# LML Compass Care

## *Registration Form 2023-24*

***Please complete one form for each child if more than one is enrolling per family.***

**Student Information:**

Child First Name: _____ Last Name: _____ Gr. Entering: _____

Gender : _____ Birthday: _____

**Student's Interests:**

**Special interests or favorite activities of your child:** _____

_____

_____

**Primary Parent/Guardian to Contact in Case of Emergency**

First Name:_____ Last Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Contact Ph Number: _____ Email: _____

Employer: _____

**Secondary Parent/Guardian to Contact in Case of Emergency**

First Name:_____ Last Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Contact Ph Number: _____ Email: _____

Employer: _____

**Primary Emergency Contact to Call in Case Neither Parent/Guardian Can Be Reached**

First Name:_____ Last Name: _____

Contact Ph Number: _____

**Secondary Emergency Contact to Call in Case Neither Parent/Guardian Can Be Reached**

First Name:_____ Last Name: _____

Contact Ph Number: _____

**Authorized Individuals to Pick Up Your Child(ren)**

First Name:_____ Last Name: _____

First Name:_____ Last Name: _____

First Name:_____ Last Name: _____

*Any changes in persons allowed to pick up your child must be put in writing.*

# LML Compass Care

***Please complete one form for <u>each</u> child if more than one is enrolling per family.***

I will be enrolling my child in: *(check all that apply)*

____ Before School Care (6:00-8:00 AM) _____ Full-time _____ Part-time _____ Daily Rate

____ After School Care (3:00-6:00 PM) _____ Full-time _____ Part-time _____ Daily Rate

**PARENT/GUARDIAN RESPONSIBILITIES**

Responsibilities and Agreements—Please initial each of the following to indicate that you have read and understand each item.

____ 1. My child is not allowed to come and go freely from the LML Compass Care Program.

____ 2. I understand, for the safety of everyone in the program, my child **<u>may be</u>** required to wear a mask which will be provided by LML Compass Care.

____ 3. My child is not allowed to come and go freely from the LML Compass Care Program.

____ 4. I understand that I am committing to having my child attend Compass Care for the time I have selected above. **<u>I am responsible for paying the rate that goes with my selection until I change that status in writing to jjohnston@letmelearn.org.</u>**

____ 5. I will inform the LML Compass Care Program Director of any changes or concerns that may arise relevant to my child.

____ 6. I must notify the LML Compass Care Program Director in writing of any early departure changes.

____ 7. **<u>I understand that if I do not pay the monthly fee within 5 days of the due date, my child will not be able to attend Compass Care.</u>**

____ 8. If a medical emergency arise, the LML Compass Care Program will first attempt to contact me. If I cannot be reached, the LML Compass Care Program will call the emergency contact person or my child's doctor. If the emergency is such that immediate hospital attention is necessary, the LML Compass Care Program staff will take measures to see my child is transported to the hospital. I will be responsible for all costs incurred.

____ 9. The LML Compass Care Program will operate from 6:00-8:00 AM and from the close of school to 6:00 PM each school day.

____ 10. It is my responsibility to see my child is picked up by the designated closing time of 6:00 PM.

**I understand and agree to abide by the above parent responsibilities.**
**I understand that this is a legal contract and I agree to the rules set above.**

_____ _____

**Signature** **Date**

**YOUR CHILD CANNOT START AT COMPASS CARE WITHOUT THIS PAGE <u>SIGNED</u> AND A COMPLETED PACKET SUBMITTED.**

# LML Compass Care

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## MONTHLY RATES

**Full-time Monthly Rates**

Before School Care (only): $170.00 ($151.00 for sibling)
After School Care (only): $215.00 ($193.00 for sibling)
Before and After School: $308.00 ($246.00 for sibling)

**Part-time (up to 3 days per week) Monthly Rates:**

Before School Care (only): $126.00 ($114.00 for sibling)
After School Care (only): $160.00 ($144.00 for sibling)
Before and After School: $229.00 ($183.00 for sibling)

**Daily Rate:**

Before School: $15.00 After School: $20.00

**Social Security Number**

In order for us to collect payments, we must have your social security number on file.

_____ _____
First and Last Name Social Security #

## Mandatory Credit/Debit Card on File

LML Compass Care is adopting a new policy this year where a credit card **MUST** be on file. **Please fill out the required information below**.

_____ _____ _____
Card Number CSV Exp Date

_____
Name on the Card

**I understand if I do not pay my bill by the 5th of the month, Let Me Learn (LML Compass Care) will process my card to keep my billing current.**

_____ _____
**Signature** **Date**

# LML Compass Care

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## PARENT/GUARDIAN PAYMENT RESPONSIBILITS AND PROCEDURES

Responsibilities and Agreements—Please initial each of the following to indicate that you have read and understand each item.

____ 1. I will pay the monthly fee on the 1st day of the month. If the 1st day of the month falls on a Saturday or Sunday, I will pay the monthly fee on the first Monday of the month.

____ 2. I will inform the LML Compass Care Program Director immediately if the registration status of my child changes (for example, from full-time to part-time or vice versa) in the Compass Care program.

____ 3. **<u>I understand that if I do not pay the monthly fee within 5 days of the due date, my child will not be allowed to attend Compass Care.</u>**

____ 4. I understand that if my child is not allowed to attend Compass Care, **<u>he or she will be sent home on the bus and I am responsible for picking him or her up at the bus stop.</u>**

____ 5. I agree to pay a $10 late fee for every 15-minute block of time after 6 pm that my child is not picked up. **<u>I understand this fee is due at the time of pick up</u>**.

____ 6. I understand that the monthly price remains the same regardless of holidays or Spring Break because it is an average cost over the course of the whole school year.

**<u>For Rutgers Families:</u>**

____ 1. It is my responsibility to swipe my child in the morning or out in the afternoon.

____ 2. I understand that if I have a card and I fail to swipe my child's attendance more than 3 times in a week, Compass Care will report this to Rutgers **<u>and</u>** Compass Care **<u>may</u>** refuse to permit my child to participate in the program.

**I understand and agree to abide by the above payment responsibilities. I understand that this is a legal contract and I agree to the rules set above.**

_____ _____

**Signature** **Date**

**YOUR CHILD CANNOT START AT COMPASS CARE WITHOUT THIS PAGE <u>SIGNED</u> AND A COMPLETED PACKET SUBMITTED.**

***To submit this registration, bring it or mail it to: Compass Academy Charter School***
***c/o LML Compass Care, 23 W Chestnut Ave, Vineland, NJ 08360 Or Fax it to 856-431-7971***