



For Office Use Only
 _____AM _____PM Flex 5/10/15
 Reg. \$50.00 _____ Security Deposit _____
 Program Fee _____ Office Initials _____
 Check # _____ Credit Card _____

PROJECT K.E.E.P. 2016-2017 School Year
 11 Park Lake Rd., Sparta, NJ 07871 PH: (973) 383-2213 FAX: (973) 383-5915

SCHOOL _____

DATE OF APPLICATION _____ DATE OF BIRTH _____ START DATE _____

CHILD'S NAME _____ SEX M F
 ADDRESS _____ TOWN _____ ZIP _____ PHONE _____

MOTHER'S INFORMATION: Custodial Parent Non-Custodial Parent Legal Guardian

NAME _____ HOME PHONE _____ CELL PHONE _____
 HOME ADDRESS _____
 NAME OF EMPLOYER _____ WORK PHONE _____
 BUSINESS ADDRESS _____ EMAIL _____

FATHER'S INFORMATION: Custodial Parent Non-Custodial Parent Legal Guardian

NAME _____ HOME PHONE _____ CELL PHONE _____
 HOME ADDRESS _____
 NAME OF EMPLOYER _____ WORK PHONE _____
 BUSINESS ADDRESS _____ EMAIL _____

Are you or your spouse currently enlisted in the Armed Forces? Check One YES NO

PERSONS AUTHORIZED TO PICK CHILD UP IN CASE OF EMERGENCY IF NEITHER PARENT IS AVAILABLE:

(Must be at least 18 years old) Please supply at least two **LOCAL** contacts. Use an additional sheet if necessary.

1. _____ WK/HM PHONE _____ CELL _____
 ADDRESS _____ RELATIONSHIP _____

2. _____ WK/HM PHONE _____ CELL _____
 ADDRESS _____ RELATIONSHIP _____

PHOTO RELEASE

All pictures taken at K.E.E.P., Inc. of activities, groups, etc. may be used in promotion of K.E.E.P., Inc.

MEDICAL INFORMATION

Date of child's last tetanus shot _____
 Is child allergic to anything? ___Yes ___No If Yes, what? _____
 Is child taking medication? ___Yes ___No If Yes, what medication? _____
 Does child have special needs? Explain _____
 Physician's Name _____ Phone _____

CONSENT TO RELEASE INFORMATION

____I give permission to share information (guided by management and staff) regarding my child with school employees for the sole purposes of educational enrichment and enhancement.

PLEASE SELECT ENROLLMENT (CHECK OFF DAYS IF YOU ENROLL IN 2, 3 OR 4 DAY PROGRAM)

5 Days per week _____AM _____PM
 4 Days per week _____M _____T _____W _____TH _____F _____AM _____PM
 3 Days per week _____M _____T _____W _____TH _____F _____AM _____PM
 2 Days per week _____M _____T _____W _____TH _____F _____AM _____PM

****FLEX PROGRAM** _____ ****Note: 2 Flex days will be charged when used on early or 1/2 day dismissal****

I give my permission for my child _____(or foster child) to remain in the care of the K.E.E.P. Supervisor designated by the K.E.E.P., Inc. administration. He/she is in good physical health, has had the necessary

immunizations for his/her age and to the best of my knowledge is free of any contagious diseases. I agree to abide by Project K.E.E.P.'s rules, which I have read, understand and accept.

PARENT/GUARDIAN SIGNATURE DATE
Please Print Name of Above Signature _____

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MEDICAL RELEASE

In the event that a medical emergency occurs, I authorize K.E.E.P., Inc. and its affiliate staff to seek emergency care for my child as deemed necessary by the Director. I agree that in the event of serious injury my child will be transported to the nearest area hospital by the emergency squad. K.E.E.P., Inc., its Administration and/or Staff will not be held liable for any medical expenses incurred.

K.E.E.P., Inc. Supervisors do not dispense any medication.

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PLEASE READ THE FOLLOWING STATEMENT BEFORE PLACING SIGNATURE BELOW:

I have received, read, understand, agree to and accept all of the terms under which I have enrolled in K.E.E.P., Inc., including but not limited to the following:

- a. K.E.E.P., Inc. Handbook
- b. K.E.E.P., Inc. Financial Policies as stated in the Handbook
- c. Emergency Medical Care
- d. Information to Parents Statement & Policy on Release of Children
- e. Policy on Management of Communicable Diseases
- f. K.E.E.P., Inc. Expulsion Policy
- g. Photo release as indicated. (If you object to your child's photo being used, please cross out and initial).

and all other provisions of this program as set forth by K.E.E.P., Inc. I have the right to cancel this contract within 72 hours of the date it is signed, providing the program has not been utilized.

PARENT/GUARDIAN SIGNATURE DATE
Please Print Name of Above Signature _____

K.E.E.P., Inc. has a variety of resources from which we can offer scholarship and financial assistance to those in need.
I am in need of financial assistance _____YES _____ NO
If YES, someone from the K.E.E.P., Inc. Administrative Offices will contact you.

CUSTODIAL INFORMATION: If a non-custodial parent is not included among those persons authorized by the custodial parent to pick up the child, please explain on a separate sheet and attach a copy of appropriate documents **(Court Order)**