After Care Registration Form and Contract
September 2025 - June 2026

_____
Last Name

_____ _____
Student's First Name Grade

_____ _____
Student's First Name Grade

_____ _____
Student's First Name Grade

_____ _____
Student's First Name Grade

Contact Information: _____
Home Telephone

_____ _____
Mother Cell Mother Work

_____ _____
Father Cell Father Work

List the names of persons who should be contacted if the parents/guardians are unable to be reached at time of emergency and/or pickup.

Name: _____ Name: _____
Relationship to Child: _____ Relationship to Child: _____
Telephone: _____ Telephone: _____
Cell: _____ Cell: _____

Name: _____ Name: _____
Relationship to Child: _____ Relationship to Child: _____
Telephone: _____ Telephone: _____
Cell: _____ Cell: _____

After Care Fee Structure and Hours of Operation

Fee Structure: $11.00 per hour per child; minimum billing is 1 hour per child per month
Hours of Operation: Preschool 3s, 4s, & TK until 5:30 pm in Early Education Building
Grades K-8 until 5:30 pm in Multi-Purpose Room
Cell Phone to Contact PM Program After Regular School Hours - **K-8**: 908-399-1138
Preschool: 908-210-2154

Payment will be collected through electronic funds transfer via FACTS Account.

_____ _____
Parent Signature Date