

2022-2023 Child Watch

Quality Child Care

Before and After School

Operated by The Upper Freehold Regional Board of Education

ABOUT OUR PROGRAM

Child Watch is a childcare program operated by the Upper Freehold Regional Board of Education for children in grades Pre-K (**turning age 4 before Oct 1, 2022**) through grade 7. We offer arts and crafts, games, music, story time, gymnasium time, movies, quiet time, and outdoor play. Our goals are non-academic, but we do offer homework time for the older children. A snack is provided each afternoon.

HOURS

The ***Morning Child Watch Program*** operates in the Newell Elementary cafeteria for children in grades PreK through grade 4 from 7:00 AM until the start of the school day.

The ***Afternoon Child Watch Program*** is offered for students in grades PreK through grade 7. Middle School students in grades 5 through 7 will be bussed from Stonebridge to Newell. Newell Elementary students in grades PreK through 2 will be met at their classrooms by Child Watch staff. Students in grades 3 and 4 will report directly to the Newell cafeteria.

TUITION

Tuition is divided into ten equal payments and is paid in monthly increments. Your deposit of \$50 per student is non-refundable and is credited toward your June payment. Tuition is due the first day of each month. Discounts are available for two or more children.

Enrollment forms should be submitted by Monday, August 22, 2022 along with a \$50 registration fee per child. .

SCHOLARSHIPS

Reduced tuitions are available for income eligible families. A child must be eligible to receive either Free or Reduced Lunch to qualify.

ADDITIONAL INFORMATION

For more information, please contact the Director, Angela Falletta fallettaa@ufrsd.net Child Watch Tax ID #21-0744-020

Note for PreK Students: In order to attend, your child must be independent in the bathroom.

UPPER FREEHOLD REGIONAL BOARD OF EDUCATION
27 HIGH STREET
ALLENTOWN, NEW JERSEY 08501
2022 - 2023 CHILD WATCH ENROLLMENT FORM
Rates are per month

CHILD 1

AM PROGRAM Grades PreK (4 yr old by Oct 1) through Grade 4 _____ \$162
Opens at 7:00AM

PM PROGRAM: _____ \$300
Grades PreK (4 yr old by Oct 1) through Grade 7
Until 6:00PM

ADDITIONAL CHILDREN

AM PROGRAM:
Grades PreK (4 yr old by Oct 1) through Grade 4 _____ \$146

PM PROGRAM:
Grades PreK (4 yr old by Oct 1) through Grade 7 _____ \$270

Total amount due by the first of each month _____

A NON-REFUNDABLE DEPOSIT OF \$50 PER CHILD IS REQUIRED. THE DEPOSIT WILL BE APPLIED TO YOUR JUNE TUITION PAYMENT.

FAMILY INFORMATION: (Please include step-parents on reverse side only)

Child 1 _____ Birth Date _____ Grade (2022-2023) _____ Teacher _____

Child 2 _____ Birth Date _____ Grade (2022-2023) _____ Teacher _____

Child 3 _____ Birth Date _____ Grade (2022-2023) _____ Teacher _____

Mother's Name _____ Father's Name _____

Mailing Address _____ Mailing Address _____

City, Zip _____ City, Zip _____

Cell Phone # _____ Cell Phone # _____

e-mail _____ e-mail _____

Please complete both pages

DISMISSAL INFORMATION: (Include step-parents here, if applicable)

Persons, in addition to the parents, who have permission to pick up your child.

At least two local contacts should be listed.)

Name _____ Name _____
Daytime Phone # _____ Daytime Phone # _____
Relationship _____ Relationship _____

Name _____ Name _____
Daytime Phone # _____ Daytime Phone # _____
Relationship _____ Relationship _____

CUSTODY: Is there a custody order in place concerning your child(ren)?

Yes ____ No ____

If so, please include a copy of that order.

SPECIAL NEEDS/504 Plans: Does your child(ren) have any special needs or health issues we should be aware of? Please be advised that no medicine is allowed at Child Watch. If your child has a 504 Plan, we encourage you to share a copy of that Plan with us so that we may better serve your child.

AGREEMENTS AND AUTHORIZATIONS:

I am responsible for the monthly contracted fees to be paid by the first day of each month. I understand that my child must abide by Child Watch's discipline policy. Failure to do so may result in suspension or dismissal from the program. I will pick up my child(ren) by 6:00PM each day. I understand that consistent tardiness will result in my child's dismissal from Child Watch.

EMERGENCY MEDICAL CARE:

My child(ren) is allergic to the following: _____

I hereby authorize emergency medical care for my child(ren)

_____ during attendance at Child Watch if, in the judgment of the staff, treatment is needed for an injury or an illness. I understand that I will be notified at the earliest possible time.

Signature of Parent or Guardian _____ Date _____

Please return Enrollment Form with your deposit (made payable to "UFRSD Child Watch") to:

CHILD WATCH
27 HIGH STREET
ALLENTOWN, NJ 08501

Questions? Contact Angela Falletta, CW Director at fallettaa@ufrsd.net