

**MIDLAND PARK CONTINUING EDUCATION – On the Web: www.mpcedu.com
CHILD CARE PROGRAMS
2009-2010**

Phone (201) 444-2030 - Fax (201) 444-2091

REGISTRATION/MEDICAL INFORMATION

Child's Name _____ Age _____ Date of Birth _____

Parent(s) or Guardian Name _____

Address _____ Town/Zip _____ Phone _____

_____ 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.

Fees: \$50 Registration fee/per child- Before School Child Care only - \$85 if registered for both programs

Registration fee and first month's tuition payable upon registration

| | | |
|--------------|--------------------------|---|
| Fees: | 5 days/week - \$95/month | \$90/month if also enrolled in After School Program |
| | 4 days/week - \$85/month | \$80/month if also enrolled in After School Program |
| | 3 days/week - \$70/month | \$65/month if also enrolled in After School Program |
| | 2 days/week - \$55/month | \$50/month if also enrolled in After School Program |
| | 1 day/week - \$30/month | \$25/month if also enrolled in After School Program |

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 dismissal days.
(Does not operate on days when schools are closed for any reason.)**

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

Fees: \$50 Registration fee/per child - After School Child Care only - \$85 if registered for both programs

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 | \$280/month | \$255/month | 5 days | \$165/month | \$150/month |
| 4 days | \$250/month | \$230/month | 4 days | \$145/month | \$130/month |
| 3 days | \$210/month | \$190/month | 3 days | \$125/month | \$110/month |
| 2 days | \$160/month | \$150/month | 2 days | \$ 95/month | \$ 90/month |
| 1 day | \$ 90/month | \$ 80/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**

Parent(s) or Guardian(s) with whom child resides:

Name _____ Address _____ Home Phone _____ Cell # _____

Name of Business _____ Bus. Address _____ Bus. Phone _____

Name _____ Address _____ Home Phone _____ Cell # _____

Name of Business _____ Bus. Address _____ Bus. Phone _____

In the event of an emergency, please provide name and telephone number of 1st contact person

Name _____ Phone # _____ Cell # _____

All persons authorized to pick up your child including parents:

Name _____ Address _____ Phone _____

Name _____ Address _____ Phone _____

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

Departure Procedure: Who will most routinely pick your child up from the After School Child Care Program?

Name _____

MEDICAL INFORMATION

Child's Physician _____

Address _____ Phone _____

Child's known allergies _____

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

Name _____

Address _____ Phone # _____

Name _____

Address _____ Phone # _____

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

Make checks payable to: "M.P.C.E." Mail to: "M.P.C.E., 250 Prospect Street, Midland Park, NJ 07432