

# EXTENDED DAY CARE PROGRAM

## REGISTRATION FORM FOR THE 2016-2017 SCHOOL YEAR

STUDENT'S NAME	SCHOOL	GRADE/EKO	Date of Birth	Male/Female
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
Mailing Address: _____				

**Mother or Legal Guardian Information**

**Father or Legal Guardian Information**

Last Name:	Last Name:
First Name:	First Name:
Cell Phone:	Cell Phone:
Work Phone:	Work Phone:
Employer:	Employer:
Email:	Email:

Has there been a divorce or separation?  Yes  No

If yes, who has custody? \_\_\_\_\_

The joint/non-custodial parent should be contacted in the event of emergency  Yes  No (If "no", please provide court order)

### AUTHORIZATION FOR PICK UP

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

Name	Phone Number (s)

**MEDICAL INFORMATION**

**Has your child been diagnosed or treated for the following:**

**Asthma**

**Allergies**

**Special Dietary Needs**

**Allergies to Insect Stings**

**Seizures**

**Spectrum Disorder**

**ADD/ADHD**

**Other**

**One on One Aide**

**(during the regular school day)**

**Please provide any details of the above checked boxes:**

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**Please list current medications, prescribed or over the counter that your child is currently taking.**

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**By initialing below, you are giving permission for the Extended Day Care personnel to seek qualified medical attention in the event of an emergency if a parent/guardian cannot be contacted.**

**Initial** \_\_\_\_\_ **Date** \_\_\_\_\_

**By initialing below, I understand that my child(ren) will not be released to any person not listed on this form. I understand that it is my responsibility to notify each person listed that a picture ID is required to release my children from Extended Day Care.**

**Initial** \_\_\_\_\_ **Date** \_\_\_\_\_

**By initialing below, I understand that my child must be picked up by 6:00pm. If not, I will be charged \$20.00 for every 15 minutes the child is left in Extended Day Care. If no contact has been made with the parent/guardian or the emergency contacts by 6:45pm, the authorities will be notified.**

**Initial** \_\_\_\_\_ **Date** \_\_\_\_\_

**I have enclosed the non-refundable, family, registration fee of \$25.00 payable to:**

**Extended Day Care Program  
436 Masonville Road  
Mt. Laurel, NJ 08054**

**Check one: \_\_\_\_\_ Yes, I will be using a coupon book or \_\_\_\_\_ No, I will schedule online (a \$2 processing fee applies to all credit card transactions).**

**Save my credit card on file: Mastercard \_\_\_\_\_ or Visa \_\_\_\_\_**

**Credit Card # \_\_\_\_\_ CVV code (on back) \_\_\_\_\_ Exp. Date: \_\_\_\_\_**

**Signature \_\_\_\_\_**

