phone # \_\_\_\_\_

Specialist \_\_\_\_\_ Parent's Doctor \_\_\_\_\_

Medications that child is taking \_\_\_\_\_

Insurance Company \_\_\_\_\_ Group \_\_\_\_\_

\*\* Please attach a copy of your child's medical insurance card \*\*

Identification # \_\_\_\_\_ Last tetanus shot \_\_\_\_\_

Provided as a Public Service by  
Northwest Covenant Medical Center  
Sponsored by the Sisters of Sorrowful Mother

Department of Emergency Medicine:  
Dover General Campus, Dover .... 973-989-3200  
St. Clare's, Denville ..... 973-625-6063



## RECEIPT OF INFORMATION STATEMENT

I hereby certify that I have received and read a copy of the Jefferson Child Care and Education Center Parent's Manual which includes the information to parent's statement, as published by the Office of Licensing, Child Care & Youth Residential Licensing, in the Department of Children And Families in addition to the Center policies below:

- Policy on the Release of Children
- Policy on Dispensing Medication
- Policy on Parent Participation
- Philosophy on Child Discipline
- Policy on Management of Communicable Diseases
- Expulsion from program

Child's Name \_\_\_\_\_

Parent's Name \_\_\_\_\_

Date \_\_\_\_\_

My child \_\_\_\_\_ is in good health and can participate in the normal activities of the program.

Please list below any conditions or special needs that may require special accommodations for your child.

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\_\_\_\_\_  
Signature of Parent or Guardian



Dear parents,

We will be implementing our **"One Call System"**.  
This system will notify you of Emergency closings, early dismissals, etc.

The following are options you may select from to be notified.

Child(ren) Name: \_\_\_\_\_

School Attending: \_\_\_\_\_

Cell Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

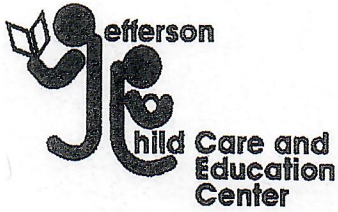
Home Phone \_\_\_\_\_

E- Mail \_\_\_\_\_

E-Mail \_\_\_\_\_

If you have any questions please do not hesitate to call.

Lisa Scognamiglio  
Executive Director



## Social Media Release

Social Media is a great way to stay connected! Throughout the year, we will be posting pictures of students during various learning experiences and activities. Personal information will NEVER be shared.

\_\_\_\_\_ I give permission for my child to be photographed for Jefferson Child Care and Education Center's social media pages.

\_\_\_\_\_ I DO NOT give permission for my child to be photographed for Jefferson Child Care and Education Center's social media pages.

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Student Name

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Parent Signature



## Authorization to Set Up or Change Automatic Payment

Date: \_\_\_\_\_

To: Jefferson Child Care and Education Center  
29 Nolan's Point Road  
Lake Hopatcong, NJ 07849

From: \_\_\_\_\_ Child's/Children's Name: \_\_\_\_\_  
Parent/Guardian Name  
Address  
City, State, Zip

Jefferson Child Care and Education Center is hereby authorized to automatically bill tuition payments from: a) my credit card account effective \_\_\_\_\_  
b) my debit card account effective \_\_\_\_\_

This authorization can be terminated at any time by written notice to the Jefferson Child Care and Education Center. Payments will be for tuition. Automatic Payment to Jefferson Care Child Care Center:

- a)  one month in advance  
b)  two weeks in advance (billed every two weeks)

Credit Card Type (MasterCard, Visa, Discover): \_\_\_\_\_

Debit Card Bank: \_\_\_\_\_

Name on Credit/Debit Card: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Credit/Debit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

3-digit CVC Number: \_\_\_\_\_

\_\_\_\_\_  
Card Holder Signature

\_\_\_\_\_  
Date