

SAM Inc.  
**AFTER SCHOOL PROGRAM**  
REGISTRATION FOR SCHOOL YEAR 2019 – 2020

Child's Name: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_ Gender: \_\_\_\_\_

Child's Name: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_ Gender: \_\_\_\_\_

New Student  Will Return

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

**HOME PHONE** \_\_\_\_\_

**MOTHER** Name: \_\_\_\_\_

Employer's Name: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**FATHER** Name: \_\_\_\_\_

Employer's Name: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

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**PICK-UP** My child may be released from SAM to the following people (in addition to parents):

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relation \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relation \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relation \_\_\_\_\_

**ALERTS** Please note any *allergies, restrictions to foods (include if vegetarian or non-beef)* or activity, medicines taken, special learning, physical or emotional needs and any other information that we need to know to take the best care of your child. Every effort will be made to accommodate medical or other food restrictions. We are almost always successful but SAM is not a controlled environment. If you have concerns or a potentially urgent medical situation, please speak directly to us to review the situation.

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

SAM Inc.  
**AFTER SCHOOL PROGRAM**  
 REGISTRATION FOR SCHOOL YEAR 2019 - 2020

Child(rens) Name(s): \_\_\_\_\_

1. **Yearly Registration Fee (*non refundable*):** \$190 per child, \$100 per sibling. Payable to SAM, Inc.

**2. Daily Fees**

# days per week	5 days/week	4 days/week	3 days/week	2 days/week	1 day/week
Price per day	<i>\$32 per day</i>	<i>\$34 per day</i>	<i>\$36 per day</i>	<i>\$38 per day</i>	<i>\$40 per day</i>
*Sibling per day	<i>\$25 per day</i>	<i>\$27 per day</i>	<i>\$29 per day</i>	<i>\$31 per day</i>	<i>\$33 per day</i>

\*Discount per day for *older* sibling reflected in prices above

3. **Schedule** (Note: First day of school is Tuesday, September 3) Start Date: \_\_\_\_\_

Please circle approximate weekly schedule. You may change this later: M T W Th F

**4. Enroll**

Return Registration Fee and forms to: SAM Inc. 9 Canoe Brook Road, Short Hills, NJ 07078  
 You will receive Monthly Invoice and Scheduling Form upon receipt.

5. **Signature of Parent or Guardian** \_\_\_\_\_ Date: \_\_\_\_\_

**SAM, Inc.**

**STUDENT INFORMATION FORM**

**Child(ren)**

First Child's Name \_\_\_\_\_ Birth Date \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_

Second Child's Name \_\_\_\_\_ Birth Date \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_

**Mother**

Mother's Name \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell \_\_\_\_\_ Email \_\_\_\_\_

Employer's Name \_\_\_\_\_ Phone \_\_\_\_\_

Work Address  
\_\_\_\_\_

**Father**

Father's Name \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell \_\_\_\_\_ Email \_\_\_\_\_

Employer's Name \_\_\_\_\_ Phone \_\_\_\_\_

Work Address  
\_\_\_\_\_

Child(ren)'s Name \_\_\_\_\_  
\_\_\_\_\_

**Medical Information**

Doctor \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Allergies \_\_\_\_\_  
\_\_\_\_\_ Medications \_\_\_\_\_

List food allergies, dietary preferences, or special education, social or physical needs. Include a notation if you require a vegetarian or beef-free diet. Every effort will be made to accommodate medical or other food restrictions. We are almost always successful but SAM is not a controlled environment. If you have concerns or a potentially urgent medical situation, please speak directly to us to review the situation.

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

**Participation in SAM Program**

I allow my child(ren) \_\_\_\_\_ to attend the SAM program and to participate in the activities (except as specified by me above). I understand that SAM, Inc. will follow the procedures stated in the NJ State Licensing Manual for Day Care Centers in the operation of the SAM program. I acknowledge that if my child's behavior at SAM is determined by the SAM staff to be detrimental to the program or to the other children in the program, (and such behavior continues to be so after consultation with me and attempts at improvement), I will be required to withdraw my child from SAM if it is the decision of the SAM administration.

\*Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

**Release for Medical Treatment**

In case of an emergency in which, in the opinion of SAM staff, time is of the essence, I give SAM, Inc. permission to seek the nearest medical attention for my child and/or for my child to be attended to and transported by EMT's and ambulance.

\*Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

\*Signatures to remain in force as long as child attends a SAM, Inc. Program.

Model Letter To Parents To Be Typed on Center's Stationery

Dear Parent:

In keeping with New Jersey's child care center licensing requirements, we are obliged to provide you, as the parent of a child enrolled at our center, with this informational statement.

The statement highlights, among other things: your right to visit and observe our center at any time without having to secure prior permission; the center's obligation to be licensed and to comply with licensing standards; and the obligation of all citizens to report suspected child abuse/neglect/exploitation to the State's Division of Youth and Family Services (DYFS).

Please read this statement carefully and, if you have any questions, feel free to contact me at \_\_\_\_\_.

Sincerely,

Director



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Please complete and return this portion to the center. (Please print)

Name of Child \_\_\_\_\_

Name of Parent \_\_\_\_\_

I have read and received a copy of the Information to Parents Statement prepared by the Bureau of Licensing in the Division of Youth and Family Services.

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

**SAM, Inc.**  
**9 Canoe Brook Road**  
**Short Hills, NJ 07078**

**GENERAL FIELD TRIP PERMISSION**

I permit SAM, Inc. to take my child(ren)

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on walking trips around the area of Glenwood Elementary School.

These trips include “trick or treating” on Halloween, trip to the Arboretum and the like. These trips are infrequent and will be announced beforehand to parents.

For Middle School students, a walk to town from Millburn Middle School, in the company of a SAM staff member, for an after-school snack is common on days that are Early Dismissal Days for elementary school students (i.e. no younger students present). On the event of this outing, we plan to return to the Middle School by 5:00 pm.

This permission slip does not apply to Half Day or Vacation Day trips, which have a separate sign-up procedure.

I understand that this permission form will remain in effect as long as my child(ren) attends a SAM, Inc. program.

Parent or Guardian Name:

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

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

**SAM, Inc.**  
**9 Canoe Brook Road**  
**Short Hills, NJ 07078**

**AUTHORIZATION FOR TRANSPORTATION**

**Part I**

I authorize SAM, Inc. to transport my child(ren)

\_\_\_\_\_

from \_\_\_\_\_ School to SAM at the \_\_\_\_\_ at the end  
of the school day.

I understand that my child will be transported by the school buses used by Millburn Township School District.

I understand that this permission form will remain in effect as long as my child(ren) attends a SAM, Inc. program.

Parent or Guardian Name: \_\_\_\_\_

Signature agreeing to Part I: \_\_\_\_\_ Date: \_\_\_\_\_

**Part II**

In the **unlikely event** that my child does not board the bus from school to the SAM program, or the licensed school bus fails during a SAM Vacation Day or Half Day trip and that no licensed school bus replacement can be had within a reasonable time frame, I give permission for a SAM staff member to transport my child using their own vehicle. I understand that this service is done as a "favor" to me. I understand that it is not a "job requirement" of the SAM employee, that neither the employee nor SAM, Inc. possess any special certification or insurance for this transportation "favor" and that the employee will not be paid for this "favor".

I understand that this permission form will remain in effect as long as my child(ren) attends a SAM, Inc. program.

If you decline this option, and this event arises, your child's school and/or SAM will contact you for your other arrangements.

Parent or Guardian Name: \_\_\_\_\_

Signature agreeing to Part II: \_\_\_\_\_ Date: \_\_\_\_\_

# MINOR (CHILD) PHOTO RELEASE FORM

This form is optional, but helpful to SAM to be able to show the Millburn community what the SAM experience is like for the children. Thank you.

I, \_\_\_\_\_, the parent or legal guardian of

\_\_\_\_\_ [Child] grant Students After-school in Millburn, Inc.

(SAM, Inc.) my permission to use the photographs described as:

**Photographs of my child at the SAM Program**

for: publicity, illustration, advertising, and web content. Neither your child's name nor any identifying information will be published.

**Parent/Guardian's Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_

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