

ANDREA McKENNA  
Director  
908-359-2111  
Fax: 908-359-5491



MAILING ADDRESS  
265 Burnt Hill Road  
Skillman, New Jersey 08558

Dear Parent:

Thank you for your interest in Montgomery Township's Kid Connection Before School and/or After School Program(s). Kid Connection offers children in Kindergarten, 1<sup>st</sup> grade or 2<sup>nd</sup> grade the opportunity to extend their school day to include before school care and/or after school care. If you have already printed the registration documents for our Kindergarten Enrichment program, you don't need to print a second set of documents for the before and/or after school program. Please refer to our main website (within the Montgomery Township website) for information on program times and costs.

If you haven't already done so, please call the director of Kid Connection at (908) 359-2111 to verify that the program you wish to enroll your child in is available at this time. If we can meet your schedule request, please print out the entire registration package and fill out all the paperwork. You will need to turn in all of these documents at the time of registration. We will also need a non-refundable \$150 deposit (made payable to Montgomery Recreation) at the time of registration. You will receive a call from our registration coordinator to set up an appointment to hand in your completed paperwork, deposit and sign the financial agreement. Once you have signed the financial agreement and turned in your paperwork and deposit, your child will be officially registered with us at that time. If after you have registered with us and wish to reduce services or cancel your child's registration with our program you will incur a \$250 administrative fee.

We look forward to meeting you and your child.

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## IMPORTANT

**PLEASE READ AND SIGN BELOW BEFORE REGISTERING!**

Dear Kid Connection Parents:

Montgomery Kid Connection follows the Montgomery Township Board of Education's school calendar for holidays, in-service days, and vacations. This includes snow days, delayed openings, and emergency early dismissals.

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I have read and understand that the Montgomery Kid Connection will follow the Montgomery Board of Education's school calendar.

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Child's name

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Parent's signature

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Date

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My child has the following allergies:

None \_\_\_\_\_

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He/She has an EpiPen for these allergies: Yes \_\_\_\_\_ No \_\_\_\_\_

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Dear Parent:

In keeping with New Jersey's child care center licensing requirements, we are obligated to provide you, as the parent of a child enrolled at our center, with this informational statement.

The statement highlights, among other things: your right to visit and observe our center at any time without having to secure prior permission, the center's obligation to be licensed and to comply with licensing standards and the program's expulsion policy. It is the obligation of all citizens to report suspected child abuse/neglect/exploitation to the State's Department of Children and Families at Hotline 1 (877) NJ ABUSE.

Please read this statement carefully. If you have any questions, feel free to contact me at (908) 359-2111.

Sincerely,

Andrea McKenna  
Director

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Please complete this portion and return it to the center. Please print.

Name of child \_\_\_\_\_

Name of parent \_\_\_\_\_

I have received a copy of the Information to Parents Statement prepared by the Office of Licensing, Child Care & Youth Residential Licensing, in the Department of Children and Families.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**KID CONNECTION CHILD INFORMATION SHEET**

Birthdate \_\_\_\_\_

Teacher \_\_\_\_\_

*(For Official Use Only)*

Child's Name \_\_\_\_\_

Home Address \_\_\_\_\_

Home Phone \_\_\_\_\_

**Mother's Name** \_\_\_\_\_

**Father's Name** \_\_\_\_\_

Work Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

E-mail \_\_\_\_\_

E-mail \_\_\_\_\_

Cell Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

(If there has been a custody decision, please list the name, or names, of persons NOT PERMITTED to pick up your child from the program.)

Please list two neighbors or relatives who will pick up, if necessary, and assume responsibility for the care of your child in case of an emergency.

1. Name \_\_\_\_\_ Address \_\_\_\_\_

Phone \_\_\_\_\_

2. Name \_\_\_\_\_ Address \_\_\_\_\_

Phone \_\_\_\_\_

Family Doctor \_\_\_\_\_ Address \_\_\_\_\_

Phone \_\_\_\_\_

Does your child have allergies? (such as penicillin, insect bites, food, dust, pollen, other) Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

**If there is a change in the above information, I will notify Kid Connection promptly in writing.**

Date \_\_\_\_\_ Signature of Parent/Guardian \_\_\_\_\_

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## KID CONNECTION PROGRAM

My child \_\_\_\_\_ is in good physical condition and can participate in all activities at Kid Connection.

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Parent Signature

Date

Teacher \_\_\_\_\_  
For Official Use Only

### KID CONNECTION PICK-UP RELEASE FORM

Dear Staff:

I have authorized the following person or persons to pick up my child from school in the event I am not able to do so myself.

I give \_\_\_\_\_ authorization to pick up my child,

\_\_\_\_\_  
Child's Name

**Parents Please Note:** The person or persons listed above should coordinate with those listed as emergency contacts on your **child's information sheet**.

Brief Description of the person named above:

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\_\_\_\_\_  
Parent/Guardian Signature



School Year \_\_\_\_\_

MONTGOMERY KID CONNECTION  
PARTICIPATION INFORMATION SHEET

Name: \_\_\_\_\_ Gender: \_\_\_\_\_ M \_\_\_\_\_ F \_\_\_\_\_

1. Nickname and what you would like your child to be called: \_\_\_\_\_

2. Child's date of birth: \_\_\_\_\_

3. Prior school/group experience: \_\_\_\_\_

4. Will your child tell us when he/she has to use the bathroom? \_\_\_\_\_

5. Does your child have known fears? If so, please explain: \_\_\_\_\_

\_\_\_\_\_

6. Does your child have sisters or brothers? \_\_\_\_\_

What are their names and ages? \_\_\_\_\_

7. Does your child have a favorite toy? \_\_\_\_\_

8. Primary language spoken at home: \_\_\_\_\_

9. Please describe your child's demeanor, i.e. active, quiet, verbal: \_\_\_\_\_

\_\_\_\_\_

10. Special Family Situations: \_\_\_\_\_

11. Any Allergies: \_\_\_\_\_

12. Any food restrictions: \_\_\_\_\_

If you have designated someone else to pick up your child, his or her proper identification on the Pick-Up Release form must be on file at Kid Connection.

**WE WILL NOT RELEASE A CHILD TO ANYONE UNLESS WE HAVE THE PROPER IDENTIFICATION ON FILE.**

Thank you for helping us at the Kid Connection to know and understand your child better. If there is something further regarding your child, not already covered, please use the space on the other side to explain.