

**ST. AUGUSTINE OF CANTERBURY SCHOOL**

**ASP CONTRACT 2020-2021**

**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:	8/30/19	
October Monthly Payment Due:	9/27/19	
November Monthly Payment Due:	10/25/19	
December Monthly Payment Due:	11/29/19	(will be pro-rated)
January Monthly Payment Due:	12/20/19	
February Monthly Payment Due:	01/30/20	
March Monthly Payment Due:	02/28/20	
April Monthly Payment Due:	03/30/20	(will be pro-rated)
May Monthly Payment Due:	04/27/20	
June Monthly Payment Due:	05/29/20	(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: \_\_\_\_\_