

**Winslow Township School District
Before & After School Childcare Programs
2024/2025 Registration Form**

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|----------------------------|--------------------|
| Registration | \$35.00 per family |
| Before School Care | \$160.00 per month |
| Before & After School Care | \$260.00 per month |
| After School Care | \$160.00 per month |

Open Enrollment: *The child/student participant start date will commence approximately two to four weeks from receipt of the completed registration form and payment.*

To start the program on the first day of school = Tuesday, September 3, 2024, your completed registration form and payment MUST be submitted to the BASP Office by Wednesday, August 28, 2024.

Ratio: Our ratio is approximately (1) one staff member to (10) ten students

1. Name of Child: _____ Grade: _____ DOB: _____ Male /Female
School Child Attends: _____ Please check: AM _____ PM _____ AM& PM _____ FLEX TICKETS _____
Name of Classroom Teacher: _____

2. Name of Child: _____ Grade: _____ DOB: _____ Male /Female
School Child Attends: _____ Please check: AM _____ PM _____ AM& PM _____ FLEX TICKETS _____
Name of Classroom Teacher: _____

Primary Parent / Guardian Information

Parent / Guardian Information

Name: _____

Address: _____

Place of Employment: _____

Primary Phone Number: _____

Additional Phone: _____

Email Address: _____

Local Emergency Contacts & Permission to Pick-up

| Name | Primary Telephone Number | Additional Phone Number |
|------|--------------------------|-------------------------|
|------|--------------------------|-------------------------|

1. _____

2. _____

3. _____

Please share any other information that would help meet your child's needs: (Our ratio is approximately (1) one staff member to (10) ten students)

List any allergies and reactions:

Food Restrictions:

ONLY IF NEEDED DURING BASP TIME- Per state childcare licensing requirements, should your child require any medications during the BASP program, please list below. You will need to complete a "Physician's Form for Emergency/Self Medication" and a Waiver of Liability form" for the Winslow BASP to keep your child's medication on-site and for your child to attend the program. Please get in touch with the BASP Office for these forms.

Please list any Medications: _____

Medical Insurance Information:

Family Physician: _____ Phone Number: _____

Name of Insurance Co. _____ Policy/Insurance ID#: _____

Family Dentist: _____ Phone Number: _____

Please check () and initial _____ if you give permission for photographs, write-ups of activities and your child's artwork to be used in any of our newsletters/publications.

Please check () and initial _____ if you have a court order that would prevent anyone from picking your child (ren) from BASP you must submit a copy of your court order to the BASP Office with paperwork. Please be sure to keep ALL Staff as well as the Administrative Staff updated on any changes to your court orders. Please list any persons and relationship to child (ren) NOT able to pick up your child (ren).

Please check () and initial _____ you have been given the- BASP 2024/2025 Parent Handbook including "Positive Guidance & Discipline Policy"- "Policy Release of Children"- "Policy on Management of Communicable Diseases"- "Information To Parents"- "Policy Use of Technology & Social Media" per NJ State Licensing Guidelines Recommendations.

Signature of Parent/Guardian & Date:
