



2018-2019 FAMILY REGISTRATION FORM

Registration is made on a space-available basis.
Haddonfield Child Care strives to provide care to all children who are enrolled in the Haddonfield Public Schools without discrimination, accommodating all who can function safely and appropriately within the structure of the program and curriculum. Upon receipt by HCC of the completed Registration Form, signed Enrollment Agreement, and Registration Fee, the family is obligated to all HCC financial and other policies.

FAMILY INFORMATION

BILL TO and PRIMARY CONTACT:

NAME OF PARENT/ GUARDIAN _____

HOME ADDRESS _____

E-MAIL ADDRESS _____

PHONE NUMBERS: Home _____ Cell _____

Work (incl. both main company # AND direct ext./voicemail) _____

EMPLOYER _____ OCCUPATION _____

ADDRESS _____

****I Agree to All Financial Responsibility*** _____ Date _____

NAME OF PARENT/ GUARDIAN #2 _____

HOME ADDRESS (if diff. from above) _____

E-MAIL ADDRESS _____

PHONE NUMBERS: Home _____ Cell _____

Work (incl. both main company # AND direct ext./voicemail) _____

EMPLOYER _____ OCCUPATION _____

ADDRESS _____

CUSTODY: *If parents are divorced or separated, and/or the child is the subject of a court order, a certified copy (signed by a judge) of the most current document must accompany this form. If applicable, please indicate the court ordered custodial arrangement:*

Joint Custody Full Custody to Mother Full Custody to Father Full Custody to: _____

Does non-custodial parent have the right to visit the program site or take the child from the program site?

Yes **or** (these require court order) No Only with prior written/verbal authorization

AUTHORIZATIONS

HCC needs two authorized emergency contacts other than parents. Contacts must be at least 18 years of age.

These individuals must be able to drive and be able to take your child in case of parent unavailability, and be within **15-20** minutes of the program.

NAME _____ REL. TO CHILD _____

ADDRESS _____ PHONE (H) _____ (W) _____

_____ (C) _____

NAME _____ REL. TO CHILD _____

ADDRESS _____ PHONE (H) _____ W) _____

_____ (C) _____

You may list as many additional persons (adults or students 6th grade or older) authorized to pick up your child as you wish. You may attach a **signed** additional sheet if necessary. **Under no circumstances will a child be released to any other person without prior authorization by parent.**

NAME _____ REL. _____ PHONE _____

NAME _____ REL. _____ PHONE _____

NAME _____ REL. _____ PHONE _____

TUITION ASSISTANCE (TAG) GRANTS

_____ Check here if you wish to receive an application for TAG funds. A limited number of Tuition Assistance Grants for families in financial need are available each year. Applications will be accepted and considered by the review committee in July and January of each year. Applicants who wish to be considered for Fall 2018 grants must have completed application in the HCC office by June 30, 2018. All applications received after that date, through January 5, 2019, will be held and reviewed in January 2019. Awards made in January will be for the remainder of the school year, and based on funds available.

FOR OFFICE USE ONLY:

Date Received _____ Fees Included \$ _____ Check# _____