

Shining Star Before and After School Program

Dear Parents/ Guardians,

Thank you for your interest in the Shining Star Before and After School Program. As you may know the program is offered to all Mt. Ephraim students and run through the school district. We offer a safe and welcoming environment to our students before and after school. The program overview is listed below.

We will need the paper work filled out as well as the registration fee and first monthly installment sent in before the first day of school for your child to be eligible to attend the first week of school.

Please feel free to contact me by email at akenney@mtephraimschools.org with any questions or concerns.

Thank you!

Sincerely,

Alexandra Kenney

Program Director; The Shining Star Program



The Shining Star Before and After School Program
Mt. Ephraim School District
225 W. Kings Highway
Mt. Ephraim, NJ 08059
(609) 405 -8848

Shining Star Payment Information

All payments are due the 15th of every month. For example, your payment due on August 15, 2011 will be for the month of September. Payment due on September 15 will be for the month of October.

Regular Monthly Rates		Extra Service Rates	
Session	Amount	Session	Amount
AM	\$89.00/Month	AM-7:00-8:30	\$10.00/child
PM	\$177.00/Month	PM-3:00-6:00	\$14.00/child
FLEX	\$105/booklet of 5	½ day session	\$15.00/child
AM and PM	\$238/Month		
FAMILY PM	\$159/month/child		
FAMILY AM/PM	\$214/month/child		

Discounts:

\$100.00 discount for paying the entire 10 month tuition when enrolling to start on the first day of school.

\$50.00 discount for paying 5 months of tuition in advance.

- Please note: If you are eligible for more than one discount the higher of the two will be used. Multiple discounts are not valid.



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Child Development Information Form

1. Child (ren)'s Information

Name	School	Grade	Birth Date	Circle one
1.				M or F
2.				M or F
3.				M or F
Address:				
Telephone Number:				

2. Child Care Schedule: Please check one

- AM session only
- AM and PM session
- PM session only
- FLEX tickets
- Emergency drop in



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3. Parent Information (Please check off the best way to contact you)

Parent #1	
Name	
Address	
Home phone #	
Cell phone #	
Relationship	
Driver's License #	
Social Security #	
Employer	
Work Phone #	
Email	

Parent #2	
Name	
Address	
Home phone #	
Cell phone #	
Relationship	
Driver's License #	
Social Security #	
Employer	
Work Phone #	
Email	



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4. Emergency *Local* Contacts (Must have two)

Name	Phone #
1.	
2.	

5. Additional Authorized People to pick up

Name	Phone #
1.	
2.	
3.	
4.	

Please check here if you have a court order that would prevent anyone from removing your child (ren) from the program. The Shining Star Program MUST have a copy of this document in order to enforce it.

6. Medical Information

Child's Doctor	
Doctor's Number	
Name of Insurance Company	
Name of Policy Holder	
Relationship	
Insurance ID #	



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Medical Information:

If your child is involved with the Mt. Ephraim Child Study Team please describe the concerns or special needs that he/she has.

Check ALL that may apply to your child...

- Asthma
- ADHD
- ADD
- Diabetic
- Hearing Impairment
- Heart defect/disease
- Allergy to: _____
- Receiving routine emergency medication (Please fill out Shining Star Latch Key Medication Policy and permission forms if medicine is needed to be dispensed daily)
- Developmental Concerns: _____
- Learning Disabilities: _____
- Other medical conditions or special needs: _____
- Chronic or reoccurring illness _____



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Emergency Medical Authorization

I understand that if emergency medical care is necessary by a physician and I cannot be contacted I authorize the Mt. Ephraim School District child care provider to act on my behalf in granting permission for my child (ren) _____ to receive treatment as specified in the

Mt. Ephraim School District's emergency procedures, which are as follows:

Any child experiencing illness will be attended to by the childcare provider and parent contacted. In the event of a serious injury, an ambulance will be called first. This is to be followed by a call to the child's parents or emergency contact and to the Director of the SHINING STAR BEFORE AND AFTER SCHOOL PROGRAM. The childcare provider will then accompany the child until the arrival of a parent or emergency contact.

Date

Parent/Guardian Signature



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Permission to Administer Medication

The following information must be completed by child's health care provider:

Child's Name:	Birth Date:
Medication:	Allergies:
Dosage:	Route:
Time of Day Medication is to be given:	<input type="radio"/> Self Administered <input type="radio"/> Administered by staff
Purpose of Medication:	Special Instructions:
Start Date:	End Date:

Possible side effects: _____

I hereby give permission for my child, _____, to receive the above medication, according to the listed directions and cautions, from the designated Shining Star provider. I confirm that I have given at least one dose of the medication without any evidence of side effects or adverse reactions. I understand that it is my responsibility to provide the medication in its original container and labeled with my child's name. I am also to supply the appropriate measuring device needed to give the accurate dose of the medicine. I authorize the Director or Director Designee to contact the pharmacist or health care provider for more information about this drug, if necessary.

Date

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** If medication is to be completed on the "as needed" basis The Health Emergency form MUST be completed.



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Health Emergency Plan

Students With Special Health Care Needs

Student:	
Date:	
Birth Date:	
School:	
Hospital in case of Emergency:	
Physician's name:	
Physician's Phone #:	
Condition requiring plan:	

Student's specific emergencies:

	If you see this...	Do this...
1.		
2.		
3.		
4.		
5.		

Emergency Contact People:

	Name	Relation to child	Phone #
1.			
2.			
3.			
4.			

Date

Parent/Guardian Signature



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Certification Statement

I, hereby; certify that to the best of my knowledge and belief the information on the above form and other attached paperwork is complete and true. I acknowledge that once my child (ren) is enrolled in the Shining Star Before and After School program, I will abide by all policies and procedures outlined in the parent handbook.

Date

Parent/Guardian Signature



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Registration Checklist

- o Child Development Form
- o Physician and Insurance Information- on the Child Development Form
- o Local Emergency Contacts ***other than parent*** - 2 contacts required - on Child Development Form
- o Driver's License or Social Security Number - On Child Development Form
- o Child and Adult Food Program Eligibility Application - this form MUST be complete even if you are not eligible. Please enter your child's name and age and write "not eligible" where income is requested. Then sign and date the form.
- o Registration Fee - \$35.00 per student - one time fee
- o First monthly installment
- o Other...

Please fill out all required information and send back to the district **on or before August 15.**



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