

**Winslow Township School District  
Before & After School Childcare Program  
2025/2026 Registration Form**

Registration	\$40.00 per family
Before School Childcare	\$190.00 per month
Before & After School Childcare	\$300.00 per month
After School Childcare	\$190.00 per month
Flex-Tickets	\$150.00 per booklet

***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 2, 2025, your completed registration form, registration fee and September tuition payment MUST be submitted to the Before & After School Childcare Program Office by no later than Tuesday, August 19, 2025. 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 circle: 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**

Siblings under the age of eighteen (18) will not be permitted to sign out a child without a letter of authorization from the parent/guardian. The letter must be submitted to Before & After School Childcare Program Office located at 20 Cooper Folly Road in Atco, New Jersey.

Name	Primary Telephone Number	Additional Phone Number
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1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Please share any other information that would help meet your child's needs:

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List any allergies and reactions:

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Food Restrictions:

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**Only If Needed During Before & After School Childcare Program Time** - Per state childcare licensing requirements, should your child require any medications during the Before & After School Childcare 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 Before & After School Childcare Program to keep your child's medication on-site and for your child to attend the program. Please contact the Office for these forms at 856-335-9351 .**

**Please list any Medications:** \_\_\_\_\_

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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 Before & After School Childcare Program you must submit a copy of your court order to the Before & After School Childcare Program Office with paperwork. Please be sure to keep ALL staff as well as the Administrative Office 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).**

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Please check ( ) and initial \_\_\_\_\_ you have been given the Before & After School Childcare Program 2025/2026 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" - "Expulsion Policy" per NJ State Licensing Guidelines Recommendations.

Signature of Parent/Guardian & Date:

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# Winslow Township School District Before & After School Childcare Program

## 2025/2026 General Permission Form

**Student Name:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

Parental/Guardian Consent:

**Initial:** (    ) I give permission for my child to participate in all activities sponsored by the Before & After School Childcare Program.

**Initial:** (    ) I give permission for my child to consume food and beverages provided during before and after school activities.

**Initial:** (    ) I do not give permission for my child to consume food and beverages provided during before and after school activities. (If selected, please send an appropriate snack/drink if needed.)

Allergies or Dietary Restrictions Please list any allergies, dietary restrictions, or other relevant medical information we should be aware of:

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Parent/Guardian Contact Information

Parent/Guardian Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

**Signature:** I understand that participation is voluntary and that all reasonable precautions will be taken to ensure student safety. I agree to notify the school of any changes to this permission.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

If you have any questions, please contact Mrs. Andrea Bara at the Before & After School Childcare Program Office at 856-767-2850 ext. 7531 or via email [baraan@winslow-schools.com](mailto:baraan@winslow-schools.com).