



Application

Place a check mark in the box/boxes below to indicate the program(s) your child/children will participate in.

Summer Enrichment Program (8:30 a.m. – 3:00 p.m.)

Extended Program (3:00 p.m. – 5:00 p.m.)

Summer Recreation Program:

1st Child - \$400

Each additional - \$350

Extended Program:

1st Child - \$200

Each additional - \$125

Payment Enclosed:

Check Money Order I am eligible for one of the state subsidies below (*check one*)

ECC *Office for Children*

Please forward form to the main office to be completed.

Note: Checks and money orders should be made payable to the South Hackensack Board of Education

Student Information

1st Child's Name: _____

Date of Birth: _____ Age: _____ Grade: _____

Health Problems: _____

Allergies: _____

2nd Child's Name: _____

Date of Birth: _____ Age: _____ Grade: _____

Health Problems: _____

Allergies: _____

3rd Child's Name: _____

Date of Birth: _____ Age: _____ Grade: _____

Health Problems: _____

Allergies: _____

Parent/Guardian Contact Information

Parent/Guardian 1: _____

Relationship to Child: _____

Home Address _____

Telephone Number: _____

Alternate Telephone Number: _____

Parent/Guardian 2: _____

Relationship to Child: _____

Home Address (*if different from above*) _____

Telephone Number: _____

Alternate Telephone Number: _____

Emergency Contact Information

In the event of an emergency and neither parent can be reached, list below someone, other than yourself, who would take responsibility of your child. This person should live locally and must understand they will be expected to pick up your child, if the circumstances require this. They must be 18 years of age or older.

Emergency Contact Name: _____

Relationship: _____

Telephone: _____

Emergency Contact Name: _____

Relationship: _____

Telephone: _____

Signature of Parent: _____

Date: _____