

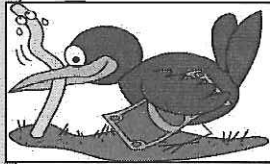
Plumsted Township Community Education Presents:

HOLIDAY CARE

WEDNESDAY, SEPTEMBER 4 &
THURSDAY, SEPTEMBER 5

For Preschool* — 5th grade at the
Dr. Gerald H. Woehr Elementary School.

**Early Bird
Drop Off**
Available at
6:45 am
for just
\$5 per family



It's almost time to go

BACK TO SCHOOL

Full Day Care	OR	Half Day Care
7:30 AM to 5:30 PM		7:30 AM-12:30 PM or 12:30 PM-5:30 PM

Your child does not have to attend
New Egypt schools to attend!

Full Day Option			
		for	3+ children
	1 child	2 children	add per child
1 Day	\$50.00	\$90.00	+\$30.00
2 Days	\$90.00	\$170.00	+\$30.00

Half Day Option - AM or PM			
		for	3+ children
	1 child	2 children	add per child
1 Day	\$30.00	\$55.00	+\$20.00
2 Days	\$55.00	\$95.00	+\$20.00

- \$40 per day for district students who qualify for free or reduced lunch.

so let's have
two more days of fun!



Look for registration
information on our Parents
Night Out Program on
Friday, December 13 at
www.newegypt.us under
Community Education

Crafts! Games!

See back for
registration details

REGISTRATION FOR HOLIDAY CARE

Questions? Contact Lisa Harper at (609) 758-6800x3266 or HarperL@newegypt.us. Additional forms are available at www.newegypt.us, under the Community Education tab.

- 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. Students with EpiPens should contact the office at the time of registration.
- Weather permitting, the students will be spending time outside. You may wish to apply sunscreen to your child prior to attending.
- I agree that if it's determined that my child needs emergency medical or dental treatment, 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.
- 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.
- 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.
- This Holiday Care Program has limited space. Registrations are accepted on first come, first reserved as they are received into the Community Education office. **No refunds, credits or exchanges will be accepted after Thursday, August 29, 2019. No same day registrations.**
- Preschoolers must be fully potty trained.

Parent Signature _____ Date _____

For your child's safety - PLEASE PRINT CLEARLY! Attach a second registration form for additional children.

1.		
2.		
Child(ren)'s Name	Last	First
School/Grade/Homeroom Teacher		Date of Birth

Circle: <input type="checkbox"/> New Egypt <input type="checkbox"/> Cream Ridge	
Address	Email Address for Confirmation & Additional Information

Parent/Guardian #1	Home Phone	Cell Phone	Work Phone & Extension

Parent/Guardian #2	Home Phone	Cell Phone	Work Phone & Extension

Additional local adults authorized to remove child from program/facility and to be contacted in case of emergency.

Name	Telephone

Does your child have any medical conditions or food allergies? Yes No

Which child? _____ Are they life threatening? Yes No

Allergies to: Food Medicine Seasonal Other None

Medical Condition: _____

Describe/Comment: _____

A nurse is NOT available during the program. Students with Epipens, please contact the Community Education office when registering.

<p style="text-align: center;"><u>Full Day Option (7:30 AM—5:30 PM):</u></p> <table style="width: 100%;"> <tr> <td style="width: 50%;"> <p>_____ Child's Name</p> <p><input type="checkbox"/> Wednesday, September 4</p> </td> <td style="width: 50%;"> <p><input type="checkbox"/> Thursday, September 5</p> </td> </tr> <tr> <td> <p>_____ Child's Name</p> <p><input type="checkbox"/> Wednesday, September 4</p> </td> <td> <p><input type="checkbox"/> Thursday, September 5</p> </td> </tr> </table> <p style="text-align: center;"><u>Half Day Option (7:30 AM – 12:30 PM or 12:30 PM – 5:30 PM):</u></p> <table style="width: 100%;"> <tr> <td style="width: 50%;"> <p>_____ Child's Name</p> <p><input type="checkbox"/> Wednesday, September 4</p> </td> <td style="width: 50%;"> <p><input type="checkbox"/> Thursday, September 5</p> </td> </tr> <tr> <td> <p>_____ Child's Name</p> <p><input type="checkbox"/> Wednesday, September 4</p> </td> <td> <p><input type="checkbox"/> Thursday, September 5</p> </td> </tr> </table>	<p>_____ Child's Name</p> <p><input type="checkbox"/> Wednesday, September 4</p>	<p><input type="checkbox"/> Thursday, September 5</p>	<p>_____ Child's Name</p> <p><input type="checkbox"/> Wednesday, September 4</p>	<p><input type="checkbox"/> Thursday, September 5</p>	<p>_____ Child's Name</p> <p><input type="checkbox"/> Wednesday, September 4</p>	<p><input type="checkbox"/> Thursday, September 5</p>	<p>_____ Child's Name</p> <p><input type="checkbox"/> Wednesday, September 4</p>	<p><input type="checkbox"/> Thursday, September 5</p>	<p>Tuition:</p> <p>Early Bird \$ _____ drop off as early as 6:45 am</p> <p>Full Day \$ _____</p> <p>Half Day \$ _____</p> <p>Total \$ _____</p> <p>CASH</p> <p>CHECK # _____</p>
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