

# 2020-2021 Child Watch

*Quality Child Care  
Before and After School  
Operated by Upper Freehold  
Regional Board of Education*  
**\*\*Child Watch will be available  
on the days your child  
physically attends school\*\***

## **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, 2020**) 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 meet in the Stonebridge cafeteria. 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**

Child Watch Enrollment Forms should be submitted by **August 13, 2020** (including a \$50 deposit per child).

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

## **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, Kim Daly  
(609) 203-1435, or email [dalyk@ufrsd.net](mailto:dalyk@ufrsd.net).

Child Watch Tax ID #21-0744-020

UPPER FREEHOLD REGIONAL BOARD OF EDUCATION  
27 HIGH STREET  
ALLENTOWN, NEW JERSEY 08501  
**2020-2021 CHILD WATCH ENROLLMENT FORM**  
*Rates are per month – 2/3 days per week*

**CHILD 1**

AM PROGRAM:

**Grades PreK (4 yr old by Oct 1) through Grade 4**

Opens at 7:00AM

\_\_\_\_\_ \$90

PM PROGRAM:

**Grades PreK (4 yr old by Oct 1) through Grade 7**

Until 6:00PM on Full Days and 4:00PM on Early Dismissal Days

\_\_\_\_\_ \$167

**ADDITIONAL CHILDREN**

AM PROGRAM:

**Grades PreK (4 yr old by Oct 1) through Grade 4**

\_\_\_\_\_ \$62

PM PROGRAM:

**Grades PreK (4 yr old by Oct 1) through Grade 7**

\_\_\_\_\_ \$109

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 (2020-2021) \_\_\_\_\_  
(Enrolling in Child Watch)

Child 2 \_\_\_\_\_ Birth Date \_\_\_\_\_ Grade (2020-2021) \_\_\_\_\_  
(Enrolling in Child Watch)

Child 3 \_\_\_\_\_ Birth Date \_\_\_\_\_ Grade (2020-2021) \_\_\_\_\_  
(Enrolling in Child Watch)

Mother's Name \_\_\_\_\_ Father's Name \_\_\_\_\_

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

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 problems that 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:**

*By signing below, I am giving permission for my child(ren) to participate in field trips, walking or by bus, and to be photographed for media coverage.*

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 three late pickups (after 6:00 PM) could 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 of 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 hereby authorize the administering of anesthetics, and also any other procedures deemed necessary by the attending physician. I understand that whenever possible, I will be notified at the earliest possible time, should prior notice prove impossible. I understand that I am financially responsible for any expense for medical care or transportation on my child's behalf.

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? Call or e-mail Kim Daly, Director [dalyk@ufrsd.net](mailto:dalyk@ufrsd.net) (609) 203-1435**