

MOORESTOWN TOWNSHIP PUBLIC SCHOOLS

2023-2024 EXTENDED DAY CARE PROGRAM REGISTRATION

STUDENT #1

First Name: _____

Last Name: _____

Gender: _____

School(2023-24): _____

Grade (2023-2024): _____

STUDENT #2

First Name: _____

Last Name: _____

Gender: _____

School(2023-24): _____

Grade (2023-2024): _____

STUDENT #3

First Name: _____

Last Name: _____

Gender: _____

School(2023-24): _____

Grade (2023-2024): _____

Home Address: _____

City, State: _____

Zip Code: _____

LEGAL GUARDIAN #1 INFORMATION

First Name: _____

Last Name: _____

Cell Phone: _____

Employer: _____

Work Phone: _____

E-mail _____

LEGAL GUARDIAN #2 INFORMATION

First Name: _____

Last Name: _____

Cell Phone: _____

Employer: _____

Work Phone: _____

E-mail _____

Have there been a divorce or separation? Yes No (please circle one)

If yes, who has custody? _____

The joint/ non-custodial parent should be contacted in the event of an emergency. Yes No
(please circle one)

(If “no” you must provide a copy of court order)

AUTHORIZED FOR PICK- UP

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

Contact # 1

Name: _____

Phone Number: _____

Contact # 2

Name: _____

Phone Number: _____

Contact # 3

Name: _____

Phone Number: _____

MEDICAL INFORMATION

Has your child been diagnosed with or treated for and of the following?

(Please circle all that apply.)

None

Asthma

Allergies to Food or Medicine

Allergies to Insect Stings

Special Dietary Needs

Seizures

Spectrum Disorder

One-to-one Aide (during the regular school day)

ADD/ADHD

Other: _____

Please provide details about anything checked above, including child's name/concern if registering more than 1 child: _____

Please list all current medications (prescribed and over the counter) that your child is currently taking:

Please provide any additional information that may be useful for us to know:

PLEASE INITIAL AFTER EACH STATEMENT:

I give my permission for the Extended Day Care personnel to seek qualified medical attention in the event of any emergency if a parent/guardian cannot be contacted. _____ (Initial)

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 child (ren) from Extended Day Care. _____ (Initial)

I understand that my child must be picked up from Extended Day Care by 6:00pm. If not, **I will be charged \$20, per child, per every 15 minutes the child is left at Extended Day Care.** If no contact is made with parent/ guardian or emergency contact by 6:30pm, the authorities will be notified. _____ (Initial)

BASIC RATES:

	AM ONLY/MONTH	PM ONLY/MONTH	AM&PM/MONTH
5 Days	\$210	\$320	\$368
4 Days	\$201	\$277	\$328
3 Days	\$194	\$247	\$298
2 Days	\$152	\$200	\$290

Basic rates do not include additional special programs offered during EDC. Special Program information will be shared via e-mail each month.

DROP IN PASS BOOKLETS: 5 Passes/\$160.00; Each pass is good for 1 child/1 visit to Extended Day Care.

MULTIPLE CHILD DISCOUNT:

1st Child- Full Tuition

2nd Child- 10% Off applied **to older child's tuition.**

3rd Child- 15% Off applied **to oldest child's tuition.**

ENROLLMENT POLICY

Please understand that once you register for an option listed above, you are not permitted to switch the option without 30 days written notice to: mtpsdc@mtps.com. **If you choose to send your child(ren) less days than initially registered for in a month, you will not be prorated or credited any missed days in that month.**

DAILY DROP IN PASS OPTION: The Drop In Passes are designed for families who require occasional care. Each pass is good for 1 child/1 visit to Extended Day Care. On the day the pass will be used, please provide notification of your child's attendance via call or text to the Extended Day care Cell: 856-780-0502. In addition, please notify your child's school that they will be attending. The pass should be completed in its entirety and sent to school with the child to be given to the Extended Day Care site director. Drop In passes must be purchased in advance and please allow 1 week for processing. Passes are valid for the 2023-2024 school year. **Extended Day Care staff members are not permitted to accept payments.**

REGISTRATION INFORMATION:

Please indicate the number of children being registered.

- ☐ 1 child
- ☐ 2 children
- ☐ 3 children

How Many days will the child(ren) be attending?

- ☐ 5 DAYS
- ☐ 4 DAYS
- ☐ 3 DAYS
- ☐ 2 DAYS
- ☐ DROP IN ONLY

When will the child(ren) be attending?

- ☐ AM ONLY
- ☐ PM ONLY
- ☐ AM/PM

What days will the child(ren) be attending?

- ☐ Monday
- ☐ Tuesday
- ☐ Wednesday
- ☐ Thursday
- ☐ Friday

Are there different children attending at different times? If so, please explain.

PARENT HANDBOOK GUIDELINES:

PLEASE INITIAL AFTER EACH STATEMENT

I/We are enrolling our child according to the schedule and fee indicated above. Any changes in, or cancellations to, the information are to be made in writing and e-mail to mtpsedc@mtps.com **at least 30 days in advance of the change.** I also understand previously paid registration fees and/or tuition is non-refundable. I understand, should I select the DROP IN ONLY option, I must purchase passes in advance and NO PAYMENTS WILL BE TAKEN AT THE SITES. _____ (Initial)

I/We agree that monthly tuition is due the **15th of each month beginning August 15th and that a \$10.00 late fee will be charged for payments not received by the last day of each month.** If payment is not received, I/we understand I/we will be notified that my/our child(ren) will not be able to attend the Extended Day Care program until payment has been received. I/ We are also aware that returned checks may be subject to a \$20 fee. _____ (Initial)

I/We understand the Extended Day Care program closes at 6:00pm and **late pick up will result in a \$20, per child fee, per every 15 minutes beginning at 6:01pm.** _____ (Initial)

I/We understand a full Extended Day Care Handbook is posted at www.mtps.com and I/we have read and will comply with the policies and information contained in the 2023-2024 Parent Handbook. I/we will review the behavior guidelines with my/our child(ren) and understand my/our child(ren's) continued enrollment is contingent upon compliance with these policies. A hard copy of the Parent Handbook is available to me upon request to mtpsedc@mtps.com. _____ (Initial)

In order to complete your registration, please return this form, with the family registration fee, to:

EDC

350 Bridgeboro Road

Moorestown, New Jersey 08057

Family Registration Fee:

☐ \$25.00 for registrations and payments received before June 15, 2023

☐ \$50.00 for registrations received June 15, 2023-August 15, 2023

☐ \$60.00 for registrations and payments received after August 15, 2023 ***Please note students may not be permitted to begin the program in September if registration is received after August 15, 2023.**

☐ The fee was paid online

Once your registration form is received and processed, you will receive confirmation via e-mail. **Registration fees are non-refundable.**

Signature of Legal Guardian: _____

Date: _____

Moorestown Extended Day Care

EPI Pen Administration Permission Form (Complete If applicable)

Date: _____

Child's School _____

Child's Name _____

Child's Grade _____

As the Parent/Guardian/Custodian of the above listed child, I give permission to the EDC staff delegates to administer an EPI-Pen to my child, if needed, according to the Physician's signed instructions on the bottom section of this form.

Please list any symptoms the EDC staff must watch for in order to administer, if necessary, due to an allergic reaction:

By signing this document, I give permission for my child's health care provider to share information about administration of this medication with the EDC administrator.

Parent/ Guardian/Custodian (Print)

Parent/ Guardian/ custodian (Signature)

Date

- **Please return completed form, with labeled medication, to EDC site supervisor or EDC Office.**

Health Care Provider Authorization to Administer Medication in Child Care

Child's Name _____

Birthdate: _____

Medication: _____

Dosage: _____

When should EPI Pen be administered?(Indicators)

Special Instructions: _____

Purpose of Medication: _____

Side effects that should be reported: _____

Start date: _____

End date: _____

Signature of Health Care Provider

License Number

Phone Number

Date