Millburn Before and Afterschool Care

Providing before school and afterschool care for District 24 students in grades K-6 for the 2016-17 school year.

All rates and discounts are subject to change.

Millburn Elementary School: 847-356-8331

MILLBURN ELEMENTARY SCHOOL SESSION TIMES AVAILABLE (K-6)

SESSION 1 - 6:00 a.m. until the start of school SESSION 2 - from school dismissal until 6:00 p.m.

EARLY DISMISSAL DAYS — Millburn Elementary School students remain at Millburn Elementary School. Millburn Middle School students transported to Millburn Elementary School.

LUNCH — On half day early dismissal days, you must provide a brown bag lunch, snack(s), and beverages for your child.

SNACKS — Please provide a daily snack for your child.

Snacks and beverages are also available for 50 cents each. For convenience, you may purchase a "Snack Card" in \$5.00 increments.

NOTIFICATION — IMPORTANT!

Make sure to notify your child's teacher of these childcare arrangements

- AND
ANY CHANGES to these arrangements!

TUITION

SESSIONS	DAILY	WEEKLY
Session 1 (K-6) 6:00 a.m. until school starts	\$ 7.25	\$33.50
Session 2 (K-6) from school dismissal until 6:00 p.m.	\$13.00	\$61.00
Early Dismissal Days (from dismissal until 6:00 p.m.)	\$20.00	

Millburn Before and Afterschool Care

2016-17 PAYMENT FORM

Child (ren) Full Name(s)			
Attending at: Millburn	Elementary School	☐ Millburn M	iddle School
DEPOSIT: \$50.00 per child and is	applied toward the las	st registered week.	All rates and discounts All rates and discounts are subject to change.
TUITION	DAILY I	WEEKLY	are subject
SESSIONS Session 1 (K-6) 6:00 a.m. until school start	DAILY s \$ 7.25	WEEKLY \$33.50	_
Session 2 (K-6) from school dismissal until 6:00 p.m.	\$13.00	\$61.00	
Early Dismissal Days (from dismissal until 6:00 p.m.)	\$20.00		
DEPOSIT AND WEEKLY TUITION PAY	MENT INFORMATION		
☐ Check made payable to "Millburn School	ol District 24"		
☐ Payment made using online system (Re	evTrak) found on <u>www.millb</u>	urn24.net. Proof of paym	nent (printed receipt) is attached.
REGISTRATION AGREEMENT Students registered in the Millburn Before and A Handbook for the current year as found on Distr		subject to the rules, policies	, and guidelines provided in the Parent/Student
or not my child attends. I agree to pay Millb vacations, or holidays. Further, I am responsib	ourn School District 24 my wole for payment of all days and dule or withdraw from the pro	eekly tuition in advance. I d weeks that I have indicate ogram. I understand I am I	ks and that I am liable for the cost regardless of whether understand that there is no credit given for absences, d or added. One (1) week's advance notice is required liable for these charges if one week's notice is not given
I, the registrant, (parent or guardian who signs \$10.00 per late payment. In the event of a pa	the form), agree to make pay yment more than one week p	yments to Millburn School Di ast due, your child may be	ior to the first day of attendance for the payment period. istrict 24 no later than the due date or pay an additional dismissed from the program. If your child is allowed to s tuition in advance before readmitting your child to the
			es, and guidelines. I agree to be responsible for all costs nents, returned payments, uncollected payments, filing
PRINT NAME			
EMAIL ADDRESS			
► Logal Cuardian Signatura			Data

2016-17 REGISTRATION

Millburn Before and Afterschool Care

Legal Guardian #2 First and Last Name Relationship to Child Address City , IL Zip Home Phone Cell Phone Work Phone Employer Address CHILD #1 lives with: □ Both Parents □ Mother □ Father □ GuardianSpecial Custody Information Physician Phone Any allergies, special problems, or physical limitations of which we should be aware? ■■ NOTE: If child(ren) require medication, a Request for Administration of Prescription or Non-Prescription must be completed. EMERGENCY CONTACT who can be contacted in case parent or guardian cannot be reached? Contact 1 Address Relationship to Child Home Phone Cell Phone Contact 2 Address Relationship to Child Home Phone Cell Phone SESSIONS TIMES DAYS OF THE WEEK − circle days SESSION 1 6:00 a.m. until school starts Monday Tuesday Wednesday Thursday Friday SESSION 2 School dismissal until 6:00 p.m. Monday Tuesday Wednesday Thursday Friday	Teacher	Child #1 Fu				Birthdate		☐ Boy ☐ Girl
PLEASE PRINT FAMILY INFORMATION Legal Guardian #1 First and Last Name Relationship to Child Address City IL Ztp Home Phone Cell Phone Work Phone Employer Address Legal Guardian #2 First and Last Name Relationship to Child Address City IIL Zip Home Phone Cell Phone Work Phone Employer Address City IIL Zip Home Phone Gell Phone Work Phone Employer Address CHILD #1 lives with: Both Parents Mother Father GuardianSpecial Custody Information PHYSICIAN Address Any allergies, special problems, or physical limitations of which we should be aware? SEN NOTE: If child(ren) require medication, a Request for Administration of Prescription or Non-Prescription must be completed. EMERGENCY CONTACT who can be contacted in case parent or guardian cannot be reached? Contact 1 Address Relationship to Child Home Phone Cell Phone Contact 2 Address Relationship to Child Home Phone Cell Phone SESSIONS TIMES DAYS OF THE WEEK - circle days SESSION 1 6:00 a.m. until school starts Monday Tuesday Wednesday Thursday Friday SESSION 2 School dismissal until 6:00 p.m. Monday Tuesday Wednesday Thursday Friday	*PLEASE PRINT*	My child att	ends D Millburn Elementary S	chool	☐ Millburn	Middle School		
FAMILY INFORMATION Legal Guardian #1 First and Last Name City Nork Phone Employer Address City Nork Phone Employer Address Legal Guardian #2 First and Last Name Relationship to Child Address City Nork Phone Employer Address CHILD #1 lives with: Both Parents Mother Father GuardianSpecial Custody Information PHYSICIAN Address Any allergies, special problems, or physical limitations of which we should be aware? See NOTE: If child(ren) require medication, a Request for Administration of Prescription or Non-Prescription must be completed. EMERGENCY CONTACT who can be contacted in case parent or guardian cannot be reached? Contact 1 Address Relationship to Child Home Phone Cell Phone Contact 2 Address Relationship to Child Home Phone Cell Phone Contact 2 Address Relationship to Child Home Phone Cell Phone SESSIONS TIMES DAYS OF THE WEEK — circle days SESSION 2 School dismissal until 6:00 p.m. Monday Tuesday Wednesday Thursday Friday		Millburn Be	fore and Afterschool Care Start	Date	Teach	ner	Gra	de
Relationship to Child Rela				*PLE	ASE PRINT*			
First and Last Name	Cell Phone							
Home Phone		•				Re	elationship to Child	
Employer		Address			City		, I	L Zip
Relationship to Child Rome Phone Cell P		Home Phone_	Cell	Phone		Work Phor	ne	
Address		Employer				Address		
Cell Phone						Re	elationship to Child	
Employer	Address	Address			City		,	L Zip
CHILD #1 lives with: Both Parents Mother Father GuardianSpecial Custody Information PHYSICIAN Address Phone Any allergies, special problems, or physical limitations of which we should be aware? NOTE: If child(ren) require medication, a Request for Administration of Prescription or Non-Prescription must be completed. EMERGENCY CONTACT Who can be contacted in case parent or guardian cannot be reached? Contact 1 Address Relationship to Child Home Phone Contact 2 Address Relationship to Child Home Phone Cell Phone SESSIONS TIMES DAYS OF THE WEEK — circle days SESSION 1 6:00 a.m. until school starts Monday Tuesday Wednesday Thursday Friday SESSION 2 School dismissal until 6:00 p.m. Monday Tuesday Wednesday Thursday Friday	In the Image of th	Home Phone_	Cell	Phone		Work Phor	ne	
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	Further, I understand and agree that it is my responsibility to notify Millburn Before and	SESSION 1	6:00 a.m. until school starts	Monday	Tuesday	Wednesday	Thursday	Friday
		SESSION 2	School dismissal until 6:00 p.m.	Monday	Tuesday	Wednesday	Thursday	Friday
I acknowledge that the information is correct. Further, I understand and agree that it is my responsibility to notify Millburn Before and Afterschool Care, in writing, of any changes to this information.	nis information.	•			and agree that	it is my responsibility	to notify Millburn	Before and

Millburn Before and Afterschool Care

	ull Name			Birthdate		☐ Boy ☐ Girl
My child at	tends D Millburn Elementary	School 	Millburn Middi	e School		
Millburn Be	fore and Afterschool Care Star	t Date	Teacher_		Gra	de
Legal Guar	ORMATION dian #1 Name			Re	elationship to Child	
Email:						
Address			City		,	L Zip
Home Phone_			Cell Phone			
Employer				Work Pho	ne	
egal Guar First and Last	dian #2 Name			Re	elationship to Child	
Email:						
\ddress			City		, I	L Zip
Home Phone_			Cell Phone			
mployer				Work Pho	ne	
CHILD #2	ives with: 🗖 Both Parents 🗖 Mothe	r 🗖 Father 🗖 Gua	ardian Special Cus	tody Information		
		Address			Phone	s
PHYSICIAN_						
	special problems, or physical limitation	ns of which we shoul	d be aware?			
Any allergies,	special problems, or physical limitation					
Any allergies,		, a Request for Admi	nistration of Presc	cription or Non-P		
Any allergies, EMERGENC Contact 1	NOTE: If child(ren) require medication Y CONTACT who can be contacted	, a Request for Admi in case parent or gu	nistration of Prescardian cannot be r	cription or Non-P	Prescription must b	e completed.
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▶ Legal Guardian Signature