

C.A.R.E. REGISTRATION FORM 2011-2012

c/o LVJWC, P0 Box 553, LONG VALLEY, NJ 07853
(PLEASE COMPLETE TWO (2) PER CLASS PER STUDENT)

CLASS: _____ LOCATION: _____

DAY: _____ TIME: _____ AFTERCARE PROGRAM (CIRCLE ONE): YES NO

CHILD'S NAME: _____

MAILING ADDRESS: _____

***E-MAIL ADDRESS:** _____

HOME PHONE: _____ CHILD'S D-O-B: _____

FATHER'S NAME: _____ WORK #: _____

CELL #: _____

MOTHER'S NAME: _____ WORK#: _____

CELL #: _____

IN CASE OF EMERGENCY, CALL:

NAME: _____ HOME #: _____

RELATIONSHIP: _____ CELL#: _____

NAME: _____ HOME #: _____

RELATIONSHIP: _____ CELL#: _____

MEDICAL

DOES YOUR CHILD HAVE ANY ALLERGIES, MEDICAL CONDITIONS AND/OR PHYSICAL DISABILITIES? YES _____ NO _____ Please note below or on the back.

CHILD'S DOCTOR: _____ PHONE#: _____

ADDRESS: _____

CHILD'S DENTIST: _____ PHONE#: _____

ADDRESS: _____

CARE POLICIES AND PROCEDURES:

1. Parents are FULLY responsible for the transport of their children to and from all CARE classes. NO CARE TEACHERS OR STAFF will bring your child to and from class. DO NOT drop your child off in the parking lot, or expect them to meet you there. STUDENTS MUST BE ESCORTED AT ALL TIMES.
2. ALL children must be picked up PROMPTLY after class. Teachers cannot supervise previous student and teach the next class. PLEASE TOILET YOUR CHILD BEFORE CLASS to maintain proper supervision.
3. Parents, participants and siblings of CARE must demonstrate proper conduct in school facilities. Parents will be held COMPLETELY responsible for any destruction of building property or the facilities themselves. PLEASE SUPERVISE YOUR CHILDREN ACCORDINGLY.
4. I hereby give permission to the Long Valley Junior Women's Club to use my child's photo to tell the public about CARE. I understand that photos may be submitted to newspapers, or used to advertise the CARE program.

I HAVE READ THE ABOVE POLICIES AND WILL ADHERE TO THEM. IN THE EVENT THE PERSON (5) ABOVE CANNOT BE REACHED, I HEREBY GIVE PERMISSION FOR THE CARE INSTRUCTOR TO SEEK MEDICAL ATTENTION FOR MY CHILD.

NAME: _____ DATE: _____

SIGNATURE: _____

CHECK# _____	DATE _____	Amount _____
--------------	------------	--------------