



For Office Use Only

\_\_\_\_AM \_\_\_\_PM Flex 5/10/15  
Reg. \$50.00 Deposit (1Mo Fee) \_\_\_\_  
Program Fee \_\_\_\_ Office Initials \_\_\_\_  
Check # \_\_\_\_ Credit Card \_\_\_\_

## 2007-2008 School Year

**11 Park Lake Rd., Sparta, NJ 07871 PH: (973) 383-2213 FAX: (973) 383-5915**

SCHOOL \_\_\_\_\_

DATE OF APPLICATION \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_ START DATE \_\_\_\_\_

CHILD'S NAME \_\_\_\_\_ SEX \_\_\_\_M \_\_\_\_F  
ADDRESS \_\_\_\_\_ TOWN \_\_\_\_\_ ZIP \_\_\_\_\_ PHONE \_\_\_\_\_

### MOTHER'S INFORMATION:

NAME \_\_\_\_\_ HOME PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_  
HOME ADDRESS \_\_\_\_\_  
SS# \_\_\_\_-\_\_\_\_-\_\_\_\_ DL# \_\_\_\_\_ CELL PHONE \_\_\_\_\_  
NAME OF EMPLOYER \_\_\_\_\_ PHONE \_\_\_\_\_  
BUSINESS ADDRESS \_\_\_\_\_ EMAIL \_\_\_\_\_

### FATHER'S INFORMATION:

NAME \_\_\_\_\_ HOME PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_  
HOME ADDRESS \_\_\_\_\_  
SS# \_\_\_\_-\_\_\_\_-\_\_\_\_ DL# \_\_\_\_\_ CELL PHONE \_\_\_\_\_  
NAME OF EMPLOYER \_\_\_\_\_ PHONE \_\_\_\_\_  
BUSINESS ADDRESS \_\_\_\_\_ EMAIL \_\_\_\_\_

=====

Are you or your spouse currently enlisted in the Armed Forces? Check One  YES  NO

\_\_\_\_\_

=====

PERSONS AUTHORIZED TO PICK CHILD UP IN CASE OF EMERGENCY IF NEITHER PARENT IS AVAILABLE: (Must be at least 18 years old)

1. \_\_\_\_\_ WK/HM PHONE \_\_\_\_\_ CELL \_\_\_\_\_  
ADDRESS \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

2. \_\_\_\_\_ WK/HM PHONE \_\_\_\_\_ CELL \_\_\_\_\_  
ADDRESS \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

**CUSTODIAL INFORMATION:** If a non-custodial parent is not included among those persons authorized by the custodial parent to pick up the child, please explain on a separate sheet and attach a copy of appropriate documents (**Court Order**)

I give my permission for my child \_\_\_\_\_ (or foster child) to remain in the care of the K.E.E.P. Supervisor designated by the K.E.E.P., Inc. administration. He/she is in good physical health, has had the necessary immunizations for his/her age and to the best of my knowledge is free of any contagious diseases. I agree to abide by Project K.E.E.P.'s rules, which I have read, understand and accept.

### PLEASE SELECT ENROLLMENT (CHECK OFF DAYS IF YOU ENROLL IN 2,3 OR 4 DAY PROGRAM)

5 Days per week \_\_\_\_AM \_\_\_\_PM  
4 Days per week \_\_\_\_M \_\_\_\_T \_\_\_\_W \_\_\_\_TH \_\_\_\_F \_\_\_\_AM \_\_\_\_PM  
3 Days per week \_\_\_\_M \_\_\_\_T \_\_\_\_W \_\_\_\_TH \_\_\_\_F \_\_\_\_AM \_\_\_\_PM  
2 Days per week \_\_\_\_M \_\_\_\_T \_\_\_\_W \_\_\_\_TH \_\_\_\_F \_\_\_\_AM \_\_\_\_PM

**\*\*FLEX PROGRAM \_\_\_\_ \*\*Note: 2 Flex days will be charged when used on early or 1/2 day dismissal\*\***

**MEDICAL RELEASE**

In the event that a medical emergency occurs, I authorize K.E.E.P., Inc. and its affiliate staff to seek emergency care for my child as deemed necessary by the Director. I agree that in the event of serious injury my child will be transported to the nearest area hospital by the emergency squad. K.E.E.P., Inc., its Administration and/or Staff will not be held liable for any medical expenses incurred.

**K.E.E.P., Inc. Supervisors do not dispense any medication.**

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE

**MEDICAL INFORMATION**

Date of child's last tetanus shot \_\_\_\_\_  
Is child allergic to anything? \_\_\_\_\_ Yes \_\_\_\_\_ No If Yes, what? \_\_\_\_\_  
Is child taking medication? \_\_\_\_\_ Yes \_\_\_\_\_ No If Yes, what medication? \_\_\_\_\_  
Is child have special needs. Explain \_\_\_\_\_  
Physician's Name \_\_\_\_\_ Phone \_\_\_\_\_  
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**PHOTO RELEASE**

All pictures taken at K.E.E.P., Inc. of activities, groups, etc. may be used in promotion of K.E.E.P., Inc.

**CONSENT TO RELEASE INFORMATION**

\_\_\_\_\_ I give permission to share information (guided by management staff) regarding my child with school employees for the sole purposes of educational enrichment and enhancement

===== **PLEASE READ THE FOLLOWING STATEMENT BEFORE PLACING SIGNATURE BELOW:** =====

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

- a. K.E.E.P., Inc. 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. K.E.E.P., Inc. Expulsion Policy
- g. Photo release as indicated. (If you object to your child's photo being used, please cross out and initial).

and all other provisions of this program as set forth by K.E.E.P., Inc. I have the right to cancel this contract within 72 hours of the date it is signed, providing the program has not been utilized.

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE

K.E.E.P., Inc. has a variety of resources from which we can offer scholarship and financial assistance to those in need.  
I am in need of financial assistance \_\_\_\_\_ YES \_\_\_\_\_ NO  
If YES, someone from the K.E.E.P., Inc. Administrative Offices will contact you.

**Payment Options:**

1. You may pay your monthly tuition online at [www.keepkids.org](http://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 \_\_\_\_\_.