

Greenwich-Stow Creek Partnership Schools

Morris Goodwin School
839 Ye Greate Street
Greenwich, NJ 08323
Phone: 856-451-5513
Fax: 856-451-4476



Brandon Cobb
Superintendent



Stephanie Sharpless
Supervisor of Curriculum and Instruction

Stow Creek School
11 Gum Tree Corner Road
Bridgeton, NJ 08302
Phone: 856-455-1717
Fax: 856-455-0833

Dear Parents/Guardians,

The Stow Creek Township Board of Education operates an excellent After-School Child Care Program from 2:30 p.m. to 6:00 p.m. at the Morris Goodwin School. A daily snack is provided and a variety of activities including a homework time are offered during the program. The cost is \$10.00 per day for the first child; second and subsequent children from the same family are \$8 each. There will be an additional 5% discount available for monthly payment in advance by the 28th of the preceding month. The program can be used on a per diem basis. If an emergency arises or you need only occasional care for your child you may do so for \$12.00/day. You will need to call the school to inform us that your child will be attending the after-school program on that particular day.

Our own staff runs this program. It operates as a self-sustaining program; a minimum of 15 students must be enrolled to provide an adequate financial foundation for its continued operation.

Security for After-School Childcare Program—The school doors are locked at all times. To pick a child up from After-School a person must ring the front doorbell and be identified, via remote camera, before being allowed entrance to the school. All persons picking up a child must have a photo ID on file with the school. If you need to have someone else pick up your child who is not on file please contact the school ahead of time and have the person present their photo ID when they arrive.

If you would like your child to participate in the program, please return the contract form, enrollment form and medical treatment form to our school office by mail or in person by September 1st. The program will begin the first day of school.

Thank you for your cooperation in maintaining this program.

Sincerely,

Brandon Cobb,
Superintendent

STOW CREEK TOWNSHIP SCHOOL AFTER-SCHOOL CHILDCARE PROGRAM

The After-School Childcare Program is designed to provide a safe, secure environment for your child. A director and aide, experienced in working with children, will conduct a program that includes educational, recreational and personal development activities.

In offering this program the Stow Creek Township Board of Education recognizes the need for working parents to have affordable and accessible childcare during after-school hours. Parents who see the program as a means of enrichment are also invited to enroll their children. All students who are enrolled in the Greenwich/Stow Creek Partnership Schools are eligible to participate.

Operation Hours:

The After-School Childcare Program will begin on the first day of school. The program will be held everyday school is in session. **In the event of an emergency closing, we will follow your instructions:**

- 1. Your child will be sent home on the assigned school bus.**
- OR**
- 2. Your child will be supervised at school until transportation has been provided by a parent.**

The program will operate 2:30 p.m. – 6:00 p.m. Monday-Friday. On the days of scheduled early school dismissal, the program will operate from 12:30 – 6:00 p.m.

All children must be picked up no later than 6:00 p.m. Failure to do so will result in an immediate additional charge of \$10.00 per quarter hour.

Students that attend the Stow Creek School will be transported, by school bus, to Morris Goodwin School to attend the program.

Snacks:

A daily snack will be provided for your child. **Please inform the program staff if your child has any food allergies.** If your child has specialized food requirements, it may be necessary for you to provide the daily snack.

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Medical and Health Information

The program must have current emergency information on file for each child. It is the parents' responsibility to keep the program informed of any change in their child's health condition or emergency information.

If a child shows signs of illness, the parent will be contacted. The child will be made as comfortable as possible until the parent or designee can pick up the child.

Student Responsibilities

All children are expected to follow school rules outlined in the student handbook while attending the program.

Parent/Guardian Responsibilities

Parents are required to notify the school office **in writing** of any attendance or departure changes. In an emergent situation the Stow Creek office may be contacted by phone (856) 455-1717 option 2 or fax (856) 455-0833. The Morris Goodwin Office can be contacted at (856) 451-5513 option 1 or fax (856) 451-4476.

Parents are asked to inform the program staff of any changes or concerns that are relevant to their child.

Please keep your child's teacher informed of the days your child will attend the After-School Childcare Program.

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Stow Creek Township After-School Childcare Program

ENROLLMENT FORM 2022-2023

Please complete one form for each child if more than one is enrolling per family.

STUDENT INFORMATION:

Child's Name _____ Sex M/F Grade _____

Address _____ Home Phone _____

CHILD'S INTERESTS:

What are some activities that your child enjoys? _____

Does your child have any special needs? (Please specify) _____

Is there additional information that would be helpful for us in getting to know your child?

FAMILY INFORMATION:

Mother/Guardian's Name _____

Home Phone _____ Cell Phone _____

Work Place _____ Work Phone _____

Father/Guardian's Name _____

Home Phone _____ Cell Phone _____

Work Place _____ Work Phone _____

Any Special Custody/Living Arrangements? _____

DEPARTURE PROCEDURES:

Below, please list all persons authorized to take your child home from the After-School Care program. Your child will only be allowed to leave with people listed here.

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MEDICAL TREATMENT FORM

Child's Name _____ Birth Date _____
MM DD YYYY

Parent/Guardian _____ Address _____

Home Phone _____ Cell Phone _____ Work Phone _____

Allergies/Medical Conditions _____

Emergency contacts: Please list the name, address and phone number of two people that can be notified in case of an emergency when parents or guardians are not available.

1) Name _____ Relationship _____

Address _____ Phone # _____

2) Name _____ Relationship _____

Address _____ Phone # _____

Child's Physician _____ Phone # _____

EMERGENCY TREATMENT AUTHORIZATION AND CONSENT

Must be signed by the Parent/Guardian

I hereby certify that my child is in good health and can participate in this program.

I hereby give permission to release information regarding my child's health condition(s) to After-School Childcare Program staff in order to best meet the medical and health needs of my child.

In case of an emergency, I request that After-School Childcare Program staff contact me. If I am unable to be reached, I hereby give permission to the After-School Childcare Program staff to secure proper medical treatment for my child named above and to make necessary arrangements for my child to be treated at the nearest medical facility.

Parent/Guardian Signature _____ Date _____

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PARENT/GUARDIAN CONTRACT

I will be enrolling my child, _____, in the After-School Program.

They will be attending the program (circle one) Full-Time (5 days/wk) / Part-Time (listed below)

If Part-Time, circle the day/days that apply Monday Tuesday Wednesday Thursday Friday

Approximate time of departure (No later than 6:00 P.M.) _____

Parent/Guardian Responsibilities and Payment Procedures

1. The After-School Childcare Program will operate from the close of school to 6:00 p.m each day. The program will not operate on scheduled or emergency school closings.
2. It is my responsibility to see that my child is picked up by the designated closing time of 6:00 p.m. If I fail to do so, I will be responsible for an additional fee of \$10.00 per quarter hour.
3. I must notify the After-School Childcare Program staff in writing of any attendance changes.
4. I will inform the After-School Childcare Program staff of any changes or concerns that arise that are relevant to my child.
5. If a medical emergency arises, the After-School Program staff will first attempt to contact me. If I cannot be reached, the After-School Childcare Program staff will call the emergency contact person or my child's doctor. If the emergency is such that immediate hospital attention is necessary, the After-School Childcare Program Staff will take measures to see that my child is transported to the hospital. I will be responsible for all costs incurred.

I agree to pay the monthly fee to the After-School Childcare Program when I receive the invoice or by the beginning of each month. A 5% discount may be taken for advance monthly payment by the 28th of the preceding month. Payment invoices will be available from the Director for my convenience. I understand that if I do not pay the contracted fee my child may be removed from the program.

I understand and agree to abide by the above parent responsibilities and payment procedures.

Parent/Guardian Signature _____ **Date** _____