

WEST CAPE MAY ELEMENTARY



2022/2023

We will begin our After School Program on Monday, September 12th.

Time: School days, Monday through Friday 2:55 PM-4:30 PM. Aftercare is not provided the day before Thanksgiving, Winter and Spring break or the last day of school.

Program Rates Until 4:30 PM			
Weekly Rate	\$65.00	3 Days Per Week	\$45.00
Daily Rate	\$25.00	Early Dismissal Day Rate	\$50.00
Discounts			
Family (more than 1 child)	10%	Monthly Advance Payment	10%
Late Pick Up Fee	\$1.00 per minute after designated pick up time, due in cash at the time of pickup.		
Payments are due by Friday for the following week.			

The After School Program is a self-supporting endeavor. Tuition money is used for staff salaries, snacks, and materials needed for projects/activities. In order to receive these services, tuition must be paid prior to attendance. **VERY IMPORTANT, a minimum of 5 full time students is necessary (5 days a week for the school year) for the program to operate.**

Pick Up Procedures: Students should be picked up at the school gymnasium entrance; proper identification is required to sign students out. Advance, written notice is required if an alternate person needs to pick up your child(ren).

If your child is not picked up, it will be assumed that an emergency exists and the Cape May Police will be notified.

If you have any questions regarding our After School Program, please contact Anna Bleming, ableming@wcm.capemayschools.com or Kate Mroz, kmroz@wcm.capemayschools.com.

Registration Form
West Cape May Elementary School
After School Program
2022/2023

Must be completed for your child(ren) to attend

Child's Name: _____ Grade: _____ Age: _____

Birth Date: _____ Allergies/Health Issues _____

Parents' Names:

Mother _____ Father _____

Address _____

Home Phone: _____

Mother: Cell _____ Work _____

Email _____

Father: Cell _____ Work _____

Email _____

Emergency Contacts: (They should live close to the school.)

Name: _____ Phone: _____

Name: _____ Phone: _____

People who have permission to pick up your child:

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

My child will attend:

_____ 5 days per week

_____ 3 days per week on _____

(Example: Mon./Wed./Fri.)

_____ 1 day per week on _____

(Example: Mon., Tues., etc.)

My check in the amount of \$ _____, made payable to the West Cape May Board of Education After School Program is enclosed.

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I know that payment is required for this service and agree to abide by the guidelines set forth in the After School Program Guidelines.

Hours of Operation: 2:55- 4:30pm, Monday through Friday.

12:50- 4:30pm on applicable early dismissal days.

There is no After School Program on days when school is not in session.

Late Pickup: A fee of \$1.00 per minute will be charged after 4:30 PM, which must be paid at the time you pick up your child. If your child is not picked up, it may be assumed that an emergency exists and the Cape May Police will be notified.

It is the parent/guardian's responsibility to report any changes to the information provided on the registration form such as phone numbers, medical updates, emergency contacts and student release information.

Please sign below that you have read and agree to be bound by all the previous information provided.

Parent/Guardian Name (Please print) _____

Parent/Guardian Signature _____

Date _____
