

MIDLAND PARK CONTINUING EDUCATION CHILD CARE PROGRAMS 2016-2017

250 Prospect Street, Midland Park, NJ 07432

Phone (201) 444-2030 - Fax (201) 444-2091 - \*\*After Care Phone # 201-965-1791

On the Web: [www.mpsnj.org](http://www.mpsnj.org) Register online at: <https://register.communitypass.net/midlandpark>

REGISTRATION FORM

Child's Name \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

School child attends \_\_\_\_\_ Grade \_\_\_\_\_

Parent(s) or Guardian Name \_\_\_\_\_ e mail address \_\_\_\_\_

Address \_\_\_\_\_ Town/Zip \_\_\_\_\_

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

**\$70 registration fee/per child and first month's tuition payable upon registration by:**

Cash \_\_\_\_\_ Check \_\_\_\_\_ Visa \_\_\_\_\_ Master Card \_\_\_\_\_ Discover \_\_\_\_\_

Make check payable to MPCE

Visa/Master Card/Discover Acct. # \_\_\_\_\_ Exp. Date \_\_\_\_\_

**CVV Code** (last 3 digits on back of card) \_\_\_\_\_ Signature if paying by CC \_\_\_\_\_

\*\*\*\*\*

\_\_\_\_\_ My child will attend the **Before School Program:** No drink or snack provided No medication administered  
**Start Date:** \_\_\_\_\_

**Time:** 7:15a.m. - 8:15a.m. Monday - Friday, when schools are in session.

\*\*\*(Does not operate on days when schools are closed for any reason, INCLUDING delayed openings)\*\*\*

**Location:** Godwin School, E. Center Street, Midland Park, N.J. After Care Phone # 201-965-1791

**Registration fee \$70/per child and first month's tuition payable upon registration**

**\*\*Fees are based on the school calendar, not the number of days in each month\*\***

**Fees:** 5 days/week - \$135/month - 4 days/week - \$115/month - 3 days/week - \$95/month - 2 days/week - \$ 75/month  
 1 day/week - \$50/month

Drop-In Enrollment- \$20/per morning When care is not required on a regular basis. **\*\*Registration fee required \$70/per child**

**\*\*On days of delayed opening of school there will be no Before Care\*\***

M T W Th F Circle day (s) attending

\*\*\*\*\*

\_\_\_\_\_ My child will attend the **After School Program:** No drink or snack provided No medication administered  
**Start Date:** \_\_\_\_\_

**Time:** 2:50p.m. - 6p.m. Monday-Friday, when schools are in session. **\*\*Extended care for early scheduled dismissal days**

\*\*\*Does not operate on days when schools are closed for any reason, including EMERGENCY early dismissal days \*\*

**Location:** Godwin School, E. Center Street, Midland Park, N.J. After Care Phone # 201-965-1791

**Registration fee \$70/per child and first month's tuition payable upon registration**

**\*\* Fees are based on the school calendar, not the number of days in each month\*\***

<b>Fees for 6:00 p.m. pick up - First Child</b>		<b>Second Child</b>	<b>Fees for 4:30 p.m. pick up First Child</b>		<b>Second Child</b>
5 days	\$310/month	\$280/month	5 days	\$195/month	\$175/month
4 days	\$280/month	\$255/month	4 days	\$170/month	\$155/month
3 days	\$240/month	\$225/month	3 days	\$150/month	\$135/month
2 days	\$185/month	\$170/month	2 days	\$120/month	\$110/month
1 day	\$113/month	\$108/month	1 day	\$ 75/month	\$ 70/month
Drop-In Enrollment - \$30/per day <b>**Registration fee required</b> (When care is not needed on a regular basis)			Drop-In Enrollment - \$25/per day <b>**Registration fee required</b> (When care is not needed on a regular basis)		
Drop-In Enrollment Extended day 12:30 p.m \$45/per day			Drop-In Enrollment Extended day 12:30 p.m \$35/per day		
<b>**Registration fee required \$70/per child</b>			<b>**Registration fee required \$70/per child</b>		

M T W Th F Circle day (s) attending

Anticipated time of pick-up \_\_\_\_\_ p.m. (no later than 4:30 p.m. or no later than 6:00 p.m.) as indicated on this form

MEDICAL/EMERGENCY INFORMATION

Website: [www.mpsnj.org](http://www.mpsnj.org)

Register online at: <https://register.communitypass.net/midlandpark>

PROGRAM: (check one) \_\_\_\_\_ Before Care \_\_\_\_\_ After Care \_\_\_\_\_ Both

1<sup>st</sup> Child's Grade \_\_\_\_\_ 2<sup>nd</sup> Child's Grade \_\_\_\_\_ 3<sup>rd</sup> Child's Grade \_\_\_\_\_

Days attending Morning Care M T W Th F Days attending After Care M T W Th F

Child's Name \_\_\_\_\_ (male \_\_\_\_\_ female \_\_\_\_\_  
Check one

**\*\*Please indicate which party should be contacted 1<sup>st</sup> in case of unexpected absence, emergency etc.\*\***

Parent/Guardian #1 \_\_\_\_\_ (relationship)

Home # \_\_\_\_\_ Bus. Phone \_\_\_\_\_ Cell # \_\_\_\_\_

Parent/Guardian #2 \_\_\_\_\_ (relationship)

Home # \_\_\_\_\_ Bus. Phone \_\_\_\_\_ Cell # \_\_\_\_\_

All persons authorized to pick up your child who will most routinely pick your child up from After School Child Care

Name/Relationship \_\_\_\_\_ Phone \_\_\_\_\_ Alt. Phone # \_\_\_\_\_

Name/Relationship \_\_\_\_\_ Phone \_\_\_\_\_ Alt. Phone # \_\_\_\_\_

(Any changes to above list must be received in writing)

**Emergency Name/Numbers:** Please give the name, and phone number of person(s) that your child may be released to in case of emergency or illness when parent(s) or guardian(s) are not available.

Name/Relationship \_\_\_\_\_

Name/Relationship \_\_\_\_\_

**MEDICAL INFORMATION**

Child's Physician \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Child's known allergies \_\_\_\_\_

Does your child require an Epi-pen? \_\_\_\_\_ Yes \_\_\_\_\_ No

**\*\*If child has an allergy and requires an Epi Pen, please send in the box the Epi-Pen comes in which has the doctor's prescription on the box. EXPIRED EPI PENS CANNOT BE ACCEPTED\*\***

**\*No medication administered\***

**Emergency Medical Release:** If emergency medical care is deemed necessary and I cannot be contacted, I authorize the staff to act in my behalf in granting permission for my child to receive emergency treatment.

**Complete separate form for each child**

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

**MIDLAND PARK CONTINUING EDUCATION**  
**250 Prospect Street**  
**Midland Park, N.J. 07432**  
**Phone (201) 444-2030 Fax (201) 444-2091**  
[www.mpsnj.org](http://www.mpsnj.org)

**BEFORE AND AFTER SCHOOL CHILD CARE**  
**PARENT AGREEMENT**

In consideration of my child's participation in the Midland Park Continuing Education **Before School and/or After School Child Care** program(s) from the date of entry until the end of the school year, as per the Midland Park Public School calendar, I agree to the following:

1. I agree to remit each month's fee by the 20<sup>th</sup> of each month preceding my child's participation in the program as billed. I understand there will be a late charge of \$20 if payment is not made by the 25<sup>th</sup> of the preceding month. Payments made by check should be made payable to: Midland Park Continuing Education, and mailed to 250 Prospect Street, Midland Park, NJ 07432. A fee of \$20 will be charged for all returned checks.
  - 1a. I agree to have my credit/debit card charged on the 20<sup>th</sup> of each month as indicated on the Pre Authorization Form on file.
2. The cost of the program is based on the number of days my child will attend each month and these days will be set in advance. No deviation in days of the week or substitutions for absence will be allowed.
3. Upon registration, I agree to pay the registration fee together with the first month's tuition
4. No reductions will be made from the monthly fee due to school calendar holidays, sick days or vacations. Our basic rates include program operation on scheduled early dismissal days as well as those months which consist of more than four weeks. **Fees are based on the school calendar, not the number of days in each month.**
5. I agree to pick up my child(ren) promptly by 4:30 p.m. or 6:00 p.m. (as indicated on my registration form). I understand that a fee of fifteen (\$15) dollars will be charged for the first 15 minutes, and fifteen (\$15) dollars for each additional 15 minutes or any part thereof. I further understand that it is my responsibility to provide alternative arrangements for my child(ren) to be picked up should I not be available and that I will notify the teacher in charge of the name of the adult who will be picking up my child(ren).
6. I understand that Midland Park Continuing Education can request removal of my child(ren) from any Child Care program in the event of continued late payment of tuition, failure to pick up my child(ren) on time repeatedly, child's disruption of class, or any other reasonable cause.

**THIS SIGNED FORM MUST BE RETURNED WITH YOUR REGISTRATION FEE AND FIRST MONTH'S TUITION PRIOR TO THE CHILD'S ADMITTANCE IN THE PROGRAM.**

I have read and understand the above terms and agree to abide by these regulations in consideration of my child(ren) being accepted in a Midland Park Continuing Education Before School Child Care and/or After School Care program(s).

\_\_\_\_\_  
**Parent or Guardian's signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Child's Name**

\_\_\_\_\_  
**School**

MIDLAND PARK CONTINUING EDUCATION  
250 Prospect Street  
Midland Park, NJ 07432  
Phone: 201-444-2030 Fax: 201-444-2091  
[www.mpsnj.org](http://www.mpsnj.org)

**\*\*OPTIONAL\*\***

**Pre-Authorization Form**  
**For Recurring Payment with Credit and Debit Cards**

I authorize MPCE to keep my signature on file and to charge my credit card account or to debit my account as indicated below, on an ongoing basis, on the 20<sup>th</sup> day of each month, for the full amount described on my Before and After School invoice.

I understand that this authorization is valid from the date indicated below until I cancel the authorization in writing to MPCE. I also agree to contact MPCE as soon as possible if there are any changes to my credit card/debit card account information.

Please complete the form below.

Credit/ Debit Card

\_\_\_ Master Card      \_\_\_ Discover      \_\_\_ Visa

Account # \_\_\_\_\_ Exp. Date \_\_\_\_\_

Cardholder Signature \_\_\_\_\_ CVV Code (on back of card) \_\_\_\_\_

\_\_\_\_\_  
Cardholder Name

\_\_\_\_\_  
Cardholder Address

\_\_\_\_\_  
Daytime Telephone Number                      Cell #                      Evening Telephone Number

Please sign & return this form to : Midland Park Continuing Education, 250 Prospect Street,  
Midland Park, NJ 07432

Any cancellation of this agreement must be made in writing and mailed to the above address.

**MIDLAND PARK CONTINUING EDUCATION**

**250 Prospect Street**

**Midland Park, NJ 07432**

**Phone: 201-444-2030 Fax: 201-444-2091**

**After Care telephone 201-965-1791**

To: Before & After Care Parents:

We would like to welcome you to the 2016-2017 school year of Before and After School Child Care sponsored by Midland Park Continuing Education. Both programs will begin on Tuesday, September 6, 2016 at the Godwin School. Morning care is from 7:15a.m. – 8:15a.m., After Care is from 2:50 – 6:00 p.m. The regular public school calendar will be followed. Care is provided on early dismissal days for those children attending the After Care program on the early dismissal day.

The Before and After Care program has a cellular telephone for emergencies, absences or to report any changes to your child's schedule regarding drop-off or pick-up. The telephone number is **201-965-1791**. Please keep this telephone number with you at all time to contact the Before or After Care staff.

I would like to take this opportunity to introduce Ms. Beth Kasbarian the new Before and After School Child Care registration coordinator. Ms. Kasbarian has been in the Midland Park School system for over six years. Please join us as we welcome her to the Continuing Education staff. Ms. Kasbarian can be reached by email beginning August 1, 2016

We are anticipating having a successful year and are looking forward to having the opportunity to serve you and your child's Before and After School Child Care needs. If you have any questions, please contact the After Care staff **201-965-1791** or the Continuing Education office **201-444-2030**.

Ms. Joyce Gomez, Ms. Suzanne Esposito and staff @ MPCE

## MIDLAND PARK CONTINUING EDUCATION

250 Prospect Street

Midland Park, NJ 07432

Phone: 201-444-2030 Fax: 201-444-2091

Dear Before and After Care Parents/Families;

We have enjoyed many safe years here in Midland Park, where we have functioned in a very welcoming, and trusting manner. In light of the potential danger that could invade our tranquil and friendly community, we are attempting to safeguard the children through some modifications in how we do things.

The Before and After Care programs have transitioned to a new drop-off and pick-up procedure, please adhere to the following:

**Before School**- Prior to arriving at the Godwin School or a few minutes before, please call or text the Before Care telephone (201) 965-1791 to advise Ms. Esposito or Ms. Makela, our Before Care Coordinators, that your child/children are being dropped off. The door will be opened by a building aide. Children should enter the Godwin School through the door by the flag pole. Parents will not be able to enter the building.

**After School**- Prior to arriving at the Godwin School or a few minutes before, please call or text the After Care telephone (201) 965-1791 to advise Ms. Gomez or Ms. Esposito, our After Care Coordinators, that you are arriving to pick-up your child/children. Children will be sent to the door and be released to the parent or designated person authorized to pick-up. Parents will not be able to enter the building.

We have created a photo ID book which contains the photographs of the children so they are properly identified. A form asking for permission to take your child's photo is attached to this packet. This form should be completed and returned to Ms. Esposito/Ms. Makela or Ms. Gomez as soon as possible. If your child has already had their picture taken it will be used again.

In the event your child will be absent and not go to Before or After Care please **call or text 201-965-1791** with that information so their attendance is up-to-date. You **must** also **text or telephone** if your child will arrive late, attends Brownies, is practicing for a school event, CCD or any other activity that they will attend and be absent from Before or After Care on a particular day. Messages can also be left with the **Adult School Staff at 201-444-2030** if you cannot text or telephone.

Please complete the emergency/medical form with all current emergency/medical information and all persons authorized to be contacted and to pick-up your child from the programs. The form must be completed and returned to the Adult Ed office. A copy will be sent to Ms. Esposito/Ms. Makela or Ms. Gomez.

We appreciate your cooperation as we continue to safeguard the children in our care.

Thank you,

*Beth Kasbarian*

Beth Kasbarian

Before And After Care Registration Coordinator

Midland Park Continuing Education

[bkasbarian@mpsnj.org](mailto:bkasbarian@mpsnj.org) (active 8-1-16)

p. 201-444-2030 f. 201-444-2091

Midland Park After School Child Care Program  
**Sponsored by Midland Park Continuing Education**

**Technology Table Agreement**

I give permission for my child \_\_\_\_\_ to use the Technology Table for the purpose to play age appropriate games or view age appropriate videos.

\_\_\_\_\_  
Signature of Parent

\_\_\_\_\_  
Date

Please print name \_\_\_\_\_

\*\*\*\*\*

My child \_\_\_\_\_ **does not have permission** to use the Technology Table.

I understand the Technology Table is the only place where a child may use technology at the After Care program.

\_\_\_\_\_  
Signature of Parent

\_\_\_\_\_  
Date

Please print name \_\_\_\_\_

**MIDLAND PARK CONTINUING EDUCATION  
BEFORE SCHOOL CHILD CARE PROGRAM  
PHOTO PERMISSION**

**SIGNATURE REQUIRED**

Dear Parents,

The Before Care program is transitioning to a new drop-off procedure. In order to continue to provide your child/children with a safe environment, I would like to have your permission to photograph your child/children. My reason is for security purposes, to have a photo with a name for my records.

Please sign below to indicate your preference. You can return the bottom portion of this form to the MPCE office, 250 Prospect Street, Midland Park, 07432 or you can send it back with your child/children when they arrive for morning care.

Sincerely,

Ms. Esposito – Ms. Makela  
Before School Child Care Coordinators

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**BEFORE SCHOOL CHILD CARE PHOTO PERMISSION**

\_\_\_\_\_ I give my permission for my child/children to be photographed in the Before School program.

Name of child/children \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature \_\_\_\_\_

\_\_\_\_\_ I do not give my permission for my child/children to be photographed in the Before School program.

Name of child/children \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature \_\_\_\_\_



**MIDLAND PARK CONTINUING EDUCATION  
AFTER SCHOOL CHILD CARE PROGRAM  
PHOTO PERMISSION**

**SIGNATURE REQUIRED**

Dear Parents,

The After Care program is transitioning to a new drop-off procedure. In order to continue to provide your child/children with a safe environment, I would like to have your permission to photograph your child/children. My reason is for security purposes, to have a photo with a name for my records.

Please sign below to indicate your preference. You can return the bottom portion of this form to the MPCE office, 250 Prospect Street, Midland Park, 07432 or you can send it back with your child/children when they arrive for morning care.

Sincerely,

Joyce Hansen Gomez  
After School Child Care Coordinator

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**AFTER SCHOOL CHILD CARE PHOTO PERMISSION**

\_\_\_\_\_ I give my permission for my child/children to be photographed in the After School program.

Name of child/children \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature \_\_\_\_\_

\_\_\_\_\_ I do not give my permission for my child/children to be photographed in the After School program.

Name of child/children \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature \_\_\_\_\_