

June 21st, 2017

Dear Robbinsville Parents and Guardians,

Did you know that R.E.D. is *On the Go*? Not only do we care for Robbinsville students before and after school, we travel too! On many days when school is closed, R.E.D. is open from 8am-6pm. On most of these days, we go on field trips! Last year we visited Tilt, Turkey Hill, China Buffet, Giggleberry Fair, i-Play, Crystal Caves, McDonald's, Sahara Sam's, and Adventure Aquarium.

For longer trips, we recently upgraded to coach bus travel. These buses are comfortable, have AC, a bathroom, and G-rated movies on board. We are very lucky to have veteran teacher, Mr. Gene Gray, as our own travel planner and tour guide. Since he also works as a Tour Director for STARR Tours, Gene brings superior travel knowledge to R.E.D.!

Finally, with our proceeds, R.E.D. recently purchased a 24 passenger bus for the district. Your R.E.D. tuition money goes back into the schools, benefits our community, and keeps R.E.D. *On the Go*!

Please join us on October 26th to celebrate the 18th national 'Lights On Afterschool' day.



Yours in Education and Service,

Yamela Elm

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 SES:
August 17th& 22nd 4:007:00pm! (Same dates & time as PTA supply event! Front right doors.)

2017-2018 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 informati	on did not change from the 2017-2018 Parent
Information Agreement on file. Please re-use that	at file in September 2017 . I understand I can update this
information at any time by printing and submittir	ng a new one. Parent Name & initials:
Sept. 2017 Schedule: (Circle all that apply) M	T W TH F am pm FLEXPASS
*Waiver for returning students only, new stud	lents must pls. complete full Information Agreement.



TODAY'S I			BE ATTEN	DING (F	Please	circle): M	T	W	ТН	F	am	pm	am/pm	FLEX
Please comple Extended Day mailed or dro Main Office I admissions, th your child star Child #1	Prog pped by the	ram. Toff to 1 e 25 th com is du	This sheet 155 Robbi of August ue by the	comple insville in ord 15 th of	ment Edin er fo each	ts the onling burg Road or your ch month). N	ne regi Robb ild to /Iissin;	stra pins beg g in	tion/p ville, l gin on forma	oaym NJ 08 NJ Sep Oation	ent p 8691d temb can	roces or the oer 7 th result	s and she Sharon th. (For tin the	nould n Scho rollin
Child's Last Na	ame:					Child's Fir	rst Nar	ne:						1
Age:		DOB:			Gra	de in 9/17			Gend	er:		1	F	
Child's T-Shirt	Size:	Y	Medium	□Y L	arge	Adult	M \square A	A LC	б <u>П</u> А	XL				
Pediatrician:					Ped	iatrician's I	Phone:							
Allergies:					Pred	cautions:								
Special Needs:														
Child #2 Child's Last Na	ame:					Child's Fir	rst Nar	ne:						7
Age:		DOB:			Gra	de in 9/16			Gend	er:	□ N	1	F	
Child's T-Shirt	Size:	Y	Medium	☐Y L	arge	Adult	м 🗌	A L	G \square	AX	L			
				Ped	ediatrician's Phone:									
Allergies:	Allergies:			Pred	ecautions:									
Special Needs:	Special Needs: Teacher:													
rent / Guardian	Infor	mation												
Adult with Whom Child(ren) Resides:								Ho	me Ph	one:				
Address:														
Mother's / Guardian's Information Father's / Guardian's Inf						nforn	nation	1						
Name:						Name:								
Employer:				Employer:										
Work Phone:						Work Phone:								
Cell Phone:					Cell Phon	e:								
Email Address:						Email Add	dress:							



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 ir	ndividual restricted by court order from p	oicking up your c	hild. 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/GU	ARDIAN SIGNATURE		DATE				
child while he or promotional pur	n to Robbinsville Extended Day or its au r she is involved in R.E.D.activities. I un	nderstand that the ne R.E.D. website	ntatives to take photographs or make videouse photographs and/or videotapes will be use. I understand that the photographs and/or	ised for videotapes			

Parent Handbook

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

PARENT/GUARDIAN SIGNATURE _____

DATE _



PARENT/GUARDIAN SIGNATURE	DATE
R.E.D. Parent/Student H	Iomework Contract
completion every afternoon. Some parents wan the R.E.D. program, others do not: however, it	space, materials and supervision allocated for homework at their children to complete their homework assignments during is never our policy to force a child to do homework. A ework between the parent and the child. A copy of this contract ce.
Student Name:	R.E.D. Site: Pond Sharon
	work expectations for the 2017-2018 school year. We complete homework in the R.E.D. program each day.
We have agreed upon the following option (che	eck one):
	has "no homework" and will be allowed to proceed to structured here were homework assignments due, this student will
him/her regarding what assignments need to be daily homework log. If R.E.D staff observes th	ted homework time each day. R.E.D staff should check in with completed that day, and enter these assignments into the his student struggling with a particular assignment, a note ity to show the note to a parent or daytime teacher. If student has d quietly.
Enrichment:	
	s will be scheduled to run after substantial homework time is e shorter. Please consider this when signing up for R.E.D.
We agree to the above option and will refer t	to this contract throughout the year when necessary:
Parent's Signature:	Date:

Date: _____

Child's Signature: