



Old Bridge Township Before & After School

New Student Enrollment Form (PLEASE PRINT)

Child's Name: _____

Date of Birth: _____

Child's School: _____

Grade: K(A.M.) K (P.M.) 1 2 3 4 5 6 7 8

Full Home Address: _____ (Street)

_____ (City, Zip Code)

Email Address: _____

Mother's Full Name: _____

Father's Full Name: _____

Employer: _____

Employer: _____

Home Phone: _____

Home Phone: _____

Business Phone: _____

Business Phone: _____

Cell Phone: _____

Cell Phone: _____

Below is a list of individuals, other than myself, who are authorized to pick up my child(ren) from the program (in case of an emergency or illness when a parent/guardian is not available. Emergency Contacts must be LOCAL!

Name: _____ Home#: _____ Cell#: _____

Name: _____ Home#: _____ Cell#: _____

Child(ren) Physician Dr. _____ Phone #: _____

Health Insurance Company: _____ ID#: _____ Group#: _____

My child requires the following special needs and/or has the following allergies: _____

By my signature, I attest to the following: That the above information is correct. That in the event of a medical emergency, I authorize The Township of Old Bridge Before & After School Program to see medical care deemed necessary.

Parent's Signature: _____

Date: _____

Custodial Information: If non-custodial parent is not included among those persons authorized by the custodial parent to pick up the child, please bring a copy of appropriate court documents to our office at the time of registration.

Elementary School Stamp/Signature: _____