

2017-2018 After School Child Care (ASCC) Registration Form

Please return this registration form promptly to reserve a space for your child (ren). All registrants must also include the following with this registration form: Pages 5 thru 12. These registration materials may be hand-delivered to the school or mailed to: Immaculate Conception School c/o ASCC Program, 23 Manalapan Road, Spotswood, New Jersey 08884.

Family Name _____ Date _____

Street Address _____

City _____ Zip _____

Home Phone _____ Other Phone _____

Father's Name _____ E-Mail _____

Business Address _____

Business Phone _____ Cell Phone # _____

Mother's Name _____ E-Mail _____

Business Address _____

Business Phone _____ Cell Phone # _____

Home Situation (Please check all that apply)

Parents reside together Single parent home Parents separated Parents divorced

Father remarried Mother remarried Guardian cares for child (ren) Other (please explain on reverse side)

In cases where parents are divorced/separated who has legal (official) custody of child (ren)? _____

Are both parents authorized to pick up children from ASCC? _____
(Please see release policies) **COURT DOCUMENTATION IS REQUIRED**

Please list children individually. Indicate their age and the grade they will be in for the 2017-2018 school year. Circle the type of plan you wish (**Monthly or Daily**). For the **Monthly Plan**, please indicate the days your child (ren) will be attending throughout the year.

Name	Age	Grade
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please circle plan type: **DAILY** or **MONTHLY**

For Monthly please circle how many days a week **1 day 2 days 3 days 4 days 5 days**

For Monthly please circle specific days **M T W TH F**

Parent Signature _____ Date _____

RELEASE FORM

SUMMARY OF RELEASE POLICY:

Custodial parents/guardians must list themselves on the Release Form below. However, custodial parents need not fill out and carry ASCC Pick-Up Authorization Badges for themselves. Parents new to ASCC and unfamiliar to our staff will be asked for photo identification. In addition, if you wish someone other than yourself to pick up your child (ren), you must fill out the form below. We recommend that you designate at least three (3) adult people. The appropriate number of identification badges, (which you must sign and give to those persons whom you authorize to pick up your child (ren)), will be sent after registration is processed. Additional badges are available upon request.

IMPORTANT: Please note that a custodial parent must authorize a non-custodial parent to pick up their child (ren). The non-custodial parent's name must be included among those listed on the Release Form. This parent must present the identification badge at pick up time.

CUSTODIAL PARENTS (ONLY)

Father's Name _____

Address _____

Home Phone _____ Work Phone _____

Father's Signature _____

Mother's Name _____

Address _____

Home Phone _____ Work Phone _____

Mother's Signature _____

I authorize the following adult persons to pick up my child (ren.)

AUTHORIZED RELEASE PEOPLE

1). Name _____

Relationship _____ Cell Phone _____

Address _____

Home Phone _____ Work Phone _____

2). Name _____

Relationship _____ Cell Phone _____

Address _____

Home Phone _____ Work Phone _____

3). Name _____

Relationship _____ Cell Phone _____

Address _____

Home Phone _____ Work Phone _____

4). Name _____

Relationship _____ Cell Phone _____

Address _____

Home Phone _____ Work Phone _____

5). Name _____

Relationship _____ Cell Phone _____

Address _____

Home Phone _____ Work Phone _____

BADGES

Sufficient pick-up badges will be provided with each completed registration. Please fill in the names of the persons you authorize to pick-up your child (ren) and fill in your child (ren's) names. The authorized names on these badges should be the same names that appear on the Release Form (with the exception of custodial parents) above. All badges must be signed and dated by a custodial parent or guardian in order to be valid. This badge is only valid for the 2017-2018 academic year. After you have completed all the information requested on these badges, **please give them to the persons indicated.** These persons must use the badge to identify themselves at pick-up time. Copies of the badge with Xeroxed parent signatures will not be accepted. Badges from the previous year are void and unacceptable. If necessary, other forms of identification may be requested for verification.

EXTRA CURRICULAR ACTIVITY RELEASE FORM

If you want your child to participate in extra-curricular activities during ASCC, and want him/her to return to ASCC after his/her activity, you will need to fill out this Extra-Curricular Activity Form. This form authorizes the indicated persons to escort you child (ren) to and from ASCC. It also collectively gives ICS teachers permission to retain your child for extra assistance.

In the spaces provided, please fill in all information requested. It is your responsibility to find out the names of persons who are leading these activities and picking up you child (ren) from ASCC. Examples of activities that can be listed include, but not restricted to: Boy/Girl Scouts, Brownies, Cub Scouts, Cheerleading, Choir, Private Music Lessons, Basketball, Soccer, Bull Dogs, and Play practice.

1). I give my child _____ permission to participate in the following activities and to be signed out/in of ASCC by the persons named below. In addition, I collectively allow ICS teachers (not individually named) to sign out/in my child as needed for extra after school help by signing the bottom of this form.

<u>Activity</u>	<u>Person (s) Signing Out/In</u>	<u>Days</u>	<u>Time of Activity</u>	<u>Time Returned</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

2). I give my child _____ permission to participate in the following activities and to be signed out/in of ASCC by the persons named below. In addition, I collectively allow ICS teachers (not individually named) to sign out/in my child as needed for extra after school help.

<u>Activity</u>	<u>Person(s) Signing Out/In</u>	<u>Days</u>	<u>Time of Activity</u>	<u>Time Returned</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

3). I give my child _____ permission to participate in the following activities and to be signed out/in of ASCC by the persons named below. In addition, I collectively allow ICS teachers (not individually named) to sign out/in my child as needed for extra after school help.

<u>Activity</u>	<u>Person(s) Signing Out/In</u>	<u>Days</u>	<u>Time of Activity</u>	<u>Time Returned</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

ASCC EMERGENCY PROCEDURE

Child/Children of _____
Father
Mother
Last Name

Home Address _____

Child (ren) _____	Grade _____
_____	Grade _____
_____	Grade _____
_____	Grade _____

Please complete the following using numbers(1,2,3,4,5) to indicate the order of procedure to be followed in the event of illness or injury to children in the after school child care program:

() Contact Mother At _____
 Phone Number _____

() Contact Father At _____
 Phone Number _____

() Contact _____ at _____
Relative/Neighbor (circle one)
Phone Number

() Contact _____ at _____
Physician
Phone Number

() Take Child to the Nearest Hospital: Yes _____ No _____

Child _____ is Allergic to _____

Child _____ is Allergic to _____

Child _____ is Allergic to _____

Child _____ is Allergic to _____

In case of a serious emergency to the above named child (ren) and in the event that I cannot be reached by telephone, I hereby authorize a representative of the ASCC program to act in my child's best interests.

 Date

 Parent or Guardian

MEDICATION PERMISSION FORM

Kindly fill in all requested information below. Please note that both you and your child's physician must sign this form. No medication can be administered by ASCC staff without prior doctor's approval. Please use a separate form for each medication you wish to be dispensed. If you have more than one child in ASCC who requires medication, a separate form must also be completed for each individual child. Additional forms are available upon request.

Child's Name _____

Name of medication _____

Is this medication: _____ Prescription. _____ Non-prescription.

Condition for administering medicine _____

Amount to be administered _____

Number of times and/or hour(s) to be administered _____

Is refrigeration necessary? _____ Yes _____ No

Possible adverse reactions _____

Any other comments? _____

Parent's signature _____ Date _____

Physician's Signature _____ Date _____

-----Please do not write below this line-----

For ASCC Staff Use Only

Date/Time(s)
Administered

Adverse reactions
Observed

Staff Initials

EMERGENCY EARLY DISMISSAL

In the event of an emergency/early dismissal of Immaculate Conception School due to inclement weather or other emergency situation, the After School Child Care Program WILL NOT be in operation.

Please make absolutely sure that your child's room mother has all the telephone numbers necessary to reach you during the school day. In the event of an emergency/early dismissal, my child (ren) should:

_____ Take his/her usual bus home. I will ensure that someone will meet my child at drop off.

_____ My child will be picked up at school at dismissal.

A copy of this form will be given to each of your child's teachers so he/she knows what procedure to follow.

Please keep in mind that in the event of an early dismissal, the school office telephone lines are constantly in use and it is very difficult to reach the school. Therefore, it is very important for you complete the above carefully. Thank you.

CHILD'S NAME _____

GRADE _____ ROOM# _____

CHILD'S NAME _____

GRADE _____ ROOM# _____

CHILD'S NAME _____

GRADE _____ ROOM# _____

Parent Check List

Please check each applicable item before sending in your registration. Sign your name at the bottom of this Check List and include it with your registration materials. Your registration will be considered incomplete without this form.

I have:

_____ Read and understood the entire information/registration packet.

_____ Completely filled out the **Registration Form**.

_____ Completely filled out the **Extra-Curricular Activity Form** (If needed)

_____ Completed the **ASCC Emergency Procedure** form.

_____ Filled out the **Release Form** and submitted with registration form.

_____ Included custodial information and attached documents (if applicable).

_____ Filled out the **Medication Permission Form** (if needed) and submitted with registration.

_____ Signed my name and date on all forms where indicated.

Parents Signature _____

Relationship to child (ren) _____

Date _____

ASCC ATTENDANCE NOTIFICATION

(For Daily Option)

Today's Date _____

Dear ASCC Staff,

This is to notify you that my child (ren) _____

WILL/WILL NOT

(Please circle one) be in ASCC on _____

Date _____

I am enclosing my payment with this form.

Thank you,

Parent's Signature

Additional Comments:

ASCC ATTENDANCE NOTIFICATION

(For Daily Option)

Today's Date _____

Dear ASCC Staff,

This is to notify you that my child (ren) _____

WILL/WILL NOT

(Please circle one) be in ASCC on _____

Date _____

I am enclosing my payment with this form.

Thank you,

Parent's Signature

Additional Comments:

