

# GLEN RIDGE PUBLIC SCHOOLS CHILD CARE PROGRAM

Registration Form - **2019–2020** School Year

(Please print this form and submit it to: Raven Adams, Child Care Program, 235 Ridgewood Ave, Glen Ridge, NJ 07028)

Child's Name: \_\_\_\_\_ School: \_\_\_\_\_ Teacher: \_\_\_\_\_ Gr. \_\_\_\_\_ **D.O.B** \_\_\_\_\_

Child's Name: \_\_\_\_\_ School: \_\_\_\_\_ Teacher: \_\_\_\_\_ Gr. \_\_\_\_\_ **D.O.B** \_\_\_\_\_

Child's Name: \_\_\_\_\_ School: \_\_\_\_\_ Teacher: \_\_\_\_\_ Gr. \_\_\_\_\_ **D.O.B** \_\_\_\_\_

**Parent's/ Guardian's Names:** \_\_\_\_\_

Address: \_\_\_\_\_

**Email:** Parent 1 \_\_\_\_\_ **Email:** Parent 2 \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Listed below are the names of adults authorized to pick up my child(ren) without any prior notification from parents/ guardians:**

Name	Relationship	Phone Number
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

## EMERGENCY INFORMATION

Parent/Guardian Name: \_\_\_\_\_ Cell# \_\_\_\_\_

Work # \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Cell# \_\_\_\_\_

Work # \_\_\_\_\_

### LOCAL EMERGENCY PERSON (do not list child's parents)

Name: \_\_\_\_\_

Phone #: \_\_\_\_\_ Cellular # \_\_\_\_\_

Address: \_\_\_\_\_ Relationship \_\_\_\_\_

## EMERGENCY SCHOOL CLOSING FORM

Child's Name:

Grade:

School:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

In the event of an emergency school closing, the above children should: (Please check one)

\_\_\_\_\_ attend the After School Child Care Program upon dismissal only if it is his or her scheduled day.

\_\_\_\_\_ attend the After School Child Care Program upon dismissal regardless of whether or not it is his or her regularly scheduled day. I will pay any extra fees to the Child Care Program, if it is not their regularly scheduled day.

\_\_\_\_\_ be dismissed directly from school to an authorized person or location.

In the event of an emergency school closing, After Care will close early as well. Please make arrangements so that your child(ren) can be picked up from After Care as soon as possible following their early dismissal from school.

Signature 1 \_\_\_\_\_ Date: \_\_\_\_\_

Signature 2 \_\_\_\_\_ Date: \_\_\_\_\_

## PERMISSION, CONSENT & PARENT AGREEMENT

I (We) wish to enroll \_\_\_\_\_ in the Glen Ridge Public School's Child Care Program for the 2019-2020 school year.

I grant my permission for my child(ren) to participate in the Glen Ridge Child Care Program.

**The Glen Ridge Child Care Program Family Handbook is posted on the child care website for parental review.**

### Drop Off/Pick up Policy

All parents using Linden and Forest Avenue School Before Care Program **must** walk their child(ren) to the front door of their school, and wait for child care staff to answer the door before leaving their child(ren) on school premises.

In addition, parents are not permitted to walk through the school building after picking up children from the after care program.

I (We) agree to follow the child care program drop off/pick up policy stated above and understand that failure to abide by this policy may result in suspension of child care program services.

Parent 1 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent 2 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I hereby grant permission for my child(ren), as listed on the front page, to use all play equipment and participate in all activities, trips, and events of the Glen Ridge Public School's Child Care Program.

I hereby give permission for my child(ren) to leave the school premises under the supervision of the program's staff for walks, outings to the park, and trips on scheduled days.

In the event I (we) cannot be reached in an emergency, I give permission to the Glen Ridge Public Schools Child Care Program staff to authorize life-saving emergency medical care by a qualified physician and/or hospital personnel for my child(ren).

To the best of my knowledge, my child(ren) has (have) no conditions which restricts his/her/their full participation in the program. If, in the future any restrictions are necessary, I will inform the program in writing.

Check here if your child(ren) has (have) any restrictions: \_\_\_\_\_. If checked, please put a detailed explanation on the Emergency Medical Information sheet.

**I (We) agree to abide by all of the above child care program policies and to pay all fees incurred while using the program. *Past due balances will result in suspension of child care program services until they are paid in full.***

Parent 1 Signature \_\_\_\_\_ Date: \_\_\_\_\_  
 Parent 2 Signature \_\_\_\_\_ Date: \_\_\_\_\_

**Once this completed, signed registration form is received by Program Director along with your payment for September 2019, your enrollment will be confirmed for next year.**

**check # \_\_\_\_\_ amount: \_\_\_\_\_**

**Before Care: Circle Selected days      M    T    W    TH    F**

**After Care: Circle Selected days      M    T    W    TH    F**

Have a great summer!

Raven ☺



**CONFIDENTIAL**

**Emergency Medical Information**

To insure your child(ren)'s safety please list below any medications, allergies (bees, nuts, etc.) or conditions (asthma, etc.) that your child(ren) may have. We want to avoid cross-contamination issues during cooking projects, so please notify us of any food restrictions your child(ren) may have.

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**Does your child require an EpiPen? Yes. \_\_\_\_ No. \_\_\_\_**

**If applicable, please provide us with a copy of any Medical Action Plan needed for your child.**

**Thank you.**

Signature 1 \_\_\_\_\_  
Signature 2 \_\_\_\_\_

Date: \_\_\_\_\_  
Date: \_\_\_\_\_