



LINDEN PUBLIC SCHOOLS BEFORE CARE AND AFTER CARE Registration Form 2019-2020

Linden Board of Education, 2 East Gibbons Street, Linden, NJ 07036

SCHOOL CHILD ATTENDS: _____ Grade: _____

Name of Child: _____ Date of Birth: _____

Address: _____

Parent/Guardian Name: _____

Cell Phone #: _____ Work Phone #: _____

Address: _____

Email: _____

Parent/Guardian Name: _____ Work Phone #: _____

Cell Phone #: _____ Email: _____

Authorized Release: Students will only be released to the parent or authorized pick-up person. Complete the attached emergency information form and include a photocopy of designee's ID or driver's license. This is especially important in case of emergencies.

Please select which program you are registering for: (Place a check in the circle.)

- Before Care Monthly Fees: \$120.00 (regardless of number of days attending per month) \$224.00 for 2 children
- After Care Monthly Fees: \$260.00 (regardless of number of days attending per month) \$494.00 for 2 children
- Both Before/After Care Fee: \$350.00 (regardless of number of days attending per month) \$665.00 for 2 children.

***Completion of this form, accompanied by a \$25.00 registration fee (Check made payable to Linden Board of Education) is required to ensure your child's enrollment in the program for the 2019-2020 school year. Registration is non-refundable. By signing you have read and agree to our policies.**

Parent/Guardian Signature: _____ Date: _____

*** I give my permission for the above named student(s) to participate fully in all child care/school activities including physical education and recreational sports.**

Parent/Guardian Signature: _____ Date: _____

Payment is due prior to starting. All subsequent payments are due on the first day of each month.

OFFICE USE ONLY:

____ \$25.00 Registration Fee Paid- Cash or Check/Money Order Number: _____ Date Received: _____

Start Date: _____

G:	A:	C:	E:	N:
Initial/Date	Initial/Date	Initial/Date:	Initial/Date	Initial/Date

