



Start Date: _____
Type of Enrollment: _____
Grade: _____

**Application for Admission  
Middle School Leaders Club After School Program  
At the Mt. Olive Middle School**

- Flexible Enrollment Options:**
- Clubs**
  - Trips**
  - Part time Drop in**

**Mt. Olive Child Care & Learning Center  
150 Wolfe Road  
Budd Lake, NJ 07828  
(973) 426-1525  
FAX: (973) 347-4029**



**List any special medical conditions:** \_\_\_\_\_

\_\_\_\_\_

**Allergies:** \_\_\_\_\_

# Middle School After School Program

Child's Name: \_\_\_\_\_ Birth date: \_\_\_\_\_

Grade: \_\_\_\_\_ Homeroom # \_\_\_\_\_

Child's Home Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Mother: Name \_\_\_\_\_ Father: Name: \_\_\_\_\_

Street: \_\_\_\_\_ Street: \_\_\_\_\_

Town, State, Zip: \_\_\_\_\_ Town, State, Zip \_\_\_\_\_

Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Email: \_\_\_\_\_

## Place of Business or School:

Mother: Employer/School \_\_\_\_\_ Father: Employer/School \_\_\_\_\_

City, State, Zip \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Phone \_\_\_\_\_ Phone \_\_\_\_\_

## Please note:

1. Any Allergies: \_\_\_\_\_
2. Any medications child is taking: \_\_\_\_\_
3. Any other health or medical information we should know about your child:  
\_\_\_\_\_  
\_\_\_\_\_

Physician's Name & Address \_\_\_\_\_ Phone # \_\_\_\_\_

Medical Insurance Co. & Number \_\_\_\_\_

## Emergency and Sign Out Names: (AUTHORIZED PERSONS MUST BE 18 YEARS OF AGE)

(1) Name _____	(2) Name _____
Street/Town _____	Street/Town _____
Phone _____	Phone _____
Relationship _____	Relationship _____

(3) Name _____	(4) Name _____
Street/Town _____	Street/Town _____
Phone _____	Phone _____
Relationship _____	Relationship _____

# MIDDLE SCHOOL PERMISSION SLIP

I, \_\_\_\_\_, the parent/guardian of \_\_\_\_\_

Do hereby grant permission and authorization to the Mt. Olive Child Care & Learning Center, its employees, and agents permission and authorization for the following purposes:

1. To take field trips and walks, with staff supervision, in the immediate neighborhood, no more than a few blocks from the school.
2. To release objective information about my child to appropriate personnel employed by the Mt. Olive Township Public Schools (i.e. Child Study Team, Principals).
3. To photograph or authorize photographs to be taken of my child while attending the Center or activities sponsored by the Center and I permit, authorize, and consent to the publication of such photographs as an individual or part of a group with or without accompanying textural material for the purpose of promotion of the Center, its activities or for the purpose of informing the community or potential financial contributors about the activities and programs of the Center, for editorial, illustration, advertising or non-profit promotional purposes as is at the sole discretion of the Mt. Olive Child Care & Learning Center, for editorial, illustration, advertising or non-profit promotional purposes as is at the sole discretion of the Mt. Olive Child Care & Learning Center deemed desirable. I also consent to the use of my name in connection therewith.
4. To allow my child \_\_\_\_\_, to watch any G or PG rated movie deemed appropriate by the Staff of Mt. Olive Child Care & Learning Center. I understand that only those rated PG because of mild language will be shown.
5. For my son/daughter/ward \_\_\_\_\_, permission to attend and/or participate in all activities, sponsored by Mt. Olive Child Care & Learning Center, its employees, associates and contributors. In further consideration of the benefits to be gained by our child, we covenant that we will never institute any action by law against Mt. Olive Child Care & Learning Center, its agents, servants and employees, on account of injury or other loss or damage sustained by our child's participation.

\_\_\_\_\_  
Parent or Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent of Guardian

## Middle School After School Programs

I have received a copy of the S.A.F.E. parent handbook. I am aware of the policies of the Mt. Olive Child Care & Learning Center regarding communicable diseases and the release of the children to impaired persons.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

My child is in good health and able to participate in all activities of the Mt. Olive Child Care & Learning Center S.A.F.E. program.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Child's Name

**Please complete if applicable:**

I, \_\_\_\_\_, give permission my child \_\_\_\_\_, to sign himself/herself out of the Middle School After School Program to go home on the late bus from the Middle School any day my child attends. I understand that my child can then choose to use the late bus or remain at the school until I or another authorized person picks him/her up.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date



# Mt. Olive Child Care & Learning Center

## CHILD CARE EMERGENCY CONTACT INFORMATION

Child's Name: \_\_\_\_\_ Birth date: \_\_\_\_\_

<b>Parent/Guardian Name:</b> _____
Home Telephone: (    ) _____ Work Telephone: (    ) _____
Cell Phone: (    ) _____
<b>Parent/Guardian Name:</b> _____
Home Telephone: (    ) _____ Work Telephone: (    ) _____
Cell Phone: (    ) _____

### EMERGENCY CONTACT TO WHOM CHILD MAY BE RELEASED IF PARENT/GUARDIAN IS UNAVAILABLE:

<b>Emergency Contact #1 Name:</b> _____ <b>Relationship:</b> _____
Home Telephone: (____) _____ Work Telephone: (____) _____
Cell Phone: _(____) _____

<b>Emergency Contact #2 Name:</b> _____ <b>Relationship:</b> _____
Home Telephone: (____) _____ Work Telephone: (____) _____
Cell Phone: _(____) _____

<b>Child's Healthcare Provider: Name:</b> _____
Street, Town, State, Zip: _____
Phone: (____) _____

<b>Child's Health Insurance Name of Insurance Plan:</b> _____
Name of Insured: _____ ID#: _____

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**CHILD CARE EMERGENCY CONTACT INFORMATION (continued)**

List any special conditions, disabilities, allergies or medical information for emergency situations:

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List hospital preference in an emergency situation (parents/guardians are responsible for all emergency transportation charges):

1<sup>st</sup> Choice Hospital: \_\_\_\_\_ 2<sup>nd</sup> Choice Hospital: \_\_\_\_\_

**\*Please understand that the First Aid & Rescue Squad personnel have the authority to determine to which hospital a child is transported.**

**Parent/Guardian Consent and Agreement for Emergencies:**  
*As parent/guardian, I give consent to have my child, \_\_\_\_\_, receive first aid by the child care staff and if necessary be transported to receive emergency care. I also authorize the Director or Director Designee to contact my child's health care provider to alert him/her to my child's situation. I understand that I will be responsible for all charges not covered by insurance. I agree to review and update this information whenever a change occurs and at least every 6 months.*

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

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

**After** School Program  
Calendar Year \_\_\_\_\_  
**FEE AGREEMENT**

Agreement between \_\_\_\_\_ and the  
Mt. Olive Child Care & Learning Center, Inc. for the provision of child care service for  
\_\_\_\_\_ for the period \_\_\_\_\_ through \_\_\_\_\_.

**REGISTRATION, COST OF CARE AND PAYMENT SCHEDULE**

I understand that the cost of S.A.F.E. / Before and/or After School Program for my child will be \_\_\_\_\_ per week. I acknowledge that I am eligible for reduced rates if I enroll 2 or more children. In order to register my child and guarantee my child's space in the Program, I agree to pay a \_\_\_\_\_ registration fee and 2 weeks tuition (2 week deposit and 2 week for the first week's tuition) – total of \_\_\_\_\_ before my child can be accepted as a student in the S.A.F.E./Before and/or After School Program. Each week thereafter I agree to pay tuition on the Friday of each week for the next week. I understand that if I do not pay the weekly tuition amount by the following Wednesday, or if an unpaid balance is carried on this account, and administrative fee of \$10.00 per week will be added to the account balance. I understand that if the tuition and the fee are not paid by the Wednesday, my child will not be admitted to the Program. I know that my child will then be dismissed due to nonpayment and that he/she can be re-enrolled only if the fee is paid. I understand that I have RIGHT TO PAY TUITION ON A MONTHLY OR TWICE-MONTHLY BASIS (IN ADVANCE), provided that I submit a written request to the Director or Program Coordinator.

**FORM OF PAYMENT**

I agree to pay my fee by cash, check or money order. I understand that I will receive a receipt for each tuition payment. If a check I have given to the Program is returned from the bank for insufficient funds, I agree to pay as follows:

1. \$10.00 processing fee the first time a check is returned. I understand that I will receive a receipt for each tuition payment. If a check I have given to the Program is returned from the bank for insufficient funds, I agree to pay as follows:
2. \$15.00 processing fee the second time a check is returned I understand that I must pay the Program cash to replace this check and that the Program will accept only cash or money order as tuition payment from then on.

**LATE FEES**

I agree to abide by the following policies regarding late pick up of my child:

1<sup>st</sup> time my child is picked up late: I agree to sign and receive a copy of the written warning, which will be issued by the Program.

2<sup>nd</sup> time my child is picked up late: I agree to pay a fee of \$ 5.00 per ¼ hour.

3<sup>rd</sup> time my child is picked up late: I agree to pay a fee of \$ 10.00 per ¼ hour.

4<sup>th</sup> time my child is picked up late: I agree to pay a fee of \$ 15.00 per ¼ hour.

5<sup>th</sup> time my child is picked up late: I agree to pay a fee of \$ 20.00 per ¼ hour.

6<sup>th</sup> time my child is picked up late: I agree to pay a fee of \$ 25.00 per ¼ hour.

7<sup>th</sup> time my child is picked up late: I agree to pay a fee of \$ 30.00 per ¼ hour.

8<sup>th</sup> time my child is picked up late: I agree to pay a fee of \$ 35.00 per ¼ hour.

9<sup>th</sup> time my child is picked up late: I agree to pay a fee of \$ 40.00 per ¼ hour.

10<sup>th</sup> time my child is picked up late: I agree to pay a fee of \$ 5.00 per ¼ hour.

**I UNDERSTAND THAT ANY LATE PICKUPS ACCUMULATED ANY PRIOR YEARS  
WILL CARRY OVER TO THIS YEAR!**

