

**HAWORTH SCHOOL DISTRICT
BEFORE AND AFTER SCHOOL PROGRAM
REGISTRATION FORM 2025-2026
Tax ID: 22-600-1972**

Student Name: _____

Address: _____

Home Telephone: _____ Date of Birth: _____

Grade Level as of September 2025: _____ Teacher: _____

Parent/Guardian 1 Name: _____ Cell Phone #: _____

Email Address: _____

Parent/Guardian 2 Name: _____ Cell Phone #: _____

Email Address: _____

Emergency Contact Information

Emergency Contact #1 Name: _____

Cell Phone #: _____ Relation to Student: _____

Emergency Contact #2 Name: _____

Cell Phone #: _____ Relation to Student: _____

Health Information

Please provide information about allergies or other medical concerns students may have. Please note that no nurse is on duty during the before or after care hours.

Allergies (List all): _____

Allergic Reaction(s): _____

Does your child require an EpiPen: _____

Does your child require an inhaler: _____

Other: _____

BEFORE SCHOOL PROGRAM (7 am-8:15 am)

_____ 5 days a week

_____ No

_____ Drop In

AFTER SCHOOL PROGRAM (3 pm-6 pm) Please indicate which day(s) of the week your child will attend.

Please note that the same days of the week will apply every week.

_____ 5 days per week

_____ 4 days per week M T W TH F

_____ 3 days per week M T W TH F

_____ 2 days per week M T W TH F

_____ 1 day per week M T W TH F

_____ Drop In

— ***\$20.00 processing fee will be billed for any changes made to your original schedule.***

— ***A late pick up fee will be charged for any child picked up after 6:00 pm.***

Haworth School District After School Program Pick Up Authorization 2025-2026

Our strict policy is not to release any child until that child has been signed out by a parent or authorized adult. Adults must physically enter the building to sign out the child. All contacts on this list must provide photo identification when picking up your child.

Please fill out the form below with a list of adults who are authorized to pick up your child(ren) from the After Care program.

Child's Name: _____ **Grade:** _____

PERSONS AUTHORIZED TO PICK UP YOUR CHILD:

1. _____ Phone: _____ Relation: _____

2. _____ Phone: _____ Relation: _____

3. _____ Phone: _____ Relation: _____

4. _____ Phone: _____ Relation: _____

5. _____ Phone: _____ Relation: _____

6. _____ Phone: _____ Relation: _____

Monthly Tuition Schedule

Registration fee per family (non-refundable): \$50.00

Payment is due on or before the 1st of each month.

Before School (7 am-8:15 am)	One Child	Two Children	Three Children
---	------------------	---------------------	-----------------------

5 days per week	\$140.00	\$220.00	\$300.00
*Drop-in	Coupon Only	Coupon Only	Coupon Only

After School (3 pm-6 pm)	One Child	Two Children	Three Children
-------------------------------------	------------------	---------------------	-----------------------

5 days per week	\$270.00	\$480.00	\$690.00
4 days per week	\$250.00	\$440.00	\$630.00
3 days per week	\$230.00	\$400.00	\$565.00
2 days per week	\$190.00	\$315.00	\$440.00
1 day per week	\$110.00	\$160.00	\$215.00
*Drop-in	Coupon Only	Coupon Only	Coupon Only

-
- **Payments are due on or before the 1st business day of each month.** A ***late fee of \$20*** will be applied to your account if payment is made after the 5th of the month.
 - **Please make checks payable to:** Haworth Board of Education—The Before/After School Program 205 Valley Rd., Haworth, NJ 07641. Attention: Before/After School Program.
 - Payment can also be made with auto-pay through your own bank. Please see the manual for details.
 - During the hours of the Before and After School Program, ***staff can be reached at 201-410-3071.***
 - If your child will not be attending as regularly scheduled, please email his/her teacher and hpschildcare@nvnet.org
 - There is a \$25 processing fee for any change in your child's schedule.
 - ***DROP-IN PROGRAM:** Families participating in the drop-in program must purchase coupon books to be used for drop-in. Coupon book is \$160 (10 before-care visits or 5 after-care visits).