JFK Registration Form
2026-2027

Creative Campus at St. Bernard's
500 Route HWY 22
Bridgewater, NJ 08807
(PROGRAMS WILL NOT BE AT JFK SCHOOL)

Start Date:_____

Office Use:
- ○ Before School
- ○ After school
- ○ Sibling Y/O
- ○ CCCS

Cash, CC ,Check or ACH

Allergy_____

Child's Name:_____ ☐ Female ☐ Male

Age:_____ Birth date: ___/_____/_____ Grade Level_____

Mother/ Guardian: Last Name: _____**First Name:**_____

Email:_____

Address:_____

Town/Zip:_____

Business Name:_____

Title/ Position:_____

Cell Phone:_____

☐ Check box if you wish to recieve emergancy text messages.
Please provide your carrier_____.

Home Phone:_____

Work Phone: _____

☐ Primary Pick- Up ☐ Payer Only

☐ Primary Guardian

Father/ Guardian: Last Name: _____**First Name:**_____

Email:_____

Address:_____

Town/Zip:_____

Business Name:_____

Title/ Position:_____

Cell Phone:_____

☐ Check box if you wish to recieve emergancy text messages.
Please provide your carrier_____.

Home Phone:_____

Work Phone: _____

☐ Primary Pick- Up ☐ Payer Only

☐ Primary Guardian

Any special instructions, such as custody or restraining orders must be attached to this application and discussed personally with the camp director. All information will be kept confidential.

Emergency Contact:_____
(Last Name) (First Name)

Relationship:_____

Cell Phone:_____

Doctor's Name:_____
(Last Name) (First Name)

Doctor's Address:_____

Phone Number:_____

Name and Phone Number (s) of person (s) other than parents authorized to pick up your child:
(within 30 mintues of the school)

1._____Phone Number:_____ Relationship:_____
(Last Name) (First Name)

2._____Phone number:_____Relationship:_____
(Last Name) (First Name)

3. _____Phone Number:_____Relationship:_____
(Last Name) (First Name)

4._____Phone Number:_____Relationship:_____
(Last Name) (First Name)

How did you hear about us:_____Referred by:_____

For all Before Care and After Care questions, please contact Pete Diana email at pdiana@jointure.org or call 908-722-1563 X-105

JFK Before and After School

Child's Name:_____ Grade:_____

Monthly Tuition

Days Attending AM (Circle): M T W TH F Days Attending PM (Circle): M T W TH F

AM ONLY	2 Days/Week	3 Days/Week	4 Days/Week	5 Days/Week
First Child 7:00 AM- First Bell	$155	$165	$170	$175
Sibling Discount 7:00 AM- First Bell	$145	$155	$160	$165
PM ONLY	**2 Days/Week**	**3 Days/Week**	**4 Days/Week**	**5 Days/Week**
First Child Dismissal- 6 PM	$245	$255	$265	$275
Sibling Discount Dismissal- 6 PM	$225	$235	$245	$255
AM & PM 7:00AM- 6:00 PM	**2 Days/Week**	**3 Days/Week**	**4 Days/Week**	**5 Days/Week**
First Child	$400	$420	$435	$450
Sibling Discount	$370	$390	$405	$420

****PLEASE INCLUDE A $50.00 REGISTRATION FEE (PER CHILD)****

CCCS- Families- A signed contract is **MANDATORY** before starting with a $50.00 per child Registration Fee. **ONLY CASH or CHECK**

AUTHORIZATION

To the best of my knowledge, the history provided below is correct and complete. I know of no reason to restrict applicant's activity and give permission for participation in all activities except as noted herein. In the event that I cannot be reached in an **EMERGENCY**, I hereby give permission to the physician selected by The Jointure to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery for my child.

_____ _____

Signature of Parent/Guardian **Date**

_____ _____ _____

Insurance Company **ID#** **Group #**

DISEASE OR PAST/PRESENT HISTORY

YES	NO		DETAILS	YEAR
____	____	Serious Illness	_____	_____
____	____	Serious Injury	_____	_____
____	____	Surgery	_____	_____
____	____	Ears	_____	_____
____	____	Eyes	_____	_____
____	____	Nose/Sinus	_____	_____
____	____	Teeth	_____	_____
____	____	Throat/Tonsils	_____	_____
____	____	Chest/Lungs	_____	_____
____	____	Heart	_____	_____
____	____	Stomach/Bowels	_____	_____
____	____	Appendicitis	_____	_____
____	____	Kidney/Bladder	_____	_____
____	____	Menstrual Problems	_____	_____
____	____	Hernia Rupture	_____	_____
____	____	Back/Limbs/Joints	_____	_____
____	____	Behavioral Conditions	_____	_____
____	____	Allergies (Specify)	_____	_____
____	____	Other (Specify)	_____	_____

****Please list any SPECIAL NEEDS/ALLERGIES/MEDICATIONS****

_____

My child is in good health and can participate in the Before & After School Program.

_____ _____

Signature of Parent/Guardian **Date**

SPECIAL INSTRUCTIONS:_____

_____

If your child requires lifesaving medication (Epi-pen, Benadryl, etc.) please complete attached Medical Permission Form. A **doctor's signature and **Action Plan** are also required to begin the program.**

10:122-7.5 Administration and control of prescription and non–prescription medicines and health care procedures may be used to record administration of medication to children.

INDIVIDUAL PERMISSON FOR MEDICATION OF HEALTH CARE PROCEDURE

ONLY IF CHILD REQUIRES LIFE-SAVING MEDICATION DURING PROGRAM HOURS

Name of Child:_____

Child's condition for administering medication:_____

Name of medication/procedure_____

_____ Prescription _____ Non-Prescription _____ Doctor's approval required

Amount to be administered_____

Time(s) to be administered_____

Dates to be administered From_____ To_____

Refrigeration necessary _____Yes _____No

Special Instructions_____

_____

_____

_____

Possible adverse reactions:_____

_____

I authorize the administration of medication to my child.

_____ _____

Parent's Signature Date

All prescription medication must have physician authorization!

I authorize the following prescription medication to be administered as instructed above for this patient.

Physician Signature:_____ **Date:**_____

Physician Name:_____ **Phone:**_____

In consideration of the above named child being allowed to participate in the Jointure's program, I , the parent or legal guardian of the above mentioned child, hereby waive and forever release the Jointure, it's trustees, employees, agents, staff, volunteers, successors, partners, and assigns, from any and all liability, claims, demands, or causes of action, arising out of or in any way related to the handling of medically related situations for my child while participating in any Jointure program, specifically inclusive of claims based upon the negligent administration of the above medication.

I fully assume all risk and waive all liability in connection with my child's medical needs while participating in any Jointure Program, without limitation, to the fullest extent permitted by law. I will indemnify, save and hold harmless each of the above releases from any litigation expense, attorney fees, loss or liability, damage against the Jointure and/or the school district.

Signature of Parent/Guardian:_____ **Date:**_____

Print Name:_____

Before and After School Transportation Form

I,_____hereby authorize Bridgewater Raritan School District Transportation to The Creative Campus at St. Bernards (500 US HWY 22 East) to transport my child_____.

In order to participate in The Jointure Before and After School Program. I accept all responsibility for my child's actions. I understand and agree The Jointure, Transportation Company and their officers, employees, and agents, are not liable for any accidents, injury, harm, or loss of equipment and property caused by my child or other parties.

_____

Print Parent Name:

_____

Parent Signature:

_____

Date:

WAIVER OF LIABILITY AND INDEMNITY AGREEMENT

IN CONSIDERATION of being permitted to utilize the facilities, services and programs of The Jointure for any purpose, including, but not limited to observation or use of facilities or equipment, or participation in any program affiliated with the Jointure, the undersigned, for himself or herself and any personal representatives, heirs, and next of kin, hereby acknowledges, agrees and represents that he or she has, or immediately upon entering or participating inspect and carefully consider such premises and facilities or the affiliated program. It is further warranted that such entry into the Jointure for observation or use of any facilities or equipment or participation in any program constitutes an acknowledgement that such premises and all facilities and equipment thereon and such affiliated program have been inspected and carefully considered and that the undersigned finds and accepts same as being safe and reasonably suited for the purpose of such observation, use or participation.

IN FURTHER CONSIDERATION OF BEING PERMITTED TO ENTER THE JOINTURE FOR ANY PURPOSE INCLUDING, BUT NOT LIMITED TO OBSERVATION OR USE OF FACILITIES OR EQUIPMENT, OR PARTICIPATION IN ANY PROGRAM AFFILIATED WITH THE JOINTURE,

THE UNDERSIGNED HEREBY AGREES TO THE FOLLOWING:

1. THE UNDERSIGNED HEREBY RELEASES, WAIVES, DISCHARGES AND CONVENANTS NOT TO SUE the Jointure, its directors, officers, employees, and agents (hereinafter referred to as "releases") from all liability to the undersigned, his personal representatives, assigns, heirs, and next of kin for any loss or damages, and any claim or demands therefore on account of injury to the person or property or resulting in death of the undersigned, whether caused by the negligence of the releases or otherwise while the undersigned is in, upon, or about the premises or any facilities or equipment therein or participating in any program affiliated with the Jointure.
2. THE UNDERSIGNED HEREBY AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS the releases and each of them from any loss, liability, damage or cost they may incur due to the presence of the undersigned in, upon or about the Jointure premises or in any way observing or using any facilities or equipment of the Jointure or participating in any program affiliated with the Jointure whether caused by the negligence of the releases or otherwise.
3. THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE due to negligence of release or otherwise while in about or upon the premises of the Jointure and/or while using the premises or any facilities or equipment there-on or participating in any program affiliated with the Jointure.

THE UNDERSIGNED further expressly agrees that the foregoing RELEASE, WAIVER AND INDEMNITY AGREEMENT is intended to be as broad and inclusive as is permitted by the law of the State of New Jersey and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding continue in full legal force and effect.

THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGNS THE RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT, and further agrees that no oral representations, statements or inducement apart from the foregoing written agreement have been made.

_____	JFK _____
Name of Child	**Name of School**
_____	_____
Parent/Guardian Signature	**Date**

TERMS AND CONDITIONS TO PARTICPIATE IN JOINTURE'S PROGRAMS

Please initial that you understand and agree:

1. _____The Jointure requires my child to meet certain standards of behavior and if my child fails to behave or demonstrates repeated unsatisfactory conduct, The Jointure has the right to suspend my child, or dismiss my child from the program. A meeting with the parent/guardian will be conducted prior to such dismissal.

2. _____ That Before and After School Programs operates Monday to Friday from 7:00 a.m. to the first bell, (if AM session is offered based on demonstrated need) and from dismissal to 6:00 p.m.

3. _____ Due to the high priority of safety for all the children, it is imperative that you notify The Jointure office when your child will be absent from the program. Please note that after five absences without notification, your child will be terminated from the program for the remainder of the school year.

4._____ If the need should arise to change my child's schedule, I will give written notification to The Jointure office at least 48 hours in advance. I am aware of a $25.00 change of schedule fee.

5._____That it is my responsibility to inform The Jointure in writing or by calling The Jointure office if someone other than those listed is picking up my child and that anyone picking up my child must present photo identification and be at least 18 years old. I will notify The Jointure in writing if a phone number or address should change.

6._____My child is not permitted to bring toys, video games or electronic devices to the program and will follow all of the rules of the Before and After School Programs. All cell phones are to remain in the child's book bag.

7._____ Anyone picking up my child (including myself) will be asked to present photo identification before my child is released.

8._____ A $25 late fee per child will be imposed for every 15-minute interval or part thereof. (Ex. 6:01—6:15 = $25, 6:16 – 6:30 = $50, etc.) After 5 late pick-ups my child will be terminated from the program. I understand that this policy will be strictly enforced.

9. _____ That the before and after school program follows the school calendar. Our programs will only be in session on school days and will be closed during holidays and vacations.

10._____That the Before School Program will not be in session if there is a Delayed Opening due to extreme weather conditions or other emergency. Also, the After School Program will not be in session if school closes early due to inclement weather or any other reason (i.e. power outage, etc.) that prohibits the school to remain open.

11. _____That if my child requires life-saving medication (Epi-Pens, Benadryl, inhaler, etc.), I will provide the Action Plan provided by the child's physician, the completed Medical Permission Form signed by child's physician and parent/guardian and ALL medication prior to the child starting the program (2 Epi-Pens in the original box, Benadryl in the original box and labeled with child's name or inhaler in original box).

_____ _____

Name of Child **School/Site**

_____ _____

Parent/Guardian Signature **Date**

Terms and Conditions for CCCS Families ONLY

Please read the following Terms and Conditions carefully. By participating in our programs using CCCS Contract:

1. Contract Requirement

- All families must have a **signed contract from CCCS** before services can begin.
- A **non-refundable registration fee of $50 per child** is required with the Jointure Registration Form and with a completed CCCS Contract.

2. State Contracts and Daily Rates

- Once CCCS has received your signed contract, they **will send the contract to both you and The Jointure,** detailing your as-signed daily rate if any.
- Some state contracts may indicate **zero payment**, while others will list a **daily rate**.

3. Payment Responsibility

- CCCS will **cover a portion of the daily rate or in full**, as specified in the statement agreement.
- Families are **responsible for paying any remaining balance** not covered by CCCS.
- Payment must be made in accordance with the schedule specified in your agency contract.

4. Acknowledgment (Please Initial below)

By signing the CCCS contract and/or paying the registration fee, you acknowledge and agree that:

_____ You have received, read, and signed these Terms and Conditions.

_____ You understand your financial responsibilities, including any portion of payment not covered by CCCS.

_____ You agree to provide timely payment as outlined in your agency contract.

_____ I understand if I do not make the payments I will not be allowed to participate in the program until payment is made.

_____ I understand I must provide a credit card to have on file.

5. Contact Information

For any questions regarding contracts, rates, or payments, please contact Pete at:

- **908-722-1563 X105**
- **Pdiana@jointure.org**

Signature: _____Printed Name: _____

Child's Name:_____

Program: _____ Date: _____

HOMEWORK CONTRACT

Dear Jointure Families,

The Jointure is starting our year by organizing our homework center. We believe that we can support your family and your child's school success by providing some time during our day for homework. Please realize that we cannot provide your child with one-on-one assistance nor is the After School Program a tutorial session.

Please initial one box:

_____ My child should work on homework at the program.

_____ My child should NOT work on homework at the program.

Role of the child:

- To be honest when asked if they have homework.
- Come to the homework area when I have homework.
- Bring the books, pencils, notebooks and worksheets that I need.
- Try my best to understand the homework assignment at school.
- Complete my homework quietly in the homework room.
- Ask for help when I need it.

Role of the Families:

- Check the homework completed by my child during program time.
- Realize that homework will be started after school, but may have to be completed at home.
- Understand that staff are not permitted to look for homework in a child's backpack.
- Support my child with unfinished or difficult homework.
- Talk to teachers at the school about homework issues.

Role of the Staff:

- To provide a comfortable homework area.
- To guide children with their homework while encouraging them to work independently.
- To communicate successes or concerns about homework to families.

	JFK
Child's Signature	**School/Site**
Parent/Guardian Signature	**Date**

Parent Handbook

To ensure the families of our Before and After School Programs are well informed of all Jointure policies, procedures and program information, the Parent Handbook is now available digitally or as a hard copy. Please indicate if you prefer to receive a hard copy of digital copy. If you prefer a digital copy please provide e-mail address below. Your authorization is required for acknowledgement of receipt of the Parent Handbook.

E-mail Address:_____

I, _____ **, authorize that I have received a copy of 2026-2027Parent Handbook.**

Parent/Guardian Print Name

Parent/Guardian Signature	**Date**

Parent Receipt of Information

- o Information to Parents Document
- o Policy on the Release of Children
- o Positive Guidance and Discipline Policy
- o Policy on Methods of Parental Notification
- o Policy on Communicable Disease Management
- o Expulsion Policy
- o Policy on the Use of Technology and Social Media
- o Medication Administration in Child Care Policy

I have read a copy of the information/policies listed above in our handbook that is online:

_____ _____

Child's Name School/Program

_____

Parent/Guardian's Name

_____ _____

Parent/Guardian's Signature Date

Jointure Television and Computer Use Policy

The Jointure provides an activity-focused early learning environment for students of all ages. We believe children learn best through active participation, hands-on experiences, interactive conversation, and exploration. Utilizing technology in the classroom is a valuable resource and allows for various teaching methods when used appropriately. The Jointure follows recommendations established by the American Academy of Pediatrics, which has found that too much television viewing has been linked to poor performance in school, overweight children, and the establishment of poor dietary habits.

Children under the age of two will not have access to television viewing, which includes watching videos, or DVD's, playing video games, and using the computer.

Children age two and older who are in care four or more hours each day, television screen time is limited to 40 minutes per week and no more than 20 minutes at a time. Computer use is limited to 15 minute increments per child, except for school-age children who are completing homework, school work, or supervised enrichment activities.

Children age two and older who are in care less than four hours per day, television screen time is limited to 30 minutes per week. Computer use is limited to 15 minutes per child, except school-age children who are completing homework, school work, or supervised activities.

I have read and understand The Jointure's Television and Computer Policy .

_____ _____

Parent/Guardian Signature **Date**

JFK SCHOOL

Social Media and Class Dojo Release Form

For the purpose of promoting The Jointure and The Creative Campus, I understand that pictures and videos may be taken of my child. These photographs and videos promote The Creative Campus programs on The Jointure's Facebook Page and Website. By completing the form below, you are granting permission for your child to participate in any photographs/video for Facebook and Website.

I **GIVE** permission for my child, _____ for photograph/video for The Jointure's Facebook Page and Website to promote The Creative Campus Programs.

I **DO NOT GIVE** permission for my child, _____ for photograph/video for The Jointure's Facebook Page and Website to promote The Creative Campus Programs.

Class Dojo

(Initial Below)

_____ I understand pictures and videos of my child will be on Class Dojo. Class Dojo is private and only for Jointure Families. Class Dojo is NOT PUBLIC and any pictures and videos on Class dojo will not be on any social media unless approved by parents.

_____ _____

PARENT OR GUARDIAN NAME **DATE**

_____

SIGNATURE OF PARENT OR GUARDIAN

Date:_____

TO: **The Jointure**
500 US HWY 22
Bridgewater, NJ 08807

This letter will authorize The Jointure to charge my credit card or account as follows: Please choose the method which you intend to have withdrawals each month.

☐ Credit Card

☐ Debit Card (PLEASE PRINT)

Name of Card (Visa/MasterCard/ Discover / American Express):_____

Cardholder's Name: **Last Name:**_____**First Name:**_____

Address of Cardholder: _____

Card Number:_____ Phone Number:_____

Exp. Date:_____ Security Code:_____

Please note a 3 % Credit Card Fee every transaction

☐ Checking Account (please fill out form or attach a voided check) (PLEASE PRINT)

Account Holder's Name: **Last Name:**_____**First Name:** _____

Bank Name:_____ Account Phone Number:_____

ABA Routing Number:_____

Checking Account Number:_____

☐ **Check** ***** Please make checks payable to "The Jointure"*****

I, _____ understand that my account will be charged in the amount of $_____ on the 15th for the following month's tuition(i.e. October's tuition is due September 15th). Starting from _____ to _____. I also understand that if my child's schedule changes the amount charged to my account will reflect the changed tuition.

(Month) (Month)

_____ JFK SCHOOL

Name of Child: **Name of School/Site:**

Signature:_____ **Date:**_____

Payment Policies & Procedures

Tuition is set annually and divided into 10 equal monthly payments for your convenience. A $50 registration fee and your first month's payment is due at the time of enrollment to hold your child's place. **Subsequent payments are due one month in advance, on or before the 15th of each month (i.e. October's tuition is due by September 15th).** Invoices will be e-mailed the first of every month regardless of method of payment. If there are any changes to your e-mail throughout the year, please contact our Creative Campus office, 908-722-1563.

Withdrawals , Refunds and Cancellation Terms & Conditions

(Please initial that you understand and agree)

1. _____All withdrawals must be completed and submitted with the Jointure's Withdrawal Form (If you wish to withdraw your child before the start of school in September, you will receive a refund of any prepaid tuition).
2. _____If you wish to withdraw, there is a non-refundable $30 Withdrawal Fee. A fee will be added each time a child is withdrawn from the program.
3. _____Refunds will not be approved for emergency closings, delayed openings, half days, early dismissals or any closure due to unforeseen circumstances
4. _____The $50 per child registration fee is non-refundable.
5. _____ A refund or credit will be determined on the day in which the Withdrawal Form is submit ted. Any outstanding charges including the Withdrawal Fee must be paid in order for your child to be withdrawn from the program.
6. _____Refunds will not be provided until a Withdrawal Form has been completed and submitted. Your child may not enroll or re-enroll in any Jointure program if you have an outstanding balance (all payment issues, such as adjustments and refunds, must be resolved with the office before the end of the school year. There will be no requests honored for refunds or adjustments after the school year is over).
7. _____It is the responsibility of the cardholder to notify The Jointure Administrative Office if there are changes to the account, and/ or card information.
8. _____Credit or Debit Cards or Direct Deposits resulting "Non-sufficient Funds" will be charged **$35 each time**. Credit or Debit Cards consistently resulting in NSF will require all future payments to be made by cash or money order for the remainder of the year.
9. _____All charges on a Credit Card or Debit Card will incur a **non-refundable** 3% fee, per charge.
10. _____ In order to cancel your monthly Automatic Credit or Debit Cards or Direct Deposit Payments, written notification must be provided **at least 2 weeks prior to** the date in which you choose to stop automatic payments. Once your account has been cancelled, you will receive a confirmation email.

By printing and signing below, I, _____, understand the policies and procedures regarding payments, withdrawals and refunds. I also understand the terms and conditions for utilizing Credit or Debit Card or Direct Deposit Automatic Payment and the cancellation and refund policies associated with it.

Signature:_____ **Date:**_____