

MEDLC APPLICATION/REGISTRATION FORM 2016-2017

Directions: Please completely fill out the registration, emergency, and disclaimer forms, and submit along with a \$28 registration fee and a *separate check* covering **your child's first and last months of MEDLC attendance**. Both checks should be made payable to MEDLC. If your child's last name is different than yours, please indicate that on the check. **September registration will only be accepted at Montville Township High School on June 14, July 19, or August 16 between 5:30 PM and 7:30 PM.**

(Students registering after August 16 are eligible to attend MEDLC only in October and following months. **All future tuition payments** (Oct. thru May) should be sent to MEDLC, Board Office at 86 River Road, Montville 07045. Attention: Mrs. Theresa Cali)

SCHOOL NAME: _____ APPLICATION DATE: _____
 REGISTRATION CHECK #: _____ 2 MONTHS TUITION CHECK#: _____
 DESIRED DATE TO START PROGRAM: _____

PARENT/GUARDIAN INFORMATION
(Please print)

PARENT/GUARDIAN NAME: _____ RELATIONSHIP: _____
 PARENT/GUARDIAN NAME: _____ RELATIONSHIP: _____
 HOME ADDRESS: _____

MOTHER:

WORK PHONE: _____ CELL: _____ EMAIL: _____

FATHER:

WORK PHONE: _____ CELL: _____ EMAIL: _____

STUDENT(S) INFORMATION

NAME: _____ SCHOOL: _____ GRADE IN SEPT.: _____ TEACHER: _____
 NAME: _____ SCHOOL: _____ GRADE IN SEPT.: _____ TEACHER: _____
 NAME: _____ SCHOOL: _____ GRADE IN SEPT.: _____ TEACHER: _____

TYPE OF PROGRAM NEEDED: (Please CIRCLE one)

# of Days Per Week	Before School ONLY 7:00 – 8:00 AM	After School Only Dismissal – 6:00 PM		Before/After School Dismissal – 6:00 PM	
		By 3:45 Elementary By 4:30 Lazar	By 6:00	By 3:45 Elementary By 4:30 Lazar	By 6:00
1	\$19.00	\$19.00	\$45.00	\$23.00	\$50.00
2	\$36.00	\$36.00	\$89.00	\$46.00	\$98.00
3	\$55.00	\$55.00	\$134.00	\$68.00	\$147.00
4	\$74.00	\$74.00	\$178.00	\$91.00	\$197.00
5	\$91.00	\$91.00	\$223.00	\$114.00	\$246.00

DAYS AND TIMES NEEDED: (Please CIRCLE)

MONDAY		TUESDAY		WEDNESDAY		THURSDAY		FRIDAY	
AM	PM	AM	PM	AM	PM	AM	PM	AM	PM

HOLIDAYS AND SNOWS DAYS ARE AN ADDITIONAL CHARGE

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DISCLAIMER AND EMERGENCY INFORMATION FORM MUST BE FILLED OUT AT THE TIME OF APPLICATION.

EMERGENCY CONTACT INFORMATION

SCHOOL: _____ GRADE IN SEPT.: _____

STUDENT'S NAME: _____ GENDER: M/F _____

SCHOOL: _____ GRADE IN SEPT.: _____

STUDENT'S NAME: _____ GENDER: M/F _____

SCHOOL: _____ GRADE IN SEPT.: _____

STUDENT'S NAME: _____ GENDER: M/F _____

In an emergency, if I am unavailable, I have arranged for the following people to care for my child:

Name

Telephone #

Name

Telephone #

Name

Telephone #

Name

Telephone #

Name

Telephone #

DISCLAIMER

In the event that my child should have an accident or sudden illness at the M.E.D.L.C. Program, I understand that the staff will attempt to reach me for instructions. If I cannot be reached immediately, or if the situation is viewed as critical by the staff member in charge, I request that one of the following physicians be called, but if emergency treatment is needed I authorize the M.E.D.L.C. Program to request assistance from the Paramedics or Emergency Room staff. It is understood that every effort will be made to contact the undersigned before treatment is given, but that treatment will not be withheld if I cannot be reached. It is also understood that I will be responsible for all costs involved in treatment of this minor child.

Parent (Guardian) Signature

Date

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Does your child have health insurance?

Yes If yes, name of **Health Insurance Carrier:** _____ **Policy Number:** _____

No NJ Family Care provides free low cost health insurance for uninsured children and certain low income parents.

For more information call 800-701-0710 or visit www.njfamilycare.org to apply online. You may release my name and address to the NJ Family Care Program to contact me about health insurance.

Signature: _____ **Printed Name:** _____ **Date:** _____

Written consent required pursuant to 20 U.S.C. 1232g (b) (1) and 34 C.F.R. 99.30(b).

You may call our physician, if necessary

Physician Name

Phone Number

Dentist Name

Phone Number

The MEDLC program provides reasonable accommodations for students with special needs. **Children must have independent toileting skills.** It is helpful for the staff to be aware of children whose medical, physical, learning or social disabilities require special consideration. The accommodations are made within the framework of existing staffing ratios and program organization, but do not extend to substantial modifications in the childcare purpose, cost or availability of appropriate supervision for all participants.

Please answer the following:

1. Does your child have any health issues that require assistance in any activities of daily living? **Yes** **No**

If yes, please list: _____

2. Does your child have any allergies to food, medication, bee stings, pollen or latex? **Yes** **No**

If yes, please list: _____

Type of reaction: Rash? Hives? Other skin condition? (Circle all that apply)

Medication/Epipen taken for allergy symptoms? Please list _____

3. Does your child have a chronic or ongoing illness (i.e. diabetes or asthma)? **Yes** **No**

4. Does your child use an inhaler or other prescription medicine to control asthma? **Yes** **No**

5. Does your child take any prescription or over the counter medicine on a regular basis?

If yes, please list: _____

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PLEASE INITIAL EACH STATEMENT TO INDICIATE UNDERSTADING

Financial:

- _____ I understand that I am responsible for monthly payments to be paid by the 1st of each month. I also understand if I do not make payment by the 1st of the month, my child(ren) may not attend MEDLC until tuition is received.
Initial
- _____ I understand I am responsible for picking up my child(ren) by 6:00 PM. In the event that I fail to do so, I will pay a late pick up fee of \$1.00 per minute. I understand that after THREE late pick-ups my child(ren) will be released from the MEDLC program.
Initial
- _____ I understand I am enrolling my child in MEDLC which operates Monday – Friday, according to the MEDLC calendar.
Initial
- _____ I understand that toys, games, records, and books are provided in MEDLC. MEDLC will not be responsible for the loss or damage of personal belongings.
Initial
- _____ I understand that if the Montville Township School District is closed or dismisses early due to inclement weather, MEDLC may be closed or end early.
Initial
- _____ In the event that any of the work numbers, home numbers, or emergency contact numbers that are listed for my child(ren) should change, I will immediately inform the teacher and MEDLC Head Teacher for the school.
Initial
- _____ I will be sure that the emergency contact information listed for child(ren) are aware they may be called if I cannot be reached.
Initial
- _____ I understand that if I enroll my child for a 3:45 pickup and miss the 3:45 time 3 times in one month, my billing will reflect a 6:00 pickup for that month. I will have an opportunity to revert to a 3:45 pick-up the following month, but should I miss the 3:45 pick-up the same rules apply, however I will be billed for a 6:00 pickup for the remainder of the school year.
Initial

CHILD BEHAVIOR POLICY

Disciplinary:

Child’s/Children’s Name: _____

School(s) _____ **Grade(s) Entering in Fall 2016:** _____

In order for the MEDLC staff to provide a high-quality, safe environment, all participating students are expected to follow the rules and directives of the MEDLC staff at all times. Parents/Guardians will be informed about any behavioral issues that may arise. Disruptive or unresponsive students are subject to dismissal from MEDLC.

- ❖ In the event of inappropriate or disruptive behavior, MEDLC staff will take the appropriate steps to defuse the situation. An Incident Report will be created to document the event.
- ❖ Persistent occurrences may result in more severe consequences including, but not limited to, short or long-term suspension from MEDLC. In such cases, parents/guardians will meet with the school’s MEDLC Head Teacher to discuss the circumstances and collaboratively work towards resolving the matter.
- ❖ Subsequent occurrences of misbehavior may result in dismissal from MEDLC.
- ❖ There will be no refunds of fees for the time (day or week) in which a student is suspended or dismissed from participation in MEDLC.

I hereby acknowledge that I have fully read and understand the MEDLC Child Behavior Policy

Parent/Guardian Name: _____

Date: _____

Print

Signature: _____