

Plumsted Township Community Education Presents:

ARCTIC GOLD HOLIDAY CARE

Monday, January 21, 2019



We are going to have a “blast” with plenty of activities. There will be art to create and food to make— Polar Bear Claws for us and a birdseed feeder for our feathered friends. We will also conduct some neat science experiments and learn about some animals who do not mind the cold weather at all. There will also be time to “chill” with really cool games in the gym.

Available for
preschool thru
5th grade
students

PreK students must be fully potty trained. They do NOT have to attend the district preschool program.



Early bird drop off available for drop-offs from 6:45 am—7:30 am.
Cost \$5 per child. Must be preregistered.

Full Day:
7:30 AM—5:30 PM

Half Day:
7:30 AM—12:30 PM or
12:30 PM—5:30 PM



*Please make sure your child has their own **NUT FREE** packed lunch, snacks and beverage.

*Registrations accepted until the program is full. No walk-ins.

*You do NOT have to attend the Plumsted Township School District to participate.



Holiday Care Registration Form

Questions? Contact Lisa Harper at (609) 758-6800x3266 or HarperL@newegypt.us.

Registration deadline is Thursday, January 17th, 2019 or until the program is full.

- I give permission for my child(ren) to participate in the Plumsted Township School District Holiday Care program.
- I confirm that my child is in good health and able to participate in the program activities. I understand that a nurse is not available during the hours of operation of the program. I also understand that medication, including prescription and non-prescription drugs, cannot be administered by staff in the program with the exception of an Epipen. If necessary, an Epipen will be provided no later than Thursday before the program.
- I agree that if it's determined that my child needs emergency medical or dental treatment, that I will be responsible for any such treatment deemed necessary by a physician or dentist. Accident Insurance is available for me to purchase and is available through the main office and district board office. The child's medical insurance is the primary insurer in the event of any injury.
- Emergency Medical Release: If emergency medical care is deemed necessary and I cannot be contacted, I authorize the program staff to act on my behalf in granting permission for my child to receive emergency treatment.
- I agree that if the behavior or health of my child should make it necessary to send him/her home, I, or an emergency contact person, will immediately pick up my child from the program. I agree to assume full responsibility for any damage to person or property caused by my child.
- I understand that if my child has a persistent pattern of negative behavior, and interventions have not been successful, I may be asked to remove my child from the program and that my child may be denied enrollment in future events.
- My child will pack a brown bag lunch and snack to enjoy during the day. No glass bottles, energy drinks or nut products please. A snack for the morning and afternoon is also suggested. Children may bring refillable water bottles. Please label all personal items.
- My child will be picked up no later than 5:30 pm. Late pick-up fees starting at \$15 for the first 15 minutes, and a \$1 a minute after will apply.
- Photographic Permission: I give my permission to have my child appear in any media coverage approved by the PTSD. I understand that the Coordinator has been given authority by the Plumsted Township School District to determine appropriate requests.
- Holiday Care has limited space. Registrations are accepted on first come, first reserved as they are received into the Community Education office.
- I understand there are no refunds, credits or exchanges less than 7 days before the Holiday Care day.

Parent Signature _____ Date _____

For your child's safety - PLEASE PRINT CLEARLY! Preschoolers that are not potty trained must notify staff in advance. Preschool parents must provide all supplies and change of clothes.

1.		
2.		

Child(ren)'s Name	Last	First	Grade/Homeroom Teacher	Date of Birth

Full Address	Email Address for Confirmation & Additional Information

Parent/Guardian #1	Home/Cell/Work Phone	Parent/Guardian #2	Home/Cell/Work Phone

Additional Pick-up person if applicable	Phone	Additional Pick-up person if applicable	Phone

Does your child(ren) have any medical conditions or food allergies? Yes Which child? _____ No
 Are they life threatening? Yes No Epipen needed? Yes (An epipen must be provided for the day.) No
 Allergies to: Food Medicine Seasonal Other None

Medical Condition: _____ Describe/Comment: _____

NOTE: EDIBLE FOOD CRAFTS MAY BE COMPLETED. PLEASE INCLUDE ALL FOOD ALLERGIES AND ANIMAL ALLERGIES.

My child has a: Individual Education Plan (IEP) Case Manager: _____ 504 modification plan Case Manager: _____
 _____ (Please initial). I give my child's case worker and/or school nurse permission to discuss specific needs in the interest of offering reasonable accommodations to my child. Please list any special needs/behaviors or any other information that would be helpful to staff that we should be aware of: _____

Full Day:	Half Day:
for 3+ children	for 3+ children
1 child \$50.00	1 child \$30.00
2 children \$90.00	2 children \$55.00
add per child +\$30.00	add per child +\$20.00

Siblings living in the same household qualify for multi-child discount. Also, families in district qualifying for Free or Reduced Lunch — \$40.00 per student, per day. Early Bird Drop Off - \$5 per student

Full Day Option (7:30 AM—5:30PM) and Half Day Option (7:30 AM – 12:30PM or 12:30 PM—5:30PM):

_____ Child's Name <input type="checkbox"/> Full Day <input type="checkbox"/> Half Day AM <input type="checkbox"/> Half Day PM <input type="checkbox"/> Early Bird drop 6:45 am-7:30 am- \$5 per student <input type="checkbox"/> Free & Reduced Lunch	_____ Child's Name <input type="checkbox"/> Full Day <input type="checkbox"/> Half Day AM <input type="checkbox"/> Half Day PM <input type="checkbox"/> Early Bird - \$5 per student <input type="checkbox"/> Free & Reduced Lunch
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Make checks payable to PTCE:

_____ Early Bird 6:45 am Option \$5 ea _____ Full Day _____ Half Day Total Amount Due: \$ _____ CASH Check # _____