

**Plumsted Township Community Education Presents:**

# SPRING BREAK HOLIDAY CARE

Tuesday, April 2,  
Wednesday, April 3  
Thursday, April 4

Before Care  
After Care

You do not  
have to attend  
Plumsted Schools  
to attend!

**Full Day  
Care  
8:30 AM  
to  
4:00 PM**

**REGISTER NOW**

**Preschool\* — 5th grade**

\* Preschoolers **MUST** be fully potty trained.

**Registrations received after  
Monday, March 25th are  
\$10 more per child, on  
a space available basis**

**Price per child:**

	1st child pays:	2nd child pays:	3rd child+ pays:
1 Day	\$60.00	\$55.00	\$50.00
2 Days	\$110.00	\$95.00	\$95.00
3 Days	\$155.00	\$135.00	\$125.00

**Before Care & After Care:  
Must be paid for at time of registration!**

Before Care - 7:00 am - 8:30 am  
\$7.00 per child, per day

After Care - 4:00 pm - 5:30 pm  
\$7.00 per child, per day

**Crafts!**

**Games!**

**AND A WHOLE LOT MORE!**





## Holiday Care - Spring Break 2024

- I give permission for my child(ren) to participate in the PTCE 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 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 on your child prior to attending. Shoes appropriate for outside and the gym are needed. In addition, some of our plans include activities that can get messy.
- I agree that if it is determined that my child needs emergency medical or dental treatment, I will be responsible for any such treatment deemed necessary by. 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 my child may be denied enrollment in future events.
- My child will pack a brown bag lunch and snacks, that do not need to be either refrigerated or heated, to enjoy during the day. **NO** glass bottles, energy drinks or nut products. 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.
- The Holiday Care Program has limited space. Registrations with full payment are accepted on a first come, first reserved as they are received in the Community Education office. **No refunds, credits or exchanges will be accepted after Wednesday, March 20, 2024.**

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

### For your child's safety - PLEASE PRINT CLEARLY!

1.			
2.			
3.			

Child(ren)'s Name      Last      First      Grade/Homeroom Teacher      Bus/Car Rider/NEED program      Date of Birth

City	
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Address      Email Address for Confirmation & Additional Information

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

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Parent/Guardian #2      Cell Phone      Home 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: \_\_\_\_\_

_____	<input type="checkbox"/> Tues., April 2—Before Care;	<input type="checkbox"/> Tues., April 2—Holiday Care;	<input type="checkbox"/> Tues., April 2—After Care;
Child's Name	7:00 am—8:30 am	8:30 am—4:00 pm	4:00 pm—5:30 pm
	<input type="checkbox"/> Wed., April 3—Before Care;	<input type="checkbox"/> Wed., April 3—Holiday Care;	<input type="checkbox"/> Wed., April 3—After Care;
	7:00 am—8:30 am	8:30 am—4:00 pm	4:00 pm—5:30 pm
	<input type="checkbox"/> Thurs., April 4—Before Care;	<input type="checkbox"/> Thurs., April 4—Holiday Care;	<input type="checkbox"/> Thurs., April 4—After Care;
	7:00 am—8:30 am	8:30 am—4:00 pm	4:00 pm—5:30 pm

_____	<input type="checkbox"/> Tues., April 2—Before Care;	<input type="checkbox"/> Tues., April 2—Holiday Care;	<input type="checkbox"/> Tues., April 2—After Care;
Child's Name	7:00 am—8:30 am	8:30 am—4:00 pm	4:00 pm—5:30 pm
	<input type="checkbox"/> Wed., April 3—Before Care;	<input type="checkbox"/> Wed., April 3—Holiday Care;	<input type="checkbox"/> Wed., April 3—After Care;
	7:00 am—8:30 am	8:30 am—4:00 pm	4:00 pm—5:30 pm
	<input type="checkbox"/> Thurs., April 4—Before Care;	<input type="checkbox"/> Thurs., April 4—Holiday Care;	<input type="checkbox"/> Thurs., April 4—After Care;
	7:00 am—8:30 am	8:30 am—4:00 pm	4:00 pm—5:30 pm

### Tuition:

\_\_\_\_\_ Tuesday, April 2  
\_\_\_\_\_ Wednesday, April 3  
\_\_\_\_\_ Thursday, April 4  
\_\_\_\_\_ Before Care  
\_\_\_\_\_ After Care  
\_\_\_\_\_ = Total Due  
☐ Check    Check # \_\_\_\_\_  
☐ Cash