



600 East Moss Mill Road
Galloway, NJ 08205

Before/After Care Application for the 2017-2018 School Year

INFORMATION ABOUT YOUR CHILD

Name: _____ Birth Date: _____ Age by October 1st _____

Name Your Child Wishes to Use at School _____ Gender: ___ F ___ M

Home Address _____
Street/Apt. _____ City _____ Zip Code _____

Please check the class that applies:

_____ Before Care _____ After Care _____ Hours Needed

*Student MUST be enrolled in either 5 before care days or 5 after care days OR Both

School District _____ Smithville Elementary _____ Pomona Preschool

If the schedule you are interested in does not appear please provided us with your desired schedule and we can try to accommodate your needs. The kindergarten program is designed for 5 full days.

Before and After Care Please complete a monthly calendar with desired days and times.
(Cost is an additional \$8 per hour)

Does your child have any allergies? (i.e. food, latex, etc.)

Does your child require an epipen? ___ Yes ___ No

INFORMATION ABOUT YOUR CHILD'S FAMILY

Parent/Guardian Name #1: _____

Home Address: _____
Street/Apt. _____ City _____ Zip Code _____

E-mail Address: _____ Home Phone: _____

Cell Phone: _____ Occupation: _____

Employer: _____ Employer Phone: _____

Interests/Hobbies: _____

Parent/Guardian Name #2: _____

Home Address: _____

Street/Apt.

City

Zip Code

E-mail Address: _____ Home Phone: _____

Cell Phone: _____ Occupation: _____

Employer: _____ Employer Phone: _____

Interests/Hobbies: _____

OTHER CHILDREN IN FAMILY

Name: _____ Age: _____ School: _____

Name: _____ Age: _____ School: _____

Before school/after school - \$4.00 per half hour; \$8.00 per hour;
\$60 for 5 days before care sessions; \$60 for 5days aftercare sessions
\$100 per week for unlimited before and aftercare

<p>Official Use: Enrollment Start Date:</p> <p>Weekly Payment Total:</p>
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