



# CARE

Child-Centered Activities  
Reinforcing Excellence



## 2023-2024 CARE Registration Form

Dear CARE parents/guardians,

Please check off and fill in necessary information for your child(ren)'s CARE needs. Please note that CARE always bills one month ahead, and tuition is due on the 15<sup>th</sup> of every month. Tuition is posted on or about the 8<sup>th</sup> of the month. As a reminder, an email will be sent when tuition has posted. Payments are made at [www.MyProcare.com](http://www.MyProcare.com)

Based on your income, you may be eligible for childcare assistance. Camden County Department of Children's Services provides our families with assistance and support. If you need more information, please visit [www.camdencounty.com](http://www.camdencounty.com)

<b>MONTHLY FEES AND OPTIONS</b> (PLEASE CIRCLE SESSIONS TO ATTEND)				
Check Option	# Of Days	AM Session	PM Session	AM&PM
	3 Days	\$82	\$124	\$180
	4 Days	\$109	\$165	\$240
	5 Days	\$136	\$206	\$302
	Flex Tickets Non-refundable and non-transferable Can not be used on one session days	\$100 Five per book, each ticket good for 1 AM session or 1 PM session	\$100 Five per book, each ticket good for 1 AM session or 1 PM session.	Two tickets required

**A NON-REFUNDABLE \$35.00 Registration Fee (Per Family) will be billed with first month tuition.**  
**Please allow two business days for processing before CARE services can begin.**

**DISCOUNTS**

- 10% Discount for multiple children in a family  
(Child with higher tuition pays full tuition)
- 10% Discount for Pre-K under age 5 due to mandated time constraints  
Please read the Pre-K letter to parents on the district website under the CARE tab.
- 5% Discount for payment of annual tuition by August 15<sup>th</sup>  
(No refunds or credits for days not used)



Child's Name: \_\_\_\_\_

Child's School: \_\_\_\_\_

Child's Grade: \_\_\_\_\_

**SCHEDULE**  
**(Please check all sessions to attend)**

	Monday	Tuesday	Wednesday	Thursday	Friday
Morning					
Afternoon					

- The schedule you provide will remain for the **entire** month. Add on charges will be applied if CARE is used on days outside of the original schedule.
- If your schedule needs to be changed, please submit a "change of schedule form" and the changes will be made the following month.
- No refunds or credits will be given for days not used.

I, \_\_\_\_\_ agree to pay Bellmawr CARE \$\_\_\_\_\_per month. This fee is based on enrollment, *not attendance*.

Please sign, and date.

Parent/guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

If you have any questions, please do not hesitate to contact me at (856)323-3621, (856)931-6273 Ext.1399 or [jcroce@bellmawrschools.org](mailto:jcroce@bellmawrschools.org).

Sincerely,

*Jamie Croce*

Jamie Croce  
CARE Program Administrator

# ENROLLMENT APPLICATION

Name Of Child:	Birthdate:	Enrollment Date:
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PARENT/GUARDIAN INFORMATION	<i>Please check the box ( <input type="checkbox"/> ) to indicate the primary residence of the child listed above.</i>			
	<input type="checkbox"/> PARENT/GUARDIAN # 1		<input type="checkbox"/> PARENT/GUARDIAN # 2	
	Name:	Name:	Name:	Name:
	Relationship:	Relationship:	Relationship:	Relationship:
	Cell Phone:	Cell Phone:	Cell Phone:	Cell Phone:
	Home Phone:	Home Phone:	Home Phone:	Home Phone:
	Home Address:	Home Address :	Home Address :	Home Address :
	Employer Name:	Employer Name:	Employer Name:	Employer Name:
	Employer Phone:	Employer Phone:	Employer Phone:	Employer Phone:
	Employer Address:	Employer Address:	Employer Address:	Employer Address:
E-Mail Address:	E-Mail Address:	E-Mail Address:	E-Mail Address:	

EMERGENCY CONTACTS	Persons authorized to pick up your child and/or contact in case of emergency if neither parent is available to assume responsibility for the child.					
	Contact Name #1:	Contact Name #2:	Contact Name #3:	Contact Name #1:	Contact Name #2:	Contact Name #3:
	Relationship:	Relationship:	Relationship:	Relationship:	Relationship:	Relationship:
	Cell Phone:	Cell Phone:	Cell Phone:	Cell Phone:	Cell Phone:	Cell Phone:
	Home Phone:	Home Phone:	Home Phone:	Home Phone:	Home Phone:	Home Phone:
	Employer Phone:	Employer Phone:	Employer Phone:	Employer Phone:	Employer Phone:	Employer Phone:

CUSTODY	Name of person PROHIBITED from picking up your child:	
	If a non-custodial parent has been denied access, or granted limited access, to the child by a court order, please submit documentation to this effect for the center to maintain a copy on file, and to comply with the terms of the court order.	

PERMISSIONS	<input type="checkbox"/> I give permission for my child to participate in <b><u>WALKING TRIPS</u></b> within the center's neighborhood, using routes that pose no known safety hazards to children, with the understanding that the walk involves no entrance into another facility unless otherwise indicated.	<input type="checkbox"/> I <b><u>DO NOT</u></b> permission for my child to participate in <b><u>WALKING TRIPS</u></b> within the center's neighborhood, using routes that pose no known safety hazards to children, with the understanding that the walk involves no entrance into another facility unless otherwise indicated.
	<input type="checkbox"/> I give permission for my child to be <b><u>PHOTOGRAPHED</u></b> during normal daycare hours, field trips, or activities and understand that photographs may be used in promoting child care services, either in print or on the Internet.	<input type="checkbox"/> I <b><u>DO NOT</u></b> give permission for my child to be <b><u>PHOTOGRAPHED</u></b> during normal daycare hours, field trips, or activities and understand that photographs may be used in promoting child care services, either in print or on the Internet.

RECEIPT OF POLICIES	<p>I (we) attest that all of the information on this application is accurate, and that I (we) have received the following information:</p> <p><input type="checkbox"/> Center Policies and Procedures</p> <p><input type="checkbox"/> Information to Parents Document</p> <p><input type="checkbox"/> Policy on the Expulsion of Children from Enrollment</p> <p><input type="checkbox"/> Policy On The Use Of Technology And Social Media</p> <p><input type="checkbox"/> Policy On The Management Of Illnesses/Communicable Diseases</p> <p><input type="checkbox"/> Policy On The Release Of Children</p> <p><input type="checkbox"/> Policy on the Methods of Parental Notification of Injuries (if applicable)</p> <p><input type="checkbox"/> Other: <u>Permission to apply sunscreen I hereby give permission for the Bellmawr C.A.R.E staff to apply sunscreen to my child I understand I must replenish as necessary and sunscreen will not be shared</u></p> <p><input type="checkbox"/> Other: <u>Covid Consent Form</u></p>
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MEDICAL INFORMATION	Child's Health Care Provider:	
	Health Care Provider Phone:	
	Health Care Provider Address:	
	Name Of Insurance Company/Hmo:	
	Group #:	
	Identification #:	
	Subscriber's Name On Insurance Card:	
	Known Allergies (including medication):	
	Medication My Child Is Taking:	
List Special Conditions, Disabilities, Medical/Physical Restrictions, Medical Information For Emergency Situations:		

HEALTH STATEMENT	<p>As the parent/guardian of the above named child, I certify that he/she is in good physical health and may participate in the normal activities of the program and has no conditions or specific needs that require specific accommodations, unless otherwise indicated in the medical information provided above or an attached Universal Health Record or a Care Plan for Children with Special Health Needs.</p> <p style="text-align: right;">Parent/Guardian Initials:</p>
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EMERGENCY TREATMENT	<p>As the parent(s)/ legal guardian(s) of the above named child, I (we) attest that the information above is correct. I (we) authorize the child care center staff to obtain emergency treatment for my child and understand that I (we) shall be promptly notified.</p> <p style="text-align: right;">Parent/Guardian Initials:</p>
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Parent/Guardian Signature #1:	Date:	Parent/Guardian Signature #2:	Date:
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### Communication with School Staff/Administration

We believe that it is always in the best interest of the children for programs to work closely with school personnel. Communication is the key to successful collaboration. We have found that by working and strategizing together, we are often able to prevent problems or improve the level of service we can provide to a child.

For this reason, parents/guardians are asked to sign a release permitting the sharing of information about their child between the Bellmawr C.A.R.E. program and the school. Information may include (but is not limited to) successful homework strategies, general behavioral issues and other important notes that will assist with maintaining your child's health and safety.

From time to time the school or C.A.R.E. staff may feel that more extensive sharing of information would help to meet the needs of a child or family. In these cases, either the C.A.R.E. staff or school personnel may request permission for more in-depth discussion. We hope that, should these circumstances occur, parents/guardians will feel comfortable permitting a more extensive dialogue. Be assured that the C.A.R.E. staff considers any such information confidential, and if it is to be shared with school or C.A.R.E. staff, it will only be done on a need-to-know basis.

I authorize the sharing of information between the CARE Program and the school:

Parent/Guardian Printed name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Child/Children's name: \_\_\_\_\_



### Covid -19 Health Screening Attestation

The New Jersey Department of Children and Family Services requires all families to complete a self-daily health screening before arriving or upon arriving to a childcare program.

1. Did your child come in close contact with anyone diagnosed with COVID-19 in the past 10 days?
2. Does your child have headache, fever, muscle pain, chills, repeated shaking with chills?
3. Does your child have sore throat, nausea, vomiting, diarrhea, fatigue, congestion, or runny nose?
4. Is your child experiencing cough, shortness of breath, trouble breathing, loss of taste or smell?

1. **Attestation:** I agree that I will self-monitor these symptoms each day and not allow my child to enter the CARE Program if my child has at least 2 symptoms from #2 or #3 **OR** 1 symptom from # 4.

Printed name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

**\*This document must be signed and returned to the CARE Program prior to entry.**

**\* A signed copy only needs to be provided once.**

**\*One form per child.**