

**St. Mark's After School Program**  
1 East Haddon Ave. Oaklyn, NJ 08107  
**Registration Form**



*All information will be kept confidential. Please print or type the necessary information requested below. You must submit a registration fee along with this application of \$50 per child or \$85 for more than one child.*

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

DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Grade entering in fall: \_\_\_\_\_

Home address: \_\_\_\_\_

Home phone #: \_\_\_\_\_

Mother's name: \_\_\_\_\_ Cell #: \_\_\_\_\_

Father's name: \_\_\_\_\_ Cell #: \_\_\_\_\_

Mother's employer: \_\_\_\_\_ Employer's #: \_\_\_\_\_

Father's employer: \_\_\_\_\_ Employer's #: \_\_\_\_\_

Name of person(s) who can be contacted in an emergency during After School Program hours:

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Child's physician: \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

Hospital preference: \_\_\_\_\_

**Emergency release:** If emergency medical care is deemed necessary and I cannot be reached, I authorize St. Mark's After School Program staff to act on my behalf in granting permission for my child to receive medical emergency treatment.

Parent/guardians signature: \_\_\_\_\_

If you have authorized someone else to pick up your child, please provide their names and phone numbers below. If you plan to have anyone other than the people listed below pick up your child, you must call or leave a note. It is required that we keep a photocopy their license on file.

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Does your child have any allergies? (If so, please provide details): \_\_\_\_\_

Please use this space to provide us with any medical information about your child that you think we should be aware of for the program: \_\_\_\_\_

Please use this space to provide information in which the After School Program staff should be aware of for your child's welfare: \_\_\_\_\_

I would like my child to take part in any planned Christian activities: Yes \_\_\_\_\_ No \_\_\_\_\_

I have no objection to the use of photographs of my child for educational and/or promotional purposes.

I object to the use of photographs of my child for educational and/or promotional purposes.

Please circle days in which your child will be attending our After School Program (Latchkey):

Monday

Tuesday

Wednesday

Thursday

Friday

Anticipated time your child will be picked up: \_\_\_\_\_

I do not object to my child going for walks to local parks: \_\_\_\_\_

Signature

I give permission for my child to participate in walking trips that the class may take during the year: \_\_\_\_\_

Parent's signature

In cases of extreme weather (snow, thunderstorms, hail, etc.), I agree to allow St. Mark's staff to pick my child up at Oaklyn school in the St. Mark's Lutheran Church activity van:

\_\_\_\_\_

Parent's signature

I have read and agree to all the terms in the St. Mark's Parent Policy Manual and I will keep a copy on hand: \_\_\_\_\_

Parent's signature

Date registration was received: \_\_\_\_\_

Registration fee must be received upon registration to be considered registered.

Non refundable/transferable registration fee of \$50/1 child, \$85/2 children, \$125/3 children.

Check # \_\_\_\_\_ Money order # \_\_\_\_\_

Shot Records/UHR/policy signature received: \_\_\_\_\_

*Please retain the following page for your records. It contains important information for your reference regarding our program as well as pricing/policy information.*

**\*\*PLEASE TEAR OFF & KEEP THE FOLLOWING INFORMATION  
IN A SAFE PLACE FOR YOUR REFERENCE\*\***

- ❖ **Our After School Program is open until 6:00 pm. It is IMPERATIVE that your child be picked up by this time due to the fact that this is a shared facility and there may be other functions which will begin after 6:00.**
- ❖ **If your child is not picked up by 6:00 the following will apply: According to our policy, late pick up fees are as follows: \$5.00 for the first (5) minutes late. Any time after the first (5) minutes is billed \$1.00 per minute. If your child is repeatedly picked up after 6:00 he or she will be expelled from our program.**
  - For security reasons only, St. Mark's must receive a copy of the parents/guardians photo ID. This ID must be received along upon registration.
  - Our email address is: [stmarksnurseryschool@outlook.com](mailto:stmarksnurseryschool@outlook.com).
  - Our Facebook account is: Jen Serena St. Mark's. This page is private and no names are ever associated with any of the children in our program. It is a source of weekly information and reminders. We encourage you to join this page.
  - Our school closing # is: 592.
  - Our main office # is: 856-854-0806.
  - Jen Serena is our Nursery School and After School Program (Latchkey) Director.
  - Jackie Allen is our Financial Secretary. Her # is: 856-854-5910.
  - Any changes in phone numbers, addresses or medical information must be reported ASAP.
  - Any changes to the people permitted to pick up your child must be reported ASAP.

**After School Program Rates:**

- \$10.00/day after attendance of a full day at school.
- \$15.00/day after attendance of a half day at school.
- \$25.00/day to attend a full day at St. Mark's when school is closed.