



PISCATAWAY
TOWNSHIP SCHOOLS

Teresa M Rafferty, Superintendent of Schools
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Theodore Schor Middle School

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Emergency Childcare

Dear Families,

There may be afternoons when you are running late and cannot pick up your child at 2:20, the regular dismissal time. In those instances, we can place your child in our after-care childcare program, but we would need your approval.

If you anticipate a late afternoon and want our childcare services, please fill out the form on the back of this letter and return it to school. By giving us permission in advance, you agree to place your child in our after-care childcare program on an emergency basis and you agree to the payment fee of \$30.00 per day.

Sincerely,



Richard Hueston
Principal

Piscataway Board of Education

Community Education & Outreach

1515 Stelton Road

Piscataway, NJ 08854

(732) 572-4688

Before and Aftercare Emergency Enrollment Form

Attention Principals/Secretaries:

Please complete the following steps prior to placing a Non-Registered student into aftercare.

Program(check off) Before Care or After Care Date of Usage _____

1. Inform parent/guardian they will be charged a \$15.00 for before care and \$30.00 for after care for emergency enrollment.
2. **After Care Only** - Provide aftercare staff with a copy of the student's Emergency Contact Information from Genesis.
3. Fill in student name and billing information and sign form.

Office Staff Initial

Student Name and Billing Information:

Print name of student:	
Home Address:	
Parent Home Phone:	Parent Cell Phone:
Print name of parent/guardian authorizing placement in aftercare:	

Before and/or Aftercare staff completes the bottom section of the form

Program Center (check one)

- | | | |
|---|--|---|
| <input type="checkbox"/> Arbor | <input type="checkbox"/> Eisenhower | <input type="checkbox"/> Grandview |
| <input type="checkbox"/> M.L. King | <input type="checkbox"/> Knollwood | <input type="checkbox"/> Randolphville |
| <input type="checkbox"/> Quibbletown | <input type="checkbox"/> Schor | <input type="checkbox"/> Conackamack |
| <input type="checkbox"/> Faber-Dunellen | <input type="checkbox"/> Children's Corner Pond | <input type="checkbox"/> Manville - Roosevelt |
| | <input type="checkbox"/> Children's Corner River | <input type="checkbox"/> Manville - Weston |

Print name of parent/guardian

X _____
Signature of parent/guardian

Date

Print name of staff member witnessing signature

X _____
Signature of staff member

Date

Staff complete below

Payment: Check Cash Amount of payment _____ Date: _____

Staff member accepting payment _____ No payment given by parent-bill will be mailed _____