



**MIDLAND PARK CONTINUING EDUCATION – On the Web: www.mppedu.com
CHILD CARE PROGRAMS Register online at: register.communitypass.net/midlandpark
2010-2011
Phone (201) 444-2030 - Fax (201) 444-2091**

REGISTRATION FORM

Child's Name _____ Age _____ Date of Birth _____
 Parent(s) or Guardian Name _____ e mail address _____
 Address _____ Town/Zip _____ Phone _____

\$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 (Second Child Discount Does Not Apply)

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.)

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**

MEDICAL/EMERGENCY INFORMATION

Child's Name _____

Parent(s) or Guardian(s) information:

Parent/Guardian #1 _____ Address _____

Home # _____ Bus. Phone _____ Cell # _____

Parent/Guardian #2 _____ Address _____

Home # _____ Bus. Phone _____ Cell # _____

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 or Summer Camp (circle one)

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 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

Website: www.mpcedu.com

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