

2017-2018
VOORHEES CER
SAC SCHOOL AGE CARE
 (7:00am-9:00am and 3:20pm-6:00pm)
Please Print Clearly

Student Name

_____ Teacher: _____
 Last _____ First _____

School: _____ Bus#: _____ Grade: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Mother or Legal Guardian

Father or Legal Guardian

Last Name:	Last Name:
First Name:	First Name:
Cell Phone:	Cell Phone:
Work Phone:	Work Phone:
Email Address:	Email Address:

Has there been a divorce or separation? Yes _____ No _____

If yes, who has custody? _____

Is there a restraining order? Yes _____ No _____

If so, please provide a copy to the school staff.

Your child will only be released to an authorized person listed below.

Name

Phone

1	
2	
3	

Any person(s) not permitted to pick-up my child.

1	2
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Indicate times attending: Morning drop off = _____ M T W Th F (circle days needed)

Afternoon pick up = _____ M T W Th F (circle days needed)

_____ As needed

Date beginning childcare: _____

Medical Information

Has your child been diagnosed or treated for any of the following:

Asthma _____ **Allergies** _____ **Special Dietary Needs** _____

Allergies to Insect Bites _____ **Seizures** _____ **Spectrum Disorder** _____

ADD/ADHD _____ **Other** _____ **One on One Aide** _____
(during the regular school day)

Please provide any details of the above:

Any additional information that may be useful to us:

Please list any medications, prescribed or over the counter that your child is currently taking:

By initialing below, you are giving permission to the SAC Staff to seek qualified medical attention in the event of an emergency if parent or guardian cannot be contacted.

Initial _____ Date _____

By initialing below, I understand that my child(ren) will not be released to any person not listed on this form. I understand that it is my responsibility to notify each person listed that a picture ID is required to release my children from SAC.

Initial _____ Date _____

By initialing below, I understand that my child must be picked up by 6:00pm. If not, I will be charged \$20.00 for every 15 minutes the child is left at SAC. I understand that if no contact is made with parent/guardian or emergency contact by 6:45 the authorities will be called.

Initial _____ Date _____

2016-2017 SAC Account MUST be paid in full prior to registering.

A \$25.00 registration fee/child must accompany this form or your child will not be registered

Please be advised that CER will attempt to provide childcare for all of our students. However, we do not have the resources to provide individualized, one-on-one supervision. CER also reserves the right to terminate any family for failure to pay their account in a timely manner or children who fail to adhere to the rules and regulation found in our handbook (www.voorheescer.com)

Parent Signature: _____

**Return to: Voorhees CER SAC Program
1000 Holly Oak Dr. Voorhees, NJ 08043**