

**GREEN TOWNSHIP SCHOOL DISTRICT  
BEFORE- CARE REGISTRATION**

**( A \$10.00 per child non-refundable registration fee must accompany registration )**

**MONTHLY FEE:** (1<sup>st</sup> Child): \$40.00/month  
(2<sup>nd</sup> Child): \$30.00/month

**GENERAL INFORMATION:**

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Grade/Teacher: \_\_\_\_\_

City, Zip code \_\_\_\_\_ Email address \_\_\_\_\_

**EMERGENCY INFORMATION:**

Father's Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Mother's Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

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

\*Emergency Contact \_\_\_\_\_ Phone: \_\_\_\_\_

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

\*Should be an adult living locally who can assume responsibility for your child/children.

**HEALTH HISTORY:**

Any Present Medical Problems: \_\_\_\_\_

Special care required: \_\_\_\_\_ Known Allergies \_\_\_\_\_

Asthma: \_\_\_\_\_ Medicine taken regularly: \_\_\_\_\_

Chronic or Recurring Illnesses: \_\_\_\_\_

Epi-Pen and Inhalers must be provided by the Parent/Guardian.

**A nurse is not available for the Before Care program.**

**The Child Care Staff CANNOT administer medications, including over the counter medications.**

Family Physician: \_\_\_\_\_ Phone \_\_\_\_\_

**SIGNATURES:** I hereby understand the fees and regulations attached to this registration form

\_\_\_\_\_  
Parent/Guardian

\_\_\_\_\_  
Date