

# RIVERDALE AFTERCARE

NORTHERN REGION EDUCATIONAL SERVICES COMMISSION

Cath Maxwell, Director  
c# 201-953-2676

Kristen Manzella, Asst Director  
c# 201-953-4206

316 Lakeside Avenue, Pompton Lakes, NJ 07442

973-248-8225

The Riverdale After School Program is operated by the Pompton Lakes Day Care Center, Northern Region Educational Services Commission. The center offers after school, PreK-5<sup>th</sup> grade, care in the cafeteria of the Riverdale School. The Preschool Program, located in Lakeside Middle School, Pompton Lakes is available to all area children. Our goal is to accept ALL PreK-5<sup>th</sup> graders in the Aftercare Program. We accept enrollment on a year-round basis.

## BASIC INFORMATION:

Hours: 2:30 – 6:00

Tuition Rates:     **Registration Fees:** \$50.00 per family

\*Checks                     **PreK-5<sup>th</sup> Grade/After School @ Riverdale School:**

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

<u>Days/Week</u>	<u>Before 6pm:</u>	<u>Before 4:30pm:</u>
5	\$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 days: \$16.00/day (billed separately)

Full and Summer days: 7:30a-5:30p: \$32.00/day    7a-6p: \$35.00/day

## **Preschool @ Lakeside School, PL:**

\$32.00/day (includes snacks)    \$35.00/day (includes snacks)    \$17.00/day for 2 ½ Hr Session  
(7:30-5:30)                                     (7-6)     (9-11:30 or 12:30-3)

~"Full Days" are listed on our calendar as days when PL Schools are closed, and the day care welcomes the children 7am-6pm at the Pompton Lakes Day Care sites. This option is offered to the Riverdale students.

~Families with more than one child enrolled will receive a 25% discount on the second child's (lower) rate.

**\*\*TUITION IS DUE UPON BILLING. Enrollment may be suspended on the fifteenth of the month, until tuition is received in full\*\***

For specific information regarding enrollment, please contact  
Cath Maxwell @ 973-248-8225 (c#201-953-2673)

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## Grades PreK – 5<sup>th</sup> Grade Enrollment Form

Number of days per week \_\_\_\_\_ Check one: \_\_\_ 4:30 pick up / \_\_\_ 6pm pick up Starting date \_\_\_\_\_

Name of Child \_\_\_\_\_ Grade \_\_\_\_\_ Birth Date \_\_\_\_\_

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

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

Address \_\_\_\_\_ Home 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 NRESC 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 to 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 Phone # \_\_\_\_\_

Insurance Company \_\_\_\_\_ Group # \_\_\_\_\_ ID# \_\_\_\_\_

Allergies to food, stings, medications, etc. \_\_\_\_\_

Special Medical Conditions \_\_\_\_\_

Date of last Tetanus Shot: \_\_\_\_\_

### II. PHOTOGRAPHS

I give permission to the PL/Riverdale Day Care staff and/or NRESC representatives to periodically photograph my child for classroom display or newsletter publication (NOT to be placed on the internet).

### III. TUITION

I understand that tuition payments are due upon billing each month; there are no refunds, deductions, or make-up days due to illness, vacations, or other circumstances; I will be held financially responsible for failing to give a 2 week notice of withdrawal from the program; and failure to maintain monthly tuition payments will jeopardize my child's enrollment at the Pompton Lakes Day Care.

IV. Preschool children require up to date Immunization Records signed by their physician.

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