

**ST. AUGUSTINE OF CANTERBURY SCHOOL**

**ASP CONTRACT 2017-2018**  
**TEN DOLLAR REGISTRATION FEE DUE AT TIME OF**  
**REGISTRATION**

KENDALL PARK  
NEW JERSEY

[www.staugustinenj.org](http://www.staugustinenj.org)



Family Name \_\_\_\_\_

Name of children(s) \_\_\_\_\_ Grade(s) \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_

Father's Name \_\_\_\_\_ Work # \_\_\_\_\_ Cell Phone \_\_\_\_\_

Mother's Name \_\_\_\_\_ Work # \_\_\_\_\_ Cell Phone \_\_\_\_\_

Applicant lives with \_\_\_\_ Both Parents \_\_\_\_ Mother \_\_\_\_ Father

Legal Guardian \_\_\_\_\_

Indicate who is responsible for finances \_\_\_\_\_

Signatures of individuals who may pick up your child:

1. \_\_\_\_\_ Relationship \_\_\_\_\_

2. \_\_\_\_\_ Relationship \_\_\_\_\_

If unable to contact parents, who would be available (within 15 minutes) to pick up your child(ren) from the program?

Name	Phone #
------	---------

List health/medical problems and/or allergies

---

---

List medicine/drugs taken regularly

---

---

I give permission for the following hospital to arrange emergency treatment as may be needed:

Name of Hospital	Town	Parent must meet us there.
------------------	------	----------------------------

**EMERGENCY SCHOOL CLOSING (SNOW, ETC.)**  
**DECIDED BY SOUTH BRUNSWICK TOWNSHIP**

**SOUTH BRUNSWICK TOWNSHIP WILL DETERMINE TIME OF PICK UP OF STUDENTS BY BUSES**

**YOU WILL BE NOTIFIED BY HONEYWELL AND/OR CONSTANT CONTACT**

**THERE WILL BE NO AFTER SCHOOL CARE: ( ) PICKUP AFTER EMERGENCY CLOSING ANNOUNCED**

**( ) GO HOME ON BUS**

**PLEASE CHECK ONE OF THE FOLLOWING:**

\_\_\_\_\_ Full Day Rate (2:00 pm-6:00 pm) \$300.00/Month  
(2nd child \$190.00)

\_\_\_\_\_ Half Day Rate (2:00 pm-4:00 pm) \$180.00/Month  
(2nd child \$100.00)

\_\_\_\_\_ Daily Rate \$ 40.00/Daily  
(2nd child \$10.00)

*If your child attends on a daily basis, please note that the payment is due on the day that your Child attends*

**ASP PAYMENT SCHEDULE (late payment fee will be charged for not paying on time)**

September Monthly Payment Due:	8/31/17	
October Monthly Payment Due:	9/29/17	
November Monthly Payment Due:	10/27/17	
December Monthly Payment Due:	11/30/17	(will be pro-rated)
January Monthly Payment Due:	12/21/17	
February Monthly Payment Due:	01/31/18	
March Monthly Payment Due:	02/28/18	
April Monthly Payment Due:	03/30/18	(will be pro-rated)
May Monthly Payment Due:	04/27/18	
June Monthly Payment Due:	05/31/18	(will be pro-rated)

**PLEASE BE SURE YOU HAVE ARRANGED FOR AN EMERGENCY PICK UP IF YOU ARE GOING TO BE LATER THAN 6:00 PM. WE CLOSE PROMPTLY AT 6:00 PM.**

***IF A PARENT IS LATE, A STAFF MEMBER WILL STAY WITH YOUR CHILD UNTIL A PARENT ARRIVES. THE LATE FEES FOR PICKING UP YOUR CHILD ARE AS FOLLOWS:***

***\$10.00 20 MINUTES***

***\$25.00 30 MINUTES***

I agree to make the ASP Payments and Late Fees if applicable pursuant to the above schedule. I also understand that if I do not make these prompt payments, my children will be unable to attend the program until such payments are made. I also understand that I will be required to pay a late payment charge if I do not pay my monthly or daily fees when they are due.

Signature \_\_\_\_\_ Date: \_\_\_\_\_