



LINDEN PUBLIC SCHOOLS BEFORE CARE AND AFTER CARE Registration Form 2018-2019

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

SCHOOL CHILD ATTENDS: _____ Student ID #: _____

Name of Child: _____ Date of Birth: _____

Address: _____

Parent/Guardian Name: _____

Cell Phone #: _____ Work Phone #: _____

Address: _____

Email: _____

*Important Notes: _____

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.

Emergency Information:

Child's Allergies/Concerns: _____

Doctor's Name: _____ Phone #: _____

In the event of an injury that requires medical attention, I grant the school the authority to contact the Linden First Responders or, if necessary, have the child transported to the nearest hospital. _____ (Please initial)

Please check which program you are registering for:

- 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.

***Payment is due prior to starting, all subsequent payments are due on the first school day of the month.**

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 2018-2019 school year. Registration is non-refundable.

Parent/Guardian Signature: _____ Date: _____

*Please sign that you have read the guidelines and policies concerning conduct, payments, lateness, and medical.

Parent/Guardian Signature: _____ Date: _____

OFFICE USE ONLY:

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



LINDEN PUBLIC SCHOOLS
AFTER/BEFORE-CARE PROGRAM
2018-2019 EMERGENCY INFORMATION

Child's Name _____ Grade _____ School _____

Child's Name _____ Grade _____ School _____

Child's Name _____ Grade _____ School _____

EMERGENCY INFORMATION: (all areas must be completed)

Child's Allergies/Concerns:

Doctor's Name:

Phone #:

In the event of an injury that requires medical attention, I grant the school the authority to contact the Linden First Responders or, if necessary, have the child transported to the nearest hospital.

Parent 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 Signature

ADDITIONAL PERSONS TO CONTACT IN CASE OF EMERGENCY:

NAME	RELATIONSHIP	PHONE NUMBER