



HADDON TOWNSHIP BOARD OF EDUCATION
SCHOOL AGE CHILD CARE

500 Rhoads Ave. • Westmont, New Jersey 08108

BEFORESCHOOL & AFTERSCHOOL CARE • PRE-K & KINDERGARTEN CARE • SUMMER RECREATION

Dawn Piscopio
 Director
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www.haddontwpschools.com

OFFICE USE ONLY
 Discount _____
 AM KC _____
 PM KC _____
 PAID _____
 Start Date _____

K Club 2022-2023 Registration Form
 Tuition rates may change subject to the passage of the budget

CHILD INFORMATION

LAST NAME	FIRST NAME/Nickname (Indicate if child prefers to be called anything different- ex Billy/William)	Birth Date	HOME K 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:

K CLUB SCHEDULE
(AM-8:30am-12:30pm)
(PM-11am-3pm)

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

Monday	Tuesday	Wednesday	Thursday	Friday

K CLUB MONTHLY FEES

Check ("x")	FIXED Days per week	FEE- Monthly Fee
	1 day	\$100
	2 days	\$175
	3 days	\$250
	4 days	\$320
	5 days	\$375

D I S C O U N T S * Free and Reduced Lunch (Will be verified with BOE)

BEFORE CARE SCHEDULE (7am-8:30am)

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

Monday	Tuesday	Wednesday	Thursday	Friday

Drop in Only _____

BEFORE CARE MONTHLY FEES

Opens at 7 AM/ Breakfast served

Check ("x")	FIXED Days per week	Monthly Fee
	1 day	\$45
	2 days	\$65
	3 days	\$90
	4 days	\$115
	5 days	\$125

AFTER CARE SCHEDULE (3pm-6pm)

Monday	Tuesday	Wednesday	Thursday	Friday

AFTER CARE MONTHLY FEES

Closes Promptly at 6pm/Snack Served

Check ("x")	FIXED Days per week	Monthly Fee
	1 day	\$100
	2 days	\$130
	3 days	\$160
	4 days	\$190
	5 days	\$220

Drop in Only _____

\$25 per Day Regular Day/\$30 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:_____

Child's Physician Name/Phone

Child's Primary Insurance Co. & Policy #

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