

Wildwood Time to Soar Family Information Form School Year: 2026-2027 School: _____
(Wildwood or Lake Drive)

1st Child: _____ Name Grade Age Date of Birth: ____/____/____ Gender: M or F Starting Date: ____/____/____ Circle Days Needed: Early Birds M T W TH F #Days per wk: _____ After School M T W TH F #Days per wk: _____	2nd Child: _____ Name Grade Age Date of Birth: ____/____/____ Gender: M or F Starting Date: ____/____/____ Circle Days Needed: Early Birds M T W TH F #Days per wk: _____ After School M T W TH F #Days per wk: _____
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Child/Children lives with: ☐ Both Parents ☐ Mother ☐ Father ☐ Other (*Please specify:*) _____

Parent's Marital Status:* ☐ Married ☐ Separated ☐ Single Parent ☐ Divorced

*If there is a current court order affecting the custody of your child(ren), a certified copy must be provided.

Home Address: _____

Street Address	Town	State	Zip	Primary Phone#

Mother/Legal Guardian:			
Name (Please print)	Place of Employment	Work Phone #	Cell Phone #

Father/Legal Guardian: _____

Name (Please print)	Place of Employment	Work Phone #	Cell Phone #
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Primary email address: _____ **Secondary email address:** _____

** These phone numbers and email addresses will be used to contact you in case of an emergency. Please make sure all information is current.

Children will not be released to anyone other than the parent/guardian listed above without confirmation from the parent/guardian. Call, send an email or note directly to the main office before 4:00 PM on the date of the change. The person picking up must be an adult, 18 years or older with a photo ID.

Emergency Contact Form

Children's Names:

(Print First and Last Names)

Parent's Names: _____
(Print First and Last Names)

Emergency Contact Numbers: *(Three names other than parents are required. These contacts should be local. In the event of an emergency where you are not reachable, we will call these contacts to pick-up your child.)*

1.	_____ <i>Name</i>	_____ <i>Address</i>	_____ <i>Town</i>	_____ <i>Daytime Phone</i>	_____ <i>Cell</i>	_____ <i>Relationship to Child</i>
2.	_____ <i>Name</i>	_____ <i>Address</i>	_____ <i>Town</i>	_____ <i>Daytime Phone</i>	_____ <i>Cell</i>	_____ <i>Relationship to Child</i>
3.	_____ <i>Name</i>	_____ <i>Address</i>	_____ <i>Town</i>	_____ <i>Daytime Phone</i>	_____ <i>Cell</i>	_____ <i>Relationship to Child</i>
4.	_____					

Parent/Guardian: Read and Sign below:

In the event of an EMERGENCY SCHOOL CLOSING, I understand that:

- **When schools are closed due to weather-related or emergency closings, ALL CHILDCARE PROGRAMS ARE CLOSED.**
- **My child will be sent home with the walkers or by their bus (if a regular bus student) on an unscheduled early dismissal day.**
- **The Program is closed on scheduled early dismissal days.**
- **I am registered on the Parent Portal through the Mountain Lakes School District (Genesis)**
- **I must make arrangements for my child's safe arrival at home in the event I cannot be reached or arrive at home in time.**
- **All phone numbers and contact information must be kept up-to-date.**
- **I will monitor the weather and be aware that the weather in my location may be different from the weather in Mountain Lakes.**
- **I can call the WTTS Number (973-334-3609) or access www.mlschools.org for school closing information.**
- **WTTS Program may close due to inclement weather or emergency after a full day, even if schools did not dismiss early. If this should occur, the WTTS Site Coordinator will attempt to notify me at the primary and/or secondary notice provided to us.**

Your completed submission signifies your full understanding of, and agreement to, the terms and policies of the Time to Soar Program.

Parent/Guardian Signature

Date

Name

Address

Town

Daytime Phone

Cell

Relationship to Child

FIRST CHILD'S HEALTH INFORMATION

CHILD'S NAME: _____ **BIRTH DATE:** _____ **GRADE:** _____

CHILD'S DOCTOR: _____ **PHONE:** _____

DOCTOR'S ADDRESS: _____

CHILD'S HEIGHT: _____ **WEIGHT:** _____ **EYE COLOR:** _____

Has your child:

1. Ever been advised not to participate in sports? _____ If yes, please explain: _____
2. Ever experienced loss of consciousness after an injury? _____ If yes, please explain: _____
3. Experienced a fracture or dislocation in the last 3 years? _____ If yes, please explain: _____
4. Undergone surgery in the last 3 years? _____ If yes, please explain: _____

Does your child:

1. Take any medication on a regular basis? _____ If yes, please explain: _____ Medication _____
2. Have allergies, hives, asthma or reactions to foods, bee stings? _____ If yes, please explain: _____
3. Require an Epi-pen? _____ If yes, please explain: _____
4. _____

MEDICAL RELEASE FORM: In the case of a medical emergency the Mountain Lakes Police Department and Ambulance will be called. We will contact you immediately.

I hereby give permission for my child named above to be transported by emergency vehicle to a nearby hospital emergency room and given aid as necessary.

Parent/Guardian Signature

Date

SECOND CHILD'S HEALTH INFORMATION

CHILD'S NAME: _____ **BIRTH DATE:** _____ **GRADE:** _____

CHILD'S DOCTOR: _____ **PHONE:** _____

DOCTOR'S ADDRESS: _____

CHILD'S HEIGHT: _____ **WEIGHT:** _____ **EYE COLOR:** _____

Has your child:

5. Ever been advised not to participate in sports? _____ If yes, please explain: _____
6. Ever experienced loss of consciousness after an injury? _____ If yes, please explain: _____
7. Experienced a fracture or dislocation in the last 3 years? _____ If yes, please explain: _____
8. Undergone surgery in the last 3 years? _____ If yes, please explain: _____

Does your child:

5. Take any medication on a regular basis? _____ If yes, please explain: _____ Medication _____
6. Have allergies, hives, asthma or reactions to foods, bee stings? _____ If yes, please explain: _____
7. Require an Epi-pen? _____ If yes, please explain: _____
8. _____

MEDICAL RELEASE FORM: In the case of a medical emergency the Mountain Lakes Police Department and Ambulance will be called. We will contact you immediately.

I hereby give permission for my child named above to be transported by emergency vehicle to a nearby hospital emergency room and given aid as necessary.

Parent/Guardian Signature

Date

PICK-UP RELEASE FORM

Dear Staff,

I authorize the individual(s) listed below to pick up my child from the WTTS Program if I am unavailable and those listed on my emergency contact form cannot be reached.

I understand that, for the safety of my child, I must provide advance written notice to the After Care Staff if an individual who does not typically pick up my child will be doing so, as staff may not be familiar with that person.

I give _____ authorization to pick up my
child, _____.
(Child's Name)

PARENTS PLEASE NOTE: The people you list may be neighbors or parents of your child's friends who live locally.

Parent/Guardian Signature

Date

Schedule Change Notification Form

- Submit this form at least two weeks before the change of the schedule effective date.
- Changes can only be made on the 1st and 15th of the month.
- Require a \$10.00 payment for any and all changes.
After the 4th change, the change fee is \$15.00

My Child(ren) _____ attend the WTTS and/or Early Bird Programs at Wildwood School on the following days:

Current Schedule:

Early Birds: **M T W T H F** *(Circle those that apply)*

After School: **M T W T H F** *(Circle those that apply)*

I wish to change the schedule of attendance to the following:

Early Birds: **M T W T H F** *(Circle those that apply)*

After School: **M T W T H F** *(Circle those that apply)*

Withdrawal or resumption of schedule (withdrawals must be for more than 1 month):

- *My child was/were withdrawn from the program on: _____ (date)
but will be resuming attendance on the above days.*
- *I am withdrawing my child(ren) from the program.*

I wish the above change to begin on _____ the 1st or _____ 15th day of _____.

REASON FOR WITHDRAWAL: _____

I acknowledge that, in accordance with the Wildwood Time to Soar Program policies outlined in the Parent Information Packet, I will be charged \$10.00 for any schedule change (\$15.00 per change after the fourth). I understand that a two-week written notice is required for any schedule changes, as specified in the agreement. I also acknowledge that a \$30.00 administrative fee will be applied if I withdraw from the program.

(Parent Name)

(Parent Signature)

Participation Information Form

Name: _____ Gender: M or F Age: _____

1. Nickname and what you would like your child to be called: _____
2. Child's Birthday: _____
3. Prior School/Group experience: _____
4. Does your child have any known fears? _____
5. Does your child have siblings or other family members registered for the WTTS Program?

(Names and ages)

6. Does your child have a favorite toy or game? _____
 7. What are your child's interests? _____
 8. Primary Language Spoken at home? _____
 9. Please provide a brief description of your child's demeanor: _____
 10. Please describe any special considerations: _____
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Wildwood Time to Soar Program

EMERGENCY RELEASE FORM

In accordance with State Regulations, you are required to sign a Blanket Emergency Release giving the Emergency Room, First Aid Squad, or your child's physician permission to practice emergency medical treatment in case you cannot be reached. Please sign below.

CHILD'S NAME: _____

I HEREBY GIVE PERMISSION TO THE FACILITY STAFF TO ADMINISTER FIRST AID AND IN THE CASE OF AN EMERGENCY TO TRANSPORT, SECURE PROPER TREATMENT FOR AND ORDER INJECTIONS, ANESTHESIA OR SURGERY FOR MY CHILD IF IT IS DETERMINED TO BE NECESSARY. I HEREBY GIVE PERMISSION TO EMERGENCY PERSONNEL, INCLUDING FIRST AIDE SQUAD PERSONNEL, EMERGENCY ROOM PERSONNEL, AND THE CHILD'S PHYSICIAN TO PRACTICE EMERGENCY MEDICAL TREATMENT IF IT IS DETERMINED TO BE NECESSARY. I UNDERSTAND THAT I WILL BE RESPONSIBLE FOR ALL CHARGES NOT COVERED BY MY INSURANCE.

Parent/Guardian Signature

Date

Name of Insurance: _____ Policy #: _____

Note any physical or mental conditions to be aware of in case of an emergency:

Time to Soar Program Policies & Guidelines Checklist

RETURN THIS DOCUMENT WITH THE APPLICATION

PRINT Student Name(s) (First & Last): _____

PRINT Parent 1 (First & Last Name): _____

PRINT Parent 2 (First & Last Name): _____

Please review the items below and provide initials from **both** parents/guardians (where applicable) to indicate your agreement.

By initialing below, I/We acknowledge the following:

<u>Acknowledgement Item</u>	<u>Parent 1 Initials</u>	<u>Parent 2 Initials</u>
Information Packet Review: I/We have read and understand the contents of the Information Packet, specifically pages 2 through 9.	_____	_____
Tuition Rates: I/We acknowledge that Time to Soar tuition rates are calculated based on the 180 days of the school year. The monthly tuition installment does NOT reflect the specific number of school days in any given month.	_____	_____
Sibling Discount: I/We acknowledge that tuition for additional siblings receives a 10% discount, which is rounded to the nearest dollar.	_____	_____
Registration Payments: I/We understand that both the first and last month's installments are due upfront at the time of registration.	_____	_____
Sign-Out Protocol: I/We acknowledge that children are strictly NOT allowed to sign the sign-out book; an authorized adult must sign them out.	_____	_____
Playground Safety: I/We agree that siblings who are not enrolled in the program are NOT permitted on the playground or equipment during pick-up times.	_____	_____
Tax Documentation: I/We understand that Wildwood Elementary School does NOT issue year-end statements for claiming Child and Dependent Care Expenses. I/We agree to retain our monthly invoices for our personal records and tax reporting.	_____	_____
Payment Methods: I/We acknowledge that we have reviewed page 7 of the Information Packet for acceptable methods of payment and agree to abide by those terms.	_____	_____