

# MUSTARD SEED COMMUNITY CHILDCARE AT OUR SAVIOR 2024 – 2025 KED REGISTRATION FORM

Registration is made on a space-available basis.

Mustard Seed Community Childcare at Our Savior strives to provide care to all children without discrimination, accommodating all who can function safely and appropriately within the structure of the program and curriculum. Upon receipt by MSCCOS of the completed Registration Form, signed Enrollment Agreement, and Registration Fee, the family is obligated to all MSCCOS financial and other policies.

**The KED Session (AM or PM) is assigned based on the session of kindergarten that your child is assigned at their school.**

**We do offer Before Care beginning at 7:30 am and After Care until 6:00 pm. This can be added after it is determined which session of KED your child will be attending.**

## **CHILD INFORMATION**

**NAME OF CHILD** \_\_\_\_\_

Last

First

Middle Initial

DATE OF BIRTH \_\_\_\_\_

SEX \_\_\_\_\_

GRADE \_\_\_\_\_

SCHOOL \_\_\_\_\_

**Requested Start Date** \_\_\_\_\_ **(If different that the first day of school)**

**Kindergarten Extended Day (KED)** *First come, first served enrollment, with limited spaces available.*

Mon. \_\_\_\_\_ Tues. \_\_\_\_\_ Wed. \_\_\_\_\_ Thurs. \_\_\_\_\_ Fri. \_\_\_\_\_

## **ABOUT YOUR CHILD**

To help us provide the most appropriate care and supervision for your child, please inform us as to whether your child have any special needs (ex. physical, emotional or developmental) which may require accommodation by our program. If so, please detail those needs and consider providing MSCCOS authorization to discuss with the child's teacher, Haddonfield Child Study Team, and principal as necessary.

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I give authorization for MSCCOS to discuss my child's needs with Haddonfield school and Child Study Team personnel.

Parent/Guardian Signature: \_\_\_\_\_ Date \_\_\_\_\_

## **FAMILY INFORMATION**

### **BILL TO and PRIMARY CONTACT:**

**NAME OF PARENT/ GUARDIAN** \_\_\_\_\_

**HOME ADDRESS** \_\_\_\_\_

**E-MAIL ADDRESS** \_\_\_\_\_

PHONE NUMBERS: Home \_\_\_\_\_ Cell \_\_\_\_\_

Work (incl. both main company # AND direct ext/voicemail) \_\_\_\_\_

EMPLOYER \_\_\_\_\_ OCCUPATION \_\_\_\_\_

ADDRESS \_\_\_\_\_

**\*I Agree to All Financial Responsibility** \_\_\_\_\_ Date \_\_\_\_\_

**NAME OF PARENT/ GUARDIAN #2** \_\_\_\_\_

HOME ADDRESS (if diff. from above) \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

PHONE NUMBERS: Home \_\_\_\_\_ Cell \_\_\_\_\_

Work (incl. both main company # AND direct ext/voicemail) \_\_\_\_\_

EMPLOYER \_\_\_\_\_ OCCUPATION \_\_\_\_\_

ADDRESS \_\_\_\_\_

**Are there any needs that Mustard Seed Community Childcare at Our Savior can help you family?**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**CUSTODY:** *If parents are divorced or separated, and/or the child is the subject of a court order, a certified copy (signed by a judge) of the most current document must accompany this form. If applicable, please indicate the court ordered custodial arrangement:*

\_\_\_ Parents Married \_\_\_ Joint Custody \_\_\_ Full Custody to Mother \_\_\_ Full Custody to Father

\_\_\_ Full Custody to: \_\_\_\_\_

Does non-custodial parent have the right to visit the program site or take the child from the program site?

\_\_\_ Yes **or** (these require court order) \_\_\_ No \_\_\_ Only with prior written/verbal authorization

**AUTHORIZATIONS**

MSCCOS needs two authorized emergency contacts other than parents. Contacts must be at least 18 years of age.

These individuals must be able to drive and be able to take your child in case of parent unavailability and be within **15-20** minutes of the program.

NAME \_\_\_\_\_ REL. TO CHILD \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE (H) \_\_\_\_\_ (W) \_\_\_\_\_

\_\_\_\_\_ (C) \_\_\_\_\_

NAME \_\_\_\_\_ REL. TO CHILD \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE (H) \_\_\_\_\_ (W) \_\_\_\_\_

\_\_\_\_\_ (C) \_\_\_\_\_

You may list as many additional persons (adults) authorized to pick up your child as you wish. You may attach a **signed** additional sheet if necessary. **Under no circumstances will a child be released to any other person without prior authorization by parent.**

NAME \_\_\_\_\_ REL. \_\_\_\_\_ PHONE \_\_\_\_\_

NAME \_\_\_\_\_ REL. \_\_\_\_\_ PHONE \_\_\_\_\_

NAME \_\_\_\_\_ REL. \_\_\_\_\_ PHONE \_\_\_\_\_

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FOR OFFICE USE ONLY:

Date Received: \_\_\_\_\_

Fees Included\$ \_\_\_\_\_

Check# \_\_\_\_\_