

C.A.R.E. REGISTRATION FORM 2015-2016

c/o LVJWC, P0 Box 553, LONG VALLEY, NJ 07853

Please print information clearly.

Class Information

Course Title: _____

School: _____ Day: _____ Time: _____

Student Information

Student Name: _____ Date of Birth: _____

Mailing Address, Town, Zip: _____

Email Address for Class Information/Alerts: _____

Mother's Name: _____ Mother's Cell #: _____

Father's Name: _____ Father's Cell #: _____

In Case of Emergency, CALL:

Name: _____ Contact Phone #: _____

Relationship: _____

Medical

Allergies/Medical Conditions or other events/conditions – Allergies that should be known to the Instructor and CARE Program regarding your Child. List Below or on Back of Form.

Student's Physician: _____ Physician's Phone: _____

Primary Medical Insurance Company: _____ Policy Holder: _____

Policy Number: _____ Group Number: _____

CARE POLICIES AND PROCEDURES:

1. Parents are FULLY responsible for the transport of their children to and from all CARE classes. NO CARE TEACHERS OR STAFF will bring your child to and from class. DO NOT drop your child off in the parking lot, or expect them to meet you there. STUDENTS MUST BE ESCORTED AT ALL TIMES.
2. ALL children must be picked up PROMPTLY after class. Teachers cannot supervise previous student and teach the next class. PLEASE Bring Your Child to the Bathroom PRIOR to CLASS.
3. Parents, participants and siblings of CARE must demonstrate proper conduct in school facilities. Parents will be held COMPLETELY responsible for any destruction of building property or the facilities themselves. PLEASE SUPERVISE YOUR CHILDREN ACCORDINGLY.
4. I hereby give permission to the Long Valley Junior Women's Club to use my child's photo to tell the public about CARE. I understand that photos may be submitted to newspapers, or used to advertise the CARE program.

I have read the above Policies and will adhere to them. In the Event, the Emergency Contact Person above cannot be reached; I hereby give Permission for the CARE Instructor to seek Medical Attention for my Child.

NAME: _____ DATE: _____

SIGNATURE: _____

Check # _____ Date: _____ Amount: _____