

**GREEN TOWNSHIP SCHOOL DISTRICT  
CHILD CARE REGISTRATION**

(A \$25.00 per child non-refundable registration fee must accompany registration)

**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 #1 \_\_\_\_\_ Phone: \_\_\_\_\_  
Cell: \_\_\_\_\_  
\*Emergency Contact #2 \_\_\_\_\_ Phone: \_\_\_\_\_  
Cell: \_\_\_\_\_

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

Please check which of the following program(s) you are requesting. There are 180 days of school regardless of days off throughout the school year. Note the annual cost may be divided into 10 payments or paid ahead or in full at any time.

- a. \_\_\_\_\_ Full-Time (1<sup>st</sup> Child): \$245.00/month, \$2,450.00 annual cost.  
Full-Time (2<sup>nd</sup> Child): \$220.00/month, \$2,200.00 annual cost  
Annual total for 2 full time students = \$4,650.00
- b. \_\_\_\_\_ Part-Time (1<sup>st</sup> Child): \$185.00/month, \$1,850.00 annual cost  
Part-Time (2<sup>nd</sup> Child): \$165.00/month, \$1,650.00 annual cost  
Annual total for 2 part time students = \$3,500.00
- c. \_\_\_\_\_ Drop- In \$17.00 per hour. This rate applies to occasional attendance. Students regularly attending 2 or 3 days per week will be charged the part time rate.

**SIGNATURES:** I hereby understand agree to the fees and regulations attached to this registration form and presented in our Child Care Manual (copy available on line or upon request.)

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

\_\_\_\_\_  
Date

GREEN TOWNSHIP SCHOOL DISTRICT  
CHILD CARE PROGRAM  
HEALTH HISTORY

Student Name: \_\_\_\_\_

Grade: \_\_\_\_\_

DOB: \_\_\_\_\_

Please provide as much information in this section as possible.

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

Special care required: \_\_\_\_\_

Any known **Allergies**: \_\_\_\_\_

Asthma: \_\_\_\_\_

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

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

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

Has your Doctor certified that your child can self-administer his/her inhaler and/or Epi-Pen?  
Yes: \_\_\_\_\_ No: \_\_\_\_\_

**A nurse is not available for the AfterCare program.**

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

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

Phone: \_\_\_\_\_

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

\_\_\_\_\_  
Date