

Tiny Treasures Extended School Day Center

(Fairfield)

P.O. Box 926

West Caldwell, New Jersey 07007

After School: 973 879-6155 ~ Main Office: 973 265-0085 ~ Fax: 973-265-0084

E-mail: TTextended@gmail.com

Dear Parents,

Thank you for expressing an interest in the Tiny Treasures Extended School Day Program. Tiny Treasures Extended School Day currently operates the Before and After School Program in the **Cafeteria** at **Stevenson School**. All Children in grades kindergarten through sixth living in or attending public school in the Township of Fairfield are eligible to attend this program. **Children attending Churchill will be bussed to and from Stevenson School.**

The Before School Program operates from 7:15 am. to 8:45 am. Any child who arrives at school prior to 8:45 am. **MUST** be enrolled in the program.

The After School Program operates from 3:00 pm. to 6:00 pm.

The Extended School Day Program's activities include homework time, computers, arts and crafts, music, exercise, movies, quiet time, outdoor play, board games, and In-house presentations. The children will receive a snack each day upon arrival. The Before School Program will have breakfast time each morning from 7:15 a.m. to 8:15 a.m., so the children do not have to rush with their breakfast at home. Parents must provide the breakfast food and the Center will provide milk and paper products.

We have several options available to help fit your needs, you will be charged for the program you select.

Please note you must attend and pay for the schedule you sign up for.

If you would like your child to attend the program, please fill out the attached registration form and send it with **2 separate checks made out to Tiny Treasures Extended School Day \$60.00 Registration Fee and a Deposit Fee of one month's tuition (NON-REFUNDABLE) to**

Tiny Treasures Extended School Day, P.O. Box 926, West Caldwell, NJ 07007

Late registration after Friday, June 21, 2024 is \$70.00.

All forms & fees must be returned before your child can start the program.

If you would like additional information about the program, or would like to visit the Extended School Day facility, please call Jennifer Zampino at 973-265-0085 or email me at TTextended@gmail.com.

Sincerely,

Jennifer L. Zampino

Jennifer L. Zampino
Executive Director

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2024-25 RATE SHEET

BEFORE SCHOOL PROGRAM – (7:15 am to 8:45 am)

<u>NO. OF DAYS</u>	<u>MONTHLY AMOUNT</u>
5	\$165.00
4	\$155.00
3	\$145.00
2	\$115.00

AFTER SCHOOL PROGRAM – (3:00 pm to 6:00 pm)

<u>NO. OF DAYS</u>	<u>PICK UP BEFORE 4:45 PM</u>	<u>PICK UP AFTER 4:45 PM</u>
5	\$230.00	\$355.00
4	\$210.00	\$310.00
3	\$185.00	\$265.00
2	\$135.00	\$205.00

BEFORE & AFTER SCHOOL

(Time is NOT combined, rate is calculated by the PM hours)

<u>NO. OF DAYS</u>	<u>PICK UP BEFORE 4:45 PM</u>	<u>PICK UP AFTER 4:45 PM</u>
5	\$295.00	\$415.00
4	\$255.00	\$365.00
3	\$225.00	\$300.00
2	\$165.00	\$235.00

We have two options for the monthly rates. Please select the option that best fits your needs. You will be charged for the program hours you select. However, please note that if you do not stay within the time frame you choose, you will be charged for the extra time your child is in the program at \$9.00 per hour.

DROP IN RATE: \$11.00 per hour with a ONE HOUR MINIMUM. **Drop In** is subject to availability. Prior to using our drop-in service a Registration Form and registration fee are required. This drop-in service is **NOT** intended to be used in place of a set monthly schedule and fee.

DEPOSIT – One month’s tuition – **NON-REUNDABLE** applied to June’s tuition or can be rolled over.

REGISTRATION FEE - \$60.00 per family - **NON-REFUNDABLE (yearly)**. Late registration - \$70.00
(Please do not combine Registration Fee and Deposit Fee in one check. Please send separate checks.)

SIBLING DISCOUNT - 10% discount on the lowest tuition when two children from the same family are enrolled.

EXTRA HOURS - \$9.00 per hour - For children currently enrolled in the program that need additional hours of childcare.

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2024 - 2025 REGISTRATION FORM

(Please print neatly and legibly)

CHILD'S NAME: _____ SEX: _____ AGE: _____

BIRTHDAY: _____ GRADE: _____ (as of 9/2024) SOCIAL SECURITY#: _____

ADDRESS: _____

PRIMARY PHONE NUMBER: _____

ALLERGIES/FOOD RESTRICTIONS: _____

GUARDIAN (1) NAME: _____

RELATIONSHIP TO CHILD: _____ GUARDIAN (1) E-MAIL ADDRESS: _____

CELL PHONE & CELL PHONE CARRIER: _____ WORK PHONE: _____

GUARDIAN (2) NAME: _____

RELATIONSHIP TO CHILD: _____ GUARDIAN (2) E-MAIL ADDRESS: _____

CELL PHONE & CELL PHONE CARRIER: _____ WORK PHONE: _____

PROGRAM SELECTION:

BEFORE SCHOOL

AFTER SCHOOL

BEFORE & AFTER SCHOOL

DROP IN

NUMBER OF DAYS

5 4 3 2

CHOICE OF HOURS

PICK UP **BEFORE** 4:45 PM

PICK UP **AFTER** 4:45 PM

CHOICE OF DAYS

MONDAY-FRIDAY

MONDAY

TUESDAY

WEDNESDAY

THURSDAY

FRIDAY

