# 2019-2020 CHILD INFORMATION FORM

***One Form for Each Child in Family***

**CHILD INFORMATION**

**NAME OF CHILD** _____
Last First Middle Initial

HOME ADDRESS _____ HOME PHONE _____

DATE OF BIRTH _____ SEX _____ GRADE _____ SCHOOL _____

**ENROLLMENT SCHEDULE:** (*Include all time periods needed for each child in the family being registered*)

Requested Start Date _____

**Before School** (7:30 to 8:30 a.m.)

Mon. ____ Tues. ____ Wed. ____ Thurs. ____ Fri._____ *or* ___ Per Diem (occasional use only)

**After School** (Indicate "5" for pickup by 5 p.m.; "6" for 6 p.m.)

Mon. ____ Tues. ____ Wed. ____ Thurs. ____ Fri.____ *or* __ Per Diem (occasional use only)

**Extended Day Kindergarten Program (EDKP)** *First come, first served enrollment, with limited spaces available.* Please check before and after school options (above) if those additional hours are needed.

Mon. _____ Tues. _____ Wed. _____ Thurs. _____ Fri._____

**ABOUT YOUR CHILD**

To help us provide the most appropriate care and supervision for your child, please inform us as to whether your child have any special needs (ex. physical, emotional or developmental) which may require accommodation by our program. If so, please detail those needs and consider providing HCC authorization to discuss with the child's teacher, Haddonfield Child Study Team, and principal as necessary.

_____

_____

_____

_____

I give authorization for HCC to discuss my child's needs with Haddonfield school and Child Study Team personnel.

Signature: _____