

MUSTARD SEED COMMUNITY CHILDCARE AT OUR SAVIOR 2023 – 2024 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.

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 _____

FOR OFFICE USE ONLY:

Date Received: _____

Fees Included\$ _____

Check# _____