

WASHINGTON TOWNSHIP SCHOOL
CHILD CARE APPLICATION 2009/2010

(One application is required per child)

1. General Information:

Child's Name: _____ Grade: _____
Mother's Name: _____ Phone: _____
Father's Name: _____ Phone: _____
Address: _____

2. Emergency Information:

Mother's Employer: _____ Phone #: _____
Address: _____
Father's Employer: _____ Phone #: _____
Address: _____
Mother's Cell Phone #: _____ Father's Cell Phone #: _____
Alternate Contact: _____ Alternate Contact's Phone #: _____

I would like to register my child for the programs circled below:

3. Fees:

Before Care Program (7am-8:50am): *(please circle letter)*

- a. Weekly full-time participant - (7 to 8 hours per week - on average).
 - \$26.50 Per wk 1st child •\$15.75 Per wk 2nd child •\$11.75 Per wk 3rd child
- b. Weekly part-time participant - (4 to 7 hours per week – on average).
 - \$15.75 Per wk 1st child •\$10.00 Per wk 2nd child •\$7.50 Per wk 3rd child
- c. Hourly part-time participant - less than 4 hours per week - on average.
 - \$6.10 Hourly 1st child •\$4.35 Hourly 2nd child •\$3.15 Hourly 3rd child

After Care Program (3:30pm-6pm): *(please circle letter)*

- a. Weekly full-time participant - (10 to 12.5 hours per week average).
 - \$52 Per wk 1st child •\$32.00 Per wk 2nd child •\$22.50 Per wk 3rd child
- b. Weekly part-time participant - (5 to 9.5 hours per week average).
 - \$36.75 Per wk 1st child •\$22.50 Per wk 2nd child •\$15.00 Per wk 3rd child
- c. Hourly part-time participant - less than 5 hours per week average.
 - \$6.10 Hourly 1st child •\$4.35 Hourly 2nd child •\$3.15 Hourly 3rd child

I understand and agree to all rules/regulations of the WTSD Child Care Program noted on this application.

4. Parent's Signature

Parent/Guardians

Date

5. Principal's Endorsement

6. Additional Fee Information

A. Financial Sliding Scale Fees* for families who qualify for free/reduced lunch:

Free: 40% of the contracted fee

Reduced: 70% of the contracted fee

Hardship: A determination will be made by the Administration.

*These rates will be implemented after our referred sources for financial assistance have been exhausted.

B. Checks should be made payable to: WASHINGTON TOWNSHIP SCHOOL CHILD CARE.

C. Checks may be given to the Program Coordinator.

D. Our Child Care Program must be entirely funded by the parents who use the program and not by the taxpayers of Washington Township.

E. As this program is not intended to operate at a loss, the Washington Township School Board of Education reserves the right to increase fees as necessary.

F. All children must be signed out by their parent/guardian before they are excused.

G. Before Care will operate at Brass Castle School and After Care at Port Colden School.

H. Hourly fees will be calculated to the nearest half hour.

I. Students in grades kindergarten through grade 6 are eligible for our child care programs.

J. In order to determine your yearly contract rate, either full time or part time, for single or multiple family members, please use the samples below:

a. Before Care - Full Time:

Full Time (7 to 8 hours per wk) Cost for 1st child: \$26.50 per wk x 36 wks = \$954. (\$95.40 per mo)

Full Time (7 to 8 hours per wk) Cost for 2nd child: \$15.75 per wk x 36 wks = \$567. (\$56.70 per mo)

Full Time (7 to 8 hours per wk) Cost for 3rd child: \$11.75 per wk x 36 wks = \$423. (\$42.30 per mo)

b. Before Care - Part Time:

Part Time (4 to 7 hours per wk) Cost for 1st child: \$15.75 per wk x 36 wks = \$567. (\$56.70 per mo)

Part Time (4 to 7 hours per wk) Cost for 2nd child: \$10.00 per wk x 36 wks = \$360. (\$36.00 per mo)

Part Time (4 to 7 hours per wk) Cost for 3rd child: \$7.50 per wk x 36 wks = \$270. (\$27.00 per mo)

c. After Care - Full Time:

Full Time (10 to 12.5 hrs per wk) cost for 1st child: \$52 per wk x 36 wks = \$1872. (\$187.20 per mo)

Full Time (10 to 12.5 hrs per wk) cost for 2nd child: \$32 per wk x 36 wks = \$1152. (\$115.20 per mo)

Full Time (10 to 12.5 hrs per wk) cost for 3rd child: \$22.50 per wk x 36 wks = \$810. (\$81.00 per mo)

d. After Care - Part Time:

Part Time (5 to 10 hours per wk) Cost for 1st child: \$36.75 per wk x 36 wks = \$1,323.00 (\$132.30 per mo)

Part Time (5 to 10 hours per wk) Cost for 2nd child: \$22.50 per wk x 36 wks = \$810. (\$81.00 per mo)

Part Time (5 to 10 hours per wk) Cost for 3rd child: \$15.00 per wk x 36 wks = \$540. (\$54.00 per mo)

7. Parents of students registered for the program will receive an invoice at the beginning of each month. Payment is due by the 10th of that month.
8. A nurse is not available during Before or After Care.
9. Medications cannot be administered by the Child Care Staff. However, the child may self medicate (inhaler/EpiPen), only if a release form is signed by the child's doctor. Child Care Staff may store the medications in a locked closet/cabinet when authorized by the child's doctor.
10. As this is a parent-paid program, parents must keep current with billing. Those that do not pay tuition bills, within the prescribed time, run the risk of having their children removed from the program.