

2024 Summer ACCELERATION Program And Summer “Before and After” CARE Program

Information and Enrollment

The Summer Acceleration (No cost program) and CARE (Tuition based program) Enrollment Forms MUST be completed and turned in by **May 5th, 2024**. *Enrollment will be limited for BOTH programs.* Enrollment forms can be emailed to jcroce@bellmawrschools.org or mailed to Bell Oaks School, C/O Jamie Croce 256 Anderson Avenue Bellmawr NJ 08031. If you have any questions about the Acceleration Camp, please contact the Director of Mathematics, Michelle Delaney (856)931-3620 ext. 1325). For Before and After CARE questions please contact Jamie Croce (856) 931-6273 Ext.1399.

Summer CARE Dates:

June 18 th - June 21 st	CLOSED June 19th
June 24 th - June 28th	
July 1st - July 5th	CLOSED July 4th
July 8 th - July 12th	
July 15 th - July 19th	
July 22nd - July 26th	
July 29th- August 2nd	

Summer ACCELERATION Dates:

July 1st - July 3 rd	CLOSED July 4th
July 8 th - July 11 th	
July 15th - July 18th	
July 22nd - July 25th	
July 29 th - Aug 1st	

Summer ACCELERATION Program Information:

Acceleration Program Days and hours of operation:

Monday through Thursday 9:00am- 1:00pm.

Beginning July 1st

Ending August 1st (**CLOSED July 4th**)

Acceleration Program Location:

Ethel M. Burke 112 S. Blackhorse Pike

Acceleration Program Walker Policy:

Any student walking to/from camp must submit a permission note along with registration form.

Acceleration Program Check-In and Program Dismissal Policy:

The Acceleration Program will begin PROMPTLY at 9:00am. Dismissal is at 1:00pm. Students NOT picked up by 1:15pm will be sent to CARE and charged a fee of \$30.00.

Acceleration Program Discipline

Students are expected to follow the district code of conduct. Failure to follow these expectations will result in dismissal from the Program.

Acceleration Program Breakfast/Lunch:

Bagged breakfasts will be provided at check-in and eaten in the classroom. Bagged lunches will be provided and eaten in the classroom. Both meals are provided at no cost.

CHILD'S NAME: _____, _____
 (LAST) (FIRST)

Summer ACCELERATION Program AND Summer Before and After CARE Enrollment Form

Received: _____

Return Enrollment Form by May 5th, 2024, to:

Bell Oaks School, C/O Jamie Croce, 256 Anderson Avenue, Bellmawr, NJ 08031, OR Email to
jcroce@bellmawrschools.org

Please enroll student for:	<input type="checkbox"/> Summer Acceleration Program Only (no cost program)	<input type="checkbox"/> Summer Acceleration and Summer CARE (See Tuition fee/schedule attached)
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Child Last Name:	Child First Name:	Birthdate:
Current School:	Current Grade:	Current Teacher:

PARENT/GUARDIAN INFORMATION	<i>Please check the box (□) to indicate the primary residence of the child listed above.</i>	
	<input type="checkbox"/> PARENT/GUARDIAN #1 <input type="checkbox"/> PARENT/GUARDIAN #2	
	Name:	Name:
	Relationship:	Relationship:
	Cell Phone:	Cell Phone:
	Home Phone:	Home Phone:
	Home Address:	Home Address:
	Employer Name:	Employer Name:
	Employer Phone:	Employer Phone:
	Employer Address:	Employer Address:
E-Mail Address:	E-Mail Address:	
EMERGENCY CONTACTS	Persons authorized to pick up your child and/or contact in case of emergency if neither parent is available to assume responsibility for the child.	
	Contact Name #1:	Contact Name #2:
	Relationship:	Relationship:
	Cell Phone:	Cell Phone:
	Home Phone:	Home Phone:
	Employer Phone:	Employer Phone:
CUSTODY	Name of person PROHIBITED from picking up your child:	
	If a non-custodial parent has been denied access, or granted limited access, to the child by a court order, please submit documentation to this effect for the center to maintain a copy on file, and to comply with the terms of the court order.	

	<input type="checkbox"/> I give permission for my child to participate in WALKING TRIPS within the center's neighborhood, using routes that pose no known safety hazards to children, with the understanding that the walk involves no entrance into another facility unless otherwise indicated.	<input type="checkbox"/> I DO NOT give permission for my child to participated in WALKING TRIPS within the center's neighborhood, using routes that pose no known safety hazards to children, with the understanding that the walk involves no entrance into another facility unless otherwise indicated.		
	<input type="checkbox"/> I give permission for my child to be PHOTOGRAPHED during normal Acceleration Program hours and/or normal CARE hours and understand that photographs may be used in promoting the above-mentioned services, either in print or on the Internet.	<input type="checkbox"/> I DO NOT give permission for my child to be PHOTOGRAPHED during normal Acceleration Program hours and/or normal CARE hours and understand that photographs may be used in promoting the above-mentioned services, either in print or on the Internet.		
	<input type="checkbox"/> I give permission for the Acceleration staff and/or the CARE staff to apply sunscreen to my child. I understand I must replenish as necessary, and sunscreen will not be shared.	<input type="checkbox"/> I DO NOT give permission for the Acceleration staff and/or the CARE staff to apply sunscreen to my child. I understand I must replenish as necessary, and sunscreen will not be shared.		
RECEIPT OF POLICIES	I (we) attest that all the information on this application is accurate, and that I (we) have received OR reviewed on the district website the following information: <ul style="list-style-type: none"> <input type="checkbox"/> Center Policies and Procedures <input type="checkbox"/> Information to Parents Document <input type="checkbox"/> Policy on the Expulsion of Children from Enrollment <input type="checkbox"/> Policy on the Use of Technology and social media <input type="checkbox"/> Policy on the Management of Illnesses/Communicable Diseases <input type="checkbox"/> Policy on the Release of Children <input type="checkbox"/> Policy on the Methods of Parental Notification of Injuries (if applicable) <input type="checkbox"/> Permission to Photograph Child <input type="checkbox"/> Permission to Apply Sunscreen 			
	MEDICAL INFORMATION	Child's Health Care Provider:		
Health Care Provider Phone:				
Health Care Provider Address:				
Name of Insurance Company/HMO:				
Group #:				
Identification #:				
Subscriber's Name on Insurance:				
Known Allergies (including medication):				
Medication My Child Is Taking:				
List Special Conditions, Disabilities, Medical/Physical Restrictions, Medical Information for Emergency Situations:				
HEALTH STATEMENT	As the parent/guardian of the above-named child, I certify that he/she is in good physical health and may participate in the normal activities of the program and has no conditions or specific needs that require specific accommodations, unless otherwise indicated in the medical information provided above or an attached Universal Health Record or a Care Plan for Children with Special Health Needs.			
	Parent/Guardian Initials: _____			
EMERGENCY TREATMENT	As the parent/guardian of the above-named child, I (we) attest that the information above is correct. I (we) authorize the childcare center staff and Acceleration Program Staff to obtain emergency treatment for my child and understand that I (we) shall be promptly notified.			
	Parent/Guardian Initials: _____			
Parent/Guardian Signature #1:		Date:	Parent/Guardian Signature #2:	Date:

Summer before and after CARE Tuition Fees and Schedule Options:

Fee and Schedule forms must be turned in with Enrollment Forms

Summer CARE will operate at Ethel Burke

Tuition for Weeks 1, 2, 3 and a NON-CARE Family \$25 reg. fee will be billed out June 3rd AND due by June 14th.

Tuition for weeks 4, 5, 6, and 7 will be billed out on June 17th and will be due by July 5th.

CARE WKS 1 and 2 (FULL CARE DAYS)7am-5pm		
WEEKLY FEES AND OPTIONS		
Check Option	# Of Days	Full Day 7:00AM-5:00PM
	3 Days	\$120.00
	4 Days	\$150.00
	5 Days	\$195.00

CARE WEEKS 3, 4, 5, 6 AND 7 (ACCELERATION WKS)

WEEKLY FEES AND OPTIONS

TO BE ENROLLED IN CARE WEEKS 3-7 YOUR CHILD/CHILDREN MUST BE ENROLLED IN THE ACCELERATION PROGRAM.

Check Option	# Of Days	AM Session 7am-9am	PM Session 1pm-5pm	AM&PM 7am-9am &1pm-5pm
	3 Days	\$41	\$62	\$90
	4 Days	\$55	\$82	\$120
	Friday's 7am-5pm	XXX	XXX	\$60
■ 10% Discount for multiple children in a family (Child with higher tuition pays full tuition)				

***CARE will serve Breakfast, snack, and lunch daily.**

***CARE will provide a physical copy of Center policies and procedures upon request. Policies and procedures are located on the district website under the CARE tab.**

SUMMER CARE SCHEDULE

(Please check all sessions to attend)

WEEKS 1 and 2 (FULL DAY SESSIONS)

6/18/2024-6/21/2024 **AND** 6/24/2024-6/28/2024

	Monday	Tuesday	Wednesday	Thursday	Friday
Wk. 1: 6/18-6/21	X		X		
Wk. 2: 6/24-6/28					

SUMMER CARE SCHEDULE

(Please check all sessions to attend)

WEEKS 3, 4, 5, 6 and 7 (ACCELERATION WEEKS)

7/01/2024 THROUGH 8/2/2024 (CLOSED July 4th)

	Monday	Tuesday	Wednesday	Thursday	Friday
Morning					
Afternoon					

- The schedule you provide for Weeks 3,4,5,6 and 7 will remain for the entirety of Summer CARE.
- Add on charges will be applied if CARE is used on days outside of the original schedule.
- No refunds or credit will be given for days not used.

I, _____ agree to pay Bellmawr CARE \$ _____ for the 2024 Summer Program.
This fee is based on enrollment, not attendance.

Please Sign and date.

Parent/guardian Signature _____ Date _____