



*The Institute for Excellence Charter School  
41 South Route 73  
Suite 205  
Hammonton, NJ 08037  
609.561.9414 Office      609.561.9418 Fax  
www.tifecs.com*

**The Institute for Excellence Charter School  
Before and After School Program  
2009-2010 School Year**

On behalf of TIFECS, we would like to welcome you to the TIFECS Before/After School Program!

Enclosed please find all necessary forms that need to be completed for enrollment. All checks, starting with the month of September 2009, should be made out to: TIFECS.

All future payments can be mailed to:

The Institute for Excellence Charter School

41 South Route 73, Suite 205

Hammonton, NJ, 08037

Attn: Caroline Calin - Before/After School Program.

Please read all forms carefully and if you have any questions, you may call TIFECS at (609) 561-9414.

We thank you, in advance, for your cooperation and look forward to a great year!

Yours for excellence,

Antoinette Thompson, MEd

Director of Education

The Institute for Excellence Charter School



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## **TIFECS Before and After School Program Fee Schedule 2009-2010**

*Tuition due on 15<sup>th</sup> of previous month*

Registration fee	\$25.00 per family
AM only	\$115.00
PM only	\$115.00
Full time AM/PM	\$220.00
Flex	\$100.00 for 5 sessions

I \_\_\_\_\_, parent or guardian of \_\_\_\_\_, understand that I am responsible for **full tuition payment** to TIFECS Before and After School Program. I understand that the payments are due by the **15<sup>th</sup> of the month**, before the month of service (for example, November's payment is due October 15<sup>th</sup>).

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print name

**The Institute for Excellence Charter School**

**\*\* Before/After School Year Program \*\***

Child's Name (1) \_\_\_\_\_ Birth Date \_\_\_\_\_ Grade \_\_\_\_\_

Child's Name (2) \_\_\_\_\_ Birth Date \_\_\_\_\_ Grade \_\_\_\_\_

Child's Name (3) \_\_\_\_\_ Birth Date \_\_\_\_\_ Grade \_\_\_\_\_

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**PROGRAM SELECTION:**

AM and PM \_\_\_\_\_ AM only \_\_\_\_\_ PM only \_\_\_\_\_ Flex \_\_\_\_\_

Full time \_\_\_\_\_ Part time \_\_\_\_\_

Mon \_\_\_\_\_ Tues \_\_\_\_\_ Wed \_\_\_\_\_ Thurs \_\_\_\_\_ Fri \_\_\_\_\_

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**PARENT/GUARDIAN'S NAME**

Relationship to Child (circle):    Father            Mother            Other \_\_\_\_\_

Address  
\_\_\_\_\_

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

Work Phone \_\_\_\_\_ Email \_\_\_\_\_

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**PARENT/GUARDIAN'S NAME**

Relationship to Child (circle):    Father            Mother            Other \_\_\_\_\_

Address  
\_\_\_\_\_

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

Work Phone \_\_\_\_\_ Email \_\_\_\_\_

**Additional Authorized Persons for Pick-up:**

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Please check here if you have a court order that would prevent anyone from removing your child(ren) from the program. \_\_\_\_\_ (details)

If your child has an IEP for school, please describe the necessary accommodations we need to follow, according to the IEP:

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Is there any other information that is important for your provider to know so that we can better serve your child? Please provide in the space below:

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\*TIFECS may not be able to accommodate all conditions.

**\*\*\* IMPORTANT \*\*\***

**PLEASE INDICATE BELOW ANY ALLERGIES YOUR CHILD MAY HAVE.**

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### **EMERGENCY MEDICAL AUTHORIZATION**

I understand that if emergency medical care is deemed necessary by a physician and I cannot be contacted, I authorize TIFECS to act on my behalf in granting permission for my child(ren) \_\_\_\_\_ to receive treatment as specified in the TIFECS Before and After School Program emergency procedures, which are as follow:

Any child experiencing illness will be attended to by the caregiver and parent contacted. In the event of a serious injury, an ambulance will be called first. This is to be followed by a call to the child's parents or emergency person and to the Director of the TIFECS Before and After School Program. Employee will then accompany the child until the arrival of a parent or emergency contact.

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Date

Parent/Guardian Signature

### **CERTIFICATION STATEMENT**

I, hereby certify that to the best of my knowledge and belief the information on the above form and other attached paperwork is complete and true.

I acknowledge that once my child(ren) is enrolled in the TIFECS Before and After School Program I will abide by all the polices and procedures outlined in the Parent Handbook.

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Date

Parent/Guardian Signature

**PARENT AGREEMENT**

The following outlines the understanding between \_\_\_\_\_ residing at:

\_\_\_\_\_  
(herein referred to as PARENT) and TIFECS Before and After School Program located at  
41 South Route 73, Suite 205, Hammonton, NJ 08037.

This agreement, made between PARENT and TIFECS shall remain in effect for the period  
beginning \_\_\_\_\_ and ending June 30, 2010 and shall be renewed each school year.

It is for the following child(ren):

**Child's Name (1)** \_\_\_\_\_ Grade \_\_\_\_\_

**Child's Name (2)** \_\_\_\_\_ Grade \_\_\_\_\_

**Child's Name (3)** \_\_\_\_\_ Grade \_\_\_\_\_

AM and PM \_\_\_\_\_ AM only \_\_\_\_\_ PM only \_\_\_\_\_ Flex \_\_\_\_\_

Full time \_\_\_\_\_ Part time \_\_\_\_\_

Mon \_\_\_\_\_ Tues \_\_\_\_\_ Wed \_\_\_\_\_ Thurs \_\_\_\_\_ Fri \_\_\_\_\_

Child Care will be provided at TIFECS School located at 41 South Route 73 Suite 205  
Hammonton, NJ 08037 by a trained child care provider.

PARENT understands and agrees to the following provisions:

A \$25.00 non-refundable registration fee is required at the time of registration.

\_\_\_\_\_ Parent agrees to pay TIFECS \$\_\_\_\_\_ for the school year.

This fee is based on enrollment, not attendance. This fee is payable in **monthly installments** of  
\$ \_\_\_\_\_ **starting at registration.**

1. Childcare fees are to be paid to TIFECS one month in advance of care **on the 15<sup>th</sup> of each month**. A \$25.00 surcharge will be assessed when payment is received in the TIFECS offices after the 15<sup>th</sup> of each month or more than five (5) days late. If payment is not received in our offices by the last school day of that month your child will be terminated from the program and will not be permitted to attend the TIFECS program on the first school day of the new month. Payments must be mailed to this office (See above address). ***Cash Payments cannot be accepted in the program or in the school's main office.***
2. **PARENT** agrees to pay TIFECS a \$15.00 per child late charge if parent arrives after 6:00 p.m. An additional fee of \$15.00 per child will be assessed on the half-hour for every 30 minutes after 6:00 p.m. pick-up time. If a PARENT arrives past 6 p.m. on three occasions or more, it will result in the termination of the child from the program. Failure to pay unpaid bills will prevent children from being registered for the TIFECS Before and After School Program in the subsequent school year.
3. **PARENT** agrees to notify TIFECS in writing ten (10) business days in advance of plans to terminate or make changes to childcare services. Failure to do so will result in continued billing. Upon written notification, billing will be terminated after 10 days.
4. **PARENT** will complete *all necessary forms and return forms to TIFECS office prior to entering the program*. These forms will be kept on file at the TIFECS office. All information will be kept confidential and only available to employees of TIFECS Before and After School Program.
5. **PARENT** agrees to contact TIFECS when they are unable to pick up their child. If an emergency occurs, it may be necessary for the **PARENT** to make arrangements for someone to pick-up the child. This person must show proper ID and must be on the pick-up list.
6. **PARENT** must bring child into the program in the AM and sign him/her into the TIFECS Before and After School Program. PARENT must sign child out of the program in the PM. **Any person authorized to pick up child must be at least 18 years of age. If there are custody issues or restricted contact, we must be provided with a copy of a court order signed by a judge.**
7. **PARENT** agrees to follow policies and procedures outlined in the Parent Handbook.

# Contact Information

## Parents/Guardians:

Please complete this form about your child and return it to school as soon as possible.

**Student's Name** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_

**Address** \_\_\_\_\_

**Parent/Guardian's Name** \_\_\_\_\_

**Relationship to Student (circle):**    **Father**            **Mother**            **Other** \_\_\_\_\_

**Address** \_\_\_\_\_

**Home Phone** \_\_\_\_\_ **Cell Phone** \_\_\_\_\_

**Work Phone** \_\_\_\_\_ **Email** \_\_\_\_\_

**Preferred Communication (circle):**    **Home**            **Cell**            **Work**            **Email**

**Best time to be reached:** \_\_\_\_\_

**Parent/Guardian's Name** \_\_\_\_\_

**Relationship to Student (circle):**    **Father**            **Mother**            **Other** \_\_\_\_\_

**Address** \_\_\_\_\_

**Home Phone** \_\_\_\_\_ **Cell Phone** \_\_\_\_\_

**Work Phone** \_\_\_\_\_ **Email** \_\_\_\_\_

**Preferred Communication (circle):**    **Home**            **Cell**            **Work**            **Email**

**Best time to be reached:** \_\_\_\_\_

TIFECS Before and After School Program will provide service to the **PARENT** as outlined below:

1. TIFECS Before and After School Program operates from 6:00 a.m. until 8:00 a.m. and from 4:00 p.m. until 6:00 p.m.
2. TIFECS Before and After School Program caregivers will provide a small breakfast (cost of \$ 1.50 per day) and snack in the afternoon (free of charge) to children.
3. TIFECS Before and After School Program agrees to not allow any child to leave the program with anyone other than the parent without advance written permission of the **PARENT**.
4. TIFECS Before and After School Program agrees to keep all information gathered about the family and/or children strictly confidential except in the case of an emergency.
5. TIFECS Before and After School Program reserves the right to suspend or terminate a child from the program for inappropriate behavior and for non-payment for services.
6. In the event of very low enrollment, TIFECS Before and After School Program reserves the right to close the program. TIFECS Before and After School Program will notify parents in order to allow ample time to seek alternate childcare placements.
7. Parent agreement is binding once the child begins the program.
8. If you will be withdrawing your child from the Before and After School Program, you must complete the **WITHDRAWAL FORM** that was included in the registration packet. Extra copies can also be obtained from the office. Completion of this form will aid us in providing you with a more accurate invoice for the services provided.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\*Any alteration of this contract by anyone outside the TIFECS office will result in a voided contract and delay of your start date. If you do agree with the above information, please contact the TIFECS office immediately.