

# Riverdale After School Program

Pompton Lakes Day Care Center

Passaic County Educational Services Commission

973 248 8225

Cindy Carey

Administrative CoDirector

Cath Zink Maxwell

CoDirector

The Riverdale After School Program is operated by the Pompton Lakes Day Care / Passaic County Educational Services Commission. The program offers After School PreK-Fifth Grade care in the cafeteria of the Riverdale School. The Preschool program, of 26 years, located in Pompton Lakes is available to all area children. The policy of the center is to accept ALL PreK-5th Graders in the After School Program. We accept enrollment on a year-round basis.

## BASIC INFORMATION:

Hours: 2:30 p.m. - 6:00 p.m.

\*Failure to have your child picked up by 6:00pm may result in dismissal from the program.

## Tuition Rates:

**Registration Fee:**

\$50.00 per family

\*Checks

**PreK- 5th Graders/After School @ Riverdale School:**

payable to

\*Monthly Rates based on the number of scheduled days and the pick up time:

\*PCESC\*\*

**Days/Week:**

5

**Before 6pm:**

**Before 4:30 pm:**

\$290.00/month

\$220.00/month

4

\$250.00/month

\$190.00/month

3

\$175.00/month

\$130.00/month

2

\$120.00/month

\$90.00/month

1

\$60.00/month

\$45.00/month

Extra School Days: \$16.00/day (billed separately)

Full Day & Summer (for all children): \$32.00/day

Preschool @Pondhole:

\$32.00/day (includes snacks)

(7:30am -5:30pm)

\$17/day for 2 1/2 Hr Session

(9-11:30am or 12:30-3pm)

\*\*Full Days" are listed on our calendar as days when the PL schools are closed, and the day care welcomes the children 7:30-5:30 at the Pompton Lakes Day Care sites. This option is extended to the Riverdale students.

\*\*For parents who have more that one child enrolled, 25% will be taken off of each additional child (the lower rates).

**\*\*TUITION IS DUE ON THE FIRST OF EACH MONTH.** Enrollment will be suspended on the fifth of the month, until tuition is received in full.\*\*

Calendar: There are approximately 11 days during the calendar year that the day care center is closed. We will provide a list of these days, along with a list of the days that school is closed and the day care operates "full days".

For further information regarding enrollment, please contact Cindy Carey and/or Cath Maxwell @ 973 248 8225. THANKS

# Riverdale

# After Care Program

2011-2012

Please complete and return to Riverdale School Office  
or  
Pompton Lakes Day Care Center, 316 Lakeside Ave, Pompton Lks, NJ 07442

It is important for us to know your child care needs so that we can effectively set up the program for the school year.

If you wish to enroll your child/children for September 2011, please take a moment to read the options and **check those that apply to your child/children.**

- I will need care until 6pm       I will pick up my child prior to 4:30pm
- I will need care EVERY DAY       I will need care on the following days:
- Monday
  - Tuesday
  - Wednesday
  - Thursday
  - Friday

Please list your child/children's name(s) and grade level(s) on the lines below:

NAME	GRADE (K-5)
_____	_____
_____	_____
_____	_____

Parent/Guardian Name \_\_\_\_\_  
Address \_\_\_\_\_, Riverdale, NJ 07457  
Home Phone # \_\_\_\_\_  
Cell/Work # \_\_\_\_\_

Please complete and return with a check/money order (payable to PCESC) for \$50.00 Family Registration Fee. Tuition is due on the first of each month.

**Riverdale After School Program**  
**Pompton Lakes Day Care Center**  
**Passaic County Educational Services Commission**  
**Grades PreK/K - 5th Grade Enrollment Form**

Days per week \_\_\_\_\_ pick up(circle one): 4:30pm / 6pm Starting date \_\_\_\_\_

Name of Child \_\_\_\_\_ Grade/Teacher \_\_\_\_\_ Birth Date \_\_\_\_\_  
 Mother's Name \_\_\_\_\_ Father's Name \_\_\_\_\_  
 Cell Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_  
 Address \_\_\_\_\_ Phone \_\_\_\_\_  
 \_\_\_\_\_ Marital Status \_\_\_\_\_  
 Mother's Employer \_\_\_\_\_ Phone \_\_\_\_\_  
 Father's Employer \_\_\_\_\_ Phone \_\_\_\_\_  
 Emergency Person \_\_\_\_\_ Phone \_\_\_\_\_  
 Child's Physician \_\_\_\_\_ Phone \_\_\_\_\_

**I. EMERGENCY CARE AUTHORIZATION**

I give consent for PCESC Staff and/or it's representatives to seek and authorize such emergency medical treatment as they deem necessary for my child(legal ward), named above. I understand that they will only exercise this authority after reasonable attempts to contact me have failed. I also consent and agree to such waivers of responsibility and permission forms as are normally required for emergency treatment at the accredited hospital of their choice.

Family Doctor's Name and Telephone Number \_\_\_\_\_  
 Insurance Company \_\_\_\_\_ Group# \_\_\_\_\_ ID# \_\_\_\_\_  
 Allergies to food, stings, medications, etc.? \_\_\_\_\_  
 Any Special Medical Conditions? \_\_\_\_\_  
 Date of Last Tetanus Shot: \_\_\_\_\_

**II. PHOTOGRAPHS**

I give permission to P.L./Riverdale Day Care staff and/or PCESC representatives to periodically photograph my child for classroom display or newsletter publication.

**III. WALKS**

I give my permission for my child to accompany the Day Care for short walks and, if attending the Pond Hole Site, to go to the Lenox Playground with the staff. I understand that a sign will be left at the entrance as to where the children can be found.

**IV. TUITION**

I understand that tuition payments are due upon billing each month; there are no refunds, deductions, or make-up days for days missed due to illness, vacations, or other circumstances; I will be held financially responsible for failure to give two weeks notice of withdrawal from the program; and failure to maintain monthly tuition payments will jeopardize my child's enrollment.

Signature of Contracting Parent \_\_\_\_\_ Date \_\_\_\_\_