

WEST DEPTFORD TOWNSHIP

RESOLUTION 2016- 218

**RESOLUTION OF THE TOWNSHIP OF WEST DEPTFORD AUTHORIZING
THE REFUND OF SUMMER RECREATION LATCH KEY FEE**

WHEREAS, the following individual has requested a refund of the Summer Recreation Latch Key Fee due to no afternoon latchkey on Friday, July 29th, 2016; and

WHEREAS, the Township Committee and recommends that this fee be refunded to the following individual:

Stacey Viereck For Patrick &Olivia Viereck 183 Dubois Avenue West Deptford, NJ 08096	\$8.00	Refund of Latch Key Fee
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NOW, THEREFORE, BE IT RESOLVED by the Mayor and Township Committee of the Township of West Deptford, County of Gloucester, State of New Jersey that the Summer Recreation Latch Key Fee be refunded to the individual above and that the Township Administrator is hereby directed to do the same;

ADOPTED at a regular meeting of the West Deptford Township Committee in the County of Gloucester, held on August 17, 2016.

TOWNSHIP OF WEST DEPTFORD

By: Denice DiCarlo
DENICE DICARLO, Mayor

ATTEST:

Lee Ann DeHart
LEE ANN DEHART, Acting Municipal Clerk

CERTIFICATION

I, Lee Ann DeHart, Acting Municipal Clerk, of the Township of West Deptford, in the County of Gloucester, do hereby certify that the foregoing Resolution was presented and duly adopted by the Township Committee at a meeting of the Township of West Deptford held on August 17, 2016.

Lee Ann DeHart
LEE ANN DEHART, Acting Municipal Clerk

7/28/14

I paid \$90 for latchkey this week, forgetting that there is no afternoon latchkey tmrw, the ^{on} Friday last day of summer rec.

Please issue my refund for afternoon latchkey on 7/29/14.

\$ 800
total
refund.

Thank You,

Stacey Vereck

children: Patrick • Olivia Vereck

TOWNSHIP OF WEST DEPTFORD
PAYMENT RECEIPT

CASH

171
CHECK

M.O.

NAME

Viereck

ACCOUNT No.

RECEIVED ON ACCOUNT OF LK

PAYMENT	\$
INTEREST	\$
TOTAL	\$ 90.00

Registration Form

YES! SIGN ME UP NOW!

- Fee: \$ 6.00 per day A.M. Session, \$ 6.00 per day P.M. Session, or \$10.00 per day A.M. and P.M. Session

If a child is not picked up by 6:00 p.m., a \$10.00 charge will be charged in 15 minute increments.

- A.M. Session: 7:00 - 8:30 a.m.
- P.M. Session: 3:00 - 6:00 p.m.

each

required

summer
participate in

at least one

	Tuesday	Wednesday	Thursday	Friday	Total \$ For Week
M	<input type="checkbox"/> AM <input type="checkbox"/> PM	50			
W	<input type="checkbox"/> AM <input type="checkbox"/> PM	40			
Th	<input checked="" type="checkbox"/> AM <input checked="" type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	20
F	<input checked="" type="checkbox"/> AM <input checked="" type="checkbox"/> PM	<input checked="" type="checkbox"/> AM <input checked="" type="checkbox"/> PM	<input checked="" type="checkbox"/> AM <input checked="" type="checkbox"/> PM	<input checked="" type="checkbox"/> AM <input checked="" type="checkbox"/> PM	40
S	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM ONLY	50
					200.00

TOTAL AMOUNT ENCLOSED:

Parent Name

Patrick Viereck, Stacey

Child Name

Patrick Viereck

Age

11

Address

183 Dubois Ave.

Town

W. Deptford

Zip Code

08090

Phone

856 325 8357

Emergency Phone

Same

In order for my child to participate in the program, I must sign the liability waiver on the back of this form.

Does your child have any medical conditions/allergies that we should know?

Yes

No

If yes, please explain:

Please Bring or
Mail Form To:

RiverWinds Community Center
Attn: Latch Key Program
1000 RiverWinds Drive
West Deptford, NJ 08086



YES! SIGN ME UP NOW!

Latch Key Registration Form

- Please check appropriate boxes!
- A separate form must be filled out for each child attending.
- There will be no refunds. Payment is required on Monday for each week.
- Children must be registered in the Summer Recreation Program in order to participate in the Latch Key Program.
- All children must be registered at least one week prior to their participation.

- Fee: \$ 6.00 per day A.M. Session, \$ 6.00 per day P.M. Session, or \$10.00 per day A.M. and P.M. Session
- If a child is not picked up by 6:00 p.m., a \$10.00 charge will be charged in 15 minute increments.
- A.M. Session: 7:00 - 8:30 a.m.
- P.M. Session: 3:00 - 6:00 p.m.

	All Week	Monday	Tuesday	Wednesday	Thursday	Friday	Total \$ For Week
June 27 - July 1	<input checked="" type="checkbox"/> AM <input checked="" type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	50
July 5 - July 8	<input checked="" type="checkbox"/> AM <input checked="" type="checkbox"/> PM	CLOSED	<input type="checkbox"/> AM <input type="checkbox"/> PM	40			
July 11 - July 15	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input checked="" type="checkbox"/> AM <input checked="" type="checkbox"/> PM	<input checked="" type="checkbox"/> AM <input checked="" type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	20
July 18 - July 22	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input checked="" type="checkbox"/> AM <input checked="" type="checkbox"/> PM	<input checked="" type="checkbox"/> AM <input checked="" type="checkbox"/> PM	<input checked="" type="checkbox"/> AM <input checked="" type="checkbox"/> PM	<input checked="" type="checkbox"/> AM <input checked="" type="checkbox"/> PM	40
July 25 - July 29	<input checked="" type="checkbox"/> AM <input checked="" type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM ONLY	50

TOTAL AMOUNT ENCLOSED: _____

Parent Name Dr. Stacey Viereck

Child Name Olivia Viereck Age 13

Address 183 Dubois Ave Town W. Deptford Zip Code 08094

Phone 856-325-8357 Emergency Phone same

In order for my child to participate in the program, I must sign the liability waiver on the back of this form.

Does your child have any medical conditions/allergies that we should know? Yes No

If yes, please explain: _____

Please Bring or Mail Form To: RiverWinds Community Center
Attn: Latch Key Program
1000 RiverWinds Drive
West Deptford, NJ 08086

