

Attention Parents/Guardians

Registration forms may be downloaded and brought to registration on September 11 or sent in by mail. Please realize that if you mail in the registration it will not be processed until September 11 and the start date for your child/children will be September 14th. The forms are inclusive of **Registration 2017-2018 – two pages – and one set per child; Program Contract – two pages; Parent/Guardian Employment Information**

Next registration is on Monday, September 11 from 5:00-8:00pm at the Cherry Hill School lobby. This will allow a start date of Thursday, September 14th.

Please read the REEDCP’s Parent Handbook on our website for information pertaining to the program.

At the time of registration, or if you choose to mail in your registration, you will be required to pay the first month, last month, and a registration fee of \$75.00.

Please make checks payable to REEDCP. In the memo section of the check, please write your child(ren)’s name and school. **This is especially important if your last name is different from your child(ren)’s.**

Please note:

Registration packets will not be processed if “emergency contacts” and “hospital preference” are not listed. No child will be allowed to enter the program without this state mandated information.

*** Please complete one form per child ***

**River Edge Extended Day Care Program
Registration 2017-2018**

Please Circle: Cherry Hill Roosevelt

Child's Name _____

Date of Birth _____ Nickname _____

Grade (as of September 2017) _____

Address _____

Home phone number _____

Parent/Guardian's email address _____

Days in Attendance: A.M. program: M T W Th F

P.M. program M T W Th F

Parent/Guardian Information

1st Parent/Guardian to be called:

Name _____

Relation to child _____

Cell phone # _____

Home phone # _____

Email address _____

2nd Parent/Guardian to be called:

Name _____

Relation to child _____

Cell phone # _____

Home phone # _____

Email address _____

Emergency Contact Information

Name _____

Relation to child _____

Cell phone # _____

Home phone # _____

Email Address _____

Name _____

Relation to child _____

Cell phone # _____

Home phone # _____

Email address _____

Child's name _____

Additional persons authorized to pick up your child(children)*

* if under the age of 18, a signed letter of permission must be on record with your paperwork – please submit.

Name _____ Phone Number _____

Relationship _____

Name _____ Phone Number _____

Relationship _____

Name _____ Phone Number _____

Relationship _____

Medical Information

*The REEDCP staff will not administer prescription/nonprescription drugs. * Parents are responsible for notifying the program of any communicable diseases.

Physician's name: _____

Physician's telephone number: _____

Hospital Emergency Room preference: _____

Child's medications: _____

Child's allergies: _____

Please make staff aware of EpiPen or Inhaler use and meet with the program supervisor to discuss emergency administration.

Please make program aware of any special needs your child has in order to provide efficient care.

Authorization for Emergency Medical Care

I hereby authorize emergency medical care for my child during attendance at the REEDCP. If, in the judgment of the staff, treatment is required for an injury or illness, action may take place with my permission. I also authorize the administration of anesthetic treatment along with resources to other necessary treatments deemed necessary by the attending physician or emergency medical personnel. I understand that I will be notified at the earliest possible time should immediate notice prove impossible. I understand that I am financially responsible for any expenses for medical transport and/or medical care incurred on my child's behalf.

Child's Name _____

Parent's/Guardian's Printed Name _____

Parent's/Guardian's Signature _____ Date _____

Must be returned with registration

Program Contract 2017-2018

Date: _____

Parent/Guardian Name(s): _____

Child's (Children's) Name(s): _____

The REEDCP follows the licensing rules and regulations of The New Jersey Office for Children. Important information is detailed in your Parent Handbook. It is your responsibility to read this handbook.

Please read the following statements, which we hold as policy to your understanding and agreement of the responsibilities expected from you throughout the year's contract you hold with the River Edge Extended Day Care Program.

Please initial next to each policy statement:

_____ 1. I have received and read the REEDCP Parent Handbook, inclusive of the Parents' Statement prepared by the Bureau of Licensing in the Division of Child Protection and Permanency.

_____ 2. Upon registration, I will pay the registration fee of \$75.00, if I am new to the program or registering past the date for returning families, along with the first month and last month as the security fee. The security fee will be applied as the last month's tuition.

_____ 3. I will be responsible for tuition payments that must be postmarked by the 20th of the preceding month. If late, a \$15.00 fee is applied to payment.

_____ 4. I will be responsible for payment of all accrued fees, inclusive of extra hours, late payment fees, and late pick-up fees.

_____ 5. I will notify the program when my child (children) is not going to be in attendance on a given day.

_____6. Please circle your choice: I **do give or do not give** permission for my child to be photographed for program and media purposes approved by the REEDCP.

_____7. I will be responsible to pay \$25.00 every time I need to make a schedule change.

_____8. I will be responsible to pay fees if I am late picking up my child (children) from the program: \$25.00 first 15 minutes and \$1.00 for each minute after.

_____9. I will be responsible to pay extra fees for days that my contract does not cover: \$8.00 before school program, \$15.00 after school program, and \$18.00 for a 12:45 day.

_____10. I will be responsible for sending my child (children) with lunch on 12:45 days.

_____11. I will be responsible for notifying the program supervisors and the program bookkeeper of a change for using non-contracted days.

_____12. I understand that my cancelled checks will serve as receipts for tuition payments. I am responsible for my own record keeping for tax purposes.

_____13. I will write my child's (children's) names on all checks.

_____14. I am responsible for calling my emergency contacts, if needed, in plenty of time to avoid the late pick-up of my child.

_____15. I am responsible for paying a \$40.00 charge for returned checks.

Parent/Guardian Printed Name _____

Parent/Guardian Signature _____

Child (Children's) Names _____

Date _____

Parent/Guardian Employment Information
(This information is required by the State of New Jersey #10-122-3.3)

Parent/Guardian name _____

Relationship to child _____

Employer _____

Address of employment _____

Employment hours (daily) _____

Employment telephone number _____

Parent/Guardian name _____

Relationship to child _____

Employer _____

Address of employment _____

Employment hours (daily) _____

Employment telephone number _____
