



Green Apple Aftercare



At Frelinghuysen Township School

Mailing Address: PO Box 327, Greendell, NJ 07839 (973) 300-5547 Fax: 973-300-5549

www.greenappleacademy.net

Aftercare Registration Form

Registration Fee: \$30

Tuition: _____

Child's Name: _____

Date of Birth: _____

Mailing Address: _____

Physical Address (if different): _____

Email Address: _____

Grade/Teacher: _____

Father's Name: _____

Cell Phone: _____

Father's Employer: _____

Business Phone: _____

Mother's Name: _____

Cell Phone: _____

Mother's Employer: _____

Business Phone: _____

Emergency Contacts/Authorized Pick up People (not including Parents)

- | | | |
|---------------------|---------------------|--------------|
| 1. Full Name: _____ | Relationship: _____ | Phone: _____ |
| 2. Full Name: _____ | Relationship: _____ | Phone: _____ |
| 3. Full Name: _____ | Relationship: _____ | Phone: _____ |
| 4. Full Name: _____ | Relationship: _____ | Phone: _____ |

Program Choice:

____ Full Time (4-5 days per week) \$260.00 per month

____ Monday ____ Tuesday ____ Wednesday ____ Thursday ____ Friday

____ Part Time (2-3 days per week) \$195.00 per month

____ Monday ____ Tuesday ____ Wednesday ____ Thursday ____ Friday

____ Drop-in @ \$18.00 per hour

By signing this form I hereby understand and agree to the fees and regulations attached to this registration form and presented in the Aftercare Manual including behavior, suspension and expulsion. In the event of a medical emergency I authorize all medical and surgical treatment, x-ray, laboratory, anesthesia and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for my child and waive my right to informed consent of treatment. This waiver applies only in the event that neither parent/guardian can be reached in the case of an emergency.

Signed: _____

Date: _____