



Information Agreement 2016-2017

June 23rd, 2016

Dear Robbinsville Parents and Guardians,

I am proud to work in a community that stands together strong during times of tragedy and adversity. The legacy of Dr. Steve Mayer will always be alive in the Robbinsville Extended Day Program, as it was originally his vision.

When you have a moment, please peruse our NEW website! Learn about our staff, policies, and curriculum. If you so desire, parents may check our live 'Google Calendar' on a daily basis to see what activities we have planned in R.E.D!

Please join us on October 20th to celebrate the 17th national 'Lights On Afterschool' day. Remember I am just a phone call or e-mail away in assisting your family!

Yours in Education and Service,

Pamela Elmi
Founder & Director, Robbinsville Extended Day Program
www.robbinsville.k12.nj.us Follow us on Twitter @RvilleRED

You will get e-bills on the 15th of each month. Payments are due at the end of each month to attend the next month.

Please keep up on your flexpasses!
Replenish them when you get a 'low balance' e-alert!

Walk in parent registration nights at RHS:
August 23rd & 25th 4:00-7:00pm!

2016-2017 R.E.D. Information Waiver Student(s) Name: _____
School: _____ Home Phone #: _____
E-mail: _____ Grade: _____ Method of Sept. payment: CK CC
My child's contact, health, and general information did not change from the 2015-2016 Parent Information Agreement on file. Please re-use that file in **September 2016**. I understand I can update this information at any time by printing and submitting a new one. Parent Name & initials: _____
Sept. 2016 Schedule: (Circle all that apply) **M T W TH F am pm FLEXPASS**
***Waiver for returning students only**



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TODAY'S DATE: _____

DAYS YOUR CHILD WILL BE ATTENDING (*Please circle*): M T W TH F am pm am/pm FLEX

Please complete and sign the following Parent Agreement to enroll your child in the Robbinsville Extended Day Program. This sheet complements the online registration/payment process and should be mailed or dropped off to 155 Robbinsville Edinburg Road Robbinsville, NJ 08691 or the Sharon School Main Office by the 26th of August in order for your child to begin on September 7th. (For rolling admissions, this form is due by the 15th of each month). Missing information can result in the delay of your child starting the program. Please allow 48 hours processing time of new application.

Child #1

Child's Last Name:		Child's First Name:	
Age:	DOB:	Grade in 9/16	Gender: <input type="checkbox"/> M <input type="checkbox"/> F
Child's T-Shirt Size: <input type="checkbox"/> Youth Small <input type="checkbox"/> Y Medium <input type="checkbox"/> Y Large <input type="checkbox"/> Adult M <input type="checkbox"/> A LG <input type="checkbox"/> A XL			
Pediatrician:		Pediatrician's Phone:	
Allergies:		Precautions:	
Special Needs:		Teacher:	

Child #2

Child's Last Name:		Child's First Name:	
Age:	DOB:	Grade in 9/16	Gender: <input type="checkbox"/> M <input type="checkbox"/> F
Child's T-Shirt Size: <input type="checkbox"/> Youth Small <input type="checkbox"/> Y Medium <input type="checkbox"/> Y Large <input type="checkbox"/> Adult M <input type="checkbox"/> A LG <input type="checkbox"/> A XL			
Pediatrician:		Pediatrician's Phone:	
Allergies:		Precautions:	
Special Needs:		Teacher:	

Parent / Guardian Information

Adult with Whom Child(ren) Resides:		Home Phone:	
Address:			
Mother's / Guardian's Information		Father's / Guardian's Information	
Name:		Name:	
Employer:		Employer:	
Work Phone:		Work Phone:	
Cell Phone:		Cell Phone:	
Email Address:		Email Address:	



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Emergency Contact/ Pick-Up Information

Please provide the names of two LOCAL adults who can pick up your child if you are delayed or if there is an emergency. Be sure to confirm with these individuals that they are willing to serve as emergency contacts. They will need to provide identification when picking up your child. All changes to Emergency Contact/Pick-Up Information must be made in writing, with signature. If you are delayed and you do not notify the Site Coordinator or fail to contact any of the people listed below, this may result in the local police or DYFS being contacted.

Emergency Contact #1		Emergency Contact #2	
Name:		Name:	
Address:		Address:	
Home Phone:		Home Phone:	
Cell Phone:		Cell Phone:	

Please list any individual restricted by court order from picking up your child. Attach a copy of the court order.

Name: _____ Relationship to Child: _____

Emergency Medical Release

In case of emergency, I understand that every effort will be made to contact the parents/guardians and emergency contacts of my child. In the event that they cannot be reached, I hereby authorize emergency medical care for my child during extended day hours. If treatment is required for an injury or illness, I hereby give my permission to the staff to hospitalize and secure proper medical treatment for my child. I understand that I am financially responsible for any expenses for medical care or transportation not covered by my personal medical insurance incurred during my child's participation with the Robbinsville Extended Day Program.

PARENT/GUARDIAN SIGNATURE _____ **DATE** _____

Administration of Medicine

Each R.E.D. site has an epi-pen/Glucogen delegate on-site. Guardians need to contact the R.E.D. Director with appropriate epi-pen/Glucogen forms in conjunction with the school nurse. Sealed and labeled epi-pens and Glucogen devices will be stored in a designated R.E.D. area. If delegate is absent and there is a case of anaphylactic shock, 911 will be called.

Other than delegate situations mentioned above, R.E.D. program staff do not administer any medicine to the students.

If your child needs to take medication (other than 2 listed above) during extended day hours, you must make other arrangements.

PARENT/GUARDIAN SIGNATURE _____ **DATE** _____

Media Release

I give permission to Robbinsville Extended Day or its authorized representatives to take photographs or make videotapes of my child while he or she is involved in R.E.D. activities. I understand that these photographs and/or videotapes will be used for promotional purposes in broadcast, publications, or on the R.E.D. website. I understand that the photographs and/or videotapes will in no way jeopardize the safety or privacy of my child. I am also assured that my child's name will not be listed on the website or on Twitter.

PARENT/GUARDIAN SIGNATURE _____ **DATE** _____

Parent Handbook

I have read and understand the R.E.D. Parent Handbook (PDF on website)

PARENT/GUARDIAN SIGNATURE _____ **DATE** _____



R.E.D. Parent/Student Homework Contract

Robbinsville Extended Day will provide time, space, materials and supervision allocated for homework completion every afternoon. Some parents want their children to complete their homework assignments during the R.E.D. program, others do not; however, it is never our policy to force a child to do homework. A “homework contract” will put the issue of homework between the parent and the child. A copy of this contract will be kept in the child’s file on-site as reference.

Student Name: _____ **R.E.D. Site:** ____ **Pond** ____ **Sharon**

At home, we have discussed after school homework expectations for the **2016-2017** school year. We understand that there will be an opportunity to complete homework in the R.E.D. program each day.

We have agreed upon the following option (check one):

- This student may determine that he/she has “no homework” and will be allowed to proceed to structured choice activities. If it is later discovered that there were homework assignments due, this student will take full responsibility.
- This student must participate in designated homework time each day. R.E.D staff should check in with him/her regarding what assignments need to be completed that day, and enter these assignments into the daily homework log. If R.E.D staff observes this student struggling with a particular assignment, a note will be attached. It is this student’s responsibility to show the note to a parent or daytime teacher. If student has no homework or finishes early, he/she may read quietly.

Enrichment:

Please note that most R.E.D enrichment classes will be scheduled to run after substantial homework time is allotted, but may sometimes cut homework time shorter. Please consider this when signing up for R.E.D. enrichment classes throughout the year.

We agree to the above option and will refer to this contract throughout the year when necessary:

Parent’s Signature: _____ **Date:** _____

Child’s Signature: _____ **Date:** _____

<p>Notes for R.E.D. office use only:</p>

End of Parent Information Agreement Sheet- Thank You!