

MIDLAND PARK COMMUNITY SCHOOL

BEFORE AND AFTER SCHOOL CHILD CARE PROGRAMS 2024-2025



We would like to take this opportunity to welcome you and your children to the Child Care Programs operated by Midland Park Community School (MPCS) and sponsored by the Midland Park Board of Education. The program is designed to provide a safe, fun and nurturing environment for your children each day and is open to all children in grades K-6 who attend school within the district. Activities include homework time, games, arts and crafts, movies and outdoor play (weather permitting). Students must bring their own water bottles and nut free snacks (no drinks or snacks are provided for any of our programs). Care is provided by certified teachers and/or aides at Godwin School who report to Danielle Bache, Godwin School Principal.

****PLEASE NOTE** NEW REGISTRATION PROCEDURE IN THE EVENT CAPACITY LIMITS REMAIN IN EFFECT FOR THE 2024-2024 SCHOOL YEAR.** Registration will be open to all currently registered families beginning February 1st, on a first come, first serve basis. Registration will open up to all Midland Park families beginning March 1st. Once capacity is reached, your child will be placed on a wait list. Online registration is not available at this time. Registrations will not be accepted before the dates above.

In order to receive before or after school child care services for the first week of school, your child's complete registration, including the registration fee and first month's tuition, must be received by the MPCS office by August 20th. Any registration received after August 20th must be made in person or called in and will incur a \$25 late registration fee. Online registration is not available at this time.

The regular public school calendar will be followed and will not operate when schools are closed for any reason. The school calendar can be viewed online at www.mpsnj.org.

The Program Handbook detailing program policies and procedures is available online at www.mpsnj.org (Community School Programs-Before & After School Child Care Programs).

BEFORE SCHOOL CHILD CARE TIMES (BSCC): 7:00 a.m. – 8:15 a.m.

AFTER SCHOOL CHILD CARE TIMES (ASCC): 2:50 p.m. – 4:30 p.m. or 6:00 p.m.

(2:40 p.m. start time for Kindergarten)

(12:30 p.m. start time for scheduled early dismissal days) (12:20 p.m. for Kindergarten)

IMPORTANT CONTACT INFORMATION	
PROGRAM LOCATION:	Godwin School, 41 E. Center Street, Midland Park, N.J. 07432 / 201-445-5350
PROGRAM PHONE #:	201-965-1791
REGISTRATION COORDINATOR:	Beth Kasbarian / Bkasbarian@mpsnj.org
WEBSITE:	www.mpsnj.org (Community School)
ONLINE REGISTRATION:	https://register.communitypass.net/midlandpark
MIDLAND PARK COMMUNITY SCHOOL OFFICE (MPCS):	250 Prospect Street, Midland Park, N.J. 07432 201-444-2030(PHONE) 201-444-2091(FAX) mpcs@mpsnj.org

MIDLAND PARK COMMUNITY SCHOOL

Before & After School Child Care Program

REGISTRATION FORM

Community Pass Account # _____
 or Name on Account _____ (To set up your account on Community Pass: <https://register.communitypass.net/midlandpark>)

Child's Last Name _____ First Name _____
 (Please fill out separate forms for each additional child)

Grade (as of September) _____ Age _____ Date of Birth _____ Gender _____

School Child Attends _____ Teacher _____

Please list any siblings in the school district _____

	Parent/Guardian #1 Relationship _____	Parent/Guardian #2 Relationship _____
Name		
Address		
City, State, Zip		
Home Phone		
Cell Phone		
Email Address		
	Mobile Provider _____ <input type="checkbox"/> Receive alerts via text messaging. By checking this box, I understand that standard text messaging rates may apply.	Mobile Provider _____ <input type="checkbox"/> Receive alerts via text messaging. By checking this box, I understand that standard text messaging rates may apply.

Emergency Contacts

Please list the name, and phone number of the 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 _____ Phone # _____
 (Please circle: Home/Cell/ Work)

Name/Relationship _____ Phone # _____
 (Please circle: Home/Cell/ Work)

List additional people authorized to pick up your child(ren)

First Name _____ Last Name _____
 First Name _____ Last Name _____
 First Name _____ Last Name _____
 First Name _____ Last Name _____

PROGRAMS AND TUITION

Registration Fee - \$70.00 (non-refundable) annual fee for the first child or
\$110.00 (non-refundable) per family
Plus (1st) month's tuition payable upon registration
Please select the appropriate program(s) and complete

BEFORE SCHOOL CHILD CARE (BSCC)

Time: 7:00 a.m. - 8:15 a.m. Monday – Friday

_____ My child _____ will attend the **Before School Child Care Program**

Start Date: _____

Monday Tuesday Wednesday Thursday Friday

MONTHLY RATE (Circle day(s) attending)

5 days/week	4 days/week	3 days/week	2 days/week	1 day/week
\$200.00	\$170.00	\$140.00	\$95.00	\$75.00

A 10% discount will be given to 2nd or 3rd child

AFTER SCHOOL CHILD CARE (ASCC)

_____ My child _____ will attend the **After School Child Care Program**

Start Date: _____

Monday Tuesday Wednesday Thursday Friday

(Circle day(s) attending)

4:30 p.m. or 6:00 p.m. MONTHLY RATE (Circle only one pick up time)

Pick-up time	5 days/week	4 days/week	3 days/week	2 days/week	1 day/week
Per Child 4:30 p.m.	\$265.00	\$235.00	\$195.00	\$155.00	\$110.00
Per Child 6:00 p.m.	\$365.00	\$325.00	\$280.00	\$230.00	\$160.00

A 10% discount will be given to the 2nd or 3rd child.

Tuition invoices will be emailed monthly and are due on the 20th of each month preceding your child's participation in the program.

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

No reductions will be made from the monthly fee due to school calendar holidays, sick days or vacations.

Our programs do not operate on days when schools are closed or canceled for any reason (including emergency early dismissals).

Before School Child Care does not operate when there is a delayed opening.

Extended Care is provided on scheduled early dismissal days for those children who are registered to attend the After School Care program on that day or a drop-in enrollment coupon may be purchased in advance.

Children that are not picked up promptly by 4:30 p.m. or 6:00 p.m., as indicated at time of registration, will incur a late fee of \$3.00 per minute, for each minute after 4:30 p.m. or 6:00 p.m. that your child is picked up.

Start dates before the 15th of the month will be charged full tuition, after the 15th, tuition is half, tuition will not be prorated. Withdrawal from the program or changes must be made in writing to MPCS (email is acceptable).

See the Program Handbook (online at www.mpsnj.org (Community School)) for more information.

PROGRAMS AND TUITION (cont'd)

DROP IN ENROLLMENT FOR Before Care/After Care (BSCC/ASCC)
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(This option is for registered children only)

_____ My child _____ will use the Drop-in Enrollment for the **Before and After School Child Care Program**:

***Drop-in Enrollment coupons can only be purchased through "MPCS". Anytime a drop-in enrollment coupon is used, the MPCS office must be notified either via telephone (201) 444-2030 or email Bkasbarian@mpsni.org/MPCS@MPSNJ.ORG and you must call or text the BSCC/ASCC Child Care phone 201-965-1791 in addition to notifying your child's teacher/school.

Drop-in Before School (BSCC)	Drop-in After School (ASCC) 4:30 p.m. pick up	Drop-in After School (ASCC) 6:00 p.m. pick up	Drop-in After School (ASCC) 4:30 p.m. pick up Extended Day (12:30 p.m. dismissal)	Drop-in After School (ASCC) 6:00 p.m. pick up Extended Day (12:30 p.m. dismissal)
\$20.00/per day	\$25.00/per day	\$35.00/per day	\$45.00/per day	\$55.00/per day

PAYMENT OPTIONS:

(For 1st month's tuition and registration fee)

___ Visa ___ Master Card ___ Discover ___ E-check ___ Check -payable to "M.P.C.S."

CC Account # _____ Exp. Date _____ CVC# _____

Bank Name (E-Check) _____ Individual Company

Routing # (E-Check) _____ Bank Account # (E-Check) _____

Signature _____

- Checks made payable to: MPCS Mail to: 250 Prospect Street, Midland Park, New Jersey 07432
- Please go to the following site to register and pay your monthly tuition securely via credit card through your account: <https://register.communitypass.net/midlandpark> and log onto Community Pass. (Optional auto-pay sheet is included in this packet.
- Tuition will be billed and is due by the 20th of each month preceding your child's participation in the program. Late charge will be applied if payment is not received by the 1st of the following month.

MEDICAL/EMERGENCY INFORMATION

Child's Name: _____

The Parent(s)/Guardian(s) listed on the registration page will be contacted in case of unexpected absence, illness or emergency, etc., followed by the Emergency Contacts (listed on the registration page) when parent(s) or guardian(s) are not available.

My child is in good health and has no restrictions while participating in any program activities: YES or NO

MEDICAL CONDITIONS/DISABILITIES/RESTRICTIONS

ALLERGIES: Please list all known allergies, allergic reactions and management

CURRENT MEDICATIONS

Please advise us of any relevant information that you have shared with your child's school that would be useful in meeting your child's needs in our program.

Child's Physician _____ Phone # _____

Epi-Pen/Inhaler Parental Permission - Authorization to Administer:

Does your child require an Inhaler? (Please circle): YES or NO

Does your child require an Epi-Pen? (Please circle): YES or NO

If yes, please sign the authorization to administer below:

The child's Parents/Guardians must be notified once an Epi-Pen is used and 911 must be called as a precaution should the child need additional Epi-Pen serum. If the parent cannot get to the school for their child, the emergency contact will be notified and they become the responsible party. In addition, a person 18 or older must accompany the child and ride along with the 911 responders to the hospital. I understand that this employee is not a trained health care professional, but has been trained to administer the Epi-Pen/Inhaler. I also understand that I will be responsible for providing the MPCS BSCC/ASCC program with an Epi-Pen/Inhaler, in its original box with the original prescription, labeled with my child's name. The device will be kept in a readily available, secure location at my child's site. In the event my child is in need of an Epi-Pen for allergic symptoms, I authorize the MPCS BSCC/ASCC staff to administer an Epi-Pen/Inhaler to my child. I, as his/her parent/guardian, will be aware of the expiration date and renew the injector/inhaler when needed.

Parent/Guardian Signature

Date

Insurance: The parent/guardian's primary insurance will be used in case of accident or injury while participating in the program. The District only provides secondary insurance coverage; the parent/guardian is responsible for expenses related to any accidental injuries.

Name of Insurance Company

Policyholder

Policy #

Emergency Medical Permission: In the event of a medical emergency, the staff will first attempt to contact the parent/guardian listed. If both the parent/guardian and the emergency contacts cannot be reached and my child needs immediate medical attention, I authorize the MPCS BSCC/ASCC staff to act on my behalf in granting permission for my child to receive emergency treatment by Professional Emergency Personnel.

X _____

Parent/Guardian Signature

Date

MIDLAND PARK COMMUNITY SCHOOL

250 Prospect Street

Midland Park, NJ 07432

Phone: 201-444-2030 Fax: 201-444-2091 www.mpsnj.org

(Community School)

OPTIONAL AUTO-PAY

Pre-Authorization Form for Recurring Payment

I authorize MPCCS 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 20th day of each month, for the full amount described on my Before and After School Child Care invoice, including any and all late fees that may occur.

I understand that this authorization is effective immediately and will carry over to each year that I continue to use the BSCC/ASCC program until I cancel it in writing or send an email to the above address. I also agree to contact MPCCS as soon as possible if there are any changes to my credit card/debit card/checking account information.

Authorized Name _____ Signature _____
(Please print)

Student Name(s) _____ Date _____

E-Check:

Bank _____ Individual Company

Routing # _____ Bank Acct.# _____

OR

Master Card Discover Visa (Please circle one)

CC Account # _____

Expiration Date _____ CVV Code (on back of card) _____

Cardholder Name _____

Cardholder Billing Address _____

Please complete, sign & return this form to:
Midland Park Community School

(Office use only)

Registration Fee Paid \$ _____

September Tuition Paid \$ _____

October Tuition Paid \$ _____

November Tuition Paid \$ _____

December Tuition Paid \$ _____

January Tuition Paid \$ _____

February Tuition Paid \$ _____

March Tuition Paid \$ _____

April Tuition Paid \$ _____

May Tuition Paid \$ _____

June Tuition Paid \$ _____

**MIDLAND PARK COMMUNITY SCHOOL
BEFORE AND AFTER SCHOOL CHILD CARE**

PARENT AGREEMENT

In consideration of my child's participation in the Midland Park Community School 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 tuition by the 20th of each month preceding my child's participation in the program as billed. I understand there will be a late charge of \$25 if payment is not made by the 1st of the following month. In the event of a second late payment occurrence, I understand that MPCS will require the parent/guardian to provide a Visa/Mastercard/Discover credit card (auto-pay form must be filled out) which will be charged the amount of the tuition fee along with the \$25.00 late fee, it will then be used for future tuition fees going forward. All credit card information will be held securely on file. A fee of \$35 will be charged for all returned checks.
2. I understand fees are based on the school calendar, not the number of days in each month. Our basic rates include program operation on scheduled early dismissal days as well as those months which consist of more than four weeks.
3. I understand that 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.
4. I understand no reductions will be made from the monthly fee due to school calendar holidays, sick days or vacations.
 - I agree to pick-up my child by 5:00 p.m. on the Wednesday before the Thanksgiving Recess begins and the day before December Winter Recess begins. (This applies to 6:00 pick-ups)
 - I understand that there will be no After School Child Care on the last day of school.
5. I will notify MPCS of changes in any telephone numbers, emergency contacts or pick-up authorizations.
6. I agree to pick up my child promptly by 4:30 p.m. or 6:00 p.m. (as indicated on my registration form). I understand that a fee of three (\$3.00) dollars per minute past the scheduled pick-up time will be charged to my account. I further understand that it is my responsibility to provide alternative arrangements for my child 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.
7. I understand that Midland Park Community School can request removal of my child from any Child Care program in the event of continued late payment of tuition, failure to pick up my child on time repeatedly, child's disruption of class, or any other reasonable cause.
8. I agree to make any changes to my child's monthly schedule in writing (e-mail is acceptable) to this office during business hours, Monday through Friday, and by the 20th of the preceding month of when changes are to take place, in order to receive any refunds/credits for the following month. Credits can only be for full or half months. In addition, I understand that it is my responsibility to inform my child's teacher/school of their ASCC schedule including any changes or absences. I am responsible for any tuition and/or fees owed. Up to three schedule changes are allotted per student, per school year. Thereafter, a \$10.00 processing fee will be charged for each schedule change per family.
9. I understand that if I wish to withdraw my child from the program(s) I must submit the request in writing (email is acceptable). I am responsible for any tuition and/or fees owed. I understand there will be no refunds or credits for mid-month withdrawals.

PARENT AGREEMENT Cont'd

10. In the event that my child will not be attending the ASCC program on his/her scheduled day, I understand that it is my responsibility to contact both the ASCC Program (201-965-1791)(NO LATER THAN 1 HOUR BEFORE DISMISSAL), as well as the school office. I understand that I will be charged a fee of \$25.00 for failure to notify the After School Child Care Program of my child's absence from the program for the day (Calling the school office does not suffice).
11. I agree that, in the event that I have custody arrangements for my child, I will provide a copy of the arrangement agreement to MPCCS.
12. I have read, understand and accept all terms and conditions set forth in the Program Handbook (available online).
13. In order to continue to provide a safe environment, for security purposes, we would like to have a photo with a name for our records. Please check one:
- a. I give my permission for my child's photo to be on record in the Before/After School program.
 - b. I do not give my permission for my child's photo to be on record in the Before/After School program.
14. I understand the staff at MPCCS Before and After School Care Child Care Program will not be responsible for any loss or damage to personal items or electronic items brought to the program. Cell phone use is not allowed at the Before and After School Child Care program.
- a. I give permission for my child to play age appropriate games or to view age appropriate videos on their own device. I understand that children may not share devices at the Before and After School Child Care Program.
 - b. I do not give permission.
15. I shall indemnify and hold the Midland Park Board of Education harmless from any and all claims for injuries, losses, damages and costs that may be incurred while my child attends the Midland Park Community School Child Care Program.
16. I have read and understand the above terms and agree to abide by these regulations in consideration of my child being accepted in a Midland Park Community School Before and/or After School Care program(s). I understand that failure to abide by any part of this agreement may result in dismissal of my child from the program.

THIS SIGNED FORM MUST BE RETURNED WITH YOUR REGISTRATION FEE, FIRST MONTH'S TUITION AND FULLY COMPLETED MEDICAL FORM PRIOR TO THE CHILD'S ADMITTANCE IN THE PROGRAM

X _____
Parent/Guardian's Signature

Date

Child's Name