



HADDON TOWNSHIP BOARD OF EDUCATION

SCHOOL AGE CHILD CARE

500 RHOADS AVE, WESTMONT, NJ 08108
 BEFORE SCHOOL CARE *AFTER SCHOOL CARE * KINDERGARTEN CARE * SUMMER RECREATION

Dawn Piscopio
 Director
 856-869-7750 Ext. 1113
 sacco@htsd.us
 HYPERLINK
 "http://www.haddontwpschools.com
 www.haddontwpschools.com

For Office Use Only
 Drop In Only _____
 Lunch Discount _____
 START DATE: _____

School Age Child Care 2024-2025

Before School Care & After School Care Registration Form

Child Information

Child Last Name	Child First Name	Date of Birth	School	Grade Fall

Before School Care

(Breakfast Included)

Check	FIXED Days per week	Monthly FEE
	1 day	\$65
	2 days	\$85
	3 days	\$110
	4 days	\$135
	5 days	\$145

Check	*FLEX Days per week	Monthly FEE
	1 day	\$ 80
	2 days	\$ 100
	3 days	\$ 125
	4 days	\$ 150

Drop In Only _____ Drop in Service \$12 per day

Each additional child will not exceed \$60 per month per family

SCHEDULE (FLEX fill in first week schedule)

Check the box the days that your child will attend Before Care

	Monday	Tuesday	Wednesday	Thursday	Friday
Am Care 7:30 AM					

After School Care

(Snack Included)

Check	FIXED Days per week	Monthly FEE
	1 day	\$130
	2 days	\$160
	3 days	\$190
	4 days	\$220
	5 days	\$250

Check	*FLEX Days per week	Monthly FEE
	1 day	\$145
	2 days	\$175
	3 days	\$205
	4 days	\$245

Drop In Only _____

Drop In 12:30 Dismissal: \$30

Drop In 3pm Dismissal: Fee \$25

SCHEDULE

	Monday	Tuesday	Wednesday	Thursday	Friday
Dismissal-6PM					

(Mark an "x")

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 Restrictions?	NO YES: attach a copy of most recent order	Comments:

Checks made payable to: HTBOE
Payment is due the 15th of every month
DISCOUNTS: Free/Reduced Lunch/Sibling

Emergency/Alternate Contact & Authorized Pick Up: If parent/guardian cannot be reached in the event of an emergency, 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 your child/children attend the SACC program.

****List contacts other than parent/guardian 1 & 2**

Call	Full Name	Relationship to Child DO NOT LIST PARENTS	Best Contact Number
First			
Second			
Third			

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

Allergies _____

Medical Conditions/Medications _____

Social/emotional _____

Speech/language _____

Support Person- Does your child have a support person in the classroom?

YES/NO

Please note: If your child has a support person in the classroom, we will require that same support for the SACC programs. We will contact the parent once a support person is assigned and the child has been accepted into the SACC programs.

Parent/Guardian Signature

Date

Please note:

November 27th- Aftercare will close at 3PM

June 20th- No after care/before care