



2024/25

CONTRACT

// SUBMIT COMPLETED CONTRACT + REGISTRATION FEE BY

6/14/24

2024-2025 SCHOOL YEAR CONTRACT

BEFORE THE BELL / AFTER SCHOOL PROGRAM

FILL OUT + RETURN ENTIRE CONTRACT (8 PGS) FOR ENROLLMENT TO BE COMPLETE. MAKE A COPY IF DESIRED.
SEND BY MAIL: NASACC, PO BOX 7211, NORTH ARLINGTON, NJ 07031 or EMAIL: ntharsacc@yahoo.com

SELECT PROGRAM(S) ATTENDING / APPLIES TO ALL CHILDREN LISTED

BEFORE THE BELL

AFTER SCHOOL

+ ALL FIELDS REQUIRED

CHILD 1

NAME _____ DOB _____ AGE _____
// LAST // FIRST example: 00/00/00

ADDRESS _____

NORTH ARLINGTON GRAMMAR SCHOOL ATTENDING _____

GRADE ENTERING IN SEPT 2024 _____

HEALTH CONCERNS _____

ALLERGIES AND/OR FOOD RESTRICTIONS _____

MEDICATIONS TAKEN DAILY OR AS NEEDED _____

OTHER CONCERNS/ ISSUES/ RESTRICTIONS _____

CHILD 2

NAME _____ DOB _____ AGE _____
// LAST // FIRST example: 00/00/00

ADDRESS _____

NORTH ARLINGTON GRAMMAR SCHOOL ATTENDING _____

GRADE ENTERING IN SEPT 2024 _____

HEALTH CONCERNS _____

ALLERGIES AND/OR FOOD RESTRICTIONS _____

MEDICATIONS TAKEN DAILY OR AS NEEDED _____

OTHER CONCERNS/ ISSUES/ RESTRICTIONS _____



PLEASE ATTACH ANY ADDITIONAL DOCUMENTATION / I.E. CUSTODIAL AGREEMENT, 504 PLAN, CHILD IEP, INDIVIDUAL HEALTH PLAN, REQUIRE A ONE-ON-ONE AIDE, OR OTHER.

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+ ALL FIELDS REQUIRED

PARENT 1

NAME	BUSINESS NAME
// LAST	// FIRST
HOME ADDRESS // IF DIFFERENT FROM ABOVE	
WORK ADDRESS	
EMAIL	CELL
HOME	WORK

PARENT 2

NAME	BUSINESS NAME
// LAST	// FIRST
HOME ADDRESS // IF DIFFERENT FROM ABOVE	
WORK ADDRESS	
EMAIL	CELL
HOME	WORK

GUARDIAN

// IF APPLICABLE

NAME	BUSINESS NAME
// LAST	// FIRST
HOME ADDRESS // IF DIFFERENT FROM ABOVE	
WORK ADDRESS	
EMAIL	CELL
HOME	WORK

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INFORMATION TO PARENTS – NJ STATE REQUIREMENT // CONT'D.

Parents are entitled to review the center's copy of the OOL's Inspection/Violation Reports on the center, which are available soon after every State licensing inspection of our center. If there is a licensing complaint investigation, you are also entitled to review the OOL's Complaint Investigation Summary Report, as well as any letters of enforcement or other actions taken against the center during the current licensing period. Let us know if you wish to review them and we will make them available for your review or you can view them online at [https:// datanjgov/child care explorer](https://datanjgov/child-care-explorer).

Our center must cooperate with all DCF inspections/investigations. DCF staff may interview both staff members and children.

Our center must post its written statement of philosophy on child discipline in a prominent location and make a copy of it available to parents upon request. We encourage you to review it and to discuss with us any questions you may have about it.

Our center must post a listing or diagram of those rooms and areas approved by the OOL for the children's use. Please talk to us if you have any questions about the center's space.

Our center is required to provide reasonable accommodations for children and/or parents with disabilities and to comply with the New Jersey Law Against Discrimination (LAD), P.L. 1945, c. 169 (N.J.S. A. 10 :5-1 et seq.), and the Americans with Disabilities Act (ADA), P.L. 101-336 (42 U.S.C. 12101 et seq.). Anyone who believes the center is not in compliance with these laws may contact the Division on Civil Rights in the New Jersey Department of Law and Public Safety for information about filing an LAD claim at (609) 292-4605 (TTY users may dial 711 to reach the New Jersey Relay Operator and ask for (609) 292-7701), or may contact the United States Department of Justice for information about filing an ADA claim at (800) 514-0301 (voice) or (800) 514-0383 (TTY).

Our center is required, at least annually, to review the Consumer Product Safety Commission (CPSC), unsafe children's products list, ensure that items on the list are not at the center, and make the list accessible to staff and parents and/or provide parents with the CPSC website at [https:// www.cpsc.gov/ Recalls](https://www.cpsc.gov/Recalls). Internet access may be available at your local library. For more information call the CPSC at (800) 638-2772.

Anyone who has reasonable cause to believe that an enrolled child has been or is being subjected to any form of hitting, corporal punishment, abusive language, ridicule, harsh, humiliating or frightening treatment, or any other kind of child abuse, neglect, or exploitation by any adult, whether working at the center or not, is required by State law to report the concern immediately to the State Central Registry Hotline, Toll Free at (877) NJ ABUSE/ (877) 652-2873. Such reports may be made anonymously. Parents may secure information about child abuse and neglect by contacting: DCF, Office of Communications and Legislation at (609) 292-0422 or go to www.statenjus/DCF/.

// IN CONSIDERATION OF MY CHILD'S PARTICIPATION IN THE SACC PROGRAM, I AGREE TO THE FOLLOWING TERMS AND CONDITIONS

1. In order to secure a place for your child in the 2024/2025 School Year Program, we must receive your completed contract and non-refundable registration fee of \$40 {per family} on or before 6/7/2024. The \$40 registration fee, is payable by cash, check, or money order, and must be sent via regular mail or hand-delivered to a staff member in our office @ Roosevelt Elementary School.
2. Prior to the beginning of the School Year 2024/2025 Tuition is Due on the 1st of September. Tuition is due on the 1st of each month, and will be considered late if not received by the 5th. After the 5th, a late charge of \$25.00 will incur and every day thereafter, there will be an additional charge of \$5.00 per day. If paying by credit card, the card will be charged on the 1st of every month. If the credit card is rejected, there will be a \$50.00 fee each time the card has to be re-charged.
3. All SACC Programs operate in accordance with the North Arlington Board of Education School Calendar. Our tuition is based on a 180 day school year, divided into 10 equal monthly payments. SACC has gone paperless for billing. Therefore you receive one(1) bill prior to September for the first payment due by the 1st of the month you begin. Then you will no longer receive monthly billing statements. If you should happen to change programs or days, you will receive a bill with the new amount for your records. **One full month's notification of withdrawal from any of SACC program is required and must be given on the 1st of the month, preceding withdrawal.**

// PLEASE BE SURE TO NOTE CHILD'S NAME ON ENVELOPE AND IN CHECK MEMO. DO NOT PUT TUITION CHECK IN YOUR CHILD'S BACKPACK! TUITION MUST BE HANDED TO A STAFF MEMBER AT THE DOOR OR MAILED TO US @ THE FOLLOWING ADDRESS: NA SACC, PO BOX 7211, NORTH ARLINGTON, NJ 07031

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TERMS AND CONDITIONS // CONT'D.

4. The Before the Bell Programs are held at the following sites: Susan B. Anthony Elementary School, Jefferson Elementary School, Roosevelt Elementary School and Washington Elementary School. Your child will attend this program at the school where they are registered to attend.

// IT IS THE PARENT OR GUARDIAN'S RESPONSIBILITY TO WALK THEIR CHILD(REN) TO THE ENTRANCE OF THE SACC BEFORE THE BELL PROGRAM. DO NOT ALLOW YOUR CHILD TO WALK INTO THE BUILDING ALONE.

5. I have and do hereby agree to defend any lawsuit, hold harmless, indemnify, release, waive, and forever discharge the North Arlington Education Foundation, its current and future board members (individually and as a whole), its employees, agents, servants, guest, licensees, invitees, assignees, volunteers, contractors, or successors, and the North Arlington Board of Education, its current and future board members (individually and as a whole), its employees, agents, servants, guest, licensees, invitees, assignees, volunteers, contractors or successors, from and against any and all liability actions, judgments, causes of action, claims, losses, injuries or death to persons, damages including but not limited to damage to or loss of property, costs and expenses including but not limited to reasonable attorney fees, or demands of every kind and nature whatsoever and specifically any claim for negligence or negligent acts which may arise out of result from, or incur in connection with, my child(ren)'s participation in the SACC Program. The terms hereof shall serve as a release, indemnification, and assumption of risk for my child(ren)'s heirs, executors and administrators and for all members of my children(ren)'s family, including any minors.

6. I give permission for my child(ren) to be photographed/video taped and for publication of any photograph/video in a newspaper or any other form of media, including Social Media. I waive the right to inspect or approve the finished photographs or videos.

7. The After School Program reserves the right to cancel any of its activities at its discretion at any time.

8. I understand that the SACC program follows the same guidelines and requirements set forth in the North Arlington Elementary Schools Parent Handbook and any amendment thereof in addition to SACC Policies and Procedures.

9. The site for the SACC After School Program is the **ROOSEVELT ELEMENTARY SCHOOL, 50 WEBSTER ST, NORTH ARLINGTON, NJ.** I agree to pick up by child(ren) by 6:00pm. I understand it is my responsibility to provide alternative arrangements, if I am unavailable to pick up my children. I will refer to SACC's Policy on Pick-up and Lateness procedures and fees regarding late pickups.

10. I will personally pick up my child from the After School Program, except when I have authorized alternative arrangements. I will notify the program if someone other than listed on my authorized pickup form is picking up my child(ren). Authorized people **MUST** be 18 years of age or older.

11. Your signature below, is acknowledgment for receipt of Homework, Disciplinary & Expulsion, Lateness, Release of Children and Parent/Children Responsibility Policies, Policy on the Management of Communicable Diseases, Technology Policy, and the Social Media Policy.

12. If my child is absent from school, I agree to contact the SACC office to advise them of their absence, which includes being picked up early from school. I also agree to notify the SACC office, if I have enrolled my child in a district's extra-curricular activity, e.g. Mad Science Program, Theater, Band and special practices. If we do not have notification from a parent/guardian directly, we will not allow your child to attend the activity since we are responsible for your child at 3:00pm.

13. In the event of repeated late tuition payment, failure to pay tuition, repeated late pick-ups, inappropriate behavior or violation of any SACC Policies or Procedure, the North Arlington School Age Child Care Program reserves the right to expel your child from the program without notice.

14. I understand that failure to comply with the terms and conditions of this contract, may result in expulsion from the Before the Bell Program and/or After School Program.

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AUTHORIZED PICK UP

// MUST BE 18 YEARS OF AGE OR OLDER

Authorized pick up persons in addition to mother, father or legal guardian. In case of an emergency and a parent cannot be reached these people will be contacted in order as listed.

PLEASE PRINT

NAME _____ RELATIONSHIP _____
PHONE _____ ADDRESS _____

PLEASE PRINT

NAME _____ RELATIONSHIP _____
PHONE _____ ADDRESS _____

PLEASE PRINT

NAME _____ RELATIONSHIP _____
PHONE _____ ADDRESS _____

MEDICAL

AUTHORIZATION FOR EMERGENCY CARE

PHYSICIAN'S NAME _____ PHONE _____
ADDRESS _____

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// BY MY SIGNATURE I ATTEST TO THE FOLLOWING

- All of the above information is correct.
- I hereby authorize emergency medical care for my child during attendance at the North Arlington SACC Program.
- I authorize the administering of anesthetics, medications, treatments and other procedures necessary by attending physician.
- My child is in good health and has no restrictions, other than those listed on Page 1.

I accept the terms, conditions, and obligations of this contract. I have carefully read this contract and fully understand its contents. I am aware that it is a release of liability and a binding contract between me and the North Arlington Education Foundation and I hereby sign it of my own free will.

PRINT NAME OF PARENT / GUARDIAN

SIGNATURE OF PARENT / GUARDIAN

DATE

example: 00/00/00

IMPORTANT REMINDERS: PLEASE READ

ALL 8 PAGES OF THIS CONTRACT MUST BE RETURNED TO THE OFFICE IN ORDER FOR ENROLLMENT TO BE CONSIDERED COMPLETE. IF DESIRED, PLEASE MAKE COPIES FOR YOURSELF PRIOR TO SUBMISSION.

PLEASE NOTE THAT IF YOU HAVE NOT ALREADY DONE SO, YOU MUST PRINT THE SACC POLICY HANDBOOK AND READ THROUGH ALL POLICIES AT THIS TIME.

North Arlington School Age Child Care Program

**NORTH ARLINGTON EDUCATION FOUNDATION // SACC
PO BOX 7211 NORTH ARLINGTON, NJ 07031**

/ OFFICE 201.991.6800 x6072 / **AFTER 3PM** 201.955.1695 / **EMAIL** ntharsacc@yahoo.com

North Arlington School Age Child Care Program
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Dear Parent/Guardian:

In keeping with New Jersey's child care center licensing requirements, we are obliged to provide you, as the parent of a child enrolled at our program, with this informational statement.

The statement highlights the following: NAEF's obligation to be licensed and to comply with licensing standards; and the obligation of all citizens to report suspected child abuse, neglect, and/or exploitation, to the State's DHS Abuse/ Neglect Hotline at **(877) 652-2873**.

Please read this statement carefully and if you have any questions please feel free to contact me at **(201) 955-1695**.

Sincerely,

Barbara Kaiser
Administrative Director

PLEASE COMPLETE THIS FORM AND RETURN WITH CONTRACT

CHILD'S NAME _____

CHILD 2 _____

PARENT'S NAME _____

// BY MY SIGNATURE I ATTEST TO THE FOLLOWING

- I have read and received all policies and procedures for the Before the Bell and After School programs.
- I have read and received a copy of the Information to Parents document prepared by the Office of Licensing Child Care & Youth Residential Licensing in the Department of Human Services.

PRINT NAME OF PARENT / GUARDIAN

SIGNATURE OF PARENT / GUARDIAN

DATE

example: 00/00/00

North Arlington School Age Child Care Program

NORTH ARLINGTON EDUCATION FOUNDATION // SACC
PO BOX 7211 NORTH ARLINGTON, NJ 07031

/ OFFICE 201.991.6800 x6072 / AFTER 3PM 201.955.1695 / EMAIL ntharsacc@yahoo.com

2024/25

PLEASE PRINT OR DOWNLOAD THIS PAGE FOR FUTURE REFERENCE

HELPFUL REMINDERS FOR ALL PARENTS WITH CHILDREN ATTENDING SACC SCHOOL YEAR CHILDCARE PROGRAMS

WITHDRAWAL

WITHDRAWAL Withdrawal from program request must be submitted in writing on the 1st day of the month, 30 days prior to the date of intended withdrawal.

To **withdraw your child on 11/1, you must submit the [WITHDRAWAL FROM PROGRAM FORM](#) on or before 10/1, and have tuition paid for the month of October.**



[WITHDRAWAL FORM](#)

DELAYS, DISMISSALS + CLOSURES

INCLEMENT WEATHER We mirror the same delays and closures as the North Arlington Public Schools, which means the following:

When your child's school has a delayed opening, there is no Before-the-Bell program, but we do have our regularly scheduled After School care. When your child's school has an early dismissal, there is no After School program. When your child's school is closed, we are also closed.

TUITION

DUE DATES Tuition payments are due on the 1st of each month, and will be considered late if not received by the 5th of the month. Payment must be handed to a staff member at the door or received in the mail by the due date. **See the [TUITION CHART](#) for all payment due dates.**



[TUITION CHART](#)

PAYMENT OPTIONS

ACCEPTED PAYMENT METHODS CASH, CHECK, CREDIT CARD, MONEY ORDER

Send payment to: NA SACC, PO BOX 7211, North Arlington, NJ 07031
or sign up for automatic monthly payments using our [CREDIT CARD AUTHORIZATION FORM](#)



[CC AUTHORIZATION FORM](#)

LATE + DECLINED PAYMENTS

FEES \$25 for payments received after the 5th day of the month; \$5 per day thereafter will be incurred until tuition is paid for that month.

\$50 for a returned check or declined credit card transaction. After one instance of a returned check, remaining payments must be made in cash or by money order.

POLICIES

A signed contract is your acknowledgment that you have read and agreed to all policies and procedures for the Before the Bell and After School programs.

If you have not already done so, you must print the [POLICY HANDBOOK](#) and read through all policies by 9/1/24.



[POLICY HANDBOOK](#)