



**MIDLAND PARK CONTINUING EDUCATION
CHILD CARE PROGRAMS 2011-2012
Phone (201) 444-2030 - Fax (201) 444-2091**

On the Web: www.mpcedu.com Register online at: <https://register.communitypass.net/midlandpark>

REGISTRATION FORM

Child's Name _____ Age _____ Date of Birth _____

Parent(s) or Guardian Name _____ e mail address _____

Address _____ Town/Zip _____

Home Phone _____ Cell Phone # _____ Other _____

\$65 registration fee/per child payable by:

Cash _____ Check _____ Visa _____ Master Card _____ Discover _____
Make check payable to MPCE

Visa/Master Card/Discover Acct. # _____ Exp. Date _____

CVV Code (last 3 digits on back of card) _____ Signature if paying by CC _____

_____ My child will attend the Before School Program: **No drink or snack provided**

**Time: 7:15a.m. - 8:15a.m. Monday - Friday, when schools are in session.
(Does not operate on days when schools are closed for any reason, including delayed opening)**

Location: Godwin School, E. Center Street, Midland Park, N.J. After Care Phone # 201-965-1791

Registration fee and first month's tuition payable upon registration

Fees: 5 days/week - \$100/month	3 days/week - \$75/month
4 days/week - \$ 85/month	2 days/week - \$55/month
1 day/week - \$ 30/month	

M T W Th F Circle day (s) attending

_____ My child will attend the After School Program: **No drink or snack provided**

**Time: 2:50p.m. - 6p.m. Monday-Friday, when schools are in session.
Extended care for early scheduled dismissal days**

*****Does not operate on days when schools are closed for any reason, including emergency early dismissal days *****

Location: Godwin School, E. Center Street, Midland Park, N.J.

Registration fee and first month's tuition payable upon registration

Fees for 6:00 p.m. pick up			Fees for 4:30 p.m. pick up		
	<u>First Child</u>	<u>Second Child</u>		<u>First Child</u>	<u>Second Child</u>
5 days	\$285/month	\$257/month	5 days	\$170/month	\$153/month
4 days	\$255/month	\$230/month	4 days	\$145/month	\$131/month
3 days	\$215/month	\$194/month	3 days	\$125/month	\$113/month
2 days	\$160/month	\$144/month	2 days	\$ 95/month	\$ 86/month
1 day	\$ 90/month	\$ 81/month	1 day	\$ 50/month	\$ 45/month

M T W Th F Circle day (s) attending

Anticipated time of pick-up _____ p.m. (no later than 4:30 p.m. or no later than 6:00 p.m.) as indicated on this form.

School child attends _____ Grade _____ **OVER**

MIDLAND PARK CONTINUING EDUCATION

MEDICAL/EMERGENCY INFORMATION

Website: www.mpcedu.com

Register online at: <https://register.communitypass.net/midlandpark>

PROGRAM: (check one) _____ Before Care _____ After Care _____ Summer Camp

Child's Name _____

Parent/Guardian #1 _____

Home # _____ Bus. Phone _____ Cell # _____

Parent/Guardian #2 _____

Home # _____ Bus. Phone _____ Cell # _____

All persons authorized to pick up your child who will most routinely pick your child up from the

After School Child Care or Summer Camp (circle one)

Name _____ Phone _____ Alt. Phone # _____

Name _____ Phone _____ Alt. Phone # _____

(Any changes to above list must be received in writing)

Emergency Name/Numbers: Please give the name, and phone number of person(s) that your child may be released to in case of emergency or illness when parent(s) or guardian(s) are not available.

Name _____

MEDICAL INFORMATION

Child's Physician _____

Address _____ Phone _____

Child's known allergies _____

Does your child require an Epi-pen? Does your child require an Epi-pen? _____ Yes _____ No

Emergency Medical Release: If emergency medical care is deemed necessary and I cannot be contacted, I authorize the staff to act in my behalf in granting permission for my child to receive emergency treatment.

Complete separate form for each child

Date: _____

Signature of Parent or Guardian

