

# Knight Care Morning Program 2024-2025

**1st Day of AM Care: 9/5/24; Last Day of AM Care: 6/24/25 (Subject to Change)**

The Knight Care Morning Program is available for students in K-8 at **BERKLEY STREET ELEMENTARY SCHOOL, B.F. GIBBS ELEMENTARY SCHOOL, and DEO MIDDLE SCHOOL for 2024-2025** school year. Children are supervised by site managers who are highly qualified teachers.

**Elementary Schools begin at 7:25 AM, DEO middle school begins at 7:20 AM**

*There is NO Knight Care Morning Program if we have a delayed opening for any reason.*

*The program is not responsible for any child dropped off earlier than the start time, or that has not been signed in by a parent/guardian or family representative.*

## Important Registration Information

- Applications for the 2024-2025 school year are to be mailed to the P.O. Box and include the completed registration forms and a check or money order with FULL payment, including registration fee(s) for the month you are registering for. Applications sent without full payment will not be processed and that will delay your child's start date.
- A monthly invoice will then be emailed to you. Based on the payment option you select, payment will either continue to be by check/money order or by PaySchools Central.
- Please note: **Any applications received after August 31, 2024, will not be processed until after September 13, 2024.** *Additionally, there will be a 48 hour processing window for any applications submitted hereafter. Once payment and paperwork has been received & processed, an email will be sent from the director to confirm your child's start date.*

If you have any questions **regarding the program** please contact the  
*Director - Lisa Horgan ([Knightcare@nm-psd.org](mailto:Knightcare@nm-psd.org)).*

If you have **any billing or application questions**, please contact the  
*Assistant Director – Rebecca Auerbach ([Knightcare@nm-psd.org](mailto:Knightcare@nm-psd.org)).*

**KNIGHT CARE MORNING PROGRAM AGREEMENT 2024-2025**  
**PAYMENT INFORMATION**

Knight Care tuition is paid on a monthly basis; **please note that we do not prorate weeks within the month, full monthly tuition is expected no matter the enrollment date or the number of days attending.**

**There is a \$10.00 registration fee per child, per program.**

| <b>1<sup>st</sup> child</b> | <b>Each, for 2<sup>nd</sup> child or more</b> |
|-----------------------------|---|
| \$120                       | \$110   |

Please note that you have the option to pay one of two ways **BEGINNING WITH THE OCTOBER BILL** and the option you choose will remain your chosen payment for the entirety of the 2024-2025 school year. Once selected, you will NOT be able to switch the way you pay.

**Option 1** - Pay by check/money order via the P. O. Box. Please make all checks/money orders payable to: Latchkey. Please mail all correspondence to: Latchkey, P.O. Box 346, New Milford, NJ 07646. You may also utilize the new locked drop boxes available at each site.

**Option 2** - Utilize PaySchools Central ([www.payschoolscentral.com](http://www.payschoolscentral.com)). You will need to set up an account to use a credit/debit card (4.5% ACH fee added) or a checking account (\$1.75 fee per transaction added).

**ALL PAYMENTS MUST BE RECEIVED BY THE LAST DAY OF THE MONTH PRIOR TO SERVICE RENDERED – see table below.**

**2024-2025 Due Dates**

|  |   |
|--|---|
| September Tuition Due on or Before 8/31/24 | February Tuition Due on or Before 1/31/25 |
| October Tuition Due on or Before 9/30/24   | March Tuition Due on or Before 2/28/25    |
| November Tuition Due on or Before 10/31/24 | April Tuition Due on or Before 3/31/25    |
| December Tuition Due on or Before 11/30/24 | May Tuition Due on or Before 4/30/25      |
| January Tuition Due on or Before 12/31/24  | June Tuition Due on or Before 5/31/25     |

**\*\*ALL PAYMENTS NOT RECEIVED BY THE ABOVE DATES WILL INCUR A \$30 LATE FEE\*\***

# Knight Care Morning Registration 2024-2025

**PLEASE COMPLETE REGISTRATION FORM FOR EACH CHILD**

Student Name: \_\_\_\_\_

Address: \_\_\_\_\_

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

Mother's Name: \_\_\_\_\_ Mother's Cell Phone: \_\_\_\_\_

Mother's Email: \_\_\_\_\_ Mother's Work Phone: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Father's Cell Phone: \_\_\_\_\_

Father's Email: \_\_\_\_\_ Father's Work Phone: \_\_\_\_\_

Medical Issues/Allergies/Medications: \_\_\_\_\_

\_\_\_\_\_

Emergency Contact Name (Relation to Student): \_\_\_\_\_

Emergency Contact Person Phone #: \_\_\_\_\_

Circle School: **Berkley Street Elementary**      **B.F. Gibbs Elementary**      **DEO Middle School**

Grade: \_\_\_\_\_      **Anticipated Start Day:** \_\_\_\_\_

**The following people are authorized to drop off and sign in my child:**

Name (please print):                      Relationship:                      Cell/Home Phone #:

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

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

3. \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_      Date: \_\_\_\_\_

## **KNIGHT CARE MORNING PROGRAM AGREEMENT 2024-2025**

I, \_\_\_\_\_, the parent/guardian of \_\_\_\_\_

**\*PLEASE INITIAL AFTER EACH AGREEMENT STATEMENT\***

1. **Agree** to pay a non-refundable registration fee of \$10.00 per child, per program via check/money order \_\_\_\_\_ **(Initial Here)**
2. Our family has agreed to OPTION 1(Pay Via Check/Money Order) / OPTION 2 (Pay via PaySchools Central). **Please CIRCLE/HIGHLIGHT** your option choice and. I **Agree** to pay **\$120.00** per month per first child. The fee for additional children in the same family will be **\$110.00** per child per month. I **agree** to remit the fee each month by the last day of the preceding month. Program fees will not be prorated based on actual attendance. I **understand** that if payment is not received by the last day of the preceding month, a **\$30.00** late fee will be imposed. I **understand** that my child may be dis-enrolled from the program if I am frequently late with my payments. All cases will be examined by both the Knight Care Director and Assistant Director regarding continuation in the program. \_\_\_\_\_ **(Initial Here)**
3. **Agree** that my child will be dropped off no earlier than **7:25 am at the elementary schools or 7:20 AM at DEO Middle School**, and that it is my/or designated person’s responsibility to sign my child in each morning. If my child is not signed in, the program will not be responsible for my child on that day. The New Milford Board of Education is expressly discharged of any and all liability and responsibility if my child is dropped off earlier than the start time. \_\_\_\_\_ **(Initial Here)**
4. **Agree** that the New Milford Board of Education will be held free and harmless from any and all injuries occurring to my child, except as to such matters that are resultant from acts of negligence on the part of the New Milford Board of Education and its agents or employees. \_\_\_\_\_ **(Initial Here)**
5. **All children** are expected to use the bathroom facilities independently. No staff members will be expected or allowed to help children in the bathroom. We understand that accidents happen; if this occurs, you will receive a call to have your child picked up or clothes can be brought and you or a family representative can help the child change their clothes. \_\_\_\_\_ **(Initial Here)**
6. In the event of an emergency, **give permission** to the director and/or site managers to have my child treated by medical personnel. \_\_\_\_\_ **(Initial Here)**
7. **Understand** that program fees are non-refundable regardless of actual attendance in the program. I agree to all financial terms of my child’s involvement in Knight Care which includes, paying tuition on time, late fees, registration fees, late pick up fees and all financial responsibilities. \_\_\_\_\_ **(Initial Here)**
8. **Am aware of and understand** the Behavior Policy - “Three Strikes” may cause my child to be removed from the program. Inappropriate behavior (physical and/or verbal) will get a write-up the first two times. The third time will result in suspension or dismissal from the program. In specific cases, infractions that are deemed a manifestation of a student’s disability will not count towards the “Three Strikes” Policy. \_\_\_\_\_ **(Initial Here)**
9. **Delayed Openings - there will be NO KNIGHT CARE MORNING PROGRAM when the district has a delayed opening for any reason.** \_\_\_\_\_ **(Initial Here)**

CHILD’S NAME(S) \_\_\_\_\_

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PARENT/GUARDIAN CELLPHONE: \_\_\_\_\_

**\*Please note, your child will not be admitted into the program without this signed document\***