



Ramsey Community School  
Youth and Children's Programs  
Wrap Around Kindergarten  
**Three Day Registration Packet 2017-2018**



Thank you for your interest in the Ramsey Community School (RCS) Wrap Around Kindergarten 3 day program. We are delighted to offer your child a safe, affordable and enriching program by a caring, experienced staff. This abbreviated 3 day program runs Tuesday/Wednesday/Thursday and provides the same quality program and peace of mind you seek, and will meet the high standards you expect, from a Ramsey Community School program.

Students must be registered in kindergarten within the Ramsey School District to be eligible for this program. The tuition fee is \$290 per month; enrollment is limited with registrations for this program being accepted on a first come, first served basis however, we will be working closely with district staff to meet the enrollment needs as best as possible. If you need childcare past school dismissal time you can register for the Ramsey Extended Day program as well (Wrap students receive the RED Sibling Discount for their RED registration).

The Wrap program also includes a supervised lunch/recess period. Children are escorted from their kindergarten classrooms by a Wrap staff member to the cafeteria. Children are required to bring a bagged lunch; they may not purchase lunch or beverages. Wrap follows all of the school district's kindergarten hours of operation including half days, early dismissals, inclement weather closings and emergency closings. Refer to the Ramsey School District's website at [www.ramsey.k12.nj.us](http://www.ramsey.k12.nj.us) for school closing schedules.

To enroll your child in the 3 day Wrap program please submit:

- Completed and signed **3 day** registration packet
- Non-refundable registration fee of \$65
- June 2018 tuition payment (\$290 per month)  
(registrations submitted after July 31, 2017 must provide the September tuition as well as the June tuition deposit).

Payment may be made by either check (made payable to "Ramsey Community School") or by credit card (Visa/MasterCard are accepted). Detailed tuition payment information and forms are attached.

**Registration Night is Thursday, February 23, 2017, 6:00pm-7:30pm at Ramsey H.S., room 118** (use the Prospect Street entrance.) *Doors will not be open prior to 6:00pm and registration packets will not be accepted before Registration Night.* Parents may elect to have their child's registration packet submitted by a designated adult (one additional registration packet per adult is permitted.) Although enrollment for the Wrap program is limited and on a first come, first served basis, we will make every effort to accept all registrations.

To enroll your child after Registration Night, mail or drop off the registration packet along with the required payments to:

Ramsey Community School  
(located in Ramsey H.S.)  
256 E. Main Street  
Ramsey, NJ 07446  
Attn: Wrap Program

Upon the Community School's processing of the submitted registration packet you will receive an email confirmation of your child's enrollment (incomplete registrations will be returned.) Registrations received after the school year has started require three business days to process before your child can begin Wrap, providing availability in the program.

If you have questions regarding the registration packet or the registration process, please call Ramsey Community School at **201-327-2025**.

**Wrap Registration Night**  
Thursday, February 23, 2017  
(inclement weather date: Thursday, March 2nd)  
6:00pm – 7:30pm  
Ramsey High School, room 118  
256 E. Main Street  
(use the Prospect Street parking lot & entrance)  
***Doors will not be open prior to 6:00pm and  
registrations packets will not be accepted before  
Registration Night.***

**Student Profile Information**

Child's Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Child's Address \_\_\_\_\_ Home Phone \_\_\_\_\_

Nickname \_\_\_\_\_ School \_\_\_\_\_ Birth Date \_\_\_\_\_ Gender \_\_\_\_\_

Will your child be registered in or have a sibling registered in Ramsey Extended Day aftercare? Yes No

Name of sibling: \_\_\_\_\_ School: \_\_\_\_\_

Name of sibling: \_\_\_\_\_ School: \_\_\_\_\_

**Parent/Guardian Contact Information**

List the name(s) of parents/guardians who are responsible for the child enrolled.

**Parent/Guardian #1****Parent/Guardian #2**

Relationship: \_\_\_\_\_

Relationship: \_\_\_\_\_

Name		
Street Address		
City, State, Zip code		
Home Phone		
Cell Phone		
Employer		
Work Address		
Work Phone		
E-mail Address		
Child lives with	<input type="checkbox"/> Both parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other _____	
Parent marital status	<input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Single Parent	
Custodial restrictions?	Yes No If yes, please provide relevant court documentation to the RCS office.	

**Emergency Contact Information**List three local adults (over age 18) with different phone numbers to be called in the event of an emergency or concern if parent/guardian cannot be reached. Contacts are expected to act on behalf of parents and should be aware of this; Parental permission to pick up child is implied. Children will not be released to anyone other than the parent/guardian or the adults listed below:

Name	Relationship	Phone 1	Phone 2
1. _____			
2. _____			
3. _____			

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## Medical Information and Publicity Consent

### Medical Information

Please state any relevant information that you have shared with your child's school that would be useful in meeting your child's needs in the Wrap program (i.e. are there any social, emotional, speech, language, family situations, etc. that we should be aware of?)

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Allergies: \_\_\_\_\_

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Medical conditions/disabilities: \_\_\_\_\_

Current medications: \_\_\_\_\_

Medication information is for emergency medical personnel information only. Staff members are not permitted to administer any medication.

Does your child require:      **Epi-Pen**     YES     NO      **Inhaler**     YES     NO

**I agree to allow RCS access to my child's Ramsey School District information (including medical, custodial, and/or behavioral records) for his/her safety and well-being.**

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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### Publicity Consent

Under both Ramsey School District guidelines\* and State Law, student photos will only be used for publicity purposes with prior parental permission.

Check one of the following choices:

\_\_\_\_\_ I/We **GRANT** permission for a photo/image that includes my child to be published in area newspapers, the Ramsey Community School website or the Ramsey School District website.

\_\_\_\_\_ I/We **DO NOT GRANT** permission for a photo/image that includes my child to be published in area newspapers, the Ramsey Community School website or the Ramsey School District website.

\*Website Photos: The Ramsey Community School will not post any personally identifiable information about our students on our website or the district website. Personally identifiable information includes student's full name, residential addresses, email addresses, and phone numbers. A student's first name and the first initial of their last name may be used to identify student work (art work, poetry, etc.) posted on the websites. Any photographs posted on the websites would not include any student names.

\*Newspaper Publicity: Local newspaper photos will not be posted with student names.

If parent/guardian wishes to rescind this agreement you may do so at any time, in writing, by sending a letter or email to the Ramsey Community School. Such rescission will take effect upon receipt by the school.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Child Behavior Policy

It is expected that all families enrolled understand the policy that the program follows when dealing with matters regarding inappropriate behavior. It is the goal of the RCS staff to set appropriate limits within which the children succeed. The staff will give acknowledgement to children when they cooperate, share and participate. The staff will also encourage children to resolve their own conflicts using conflict resolution methods and will intercede when needed.

When inappropriate behavior occurs and/or persists, RCS staff will help a child modify her/his inappropriate behavior by talking with the child to help them understand why the behavior is inappropriate as well as discuss the consequences of that behavior. Following a discussion with the child, the staff member will provide a child with appropriate consequences for their inappropriate behavior as well as alternatives for the child to use in the future. It is required that the RCS staff report any inappropriate behavior to the child's family that results in physical or verbal harm to a child's peers, staff or themselves. All incidents of inappropriate behavior will also be documented and parent's will be notified and may be asked to sign the incident report.

After three documented incidents, the family of the child may be contacted for a meeting with the Wrap instructor. The desired outcome from a meeting is to produce positive behavior guidelines for the child with the Wrap staff and families in agreement. The behavior guidelines should then be met and improvements seen within a pre-determined period of time. After this period, the decision will be made for the continuation or discontinuation of the child's enrollment in the Wrap Around Kindergarten program. If enrollment is suspended, the instructor and/or RCS Director will decide the length of time that suspension is necessary. Families will not be required to pay program fees during the suspension period.

The RCS Director has the discretion to at any time temporarily or permanently remove a child from the program if documented behavior problems persist or if immediate action is necessary.

**I have read and I understand the RCS Wrap Around Kindergarten Child Behavior Policy and by my signature accept the policy as stated.**

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## Program Fees/Payment Methods

The Wrap Around Kindergarten 3 day tuition fee is **\$290** per month. At registration a deposit of the last month's tuition (June) as well as a non-refundable registration fee of **\$65** per child (\$120 maximum per family) is due.

Invoices are emailed (hard copy mailing is not available) the 15th of each month and due two weeks later, on the 1st of the month of desired service. If full payment is not received by the 15th of the month of desired service, payment is considered late. The first late incident will be assessed a \$15 late fee per family, per week late. In the event of a second late payment incident, RCS will require the parent/guardian provide a Visa/MasterCard credit card which will be charged the amount of the tuition fee along with a \$15 late fee. This credit card information will be held securely on file and will automatically be charged the full tuition payment along with a \$15 late fee in the event of future late payment incidents. You may receive a paid receipt upon request. Any accounts with an outstanding balance which exceeds the June deposit may be cause for your child to be withdrawn from the program by RCS.

You can choose either payment method that's most convenient for you:

### AutoPay Program:

AutoPay Program participants will be charged on their pre-authorized credit cards automatically on the first of each month (the tuition due date). You will receive a copy of your invoice via email. We accept Visa or MasterCard only. Credit card information will be kept securely in our office.

The AutoPay Program remains in effect for one school year, as specified on the agreement, and must be renewed with each new school year. An AutoPay Program Agreement is provided in this packet for your convenience. Please complete the form and submit it with your enrollment forms if you wish to participate in this program. You may join or withdraw from this payment program at any time by emailing the RCS Bookkeeper.

### Monthly Invoicing:

With this program you can choose to pay your invoices with a credit card, cash or check. If paying by check or money order, please record your child's name(s) and invoice number on the check and mail it to the Ramsey Community School by the first of the month.

Note: There are no adjustments to fees due to sick time, vacations, school closings, or other personal absences.

**Split Tuition Payment option:** Sometimes more than one party is responsible for monthly payment of tuition and various fees. To help coordinate your payment arrangements, we are offering two different options to structure your invoicing responsibilities. Please see the attached Split Tuition Payment form for details.

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Please email my child's monthly tuition invoices to the designated email address below:

**Designated Email Address:** \_\_\_\_\_

**Child's Name:** \_\_\_\_\_

**Parent/Guardian Name:** \_\_\_\_\_

(please print clearly)

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## Enrollment Agreement Form

Registration process is NOT complete until the following items are signed and received in the Ramsey Community School office:

- Completed and signed registration packet
- Non-refundable registration fee of \$65 (\$65 individual or \$120 family max.)
- June month tuition payment (\$290 total)  
(registrations submitted after July 31, 2017 must provide the first month of service tuition as well as the June tuition deposit.)

Registrations received without items indicated above and appropriate signatures will be returned to parent/guardian and must be re-submitted for consideration. Registrations received after the school year has started require three business days to process before your child can begin Wrap.

When accepted by Ramsey Community School ("RCS") we understand that this is a contract which includes the following provisions:

1. The Wrap Around Kindergarten will assume full responsibility for my child from the time he/she arrives at the program until dismissal time.
2. Parent/guardian is responsible for tuition. Payments are to be paid by the first of each month commencing September through May. Registration fee is non-refundable and not included as a monthly payment.
3. All payments are due by the 1st of the month and are considered late after the 15th of that month; a late fee of \$15 per week late will be incurred. In the event of a second late payment occurrence, I understand that RCS will require the parent/guardian provide a Visa/MasterCard credit or debit card which will be charged the amount of the tuition fee along with a \$15 late fee. This credit card information will be held securely on file and will automatically be charged the full tuition payment along with a \$15 late fee in the event of future late payment incidents.
4. There is a \$35 processing fee for returned checks. After a second returned check incident cash or credit card will be required.
5. Parent/guardian who wishes to withdraw their child from the program must submit their request in writing (email is acceptable). Parents are responsible for tuition and fees owed. This includes the full Cycle tuition payment for any time reserved, partial or otherwise.
6. There are no refunds, credits or makeup days due to absence, illness, vacation or activities, or withdrawal from program. Parent/guardian is responsible for fees for time reserved, not actual time spent at the program.
7. The RCS office must be notified, in writing, of any changes to the Registration Packet (i.e. home address, work or home phone number, and any emergency contact information changes).
8. Sharing information: I agree to allow RCS Administrators access to my child's Ramsey School District information including medical, custodial, and/or behavioral records) for his/her safety and well-being.
9. The Ramsey Community School (RCS) reserves the right to change fees, schedules, or personnel at any time.

**I have read and agree to adhere to the RCS Enrollment Agreement and the policies and procedures listed above. I give my child permission to participate fully in these programs. I understand that failure to abide by any part of this agreement may result in dismissal of my child from the program.**

**The information provided on all forms included in the Registration Packet is true and complete.**

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## AutoPay Program Agreement (Optional)

I hereby authorize the Ramsey Community School, a self-supporting organization operating under the Ramsey Board of Education, to make automatic credit card charges to the pre-approved, designated charge card as specified below:

- I agree to be charged the initial deposit of an annual non-refundable registration fee of \$65 along with the first month's tuition and the June 2018 monthly tuition payment for the 2017-2018 school year in the amount of \$290 for payment of the program specified on the registration form submitted with this agreement. \_\_\_\_\_ (initial)
- The first business day of each month starting with the first month of service and ending May, 2018, I agree to be charged \$290 on the credit card designated below for the purpose of payment of tuition of the program specified on this packet. \_\_\_\_\_ (initial)
- I understand that the dollar amount stated above or any other information given, including personal information, cannot be changed or altered for any reason. If the payment information, including credit card, should need to be revised for any reason, I will need to complete and sign another AutoPay Program Agreement.
- I understand that I will receive a confirmation of each transaction processed via the email address specified below within three (3) business days following each transaction.

Name on Card: \_\_\_\_\_

Billing Address: \_\_\_\_\_ City \_\_\_\_\_ St/Zip \_\_\_\_\_

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

Student's name: \_\_\_\_\_ School: \_\_\_\_\_

Email address for confirmations: \_\_\_\_\_

Circle one:      Visa      MasterCard

Credit Card number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_  
(Visa/MasterCard accepted)

This agreement will remain in effect until Ramsey Community School receives a written notice of cancellation from me, or until June 30, 2018.

**Authorized Name:** \_\_\_\_\_  
(Please print clearly)

**Authorized Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

SECURITY POLICY: Your payment and personal information is always safe. Our software is a leader in the industry and is among the best software available today for secure commerce transactions. It encrypts all of your personal information, including credit card number, name and address, so it cannot be read over the internet.

**Split Tuition Payment (optional)**

If more than one parent/guardian is responsible for tuition and service fee payments, there are two different options to structure your invoicing responsibilities. Please select one of the options below, complete the information requested and have both parties sign for authorization. This payment schedule will remain in effect until both parties notify the RCS office in writing otherwise (emails are acceptable), or until June 30, 2018. Submit the authorized form with the registration packet and deposit. Note: Accounts not in good financial standing for either party will be cause for dismissal from the program. Student accounts must be paid in full in order to remain active. All other financial policies apply.

1. Percentage:

An allotted percentage of the entire invoice (including tuition and any additional service fees) is pre-assigned to each responsible party.

**OR**2. Specific Dollar Amount:

A specific dollar amount is allotted to each party. Additional service fees are invoiced to the responsible party.

Name of Child: \_\_\_\_\_ Date: \_\_\_\_\_

I/we agree to be responsible for payment of the above child's full tuition amount as well as all service fees incurred (including but not limited to add-on time, late pick-ups and un-notified absences) in accordance with the specified due dates, as proportioned below:

**Parent/Guardian #1:** \_\_\_\_\_% monthly

\$\_\_\_\_\_monthly

Parent/Guardian Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**Parent/Guardian #2:** \_\_\_\_\_% monthly

\$\_\_\_\_\_monthly

Parent/Guardian Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**Note:** Accounts that are not in good financial standing for either party will be cause for dismissal from the program. Student accounts must be paid in full in order to remain active. All other financial policies apply.