



**HADDON TOWNSHIP BOARD OF EDUCATION**

**SCHOOL AGE CHILD CARE**

500 Rhoads Ave. • Westmont, New Jersey 08108

BEFORESCHOOL & AFTERSCHOOL CARE • KINDERGARTEN CARE • SUMMER RECREATION

**Dawn Piscopio**  
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OFFICE USE ONLY  
 Discount \_\_\_\_\_  
 AM KC \_\_\_\_\_  
 PM KC \_\_\_\_\_  
 PAID \_\_\_\_\_

**KINDERGARTEN CARE (K CLUB) 2021-22  
 REGISTRATION FORM**

Tuition rates may change subject to the passage of the budget

**CHILD INFORMATION**

Child LAST name	FIRST NAME/Nickname (Indicate if child prefers to be called anything different- ex Billy/William)	Birth Date	HOME Kindergarten School	Gender M F

**FAMILY INFORMATION**

	Parent/Guardian #1	Parent/Guardian #2
Name		
Home Address		
City, State, Zip		
Home Phone		
Cell Phone		
Work Phone		
Employer		
Employer City, State		
Email address		
Custody Issues Restrictions?	NO YES YES: attach a copy of most recent order	Comments:

## KCLUB SCHEDULE

(Put an "X" in the boxes that your child will attend K Club)

Monday	Tuesday	Wednesday	Thursday	Friday

## MONTHLY FEES

**\*\*First Month Tuition Due at the Time of Registration\*\***

Check ("X")	FIXED Days per week	FEE- Due the 15 <sup>th</sup> of each month
	2 days	\$175+ AC discount=\$225
	3 days	\$250+ AC discount=\$315
	4 days	\$320+ AC discount=\$400
	5 days	\$375+ AC discount=\$470

DISCOUNTS \* Free and Reduced Lunch (Will be verified with BOE)

## BEFORE CARE SCHEDULE

(Put an "X" in the boxes that your child will attend Before Care)

Monday	Tuesday	Wednesday	Thursday	Friday

**Drop in Only \_\_\_\_\_**

## MONTHLY FEES

Not included in KClub Tuition

**Opens at 6:30 AM/ Breakfast served**

**\*\*First Month Tuition Due at the Time of Registration\*\***

Check ("X")	FIXED Days per week	FEE- Due the 15 <sup>th</sup> of each month
	1 day	\$45
	2 days	\$65
	3 days	\$90
	4 days	\$115
	5 days	\$125

# AFTER CARE SCHEDULE

(Put an "X" in the boxes that your child will attend K Club)

Monday	Tuesday	Wednesday	Thursday	Friday

## Drop in Only \_\_\_\_\_

Monthly fees are listed with KC fees  
\$18 per Day Regular Day/\$25 per half day

**Emergency/Alternate Contact & Authorized Pick Up:** If parent/guardian cannot be reached in the event of an emergency in a reasonable amount of time, the following person(s) will be contacted. Contacts are expected to act on behalf of the parent/guardian; parental permission to pick up child is implied. Contacts should be available during the hours of the SACC program in which the child (ren) is registered for.

*\*\*Please list in order of importance. List persons other than parent/guardian 1&2*

Call	Full Name	Relationship to Child	Best Contact Number
First			
Second			
Third			

## Child must be fully potty trained and able to handle all aspects of toilet hygiene independently

**Care Information:** Please state information that you feel would be useful in meeting your child's needs"

**Allergies:**

**Medical Conditions/Disabilities:**

**Social:**

**Emotional:**

**Speech/language:**

**Family situations:**

**Medical Permission:** If a medical emergency arises, the SACC staff will attempt to contact 1) SACC Director 2) Parent/Guardian 3) Emergency Contacts. If medical assistance is deemed necessary, my child maybe treated by professional emergency personnel and has access to my child's health plan. HTSD provides secondary coverage if an accident or injury occurs while participating in HTSD SACC programs.

\_\_\_\_\_  
Parent/Guardian Signature \_\_\_\_\_  
Date

Child's Physician Name/Phone \_\_\_\_\_

Child's Primary Insurance Co. & Policy # \_\_\_\_\_