

**EXTENDED DAY CARE PROGRAM
REGISTRATION FORM FOR THE 2017-2018 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
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____

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:

Any additional information that may be useful to us:

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

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 (\$2.00 processing fee applies to all credit card transactions).

Save my credit card on file: Mastercard or Visa (Please circle one)

Credit Card # _____ CVV code (on back) _____ Exp. Date: _____

Signature: _____

