



Rock Solid Care is a before and after school program for children grades K-6. We provide care for children attending Morey, Arlington, and Chipperfield Elementary Schools, and Stroudsburg Middle School. Our hours of operation are 6:30 am to bus pick up, and bus drop-off to 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 and work in conjunction with the Creative Learning Center. If you would like to talk to us or tour the facility, we encourage you to contact us via email or phone (listed below).

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 Monday, September 30th, 2024

2024 -2025 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 – 5:30 PM
\$160/month 2 day AM & PM (\$20 per day) 6:30 AM & Bus Drop – 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

\$35 Per Full Day \$15 Early Dismissal \$5 Late Fee (for every 5 minutes)

Please indicate what schedule you would like.

	AM	PM	5:30/6:30 PM
Monday	_____	_____	_____
Tuesday	_____	_____	_____
Wednesday	_____	_____	_____
Thursday	_____	_____	_____
Friday	_____	_____	_____

Tuition for 2024 – 2025 School Year:

_____ **Per Month**

\$2 per sibling per day Discount

Payment is due on the 1st of every Month.

- 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 Care may choose to close that day.
- The Full Day Fee is **\$35** per child & Half Day is **\$15** per child we do offer a **\$2** per Sibling Discount.
- If your child is signed up for a full day you will be charged for that day even if they do not show up.
- 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: _____ Last Name: _____

Address: _____

Occupation: _____ Cell Phone: _____

Employed By: _____ Office Phone: _____

Employer Address: _____

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

Marital Status: Married Single Divorced Separated Widowed Other _____

Father/Guardian First Name: _____ Last Name: _____

Address: _____

Occupation: _____ Cell Phone: _____

Employed By: _____ Office Phone: _____

Employer Address: _____

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 Rock Solid Care immediately if there are any changes in the above information.

Parent/Guardian Signature: _____ Date: _____

Emergency Contacts & Authorized Pickup Persons

1st 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): _____

Signature: I agree to notify Rock Solid Care 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: _____

Address: _____

Insurance Name: _____ Policy#: _____

Dentist's Name: _____ Phone: _____

Address: _____

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 EpiPen Yes No (If yes RSC will need one provided)

If yes, please list: _____

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

Religious Restrictions: _____

Asthma: Yes No Inhaler Yes No (If yes RSC will need one provided)

What causes an attack? _____

What activities need to be limited, if any? _____

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 Rock Solid Care immediately if there are any changes in the above information.

Parent/Guardian Signature: _____ Date: _____

Policy Regarding Illness

1. Children with the flu or stomach illness must be out of the center for a full 24 hours. Children will be able return to school after the 24 hour period ONLY if they have been able to:
 - Keep food and liquids down. (NO VOMITING)
 - Have a normal stool
 - Is 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 Rock Solid Care
3. Prescription medication can only be administered during Rock Solid Care with parent's consent. Medication/permission form must be filled out with Rock Solid Care.

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 Jay Albertson Park (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 regular RSC operating hours or RSC special 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.

My child, _____ has permission to use bounce houses that are set up/maintained and supervised by the RSC staff September through May.

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 for New Applications.

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 1st 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 or checks need to be dropped off at Rock Solid Care during operating hours or at the CLC office during their operating hours.

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: _____