

**Winslow Township School District
Before & After School Childcare Program
2021/2022 Registration Form**

Registration	\$35.00 per family
Before School Care	\$145.00 per month
Before & After School Care	\$245.00 per month
After School Care	\$145.00 per month

Open Enrollment; child participant start date will commence approximately two weeks from receipt of completed registration form and payment.

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: _____

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

Parent / Guardian Information

Parent / Guardian Information

Name: _____

Address: _____

Place of Employment: _____

Primary Phone Number: _____

Additional Phone: _____

Local Emergency Contacts & Permission to Pick-up

Name	Primary Telephone Number	Additional Phone Number
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

Please share any other information that would be helpful in meeting your child's needs:

List any allergies and reactions:

Food Restrictions:

Per state childcare licensing requirements, should your child require any medications during BASP program, please list below. You will need to complete a "Physician's Form for Emergency/Self Medication" and a Waiver of Liability form" in order for the Winslow Twp.BASP to keep your child's medication on site and for your child to attend the program. Please contact 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 2021/2022 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
