

**NORTH ARLINGTON EDUCATION FOUNDATION/SACC**  
PO Box 7211 – North Arlington, NJ 07031  
OFFICE: 201-991-6800 x2701 – **AFTER 3:00pm: 201-955-1695**  
Fax: 201-428-1739 – Email: [ntharsacc@yahoo.com](mailto:ntharsacc@yahoo.com)

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**2018/2019 BEFORE THE BELL AND/OR AFTER SCHOOL CONTRACT**  
(Must be North Arlington Resident & Attend District School)

\_\_\_\_\_ Before the Bell    \_\_\_\_\_ After School

1<sup>st</sup> Child's Name (Last) \_\_\_\_\_ (First) \_\_\_\_\_ DOB: \_\_\_\_\_ Age \_\_\_\_\_

Address: \_\_\_\_\_

North Arlington Grammar School Attending \_\_\_\_\_ **Grade Entering in September:** \_\_\_\_\_

Health Concerns: \_\_\_\_\_

Allergies and/or Food Restrictions: \_\_\_\_\_

Medications Taken Daily or as Needed: \_\_\_\_\_

Other Concerns, Issues, Restrictions: \_\_\_\_\_

(Please feel free to attach a copy of your child's IEP, 504 Plans, Individual Health Plan or any additional Explanation/documentation you wish to provide.)

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\_\_\_\_\_ Before the Bell    \_\_\_\_\_ After School

2<sup>nd</sup> Child's Name Last) \_\_\_\_\_ (First) \_\_\_\_\_ DOB: \_\_\_\_\_ Age \_\_\_\_\_

Address: \_\_\_\_\_

North Arlington Grammar School Attending \_\_\_\_\_ **Grade Entering in September:** \_\_\_\_\_

Health Concerns: \_\_\_\_\_

Allergies and/or Food Restrictions: \_\_\_\_\_

Medications Taken Daily or as Needed: \_\_\_\_\_

Other Concerns, Issues, Restrictions: \_\_\_\_\_

(Please feel free to attach a copy of your child's IEP, 504 Plans, Individual Health Plan or any additional explanation/documentation you wish to provide.)

**THE FOLLOWING IS ALL MANDATORY AND TO BE COMPLETED IN FULL: (PLEASE PRINT)**

**Mother's Name:** \_\_\_\_\_ **Business Name:** \_\_\_\_\_  
 Home Address(if different from above) Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 EMAIL ADDRESS: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

**Father's Name:** \_\_\_\_\_ **Business Name:** \_\_\_\_\_  
 Home Address(if different from above) Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_  
 EMAIL ADDRESS: \_\_\_\_\_

**IF APPLICABLE:**

**Guardian's Name:** \_\_\_\_\_ **Business Name:** \_\_\_\_\_  
 Home Address(if different from above) Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_  
 EMAIL ADDRESS: \_\_\_\_\_

**CUSTODIAL PARENT**(If Applicable) \_\_\_\_\_  
 (Be advised the Custodial Parent is the Only One Allowed to complete and Sign this Contract, designate the emergency contacts, and authorize who may pick up the child(ren) from the SACC Program.)

**MOTHER AND FATHER ARE BOTH AUTHORIZED TO PICK UP CHILD(REN) \_\_\_\_\_ YES \_\_\_\_\_ NO**

**IF NON-CUSTODIAL PARENT IS NOT ALLOWED TO PICK UP CHILD(REN) PLEASE ATTACH LEGAL DOCUMENTS**

**In consideration of my child's participation in the SACC Program,  
I agree to the following terms and conditions:**

1. Pay a \$25.00 non-refundable deposit per family at the time of registration.
2. Prior to the beginning of the School Year 2018/2019 Tuition is Due on the 1<sup>st</sup> of September. If the enrolled student is new to the SACC Program, First and Last Month's Tuition is required (September and June). If a child had previously been enrolled in SACC and withdrew at any time during the year, it is required that the first and last month's tuition be paid prior to beginning SACC. **Every month thereafter, tuition is due on the 1<sup>st</sup> of each month, and will be considered late if not received by the 5<sup>th</sup>. After the 5<sup>th</sup>, 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 1<sup>st</sup> of every month. If the credit card is rejected, there will be a \$25.00 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 1<sup>st</sup> 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 new bill with the new amount for your records. Either drop off your tuition in an (cont'd)

envelope with your child's name on the envelope, as well as in the memo portion of your check, to a staff member at the door or mail it to: NA SACC, PO Box 7211, North Arlington, NJ 07031. **UNDER NO CIRCUMSTANCES PUT TUITION IN YOUR CHILD'S BACK PACK AND TELL THEM TO GIVE IT TO A SACC STAFF MEMBER OR THEIR TEACHER.**

**ONE FULL MONTH'S NOTIFICATION OF WITHDRAWAL FROM ANY OF THE SACC PROGRAMS IS REQUIRED AND MUST BE GIVEN ON THE 1<sup>ST</sup> OF THE MONTH PRECEEDING WITHDRAWAL.**

4. The Before the Bell Programs are held at the following sites: 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'S/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, 44 Webster Street, 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 acknowledgement for receipt of Homework, Disciplinary, Lateness, Release of Children and Parent/Children Responsibility Policies.

12. If my child is absent from school, I agree to contact the SACC office to advise them of their absence(this 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 remove 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 dismissal from the Before the Bell Program and/or the After School Program.

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**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. THESE PEOPLE MUST BE 18 YEARS OF AGE OR OLDER.**

**PLEASE PRINT:**

**NAME:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

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

**NAME:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

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

**NAME:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

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

\_\_\_\_\_ **My child(ren are to do their homework during the designated time  
(Grades 1 through 5 only)**

**IMPORTANT NOTIFICATION:**

**It should be noted that in case of an emergency evacuation of the school building your child(ren) will be transported by School Bus to a safe/secure location. You will be notified by phone of where you should pick up your child(ren).**

**AUTHORIZATION FOR EMERGENCY CARE:**

Physician's Name \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

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.

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Print Name of Parent/Guardian

Signature of Parent/Guardian

Date