2026-2027 New Egypt Extended Day Program

For additional program information, please visit https:// https://www.newegypt.us/departments/need

Child's Information:

Name: _____

Date of Birth: _____ Sex: ❒ M ❒ F

Street Address: _____

City, State, Zip: _____

New Egypt Primary School Grade: ❒ Preschool ❒ Kindergarten

Complete if known: Transportation Home: ❒ Car ❒ Bus #____

Teacher: _____

Family Information – List the name(s) of parents/guardians who are responsible for the child enrolled and the tuition payments. Additional adults can be listed in release information below. Email is used for online payments/tax statements/etc.

Parent/Guardian Information #1:

Name: _____

❒ Mother ❒ Father ❒ Step-Mother ❒ Step-Father ❒ Other

Street Address: _____

City, State, Zip: _____

Phone: _____Work: _____

Email: _____

Parent/Guardian Information #2:

Name: _____

❒ Mother ❒ Father ❒ Step-Mother ❒ Step-Father ❒ Other

Street Address: _____

City, State, Zip: _____

Phone: _____Work: _____

Email: _____

Child resides with: ❒ Both Parents ❒ Mother ❒ Father ❒ Shared Custody ❒ Guardian ❒ Other_____

Individual(s) Responsible for NEED payments:

❒ Both Parents ❒ Mother ❒ Father ❒Other_____

If tuition is shared between parents/guardians, both parties remain responsible for ensuring the full balance is paid by the last day of each month. If payment in full, including any applicable late fees, is not received by the due date, the child will be ineligible to attend the program beginning the following month until the outstanding balance is paid in full.

If your child will be attending the afternoon NEED Program for the first time, please notify their classroom teacher via a written note or ParentSquare message prior to their first day of attendance.

Tuition is based on the total number of scheduled Plumsted Township School District school days, divided into ten (10) equal monthly payments, including the month of June. Monthly tuition remains the same regardless of holidays, school closures, snow days, student absences due to illness, vacations, or any other reason. Refunds, credits, make-up days, or exchanges for alternate days of the week will not be provided.

A minimum of two (2) weeks' written notice is required to withdraw from the program. Failure to provide the required notice will result in responsibility for the following month's tuition. Requests to increase, decrease, or discontinue a child's schedule will only take effect on the first day of a month.

NEW EGYPT PRIMARY SCHOOL
Grades Preschool - Kindergarten ONLY
MONTHLY RATES

Requested Start Date: 1st day of school or _____

Before Care

	Starting at 6:45 am – 9:20 am; no mixing and matching	Starting at 8:00 am – 9:20 am; no mixing and matching
*Rates are **Per Month; minimum 2 days a month***		
Add-a Day or if scheduled for 8:00 am and you come early	$20 as needed	$14 as needed
2 days/week	❒ $150	❒ $130
3 days/week	❒ $185	❒ $145
4 days/week	❒ $205	❒ $163
5 days/week	❒ $225	❒ $180

Select your morning care days of the week:

❒ Mon. ❒ Tues. ❒ Wed. ❒ Thurs. ❒ Fri

After Care

Dismissal - 5:45 pm; *Rates are Per Month*

*Early dismissal days **ARE** included on your child's scheduled days of the week only*

** All children will be bussed from NEPS at dismissal to the elementary school for parent pick-up.

Please note that spacing in After Care is expected to reach full capacity.

Add on afternoons are not guaranteed. To secure an afternoon add-on, advance notification is required and subject to availability at the time of your request.
If you choose to withdraw from the program, re-enrollment is not guaranteed and will depend on current enrollment availability at the time of your request.

	Add An Afternoon - $25 until 5:45 pm	**Add An Early Dismissal -** $38 until 5:45 pm
2 days/ week	❒ $195	
3 days/ week	❒ $230	
4 days/ week	❒ $275	
5 days/ week	❒ $300	

Payable to: NEED Program

Select your afternoon care days of the week:

❒ Mon. ❒ Tues. ❒ Wed. ❒ Thurs. ❒ Fri.

Before Care cost: _____

After Care cost: _____

Family Registration: $50 until 8/21; $60 after; $0 for verified Free & Lunch Families

❒Sibling Disc. ❒ Staff Discount ❒ Federal Lunch

10% off oldest of 2; 20% off oldest of 3+

Reduced - 15% Free - 20%

2026-2027 New Egypt Extended Day Program Student: _____

Emergency Pick-up:

Complete information for at least two emergency contacts, other than the parent/guardian listed above. Children will not be released unsupervised or to any unauthorized person(s). The following people are available within 20 minutes of the site, have my permission to pick up my child, and should be contacted in the event of an emergency if I cannot be reached. Individuals will be contacted in the order they are listed. All emergency contacts must be 18 years of age. No exceptions. Photo identification will be required. Please advise your contacts.

#1 Name/Relationship: _____ #2 Name/Relationship: _____

Phone #1: _____ Phone #2: _____

#3 Name/Relationship: _____ #4 Name/Relationship: _____

Phone #3: _____ Phone #4: _____

Health History:

There is NO NURSE available during this program. Medication may NOT be given by the staff, with the exception of a prescribed Epipen in its original packaging and prescription label attached. Written orders must say the student requires administration of epinephrine for anaphylaxis. Students may NOT ATTEND the program until an Epipen has been provided along with documentation.

Does your child have any medical conditions and/or food allergies? ❒ Yes ❒ No Are they life threatening? ❒ Yes ❒ No
Medical Condition:_____ Epipen needed: ❒ Yes ❒ No
Allergies to: ❒ Food ❒ Medicine ❒ None ❒ Other: _____

Allergies – please describe the allergic reactions and management (ex. carrots = hives on face if eaten, no treatment, call parent).

_____

IEP/504/IHP:

My child has a: ❒ N/A ❒ Individual Education Plan (IEP) ❒ 504 modification plan ❒ Behavior Plan
❒ Individual Health Plan (IHP) for special instruction to NEED staff on a medical condition listed above
❒ My child is currently in the review process for one of the above

_____ (Please initial). I give my child's case worker and/or school nurse permission to discuss specific needs in the interest of offering reasonable accommodations to my child in the childcare program. In accordance with the Americans With Disabilities Act, the NEED childcare program will provide reasonable accommodations for participants with disabilities. The District reserves the right to make a determination that students that require accommodations which exceed the reasonable standard would be deemed inappropriate for the program and therefore not eligible to participate. A determination as to whether a requested accommodation is reasonable would be based upon a case by case analysis involving an interactive exchange between the parties to determine whether a reasonable accommodation is capable of being furnished.

Please advise us of any relevant information in regards to any special needs/behaviors/other information that would be helpful to our staff in meeting your child's needs in the program. Are there any social, emotional, speech, language, family situations, etc. that we should be aware of?

_____

_____

- I agree that if the behavior or health of my child, or an unscheduled program closure should make it necessary to send him/her home, I, or an emergency contact person, will immediately pick up my child from the program. Failure to do so within 30 minutes may result in a suspension or removal from the program. Based on the magnitude of the incident, my child will be withdrawn from the program for an appropriate amount of time beginning the day after the incident. An accumulation of incidents may result in my child's termination from the program.
- I confirm that my child is in good health and able to participate in the program. I understand that medication, including prescription and non-prescription drugs, cannot be administered by the staff in the program. Arrangements may be able to be made through the school nurse. Epipens will require a copy of written physician orders.
- If your child has an injury or health condition that prevents them from participating in the gym or outside, please notify the NEED program in writing of those limitations.
- Emergency Medical Release: If emergency medical or dental treatment is deemed necessary and I cannot be contacted, I authorize the program staff to act on my behalf in granting permission for my child to receive emergency treatment. I will be responsible for any such treatment deemed necessary by a physician or dentist. In such an event requiring medical attention the school's insurance is a secondary policy with claim forms that needed to be filed in an expedited manner. For all claims, the child's medical insurance is the primary insurer. Any claim for secondary coverage should be made immediately, but no more than 30 days after the accident.

_____ _____ _____

Signature of Parent/Guardian Print Name Date

2026-2027 New Egypt Extended Day Program Student: _____

PERMISSION/AUTHORIZATION:

- I agree to inform the NEED office, in writing or email to the coordinator, of any changes in the information that I have provided on the registration form and/or changes to my child's schedule. A minimum of two weeks' written notice is required or you will be responsible for the following month's tuition, including the current month. This includes the month of June. Subsequent return enrollment will be based on space availability. A change is schedule requires page 1 to be resubmitted with a requested effective date.
- I agree to assume full responsibility for any damage to a person or property caused by my child.
- I will notify the NEED office if my child will not be present in the afternoon program. Any day that my child does not attend school, or receives in-school suspension, s/he cannot attend the NEED program.
- I understand that in the event of inclement weather or other emergencies when school is closed, the NEED program will also be closed. In the event of a delayed school opening, the NEED morning program will be canceled. Finally, if the school district dismisses early due to inclement weather or other emergency, the NEED program will not open.
- I understand that if my child has a persistent pattern of negative behavior, and interventions have not been successful, I may be asked to remove my child from the program immediately. No refunds will be issued.
- My child is not allowed to leave the program unless picked up by an authorized adult with ID and be at least 18 years old.
- The NEED program will not reimburse families for tuition payments or credit families for unused days. The only exception to this policy would be in the case of an extended illness, whereby the student has missed 10 or more consecutive days, all of which must be substantiated by a physician's written note and provided to the program coordinator.
- Unpaid bills, even for those children no longer attending, may be turned over to a collection agency for payment. I understand I will be responsible for the original debt together with all accrued finance and collection charges, court costs, and attorney's fees which are allowed by law. Outstanding or past-due balances could cause your child to be suspended from attending not only the NEED program but other district-sponsored programs as well. I understand the late fee policies and fees incurred and I agree to payment of these fees. Tuition payments are due on the 15th of the prior month to care.
- I understand that the district reserves the right to cancel the program based on enrollment, financial feasibility, and building availability.
- Late/Non-Payment and Bounced Check Fee Policies: In the event that the check that I provide to the program for payment of services is returned for insufficient funds/closing of an account or any other reason, I will be charged a fee up to $20.00 in addition to the original amount due. If/when two checks are returned, I will only be allowed to pay for the childcare, camp, or Community Education services via cash, money order, or credit card. All cash payments must be brought directly to the coordinator during operating hours.
- My child must be picked up by 5:45 pm. Pick-up after 5:45 pm is considered a LATE pick-up. Pick-ups from 5:45 pm –6:00 pm - a $15.00 fee; After 6:00 pm the late fee is increased by $1.00 per minute. After 3 late pick-ups, all late fees are doubled. Repeated offenses could result in termination from the program.
- If my child is scheduled for a 4:00 pm pick-up, pick-up after 4:00 pm is considered a LATE pick-up. Pick-ups from 4:00 pm-4:15 pm – a $15.00 fee; After 4:15 pm your child will be assessed the full per diem add-on for the day. Repeated offenses could result in requiring the student to be enrolled in the 5:45 pm pick-up program.
- In the event that you will be late, please contact your emergency pick-up designee to pick up your child, and thus avoid the late fees. In addition, chronic offenders may be removed from the program. Exceptions for weather, traffic, road construction, etc. will NOT be given.
- My child/ren has permission to watch PG movies and to attend activities within the school where animals may be present.
- Photographic Permission: I give my permission to have his/her picture taken while participating in the NEED program, and my child appears in any media coverage approved by the NEED Program.
- Children may NOT bring glass bottles, energy drinks, and any foods containing nut or peanut products to the program.
- Sharing information: I agree to allow Plumsted Township School District administrators and the program coordinator to share information (including medical, custodial, and/or behavioral records) for a child's safety and well-being.
- Rates are based on the number of scheduled school days for the Plumsted Township School District (180) divided into ten (10) equal payments including the month of June. Therefore, the tuition for all ten (10) months will be identical. There are no refunds/ credits or day exchanges for months containing holidays, snow days, and/or for days missed due to illness, vacation, etc. In addition, days cannot be swapped for alternate days of the week. On early dismissal days, child care will operate as a normal NEED day from dismissal until 5:45 PM at NO additional charge for those enrolled until 5:45 pm AND on their child's normal scheduled day of the week. All others can use the add-a-day to schedule at an additional cost. A minimum of two weeks written notice is required or you will be responsible for the following month's tuition. I understand that I must call either the NEED office or notify the Main Office if my child will be taking the bus on a day that they are scheduled to attend the NEED program. There are no program plan changes accepted for the month of June. Program plan changes (to increase/decrease/drop) can go into effect on the 1st of the month only. There is a built-in grace period for payments until the 20th of the month. This allows for student absences, weekends, etc. Payments received after this time will incur a $30 late fee per family for all outstanding current balances including unpaid added day charges, balances as a result of partial payments, and failure to pay tuition. All accounts must have a $0 balance in order to attend on the 1st of the following month.

I have read, understand, and agree to abide by all of the above.

_____ _____ _____

Signature of Parent/Guardian Print Name Date