



**Eagles Before & After Care Program**  
**Saint Joseph School**  
**Carteret, NJ**



Saint Joseph School  
865 Roosevelt Ave.  
Carteret, NJ 07008

## EAGLES BEFORE CARE PROGRAM 2023-2024

Saint Joseph Eagles Before Care Program is open to all students in grades PreK-8. The program will begin on the first FULL day of school and will end on the last FULL day of school.

The Before Care Program will be held in the Saint Joseph School Music Room located by Door #8. Hours 7:00 AM to 7:40 AM, students will be escorted to their homerooms for morning exercises at 7:40am.

- Delayed school opening Hours: 8:30am-9:15am, unless otherwise indicated
- Drop Off Site: Door #8 in the smaller parking lot.
- Drop-Ins Welcome

Program Cost: There is a standard flat rate per day regardless of time spent in before care. Families will be billed monthly and payment is due within two weeks of receipt.

1 child \$8.00 per morning \$40.00 per week

2 or more children \$6.00 per morning \$30.00 per week, per child

Food will not be provided; however, you are welcome to send your child with a simple breakfast, such as yogurt, granola bars, fresh fruit, bagel, and cereal.



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## EAGLES AFTERCARE/HOMEWORK HELP 2023-2024

The Saint Joseph School After Care Program is open to all students in grades PreK - 8. The program will begin on the first FULL day of school and will end on the last FULL day of school.

The After-Care Program will be held in the Saint Joseph School Music Room, located by door #8. Children who attend will be provided with the unique opportunity to get homework help by a certified teacher. **Enjoy evenings at home without the struggles of completing homework.**

Program Cost: See Price Chart below

Additional fees will apply for children who are picked up after 6pm and please note there is an additional \$20.00 charge on half days, if child/children pick up is after 2:00pm.

Schedule:

2:10 pm Report to Saint Joseph School's Music Room

2:15 pm Snack time (please send child in with a peanut-free snack)

2:30 pm Homework Help and Peer Tutoring for grades 1-8 (PreK-Kindergarten Students will be actively involved in organized and exploration activities)

3:25 pm Pack up for early dismissal

3:30 pm Arts/Crafts, Strategy Games, Reading, Free Play

6:00 pm Pick-Up



SAINT JOSEPH SCHOOL  
EAGLES BEFORE AND AFTER CARE PROGRAM  
REGISTRATION AND FEES  
2023-2024

I have read the Registration Packet and hereby agree to the billing policy for the Eagles Before and After Care Program.

Parent/Guardian Name

Parent/Guardian Signature

Date

Child/Children Name(s)

**Before Care Signup**

Before Care 7:00am-school opening

(Standard flat rate of \$8.00 applies or \$40p/w)

Please note: if two or more children attend,  
fee is \$6.00 per child or \$30 p/w per child

Mon. Tues. Wed. Thurs Fri.  
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**After Care/Homework Help**

Early Pick Up Discount (by 3:30pm).

Mon. Tues. Wed. Thurs Fri.  
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5:30 Pick Up (by 5:30pm)

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6:00 Pick Up (by 6:00pm)

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1 Child Daily Rate	1 Child Weekly Rate	2 Or More Children Daily Rate	2 Or More Children Weekly
Pick Up by 3:30pm \$10.00	Pick up by 3:30 pm \$50.00	Pick Up by 3:30 \$18.00	Pick Up by 3:30 \$90.00
Pick Up by 5:30pm \$18.00	Pick Up by 5:30pm \$90.00	Pick Up by 5:30pm \$27.00	Pick Up by 5:30pm \$135.00
Pick Up by 6:00pm \$20.00	Pick up by 6:00pm \$100.00	Pick Up by 6:00pm \$30.00	Pick up by 6:00pm \$150.00



SAINT JOSEPH SCHOOL  
EAGLES BEFORE AND AFTER CARE PROGRAM  
Emergency Contact Information  
2023-2024

Child/Children Names \_\_\_\_\_ Grade/s \_\_\_\_\_.

Home Phone Number \_\_\_\_\_

### PARENT INFORMATION

Mother's Name \_\_\_\_\_ Father's Name \_\_\_\_\_

Mother's Cell \_\_\_\_\_ Father's Cell \_\_\_\_\_

Mother's Work \_\_\_\_\_ Father's Work \_\_\_\_\_

### EMERGENCY INFORMATION

Complete information for at least two emergency contacts, other than parents/guardians, must be furnished in order to enroll your child. Children will not be released unsupervised or to any unauthorized person. The following people, who are aware that their names are being furnished, have permission to pick up my child and should be contacted in the event of an emergency if I can't be reached. Photo identification will be required. Emergency contacts must be at least 16 years of age.

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

### MEDICAL RELEASE

Physician's Name \_\_\_\_\_ Phone Number \_\_\_\_\_

In emergencies requiring immediate medical attention, my child should be taken to \_\_\_\_\_  
Hospital in \_\_\_\_\_, New Jersey.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_