EXTENDED DAY CARE PROGRAM

REGISTRATION FORM FOR THE 2022-2023 SCHOOL YEAR

STUDENT'S NAME	SCHOOL	GRADE	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 EDC to release your child on your behalf.

Name	Phone Number (s)

<div align="center">

MEDICAL INFORMATION
Has your child been diagnosed or treated for the following:

</div>

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:

_____

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 very 15 minutes the child is left in Extended Day Care. If no contact has been made with the parent/guardian or he emergency contacts by 6:45pm, the authorities will be notified.

Initial_____   **Date** _____

I have enclosed the non-refundable, <u>family</u>, registration fee of $25.00 payable to:

<div align="center">

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

</div>

_____**Yes, I will schedule online (a $2 processing fee pplies to all credit card transactions).**
    Initial Here
Save my credit card on file: Mastercard_____**or Visa**_____

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

Signature_____