



**AfterSchool Child Care Program
YEARLY PAYMENT AGREEMENT 2018-2019**

I, _____, understand that my child,
_____, will be enrolled in:

____ **AfterSchool at The Connection (1st-5th grade)**

____ **AfterSchool Program at _____ School**

starting in Sept. 2018 for _____ days a week, excluding days the Summit
Schools are closed for any reason.

**A non-refundable deposit of \$250 and Connection membership fee of \$57
are due at the time of registration. I understand that I can terminate this
contract by notifying The Connection in writing, giving 30 days notice, and
that failure to meet the terms of this payment agreement will jeopardize my
child's place in the program.**

Signature: _____

PLEASE CHOOSE A PAYMENT OPTION

____ **Option I: Payment in full**

____ I have enclosed a check, payable to The Connection.

____ Please charge to my VISA or MC (*see below*).

____ **Option II: Monthly payments (credit card only)**

(*credit card will be automatically billed*)

Please charge \$ _____ to my credit card each month beginning in Aug. 2018.

CREDIT CARD INFORMATION:

I hereby give authority to The Connection to use my charge account.

Signed _____

Visa / MC #: _____

Exp. Date: _____ Name on Card _____

Registration is ongoing!

**AFTERSCHOOL K-5TH GRADES
enrichment program 2018-2019**

**at Summit Schools
and The Connection**

**Monday-Friday 3:00 - 6:00pm
Director: Michelle Stelluto x 123
michelle.stelluto@theconnectiononline.**

**Our In-School
AfterSchool Programs offer:**

- Kindergarten-5th grade
- Homework help
- Outside play
- Enrichment activities in a safe, social setting
- The Connection offers AfterSchool at Drayton, Franklin, Jefferson, Lincoln-Hubbard, Washington, and Wilson

**Our Connection
AfterSchool Program offers:**

- 1st-5th grade
- Homework help
- Outside play
- Enrichment activities in a safe, social setting
- Busing provided from schools to The Connection
- Includes Enrichment class discounts at The Connection



79 Maple St. Summit, NJ | TheConnectionOnline.org | 908-273-4242

PROGRAM FEES

September 2018 - June 2019

AfterSchool Programs for Kindergarten - 5th grade 3 - 6:00pm

Days per week	1	2	3	4	5
Monthly	\$250	\$375	\$410	\$455	\$505

Monthly and yearly payment options are available.

A non-refundable deposit of \$250, plus \$57 for The Connection's annual membership fee, must accompany each Registration Form.

(A late pick-up fee of \$2.00 per min. will be charged after 6 pm).

Prices do not include optional care (see Holidays, Vacation and Single-Session Days).

Note: Financial Aid is available. For forms, stop by our Front Desk or go to TheConnectionOnline.org under the Community Service drop down bar.

HOLIDAYS, VACATION AND SINGLE-SESSION DAYS

Held at The Connection and available only for children enrolled in any of our AfterSchool programs.

Cost: Single-session 12:30 - 6:00pm, \$40 Full day 8am - 6:00pm, \$60

Space is limited and is offered on a first-come, first-serve basis.

Transportation on single-session days at 12:30 pm is provided from the Summit elementary and primary schools.

Unscheduled closings: The Connection does not provide child care if the Summit primary centers and elementary schools are closed for any reason including snow days, unscheduled early dismissals or cancellation of after school activities.

FLEXIBLE DROP-IN CARE

Monday-Friday, 3-6:00 pm at: Brayton, Jefferson, Franklin Lincoln-Hubbard, Washington and Wilson

Flexible Drop In-Care: Based on availability, (some schools have full enrollment), drop-in is available. Advanced reservation is required at least 24 hours prior.

Reservations: Please email michelle.stelluto@theconnectiononline.org or call 908-273-4242 ext 123

Pickup time: anytime until 6 pm. **Cost:** \$35/day (credit card only).



AfterSchool Child Care Program ENROLLMENT FORM 2018-2019

Child's Name _____ Gender _____

School _____ Grade _____ Birth Date ____ - ____ - ____

Parent/Guardian Name _____

Address _____ City _____

Home Phone _____ Work Phone _____

Cell # _____ E-Mail Address (required) _____

Emergency Name #1 _____

Phone _____ Relationship _____

Emergency Name #2 _____

Phone _____ Relationship _____

Emergency Name #3 _____

Phone _____ Relationship _____

I would like to enroll my child in the following program:

____ **AfterSchool Program at The Connection**

____ Monday ____ Tuesday ____ Wednesday ____ Thursday ____ Friday

____ **AfterSchool Program at _____ School**

____ Monday ____ Tuesday ____ Wednesday ____ Thursday ____ Friday

Signature _____ Date _____

MEDICAL RELEASE: In the event that I cannot be reached in an emergency, an authorized representative of The Connection may obtain necessary emergency medical treatment for the child named above.

Signature _____ Date _____

Questions about our AfterSchool Programs?

Email michelle.stelluto@theconnectiononline.org or call 908.273.4242 ext 123

PLEASE MAIL/RETURN TO:

The Connection After School Program, 79 Maple Street, Summit, NJ 07901
OR SCAN AND EMAIL TO: michelle.stelluto@theconnectiononline.org