

**HASBROUCK HEIGHTS PUBLIC SCHOOLS**  
**379 Boulevard**  
**Hasbrouck Heights, New Jersey 07604**

**2023-2024 KEYS**  
**Child Care Program**

July 2023

Dear Parents:

The Hasbrouck Heights School District sponsors a before-school and after-school child care program for Hasbrouck Heights Public School students in kindergarten through fifth grade at each of the elementary schools. The program for all students begins **Thursday, September 7th, our first full day of school**, and will run through the last day of school in June. **The KEYS program will end at 4:00 pm on the following single session days: November 22<sup>nd</sup>, December 22<sup>nd</sup>, as well as the last day of school.**

Certified teachers along with support staff will conduct the programs. The morning program starts at 7:15 a.m. The after-school program runs from 3:08 p.m. to 6:00 p.m. On single session days, the after school program will operate from 12:35 p.m. until 6:00 p.m. The program will **not** operate when school is **closed** due to holidays or snow days.

The after-school program includes playtime, homework time and project time. You may enroll your child(ren) for as few as 2 days or up to 5 days, from either 3:08 p.m. to 4:30 p.m. or from 3:08 p.m. to 6:00 p.m. Please refer to the attached Monthly Fee Schedule for exact program fees. There will be no increase in cost for the 2023-2024 school year. **The afternoon program requires a prepayment of the first and last months' fees. There will be no exceptions made to this requirement.**

If you wish to enroll your child(ren) in the "KEYS" Child Care Program beginning the first full day of school in September:

1. Complete the following registration form by Monday, August 14th to start on Thursday, September 7th.
2. Registration forms received after August 14<sup>th</sup>, child cannot start until Monday, Sept. 11th
3. Make your check payable to the "Hasbrouck Heights Board of Education"
4. Mail or bring the above to:

Hasbrouck Heights Board of Education Administration Building  
c/o Mrs. Joan Catapane - KEYS Program  
379 Boulevard  
Hasbrouck Heights, N.J. 07604

**PLEASE DIRECT ANY QUESTIONS TO JOAN CATAPANE AT 201-393-8146**

**HASBROUCK HEIGHTS SCHOOL DISTRICT  
 “KEYS” Child Care Program 2023-2024**

- Hasbrouck Heights Public School Students- Grades K to 5
- Convenient Locations - Lincoln and Euclid Schools
- Classrooms, school gymnasium, library and playground

**AFTERNOON PROGRAM**

**MONTHLY FEE SCHEDULE**

\*\*\*\*\* 3:08 to 6:00 \*\*\*\*\*                      \*\*\*\*\* 3:08 to 4:30 \*\*\*\*\*

Number of Days	1st Child	Additional Children	1st Child	Additional Children
5	\$240	\$220	\$210	\$190
4	\$220	\$200	\$190	\$170
3	\$195	\$180	\$165	\$150
2	\$170	\$155	\$140	\$125

**Late Fees:**

6 - 15 minutes = \$30.00

16 - 30 minutes = \$60.00

31 - 45 minutes = \$90.00

Please note that the above late pick-up fees will be charged on a daily basis and will be billed monthly. Repeated lateness in picking up your child may result in your child being excluded from the KEYS program.

PM KEYS payments are due on the first of each month. There is a grace period of 10 days for payments. Any payment received after the 10<sup>th</sup> of the month must include a \$10 late payment fee.

**MORNING PROGRAM**

7:15 to 8:15 am

Cost of the program is \$10.00 per day per child and will be billed at the end of each month

School: \_\_\_\_\_ Start Date: \_\_\_\_\_

**USE BLACK INK ONLY**

Classroom Teacher: \_\_\_\_\_

"KEYS" Child Care Program  
REGISTRATION FORM – 2023-2024

Child's Name (ONE CHILD ONLY)

Age

Street Address

Town

State

Zip

Grade

Date of Birth

Home Phone

Mother's Name

Work/Cell Phone

One Parent Email Address (Print)

Father's Name

Work/Cell Phone

Child Lives With: \_\_\_\_\_

DAYS OF THE WEEK (Circle)

TIME LEAVE

# DAYS

**AFTERNOON:** MON TUES WED THUR FRI

\_\_\_\_\_ pm

\_\_\_\_\_

**HOW TO REGISTER**

1. Complete the registration form and information/medical form
2. Include check or money order for the following totals (fees are refundable)
3. Make payments payable to "**Hasbrouck Heights Board of Education**"

	<b>AFTERNOON PROGRAM</b>	<b>MORNING PROGRAM</b>
<b>Select (X) program registration</b>	_____	_____
A) Annual Registration (per child)	\$ <u>None</u>	\$ <u>10.00</u>
B) First Month's Tuition ( <u>Afternoon</u> See Schedule)	\$ _____	None
C) Last Month's Tuition/Security ( <b>Required</b> ) ( <u>Afternoon</u> Same as line B)	\$ _____	None
<b>TOTAL ENCLOSED- EACH PROGRAM</b>	\$ _____	\$ <u>10.00</u>

Mail or drop off at: HH Board of Education  
 Administration Building-Attn: Mrs. Joan Catapane  
 379 Boulevard, Hasbrouck Heights, NJ 07604 – DUE BY MONDAY, AUGUST 14<sup>TH</sup> TO START FIRST DAY

**Hasbrouck Heights Public School District – KEYS Program  
Information/Medical Form –USE BLACK INK ONLY**

Child's Name: \_\_\_\_\_ Female \_\_\_\_\_  
Last First Grade Male \_\_\_\_\_

Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Mother's Work Telephone Number: \_\_\_\_\_ Cell: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Father's Work Telephone Number: \_\_\_\_\_ Cell: \_\_\_\_\_

Child Lives With: \_\_\_\_\_

Name(s)/phone numbers(s) of those authorized to pick up my child from the "KEYS" program:

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

\_\_\_\_\_  
Parent Signature

\*\*\*\*\*

**Medical Information**

1. Does he/she have a medical problem or chronic disease? If yes, please state problem:

\_\_\_\_\_

2. Is he/she on medication? If yes, please list medication:

\_\_\_\_\_

3. Are there any restrictions (physical, etc.)? If yes, please list restrictions:

\_\_\_\_\_

4. Does your child have any allergies to food or medication? If yes, what:

\_\_\_\_\_

5. Is there any other information about your child which should be known?

\_\_\_\_\_