

**Winslow Township School District  
Before & After School Childcare Program  
2022/2023 Registration Form**

Registration	\$35.00 per family
Before School Care	\$150.00 per month
Before & After School Care	\$250.00 per month
After School Care	\$150.00 per month

**Open Enrollment: Child participant start date will commence approximately two weeks from receipt of completed registration form and payment.**

**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 be helpful in meeting your child's needs:

\_\_\_\_\_

List any allergies and reactions:

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Food Restrictions:

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***ONLY IF NEEDED DURING BASP TIME-*** 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: \_\_\_\_\_

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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 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).

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Please check ( ) and initial \_\_\_\_\_ you have been given the- BASP 2022/2023 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

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