

2010-2011 KIDCARE - TURNING POINT REGISTRATION APPLICATION

TURNING POINT: Kindergarten Extended Day Program **YES** **NO** **(circle one)**

Student's Name (Last)	First	Middle
Address (Street & Number)	City	Zip
Home Telephone Number	Grade (2010-2011)	School

KIDCARE: Check and circle the days you will be using the program (these days no transportation will be provided)

- | | |
|---|--|
| <input type="checkbox"/> Five day AM: Mon, Tues, Wed, Thu, Fri | <input type="checkbox"/> Three Day AM: Mon, Tues, Wed, Thu, Fri |
| <input type="checkbox"/> Five day PM: Mon, Tues, Wed, Thu, Fri | <input type="checkbox"/> Three Day PM: Mon, Tues, Wed, Thu, Fri |
| <input type="checkbox"/> Five day AM & PM: Mon, Tues, Wed, Thu, Fri | <input type="checkbox"/> Three Day AM & PM: Mon, Tues, Wed, Thu, Fri |
| <input type="checkbox"/> Four Day AM: Mon, Tues, Wed, Thu, Fri | <input type="checkbox"/> DROP-IN ONLY |
| <input type="checkbox"/> Four Day PM: Mon, Tues, Wed, Thu, Fri | |
| <input type="checkbox"/> Four Day AM & PM: Mon, Tues, Wed, Thu, Fri | |

Student lives with: Both parents ___ Mother Only ___ Father Only ___ Guardian ___
Please provide office with a copy of legal document pertaining to Child Custody, if applicable.

Mother's Name (or Guardian if applicable)	Employer	Business and Cell Phone #
Father's Name (or Guardian if applicable)	Employer	Business and Cell Phone #

The following people have permission to pick-up my child: (can be contacted at all times)

1. _____	2. _____
Name Phone Number	Name Phone Number

Does the student have any physical or medical problems, allergies or special needs that our staff should be aware of? If so, please explain: _____

Before signing this registration form, please read the Kidcare and/or Turning Point brochure carefully. Your signature indicates your acceptance of all conditions. I UNDERSTAND THE KIDCARE/TURNING POINT BEHAVIOR POLICY AS STATED IN THE INFORMATION BROCHURE. I UNDERSTAND THAT ALL FEES ARE TO BE PAID BY THE 10TH OF THE MONTH. FAILURE TO MAKE MONTHLY PAYMENTS ON TIME, WILL RESULT IN THE REMOVAL OF MY CHILD FROM THE PROGRAM. A \$25 FEE WILL BE CHARGED FOR RETURNED CHECKS WITH THE REQUIREMENT THAT ALL FUTURE PAYMENTS BE MADE BY CASH, CREDIT CARD OR MONEY ORDER.

I give my child permission to participate in all field trips. In case of serious injury you have my permission to send my child to a local hospital. Dr. _____ Phone # _____

SIGNATURE OF PARENT/GUARDIAN	DATE	E-MAIL ADDRESS
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PLEASE MAKE CHECKS PAYABLE TO: KIDCARE/TURNING POINT
Mail to: Office of Community Services/Turning Point- Kidcare, 384 Stockton Street, Hightstown, NJ 08520
Questions: Jill Horowitz, Community Services Office Manager: (609) 443-2881, ext. 6803
Supervisor: Kathleen Natalizio, (609) 443-7717, ext. 2024