



Rock Solid Care is a before and after school program for children grades K-6. We provide care for children attending Morey, Arlington, Chipperfield Elementary Schools, and Stroudsburg Middle School. Our hours of operation are 6:30 AM – bus pick up, and bus drop off – 6:30 PM. We also provide care for early dismissals, delayed starts and ACT 80 days. We are located within the Stroudsburg Wesleyan Church building. If you would like to talk to us or tour the facility or have any questions, we encourage you to contact us via email or call.

## **The procedure for registration is as follows:**

1. Complete application and payment contract
2. Return packet with the following check and non-refundable New registration fee of \$25 (\$50 for families) and the first month's tuition
3. Physical/Health Form
  - a. **New Enrollments: Health report form/physical and immunization records must be filled out, signed, and dated by your child's doctor and returned with Registration**
  - b. **Returning Enrollments: Health report form/physical and immunization records must be filled out, signed and dated by your child's doctor every 12 months**
4. Return completed health form by October 2<sup>nd</sup>, 2023

## **2023 -2024 Rock Solid Care Rates**

\$180/month 5 day AM (\$9 per day) 6:30 AM – Bus Pick Up  
\$180/month 5 day PM (\$9 per day) Bus Drop Off – 5:30 PM  
\$260/month 5 day PM (\$13 per day) Bus Drop Off – 6:30 PM  
\$320/month 5 day AM & PM (\$16 per day) 6:30 AM & Bus Drop Off – 5:30 PM  
\$400/month 5 day AM & PM (\$20 per day) 6:30AM & Bus Drop Off – 6:30PM

\$144/month 4 day AM (\$9 per day) 6:30 AM – Bus Pick Up  
\$144/month 4 day PM (\$9 per day) Bus Drop Off – 5:30 PM  
\$208/month 4 day PM (\$13 per day) Bus Drop Off – 6:30 PM  
\$256/month 4 day AM & PM (\$16 per day) 6:30 AM & Bus Drop Off – 5:30 PM  
\$320/month 4 day AM & PM (\$20 per day) 6:30 AM & Bus Drop Off – 6:30 PM

\$108/month 3 day AM (\$9 per day) 6:30AM – Bus Pick Up  
\$108/month 3 day PM (\$9 per day) Bus Drop Off – 5:30 PM  
\$156/month 3 day PM (\$13 per day) Bus Drop Off – 6:30 PM  
\$192/month 3 day AM & PM (\$16 per day) 6:30 AM & Bus Drop Off – 5:30 PM  
\$240/month 3 day AM & PM (\$20 per day) 6:30 AM & Bus Drop Off – 6:30 PM

\$72/month 2 day AM (\$9 per day) 6:30 AM – Bus Pick up  
\$72/month 2 day PM (\$9 per day) Bus Drop Off – 5:30 PM  
\$104/month 2 day PM (\$13 per day) Bus Drop Off – 6:30 PM  
\$128/month 2 day AM & PM (\$16 per day) 6:30AM & Bus Drop off – 5:30 PM  
\$160/month 2 day AM & PM (\$20 per day) 6:30 AM & Bus Drop off – 6:30 PM

\$36/month 1 day AM (\$9 per day) 6:30 AM – Bus Pick up  
\$36/month 1 day PM (\$9 per day) Bus Drop Off – 5:30 PM  
\$52/month 1 day PM (\$13 per day) Bus Drop Off – 6:30 PM  
\$64/month 1 day AM & PM (\$16 per day) 6:30 AM & Bus Drop Off – 5:30 PM  
\$80/month 1 day AM & PM (\$20 per day) 6:30 AM & Bus Drop Off – 6:30 PM

\$30 Per Full Day (special day) \$5 Late Fee (for every five minutes)

## Please indicate what schedule you would like.

	AM	PM (indicate 5:30PM or 6:30PM)
Monday	_____	_____
Tuesday	_____	_____
Wednesday	_____	_____
Thursday	_____	_____
Friday	_____	_____

**Tuition for 2023 – 2024 School Year:**

\_\_\_\_\_ Per Month

**\$2 per sibling per day Discount**

**Payment is due on the 1<sup>st</sup> of every Month**

**Financial Aid is Available Upon Request**

- Monthly charge is decided at registration with the number of week days and chosen by the family. ACT 80 days early dismissals are then added as needed to the monthly charge.
- Full days require a minimum of **8** children signed up in advance. If there are less than **8** children signed up a week before Rock Solid may choose to close that day.
- If your child is signed up for a full day, then you will be charged even if they do not show up on that day. **The Full Day Fee is \$30 per Full Day with \$2 per Sibling Discount.**
- Full day charges do not include lunch unless indicated otherwise. Please pack a lunch (no peanuts or tree nuts). Morning and afternoon snack are provided.
- Open and close times may need to be adjusted based on the reason for the delay or early dismissals.
- Late fees of **\$5** will be charged per child for every **5** minutes after your scheduled pick up time.

# ROCK SOLID CARE REGISTRATION FORM

## Child Information

First Name: \_\_\_\_\_ M.I. \_\_\_\_ Last Name: \_\_\_\_\_

Age: \_\_\_\_\_ Grade: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Language other than English spoken at home:  Yes  No

If yes, please list: \_\_\_\_\_

School Attending: \_\_\_\_\_

All annual enrollments are on a 30-day probationary period. If for any reason we are unable to care for your child, we will give you 5 calendar days to find an alternate care. RSC reserves the right to terminate your child's enrollment at any time, for any reason.

## Parent/Guardian Information

**Mother/Guardian** First Name: \_\_\_\_\_ M.I. \_\_\_\_ Last Name: \_\_\_\_\_

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

Occupation: \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_ (Carrier)

Employed By: \_\_\_\_\_ Office Phone: ( ) \_\_\_\_\_

Email: \_\_\_\_\_  Custodial Parent (If married, mark both parents)

Marital Status:  Married  Single  Divorced  Separated  Widowed  Other \_\_\_\_\_

**Father/Guardian** First Name: \_\_\_\_\_ M.I. \_\_\_\_ Last Name: \_\_\_\_\_

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

Occupation: \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_ (Carrier)

Employed By: \_\_\_\_\_ Office Phone: ( ) \_\_\_\_\_

Email: \_\_\_\_\_  Custodial Parent (If married, mark both parents)

Marital Status:  Married  Single  Divorced  Separated  Widowed  Other \_\_\_\_\_

Are there custody papers for this child?  Yes  No If yes, copies must be on file.

How did you hear about us: \_\_\_\_\_

**Signature:** I agree to notify RSC immediately if there are any changes in the above information.

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

## Emergency Contacts & Authorized Pickup Persons

### 1<sup>st</sup> Contact/Pick Up

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

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

Relationship to the Child: \_\_\_\_\_

### 2nd Contact/Pick Up

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

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

Relationship to the Child: \_\_\_\_\_

## Unauthorized Pickup Persons

Persons who may NOT pick up my child (if applicable):

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

Phone \_\_\_\_\_

Relationship to the Child: \_\_\_\_\_

Situation (only if necessary for the school to be informed)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Signature:** I agree to notify the school immediately if there are any changes in the above information.

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

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

## Health/Insurance Information

Pediatrician's Name: \_\_\_\_\_ Phone: (    ) \_\_\_\_\_  
Insurance Name: \_\_\_\_\_ Policy#: \_\_\_\_\_  
Dentist's Name: \_\_\_\_\_ Phone: (    ) \_\_\_\_\_  
Insurance Name: \_\_\_\_\_ Policy#: \_\_\_\_\_

**First Aid:** In the event of an emergency, I authorize the staff to provide any necessary first aid. \_ \_

**Emergency Care:** In the event of an emergency in which I cannot be reached, I authorize emergency medical care and give my consent for my child to be taken to the local medical facility.

**Health Record Transfer:** In the event of an emergency, I authorize the transfer of my child's health records. I give my consent for care and treatment.

List any existing medical conditions, speech, IU 20, medication and/or special attention your child may require.

\_\_\_\_\_  
\_\_\_\_\_

Allergies: [ ] Yes [ ] No

If yes, please list: \_\_\_\_\_

In the event my child has a reaction, please follow this procedure: \_\_\_\_\_

\_\_\_\_\_  
Religious Restrictions: \_\_\_\_\_

Please be advised that if your child has been diagnosed or is in the process of being diagnosed with special needs issues or has extremely difficult behaviors, RSC may decline enrollment of your child. Our staff and facility may not always be able to accommodate the special needs diagnoses or behaviors. If we discover that your child is diagnosed with special need issues during the school year and we are unable to accommodate him/her, RSC reserves the right to dismiss your child from enrollment. This policy is designed to ensure that your child will receive the best possible resources/experience available.

**Signature:** I agree to notify the school immediately if there are any changes in the above information.

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

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

## Policy Regarding Illness

1. Children with the flu or stomach illness must be out of RSC for a full 24 hours. Children will be able return to RSC after the 24 hour period ONLY if they have been able to:
  - Keep food and liquids down. (NO VOMITING)
  - Have a normal stool
  - Are fever free
  - Have a nose free of green/yellow mucous
  - Has a negative test result (COVID, FLU)
2. Any child with viral infection must be fever free for 24 hours upon returning to school
3. Prescription medication can only be administered during school hours with parent's consent. Medication/permission form must be filled out with school office.

Each of these policies are stated and detailed in our [Parent Handbook](#). Thank you for your understanding.

We only want what is in your child's best interest.

## Permission

My child, \_\_\_\_\_ has permission to walk to and play at the playground, church grounds and duck pond playground accompanied and supervised by the RSC Staff from September through May.

My child, \_\_\_\_\_ has permission to have his/her picture or video taken during any and all school activities during the school year. These activities will include annual school pictures, field trips and any other RSC events. These pictures may be viewed on our RSC Facebook. These pictures may also be used in the newspapers, on our school website, in the RSC handbook, RSC brochures and other outside advertising.

**Signature:** I have read and give my permission for the above.

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

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

## Payment Contract

**Please read over the following agreement and sign the bottom of this form. It is important that you are aware of tuition payment regulations.**

Registration Fee must be received at the time of registration.

Return Registration packet with the following checks:

- Registration Fee \$25.00/\$50.00 for family (NON-REFUNDABLE)

Any accounts that are not paid by the 1<sup>st</sup> of each month will be charged a \$15.00 late fee. If your account becomes delinquent more than 30 days then the child will not be able to return to RSC until the account is paid in full.

Any checks that are returned for insufficient funds will be charged a \$35.00 NSF fee. You must re-issue a new check including the NSF fee. Any account that has two or more returned checks must be paid in cash. If you pay by electronic payment and it is denied due to insufficient funds a \$35.00 fee will be added per transaction.

Tuition payments of cash need to be dropped off in the office and checks may be dropped in any of the locked mailboxes that are located upstairs/downstairs.

RSC requires that a direct withdrawal account must be on file. We encourage you to use this payment option to make monthly payments. If you choose not to then you are responsible to pay \$25.00 a year processing fee for checks and cash payments. RSC has the right to make payments using the account that is on file if tuition has not been paid. You will be notified prior to the banking being processed.

**Signature:** I/We have read and understand the above payment requirements. I/We am/are responsible for each month's tuition payments and I/we understand and agree that the first weeks tuition and registration fee is non-refundable and due at the time of registration, no exceptions. I/we also agree upon the tuition rate agreed upon at time of registration.

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

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



## **Automated Payment Processing**

We offer the safety, convenience and ease of Tuition Express- a payment processing system that allows secure, on-time tuition and fee payments to be made from your bank account or credit card.

## **Checking Account Payments**

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

Phone \_\_\_\_\_

Bank or Credit Union: \_\_\_\_\_

Checking:[  ] Savings:[  ]

Routing Transit Number: \_\_\_\_\_

Account Number: \_\_\_\_\_

## **Credit Card Payments** Visa Mastercard Discover

Cardholder Name: \_\_\_\_\_ Phone \_\_\_\_\_

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

Account Number: \_\_\_\_\_ Expiration Date \_\_\_\_\_ CVC \_\_\_\_\_

**Signature:** I/We authorize Rock Solid Care to initiate debit entries to my/our checking, savings account or credit card, indicated above. To properly affect the cancellation of this agreement, I/we are required to give 10 days written notice. Credit union members: please contact your credit union to verify account and routing numbers for automatic payments.

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

## RSC Parent Handbook and Emergency Evacuation Plan

Signing below acknowledges that I have received and understand all the information in the RSC Parent Handbook and Emergency Evacuation Plan.

**Signature:** I/We have received and understand the Rock Solid Care Parent Handbook and Emergency Evacuation Plan and agree to abide by the policies explained within each of the given documents.

Child's Name: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

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

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