

# MOORESTOWN TOWNSHIP PUBLIC SCHOOLS

## 2020-2021 EXTENDED DAY CARE PROGRAM REGISTRATION

### **STUDENT #1**

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

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

Gender: \_\_\_\_\_

School(2020-21): \_\_\_\_\_

Grade (2020-2021): \_\_\_\_\_

### **STUDENT #2**

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

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

Gender: \_\_\_\_\_

School(2020-21): \_\_\_\_\_

Grade (2020-2021): \_\_\_\_\_

### **STUDENT #3**

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

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

Gender: \_\_\_\_\_

School(2020-21): \_\_\_\_\_

Grade (2020-2021): \_\_\_\_\_

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 closing (5 pm Monday - Thursday and 2 pm on Friday for the Lower Elementary Schools and 6 pm Monday through Thursday for UES.) 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 30 minutes after closing, the authorities will be notified. \_\_\_\_\_(Initial)

**BASIC RATES:**

<b>DAYS /WEEK</b>	<b>AM ONLY/MONTH</b>	<b>PM ONLY/MONTH</b>	<b>AM&amp;PM/MONTH</b>
<b>5 Days</b>	<b>n/a</b>	<b>\$445</b>	<b>\$550</b>
<b>4 Days</b>	<b>n/a</b>	<b>\$400</b>	<b>\$505</b>
<b>3 Days</b>	<b>\$163</b>	<b>\$300</b>	<b>\$338</b>
<b>2 Days</b>	<b>\$142</b>	<b>\$187</b>	<b>\$277</b>

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

**DROP IN PASS BOOKLETS:** 5 Passes/\$155.00; Each pass is good for 1 child/1 visit to Extended Day Care.

**MULTIPLE CHILD DISCOUNT:**

1<sup>st</sup> Child- Full Tuition

2<sup>nd</sup> Child- 10% Off applied to older child’s tuition.

3<sup>rd</sup> 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](mailto:mtpsdc@mtps.com). **If you chose 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. **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.**

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**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](mailto: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 15<sup>th</sup> of each month beginning August 15<sup>th</sup> 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 5 pm Monday - Thursday and 2 pm on Friday for the lower elementary schools and at 6 pm Monday through Thursday for the UES and **late pick up will result in a \$20, per child fee, per every 15 minutes beginning at one minute after closing.**\_\_\_\_\_ (Initial)

I/We understand a full Extended Day Care Handbook is posted at [www.mtps.com](http://www.mtps.com) and I/we have read and will comply with the policies and information contained in the 2020-2021 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](mailto:mtpsedc@mtps.com).\_\_\_\_\_ (Initial)

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

EDC

803 North Stanwick Road

Moorestown, New Jersey 08057

**Family Registration Fee:**

- \$25.00 for registrations and payments received before June 15, 2020
- \$50.00 for registrations received June 15, 2020-August 15, 2020
- \$60.00 for registrations and payments received after August 15, 2020 **\*Please note students may not be permitted to begin the program in September if registration is received after August 15, 2020.**
- The fee was paid online

Once your registration form is received and processed, you will receive a mail-in payment booklet. You may also elect to pay online via the Parent Payment Portal. **Registration fees are non-refundable.**

**Signature of Legal Guardian:** \_\_\_\_\_

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



The 2020-2021 Extended Day Care program will offer cooking activities throughout the year.

Please indicate your permission preference for these activities.

\*If we do not receive permission for your child to participate, they will join in an alternate activity during this time.

\_\_\_\_\_ My child, \_\_\_\_\_, **may make and eat** all recipes at EDC.  
Please print

I have noted any food allergies to be aware of below:

\_\_\_\_\_

\_\_\_\_\_ Please **contact me in advance regarding any food activities at EDC.** I will give permission for my child, \_\_\_\_\_, on a case-by-case basis.  
Please print

\_\_\_\_\_ My child, \_\_\_\_\_, **may NOT participate** in any cooking activities during EDC.  
Please print

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Please return this form via e-mail to [mtpsedc@mtps.com](mailto:mtpsedc@mtps.com), by mail to EDC 803 N. Stanwick Road, or to the EDC site supervisor at your child's school, by September 18, 2020.

If you have additional questions, please contact Lauren McGlone at [mtpsedc@mtps.com](mailto:mtpsedc@mtps.com) or 856-778-6600 ext. 18151

**Moorestown Extended Day Care**  
**EPI Pen Administration Permission Form**

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