

Dear Parent,

It is with great pleasure that I welcome you to the Roxbury Day Care Center, Before and After School Program. The Center hours are 6:45 a.m. to 6:00 p.m., Monday through Friday. The Program offers care during the hours before and after school for children enrolled in the Roxbury Township Public Schools.

Enclosed you will find a 2010-2011 Application form. Please return the completed application along with the Program selection form (at the bottom of this sheet), and the required \$50.00 family registration fee. (Re-registration fee is \$25.00 per family) You may submit these in person to the BASP Office at 91 Main Street Succasunna, or mail to the same address.

When the above documents have been received, a fee agreement and a packet of additional necessary paperwork will be sent to you for completion. Your child's enrollment in the BASP will not be assured until this completed packet and a tuition deposit of one week's tuition (as indicated on your fee agreement) have been received at the BASP Office.

If you wish to apply for a subsidized/sliding fee scale space, you will need to provide the following documentation of your family's gross annual income:

- Your most current four weeks worth of pay stubs
- Your most current income tax return
- Proof of social security benefit, if applicable
- Proof of child support received
- Proof of full time student status of parent
- Documentation of any other income received by the family

All of the above which applies to your family must be received before a fee agreement can be completed for your child, and before your child's enrollment in the BASP can be assured.

If you have any questions, please call the BASP Office at 973-584-9671. Again, welcome to the Before and After School Program!

(Please return the bottom portion only, and keep the top for your information.)

REGISTRATION SELECTION 2010 – 2011

I am registering my child _____ for:

Kindergarten Program: (5 Days Only)

School in Sept. 2010: _____

Before and After Kindergarten _____

Before Kindergarten Only _____

After Kindergarten Only _____

Before and After School Program: (Grades 1-7)

School in Sept 2010: _____

Before and After School 3 days _____ 5 days _____

Before School Only 3 days _____ 5 days _____

After School Only 3 days _____ 5 days _____

I am requesting a subsidized/sliding fee scale space for my child: Yes ____ No ____

Parent Signature: _____ Date: _____