

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, 1st grade or 2nd 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.

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

Child's name

Parent's signature

Date

My child has the following allergies:

None _____

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, and a Kid Connection Parent Manual which includes the following: Information to Parents Document, Policy on the release of children, Positive guidance and discipline policy, Policy on methods of parental notification, Policy on communicable disease management, Expulsion policy, and Policy on the use of technology and social media.

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

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

Name of child _____

Name of parent _____

I have read and received a copy of the Information to Parents Statement, and a copy of the information/policies listed above, as stated in the parent manual.

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.

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**. We will not release a child to anyone unless we have the proper identification and your permission.

Brief Description of the person named above:

Parent/Guardian Signature

For Official Use Only

**MONTGOMERY TOWNSHIP KID CONNECTION
BLANKET EMERGENCY RELEASE FORM**

In accordance with State Regulations, you are required to sign a Blanket Emergency Release giving the Emergency Room, First Aid Squad, or your child's physician permission to practice emergency medical treatment in case you cannot be reached. Please sign this form and return it to us promptly.

CHILD'S NAME _____

I hereby give permission to the facility staff to administer first aid and in the case of an emergency, to transport, secure proper treatment for and order injections, anesthesia or surgery for my child if it is determined to be necessary. I hereby give permission to emergency personnel, including first aid squad personnel, emergency room personnel, and the child's physician to practice emergency medical treatment if it is determined to be necessary. I understand that I will be responsible for all charges not covered by insurance.

Parent/Guardian Signature

Date

Name of Insurance _____

Policy # _____

Note any physical or mental conditions to be aware of in case of an emergency.

Other comments: _____

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: _____

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