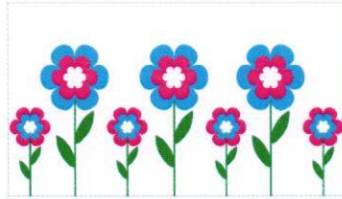




Plumsted Township Community Education Presents:



Full Day- 7:00 am*-5:30pm

Half AM-7 am*-12:30 pm or

Half PM-12:30 pm*-5:30 pm

Tuesday, April 23

Wednesday, April 24

Thursday, April 25

Full Day/Half Day option

YOU DO NOT HAVE TO ATTEND THE PLUMSTED TOWNSHIP SCHOOL DISTRICT TO ATTEND THIS PROGRAM!

We encourage all families to register early to secure a spot. Preregistration is required.

Who-PreK*-5th grade

Where-Dr. Gerald H. Woehr Elem.

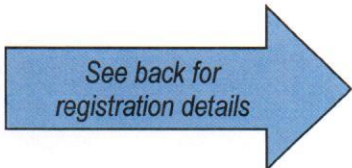
We're providing a couple of days for the kids to enjoy with their friends over spring break. We've got plenty of games, activities, and fun ideas planned.



	<i>Full Day Option/Per Child</i>	<i>Half Day Option - AM or PM</i>
1 Day	\$50.00	\$30.00
2 Days	\$90.00	\$55.00
3 Days	\$130.00	\$80.00

* Living in the same household

District students who are eligible for Free Lunch (20% discount) or Reduced Lunch (15% discount). Non-residents are charged a \$5 per child registration fee.



Holiday Care Registration Form

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

Registration deadline in Thursday, April 18, 2019 or until the program is full.

No walk-ins will be accepted. To check if there are spaces available after April 18, please send an email to the above address.

- 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 the 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 of 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 Plumsted Township School District. I understand that the Coordinator has been given authority by the PTSD to determine appropriate requests.
- Holiday Care has limited space. Registrations are accepted on a first come, first reserved as they are received in 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!

1.			<input type="checkbox"/> Male <input type="checkbox"/> Female
2.			<input type="checkbox"/> Male <input type="checkbox"/> Female

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

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Full Address Email Address for confirmation and additional information

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Parent/Guardian #1 Phone Number – Home/Cell/Work Parent/Guardian #1 Phone Number – Home/Cell/Work

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

Does your child have any medical conditions and/or food allergies? Yes No Are they life threatening? Yes No
 In case of a reaction action to be taken: _____ Epipen needed: Yes No

Medical Condition: _____

Allergies to: Food _____ Medicine _____ Seasonal Other _____ None

Other: _____

My child has a: Individual Education Plan (IEP) 504 modification plan Individual Health Plan for special instruction on a medical condition
 ____ 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: _____

_____ Child's Name	<input type="checkbox"/> Tuesday, April 23 <input type="checkbox"/> Full Day <input type="checkbox"/> Half Day AM or PM <input type="checkbox"/> Wednesday, April 24 <input type="checkbox"/> Full Day <input type="checkbox"/> Half Day AM or PM <input type="checkbox"/> Thursday, April 25 <input type="checkbox"/> Full Day <input type="checkbox"/> Half Day AM or PM	Payment: \$ _____ Total Amount Due ____ Cash ____ Check # _____
_____ Child's Name	<input type="checkbox"/> Tuesday, April 23 <input type="checkbox"/> Full Day <input type="checkbox"/> Half Day AM or PM <input type="checkbox"/> Wednesday, April 24 <input type="checkbox"/> Full Day <input type="checkbox"/> Half Day AM or PM <input type="checkbox"/> Thursday, April 25 <input type="checkbox"/> Full Day <input type="checkbox"/> Half Day AM or PM	