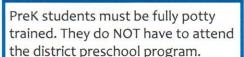
## Plumsted Township Community Education Presents:

## Arctic Cold 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.







**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





<sup>\*</sup>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.

Parent Signature			Date	
For your child's safety - PLI in advance. Preschool pa	EASE PRINT CLEARLY! Purents must provide all su			ined must notify staff
1.				
2.				
Child(ren)'s Name Last First		Grad	e/Homeroom Teacher	Date of Birth
Full Address			Email Address for Cor	nfirmation & 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 pe	rson if applicable	Phone
		PAGE TO BE A SECOND CONTROL OF THE SECOND CO		
Medical Condition:	on Plan (IEP) Case Manager: child's case worker and/or school n e list any special needs/behaviors	Describe/Comment:	LLERGIES AND ANIM nodification plan Case is specific needs in the	Manager:interest of offering reasonable
NOTE: EDIBLE FOOD CRAFTS M My child has a: ☐ Individual Educati(Please initial). I give my c accommodations to my child. Please of:	on Plan (IEP) Case Manager: child's case worker and/or school n e list any special needs/behaviors	Describe/Comment:	LLERGIES AND ANIM nodification plan Case is specific needs in the	Manager:interest of offering reasonable
NOTE: EDIBLE FOOD CRAFTS M My child has a: ☐ Individual Educati ☐ (Please initial). I give my c accommodations to my child. Please of: ☐ for ☐ 1 child 2 children 1 Day \$50.00 \$90.00 +	on Plan (IEP) Case Manager:	Describe/Comment:  INCLUDE ALL FOOD AI  504 m urse permission to discus or any other information th  ay: for 1 child 2 children \$30.00 \$55.00	LLERGIES AND ANIModification plan Case is specific needs in the lat would be helpful to see the second of the seco	Manager: interest of offering reasonable staff that we should be aware
NOTE: EDIBLE FOOD CRAFTS M My child has a: ☐ Individual Educati	on Plan (IEP) Case Manager:	Describe/Comment:  INCLUDE ALL FOOD AI  1 504 m  urse permission to discus or any other information th  ay: for 1 child 2 children \$30.00 \$55.00  count. Also, families in o	LLERGIES AND ANIModification plan Case is specific needs in the lat would be helpful to see the second of the seco	Manager: interest of offering reasonable staff that we should be aware
NOTE: EDIBLE FOOD CRAFTS M My child has a: ☐ Individual Educati(Please initial). I give my c accommodations to my child. Please of:  Full Day: for 1 child 2 children 1 Day \$50.00 \$90.00 + Siblings living in the same house	on Plan (IEP) Case Manager:	Describe/Comment:  INCLUDE ALL FOOD AI  504 m  urse permission to discus or any other information th  ay: for 1 child 2 children \$30.00 \$55.00  count. Also, families in o	ALERGIES AND ANIM nodification plan Case is specific needs in the lat would be helpful to see at would	Manager:interest of offering reasonable staff that we should be aware
NOTE: EDIBLE FOOD CRAFTS M My child has a: □ Individual Educati	on Plan (IEP) Case Manager:	Describe/Comment:  INCLUDE ALL FOOD AI  504 m urse permission to discus or any other information th  ay: for 1 child 2 children \$30.00 \$55.00  count. Also, families in or  Child's Name	ALERGIES AND ANIM nodification plan Case is specific needs in the lat would be helpful to see at would	Manager:interest of offering reasonable staff that we should be aware  Free or Reduced Lunch —  :  Half Day PM per student
NOTE: EDIBLE FOOD CRAFTS M My child has a: □ Individual Educati	achild's case worker and/or school ne list any special needs/behaviors of list any special needs/behav	Describe/Comment:  INCLUDE ALL FOOD AI  1 504 m  urse permission to discus or any other information th  ay: for 1 child 2 children \$30.00 \$55.00  count. Also, families in of  Child's Name  Student	3+ children add per child +\$20.00 district qualifying for    Full Day     Half Day AM     Free & Reduce	Manager: