

Knight Care Morning Program 2022-2023

The Knight Care Morning Program is designated to serve students in grades K-8 who attend New Milford Public Schools. This program is available at **BERKLEY STREET ELEMENTARY SCHOOL, B.F. GIBBS ELEMENTARY SCHOOL, and DEO MIDDLE SCHOOL** for **2022-2023** school year. Children are supervised by site managers who are highly qualified teachers.

Knight Care tuition is paid on a monthly basis; please note that we do not prorate weeks within the month, full monthly tuition is expected no matter the enrollment date or the number of days attending. **There is a \$10.00 registration fee per child, per program.**

At each elementary school the morning program begins at 7:25 AM.

At DEO Middle school the program begins at 7:20 AM.

The program is not responsible for any child dropped off earlier than the start, or that has not been signed in by a parent/guardian or family representative.

Morning program fees are:

\$100.00 per month for the first child and

\$90.00 per month for additional children in the same family.

There is NO Knight Care Morning Program if we have a delayed opening for any reason.

Please mail completed registration form to the address noted below and send ALL payment including registration fees at this time.

Please make all checks payable to: **Latchkey.**

Please mail all correspondence to: Latchkey, P.O. Box 346, New Milford, NJ 07646.

If you have any questions **regarding the program** please contact the
Director - Lisa Horgan (Knightcare@nmps.org).

If you have **any billing or application questions**, please contact the
Assistant Director – Rebecca Auerbach (Knightcare@nmps.org).

Knight Care Morning Registration 2022-23

PLEASE COMPLETE REGISTRATION FORM FOR EACH CHILD

Student Name: _____

Medical Issues/Allergies/Medications: _____

Mother's Name: _____

Father's Name: _____

Parent Email Address': _____

Address: _____

Home Phone: _____

Work Phone: _____

Cell Phone (If Any): _____

Emergency Contact Name: _____

Emergency Contact Person Phone #: _____

Circle School: **Berkley Street Elementary** **B.F. Gibbs Elementary** **DEO Middle School**

Grade: _____ **Anticipated Start Day:** _____

The following people are authorized to drop off and sign in my child:

Name (please print): Relationship: Cell/Home Phone #:

1. _____

2. _____

3. _____

Parent/Guardian Signature: _____ Date: _____

KNIGHT CARE MORNING PROGRAM AGREEMENT 2022-23

I, _____, the parent/guardian of _____

1. **I agree** to pay a non-refundable registration fee of \$10.00 per child, per program
2. **I agree** to pay **\$100.00** per month per first child. The fee for additional children in the same family will be **\$90.00** per child per month. **I agree** to remit the fee each month by the last day of the preceding month. Program fees will not be prorated based on actual attendance. **I understand** that if payment is not received by the last day of the preceding month, a **\$30.00** late fee will be imposed. **I understand** that my child may be dis-enrolled from the program if I am frequently late with my payments. All cases will be examined by both the Knight Care Director and Assistant Director regarding continuation in the program.
3. **I understand** that a 30-day notification for withdrawal of my child is required and that failure to do so may result in forfeiture of the monthly payment.
4. **I agree** that my child will be dropped off no earlier than **7:25am at the elementary schools or 7:20 AM at DEO Middle School**, and that it is my/ or designated person's responsibility to sign my child in each morning. If my child is not signed in, the program will not be responsible for my child on that day. The New Milford Board of Education is expressly discharged of any and all liability and responsibility if my child is dropped off earlier than the start time.
5. **I agree** that the New Milford Board of Education will be held free and harmless from any and all injuries occurring to my child, except as to such matters that are resultant from acts of negligence on the part of the New Milford Board of Education and its agents or employees.
6. In the event of an emergency, **I give permission** to the director and/or site managers to have my child treated by medical personnel.
7. **I understand** that program fees are non-refundable regardless of actual attendance in the program. I agree to all financial terms of my child's involvement in Knight Care which includes, paying tuition on time, late fees, registration fees, late pick up fees and all financial responsibilities.
8. **I am aware of and understand** the Behavior Policy - "Three Strikes" can cause my child to be removed from the program. Inappropriate behavior (physical and/or verbal) will get a warning the first two times. The third time can result in suspension or dismissal from the program.
9. **Delayed Openings - there will be NO KNIGHT CARE MORNING PROGRAM when the district has a delayed opening for any reason.**

CHILD'S NAME(S) _____

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

PARENT/GUARDIAN CELLPHONE: _____

***Please note, your child will not be admitted into the program without this signed document.**