

JACKSON CHILD CARE ACADEMY  
HOLIDAY CARE REGISTRATION FORM  
FALL BREAK – NOVEMBER 9 & 10

**HOLIDAY CHILD CARE FOR JACKSON STUDENTS IN GRADES KINDERGARTEN THRU 8**  
**LOCATION OF HOLIDAY CARE: ELMS ELEMENTARY SCHOOL – 780 PATTERSON ROAD, JACKSON**  
**TIME OF PROGRAM: 7:00 AM TO 6:00 PM                      DATES OF PROGRAM: November 9 & 10**  
**COST: \$35.00 per day for registered child/\$40.00 per day for non-registered child**

Please complete form and return to the Child Care office no later than October 27, 2017. (No exceptions)

**1<sup>st</sup> child**  
Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Home School \_\_\_\_\_ Grade \_\_\_\_\_

**2<sup>nd</sup> child**  
Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Home School \_\_\_\_\_ Grade \_\_\_\_\_

**3<sup>rd</sup> child**  
Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Home School \_\_\_\_\_ Grade \_\_\_\_\_

ANY CHILD CLASSIFIED? YES  NO  List name of child/ren below:

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

DOES CHILD RECEIVE SERVICES FROM A PARAPROFESSIONAL? YES  NO  List name of child/ren below:

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

**Please Circle** the days you will be using:      Thursday 11/9/17      Friday 11/10/17

# Days \_\_\_\_\_ (X) \$35.00 per day (X) # children \_\_\_\_\_ = \$ \_\_\_\_\_ check # \_\_\_\_\_ paid online/ref. # \_\_\_\_\_

If not registered in Child Care:

# Days \_\_\_\_\_ (X) \$40.00 per day (X) # children \_\_\_\_\_ = \$ \_\_\_\_\_ check # \_\_\_\_\_ paid online/ref. # \_\_\_\_\_

Please make checks payable to the Jackson Board of Education and mail to:  
**Jackson Child Care Academy/P.O Box 739/Jackson, NJ 08527**

Parent's Name \_\_\_\_\_ Email contact: \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

**PERSONS AUTHORIZED TO CALL FOR YOUR CHILD:** (changes must be in writing from parent) Please give the names and phone numbers of two people who may be notified in case of an emergency or illness, when parents/guardians are not available. (must be 18 or over)

Name \_\_\_\_\_ Home # \_\_\_\_\_ Cell # \_\_\_\_\_

Name \_\_\_\_\_ Home # \_\_\_\_\_ Cell # \_\_\_\_\_

**EMERGENCY MEDICAL RELEASE:**

If emergency medical care is deemed necessary and I cannot be contacted, I authorize the Child Care staff to act on my behalf in granting permission for my child to receive emergency treatment.

Medical Insurance \_\_\_\_\_  
(Company and Policy number)

Medical/Health Concerns \_\_\_\_\_  
(Medications, allergies, special needs, etc. use separate paper if necessary)

Full Pre-payment required. No walk-ins will be accepted during Holiday Care.

Child Care balances must be up-to-date to register for Holiday Care.

If registrants do not attend, they will be charged for the time they reserved. Staff and payroll is based upon enrollment.

Late fee applies for pickup after 6:00 pm (\$15 for every 15 minutes).