



TOWNSHIP OF EDISON

DEPARTMENT OF RECREATION

100 MUNICIPAL BLVD
EDISON, NEW JERSEY 0881
PHONE: 732.248.7310
FAX: 732.985.0443

ONLINE REGISTRATION IS NOW AVAILABLE

2020/2021 School Year

Dear Parent/Guardian:

The Edison Recreation Department, in cooperation with the Edison Board of Education, will be offering the A.B.C. (After - Before School Child Care) Program for children in grades K thru 5 during the 2020/2021 school year in all elementary schools in the Township. A supervised program of recreational activities, the A.B.C. program provides an alternative for the child of working parents. The Program offers an opportunity for the child to be with friends, make arts & crafts, play games, and do their homework. The Program follows the school year calendar; when the schools are open, the program will be in session. The program will be closed during the school year only for holidays and inclement weather.

A Morning Program is offered from 7:00 a.m. until 9:00 a.m. and an Afternoon Program is offered from 3:30 p.m. until 6:00 p.m. at the child's school.

The Program's 2020/2021 fees to be made payable to the EDISON RECREATION DEPT. are listed below:

****A NON-REFUNDABLE \$35.00 PER CHILD REGISTRATION FEE**
IS DUE WITH EACH APPLICATION**

<u>SESSION</u>	<u>FIRST CHILD'S COST</u>	<u>ADDITIONAL CHILD'S COST</u>
MORNING ONLY	\$140.00 PER MONTH	\$ 70.00 PER MONTH
AFTERNOON ONLY	\$200.00 PER MONTH	\$100.00 PER MONTH
MORNING & AFTERNOON	\$340.00 PER MONTH	\$170.00 PER MONTH

There are limited openings at each school location and the program will be offered on a first come first serve basis. The program is subject to change and is dependent on enrollment and personnel. Please be advised, if your child is accepted into the Program, THE FIRST PAYMENT WILL BE DUE BY AUGUST 1ST.

On the reverse side of this letter you will find a registration form. If you would like to enroll your child in either the morning or afternoon program or both, please fill out this form and send it, along with the \$35.00 registration fee, to the EDISON RECREATION DEPARTMENT, 100 Municipal Boulevard, Edison, N.J. 08817. To avoid any delay in processing, this application must be filled out completely. Any incomplete applications will be mailed back to the parent/guardian, and will not be considered until they are returned to the Recreation Office complete.

IF YOU WOULD LIKE TO REGISTER ONLINE, visit the township website at www.EdisonNJ.org and click "Register for Recreation Now" and follow the instructions. For additional information, please contact the Recreation Office at 732-248-7310 daily from 8:00 a.m. – 4:30 p.m.

EDISON TOWNSHIP DEPARTMENT OF RECREATION
 A.B.C. ENROLLMENT APPLICATION
 2020/2021 ACCOUNT # _____

OFFICE USE	
DATE REC: _____	TIME _____
REGISTRATION FEE _____	CASH _____
CHECK/MO# _____	
CC TYPE _____	CC (LAST 4 DIGITS) _____
INITIALS _____	START DATE _____

PLEASE PRINT (ONLY ONE CHILD PER FORM)
INCOMPLETE FORMS WILL NOT BE CONSIDERED
NO FAXED APPLICATIONS ACCEPTED

CHILD'S NAME _____ MALE FEMALE

ADDRESS _____
 Street Apt.# City State Zip

DATE OF BIRTH _____ GRADE IN FALL 2020 _____ SCHOOL _____

PLEASE CHECK PROGRAM:

Do you have another child in or entering the program for 2020/2021? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name of Child _____ School _____ Grade _____

Morning Only Afternoon Only Morning & Afternoon

You can choose MORNING ONLY or AFTERNOON ONLY for Kindergarten children

I AM CHILD'S <input type="checkbox"/> PARENT <input type="checkbox"/> GUARDIAN
I AM <input type="checkbox"/> MARRIED <input type="checkbox"/> SINGLE
<input type="checkbox"/> DIVORCED <input type="checkbox"/> WIDOWED

PARENT/GUARDIAN INFORMATION

HOME PHONE # _____ E-MAIL ADDRESS _____

EMERGENCY CONTACT _____ PHONE # _____
 OTHER THAN PARENT

MOTHER'S NAME -	FATHER'S NAME -
MOM'S WORK # -	DAD'S WORK # -
MOM'S CELL # -	DAD'S CELL # -
CELL PHONE CARRIER -	CELL PHONE CARRIER -
EMPLOYER -	EMPLOYER -
CHILD'S DOCTOR -	DOCTOR'S PHONE # -

DOES YOUR CHILD HAVE ANY ALLERGIES, ADA CONCERNS (DISABILITY, IEP) OR ANYTHING WE SHOULD KNOW ABOUT THEM? YES NO IF YES, WHAT _____

IS YOUR CHILD ON MEDICATION? YES NO IF YES, WHAT _____

My child is in good health and all immunizations are up to date. In case of any medical emergency, where I cannot be reached, I give permission for immediate medical care for my child.

Below is a listing of individuals, other than myself, who are authorized to pick up my child from the A.B.C. Program. These individuals have been informed that proper identification may be required. Additional individuals can be added to the list by contacting the Recreation Office and the Instructor in writing.

If a non-custodial parent is not included among those persons authorized by the custodial parent to pick up your child(ren), please explain in writing and attach a copy of the documents (i.e. court order).

Please provide us with an e-mail address for the non-custodial parent: _____

I hold harmless Edison Township and its employees for any injuries incurred by my child. I consent to photo, video and audio recordings of my child while in this program, for use with Edison Recreation Activity Presentations.

DESIGNATED ALTERNATES & PHONE NUMBERS (PLEASE PRINT FIRST & LAST NAMES)	PARENT/GUARDIAN #1 CONSENT (MOTHER)	PARENT/GUARDIAN #2 CONSENT (FATHER)
NAME		
PHONE #	PRINT (NAME)	PRINT (NAME)
NAME		
PHONE #	SIGNATURE	SIGNATURE
NAME		
PHONE #	DATE	DATE