

St. John the Apostle School  
Valley Road  
Clark, N. J. 07066

Before/After Care Rates for 2021-2022\*\*

Dear Parent/Guardian,

St. John's will again have a before and after care school program. This program has proven to be beneficial to both parents and children. **The before/after school program will begin on the first day of school for children (Grades 1-8) that are registered by August 25, 2021. Morning care hours will be from 7:00 a.m. –7:45 a.m. in the cafeteria. Your child may be dropped off during that time. After care will be from 2:30 – 6:00 p.m. in the cafeteria/gym.**

**Morning/After Care will begin on Monday, September 13 for Preschool and Kindergarten.**

Fees are as follows: Hourly \$ 8.00 one child  
11.00 two children  
14.00 three children or more

\*\*rates are subject to change by September 2021

1. A late fee of \$5.00 will be charged for each five minutes beyond 6:00 p.m.
2. Bills will be handed out on Mondays.
3. Payments are due by the following Thursday and checks made out to St. John the Apostle School are preferred.
4. The program will follow the school calendar. On half days the program will be available from 12:00 – 6:00p.m. Please provide lunch and drink.
5. A snack such as cookies and juice will be provided. However, you may send a snack with your child if you prefer.
6. Children may bring a change of clothes, suitable for play.

**Please be aware that any child who proves to have a behavior problem, the parents will be notified and the child will be removed from the program.**

To register your child, please fill out the attached form and return it to the school office as soon as possible with a \$10.00 non-refundable registration fee. If you have any questions, please contact me at the school office.

AnnMarie Fullem  
Director

St. John the Apostle School  
Valley Road  
Clark, NJ 07066

**B. A. S. C. REGISTRATION 2021 – 2022 SCHOOL YEAR**

(Please type or print)

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

Parents/Guardian Name \_\_\_\_\_

Address \_\_\_\_\_

City, Zip \_\_\_\_\_

Home Phone # \_\_\_\_\_ Work Phone # \_\_\_\_\_

Cell Phone # \_\_\_\_\_

Name and Grade of Child/Children \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Please list any type of allergies your child/children have.**

\_\_\_\_\_

\_\_\_\_\_

Does your child require an Epi-pen? Yes \_\_\_\_\_ No \_\_\_\_\_

Does your child need an inhaler? Yes \_\_\_\_\_ No \_\_\_\_\_

**EMERGENCY CONTACT PERSON**

Name \_\_\_\_\_ Phone \_\_\_\_\_

Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Relationship \_\_\_\_\_

*Please list other designated persons who are allowed to pick up your child/children.*

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**IMPORTANT**

Please send in writing to Mrs. Fullem notifying her of any change in the normal pick-up routine. Also, please make sure all information is kept current, especially phone numbers!