



For Office Use Only
Date Enrolled: _____ Reg. Fee _____



STUDENT ENROLLMENT FORM

FY 08-09

**11 Park Lake Road, Sparta, NJ 07871 PH: (973) 383-2213 FAX: (973) 383-5915
Walnut Ridge Office PH: (973) 764-2900 x 6529 FAX (973) 764-0066**

This form must be completed and signed by the parent or guardian of a student enrolling in the afterschool program.

Student Name: _____ Birth Date: _____
First Last MI Month/Day/Year

Gender: Male Female Race/Ethnicity _____ Unspecified

Special Needs: Yes No Unspecified

Limited English Proficiency: Yes No Unspecified

Special Education: Yes No Unspecified

Free/Reduced Lunch: Yes No Unspecified

Grade: _____ School Attending: _____ Homeroom Teacher: _____

Please note you must complete the above fields for your child to be enrolled in the NJA3 program.,

PARENT/GUARDIAN INFORMATION

Parent/Guardian #1

Parent/Guardian # 2

First Name Last Name

First Name Last Name

Relationship to Student

Relationship to Student

Home Phone

Home Phone

Employer

Employer

Work Phone

Work Phone

Other Phone

Other Phone

E-mail

E-mail

Street Address

Street Address

City State Zip

City State Zip

RELEASE OF CHILD

I give my child permission to walk home alone at dismissal. Yes No

My child will be picked up after school by me or one of the following individuals:

Please note that no child may be denied enrollment due to a family's inability to pay.

Name Relationship to Child Telephone

Name Relationship to Child Telephone

Name Relationship to Child Telephone

DO NOT RELEASE MY CHILD TO THE FOLLOWING PEOPLE:

Name Relationship to Child

Name Relationship to Child

EMERGENCY CONTACTS

Please identify two persons who may be called between 3:00pm and 6:00pm if you are not available.

First Name Last Name

First Name Last Name

Relationship to Student

Relationship to Student

Home Phone

Home Phone

Work Phone

Work Phone

Other Phone

Other Phone

Street Address

Street Address

City State Zip

City State Zip

INFORMATION ABOUT CHILD

What are your child's interests? _____

Are there any particular areas on which you would like the program to focus (i.e. math, social skills, health awareness)?

I allow the school to release to the New Jersey After 3 program, information about my child's school performance, including, but not limited to, IEP's, grades and test results. Yes No

Payment Options:

1. You may pay your monthly tuition online at www.keepkids.org - click on Finance and then Payments.
2. You may also authorize the K.E.E.P. Financial Department to automatically charge your credit card monthly. If you choose this option, please initial here _____.

PARENT/GUARDIAN SIGNATURE

I give my child permission to participate in the afterschool program.

Parent/Guardian Signature

Date

I have received, read, understand, agree to and accept all of the terms under which I have enrolled in NJ After 3 K.E.E.P., including but not limited to the following:

- a. NJ After 3 K.E.E.P. Handbook
- b. K.E.E.P., Inc. Financial Policies as stated in the Handbook
- c. Emergency Medical Care
- d. Information to Parents Statement & Policy on Release of Children
- e. Policy on Management of Communicable Diseases
- f. NJ After 3 K.E.E.P. Expulsion Policy
- g. NJ After 3 K.E.E.P. Photo/Video/Interview Consent

and all other provisions of this program as set forth by K.E.E.P., Inc.

Parent/Guardian Signature

Date