



Suzanne Haftman, Supervisor of Community Education & EDC
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Mount Laurel Schools Extended Kindergarten Option (EKO)

STUDENT NAME: _____ DOB _____
 MALE/FEMALE: _____ SCHOOL: _____

LAST NAME:	LAST NAME:
FIRST NAME:	FIRST NAME:
CELL PHONE:	CELL PHONE:
WORK PHONE:	WORK PHONE:
HOME PHONE:	HOME PHONE:
EMAIL:	EMAIL:
MAILING ADDRESS:	MAILING ADDRESS:
CITY: STATE: ZIP:	CITY: STATE: ZIP:

AUTHORIZATON FOR PICK UP

Your child will only be released to an authorized person listed on this form. In the case of an emergency or an unforeseen circumstance, please indicate the name and phone number of any other person/s other than yourself who you authorize to pickup your child.

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

_____ I have enclosed the non-refundable registration fee of \$75.00 (please initial)

Return registration form to: EKO 436 Masonville Road Mount Laurel, NJ 08054
 Questions: Please call 856-231-5891 Ext. 1000/1002