



Brick Township  
**Police Athletic League**  
**Pre-School, Pre-K, and Before & After School Program**  
2011/2012 REGISTRATION  
INSTRUCTIONS & INFORMATION

- **\$25.00 non-refundable Registration Fee** per child is due at registration.
- **1-week non-refundable deposit** per child based on child's schedule to be applied to child's last scheduled week of before &/or after school care is also due at registration.
- There is a 3-day per week minimum charge for both the A.M. and P.M. programs. If your child comes for both programs, you are responsible for a minimum of 3-days for A.M. and 3-days for P.M. They are separate programs.
- Checks are made payable to **Brick PAL**. Please note child's name and school on check.
- You are billed **weekly**. Payments must be received by Thursday of the same week. A \$25.00 late fee will be applied to all accounts not paid by close of business on Thursday. There are no exceptions. If Thursday is a holiday, payment must be received no later than close of business on Wednesday of the same week (or Tuesday of school is closed Wednesday and Thursday).
- Schedule changes **MUST** be received no later than Noon on Wednesday of the preceding week.
- ALL children must be picked up **prior to 6:30pm**. A \$20.00 overtime charge will be applied if a child is not picked up on time.
- Before School Care children **MUST** be walked into the site and signed in by Parent/Guardian. They **CANNOT** be dropped off **prior to 6:30am**.
- The returned check fee is \$40.00. After 2 returned checks only cash or money orders will be accepted.
- Registration Forms need to be returned with Registration Fee and Deposit. They cannot be faxed. A Universal Health Form is required for all children aged 5 & under and is due 14 days from the date of registration.
- Admittance into the Before and/or After School program is limited and on a first come, first served basis.

**REFER TO YOUR PARENT HANDBOOK FOR FULL DETAILS.**

Revised 4/26/2010

PO Box 4095 (60 Drum Point Road)  
Brick, NJ 08723  
732-477-0144



# Brick Township Police Athletic League

## 2011/2012 Pre-K and Before/After School Care Registration Form

Po Box 4095  
 60 Drum Point Road  
 Brick, NJ 08723  
 732-477-0144  
 \$25 Registration Fee

### Child Attendance Contract

<b>Requested Starting Date:</b>	<b>School Child Attends:</b>
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### GRADES 1-6 Please Check Session & Days Child Will be Attending

<input type="checkbox"/> AM Session (If available)	<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday
<input type="checkbox"/> PM Session	<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday

### KINDERGARTEN (PLC) Please Check Session & Days Child Will be Attending

<input type="checkbox"/> Program S (6:30am-8:15am) <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thu <input type="checkbox"/> Fri					
<input type="checkbox"/> Program A (6:30am-Noon) <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thu <input type="checkbox"/> Fri	<input type="checkbox"/> Program B (Noon-6pm) <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thu <input type="checkbox"/> Fri	<input type="checkbox"/> Program C (3:30pm-6pm) <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thu <input type="checkbox"/> Fri			

### PRE-K & PRE-SCHOOL PROGRAM Please Check Session & Days Child Will be Attending

<input type="checkbox"/> Program A (6:30am-Noon) <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thu <input type="checkbox"/> Fri	<input type="checkbox"/> Program B (Noon-6:30pm) <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thu <input type="checkbox"/> Fri	<input type="checkbox"/> Program D (6:30am-6:30pm) <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thu <input type="checkbox"/> Fri
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### Child's Information

<b>Child's Name:</b>		<b>Date of Birth:</b>	
<b>Child's Street Address:</b>			
<b>City/State/Zip:</b>		<b>Child's Home Phone:</b>	
<b>Sex:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female	<b>Ethnicity/Race:</b> <input type="checkbox"/> Black or African American <input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> Caucasian <input type="checkbox"/> Asian American Indian/Alaska Native <input type="checkbox"/> Native Hawaiian/Pacific Islander	<input type="checkbox"/> Other _____ <input type="checkbox"/> Prefer not to disclose

### PARENT/GUARDIAN INFORMATION

PLEASE CIRCLE - YES OR NO

Parent/Guardian Name	Relationship	Emergency Contact	Authorized Pick-Up	Lives with Child
1)		Yes No	Yes No	Yes No
Telephone -- Home#		Cell/Beeper#		Work #
Email Address: _____				
2)		Yes No	Yes No	Yes No
Telephone -- Home#		Cell/Beeper#		Work #
Email Address: _____				

### Add'l Emergency Contact & Pick-up Information MUST BE 18 YEARS-OF-AGE OR OLDER

Contact Name	Relationship to Child	Emergency Contact	Authorized Pick-Up
3)		Yes No	Yes No
Telephone -- Home#		Cell/Beeper#	
Telephone -- Home#		Cell/Beeper#	
Telephone -- Home#		Cell/Beeper#	
Telephone -- Home#		Cell/Beeper#	
STATE ANY PICK-UP RESTRICTIONS (Copies of Restraining/Court Orders MUST be on file at PAL):			



### Physician Information

<i>Physician Name:</i>	<i>Phone #</i>
<i>Address:</i>	

### Insurance Information

<i>Insurance Carrier:</i>		
<i>Address:</i>		
<i>ID #</i>	<i>Policy #</i>	<i>Group #</i>

### Additional Information You Feel is Necessary (Diet Restrictions, Behavior Issues, etc)

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### Is your child under the care of a Physician for Medical and/or Allergies (asthma? bee sting? Food/nut allergies? Etc.)

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### Parent/Guardian Authorization

<ol style="list-style-type: none"> <li>1) Please enroll my child for the period beginning as indicated on the front of this application. I understand my child will remain in Brick PAL Kids for period reserved for him/her.</li> <li>2) I authorize Brick PAL to utilize pictures of my child in their advertisements.</li> <li>3) I state that we are the parent/guardians having legal custody of the above child and attest that the information above is correct.</li> <li>4) I authorize the Director or Director's designee of the above childcare center to obtain emergency treatment for my child. I further consent to an x-ray examination, anesthetic, medical or surgical diagnosis or treatment, and hospital care to be rendered to the minor at a recognized medical facility, under the general or special supervision of a licensed physician or surgeon.</li> <li>5) I also recognize and understand that the use of any equipment and/or my participation in any activity sponsored by the Brick Township Police Athletic League will be done at my own risk, knowing that the use of said equipment and/or participation in said activities may subject me to physical injury serious or otherwise. As such, I will not hold the Brick PAL, it's members, coaching staff/volunteers and directors responsible for any accident or injury that may befall me in the use of said equipment and/or the participation in said activities. Furthermore, I will provide the Brick PAL with a medical certification form from my doctor attesting to my physical ability to participate in certain activities requiring notification.</li> <li>6) By affixing my signature below, I agree and fully comprehend that I am responsible for all payments incurred with regard to this program.</li> </ol>	
_____	_____
<b>Signature of Parent/Guardian</b>	<b>Date</b>
_____	_____
<b>Signature of Parent/Guardian</b>	<b>Date</b>



# Brick Township Police Athletic League

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## 2011-2012 BEFORE/AFTER SCHOOL RATES

<b>AFTER SCHOOL CARE</b>	<b><i>Per Week Rates</i></b>	<b>3 Days</b>	<b>4 Days</b>	<b>5 Days</b>
Minimum 3 days per week		\$40.50	\$54.00	\$67.50

<b>BEFORE SCHOOL CARE</b>	<b><i>Per Week Rates</i></b>	<b>3 Days</b>	<b>4 Days</b>	<b>5 Days</b>
Minimum 3 days per week		\$18.00	\$24.00	\$30.00

<b>KINDER KIDS (PLC)</b>	<b><i>Per Week Rates</i></b>	<b>3 Days</b>	<b>4 Days</b>	<b>5 Days</b>
Program S (6:30am - 8:15am)		\$18.00	\$24.00	\$30.00
Program A (6:30am – 11:25am)		\$54.00	\$72.00	\$90.00
Program B (11:20am - 6:00pm)		\$60.00	\$80.00	\$100.00
Program C (3:00pm - 6:00pm)		\$30.00	\$40.00	\$50.00
Program A&C (6:30am – 11:25am & 3:00pm - 6:00pm)		\$81.00	\$108.00	\$135.00
Program S&B (6:30am - 8:15am & 11:20am - 6:00pm)		\$69.00	\$92.00	\$115.00

<b>PRE-K &amp; Pre-School</b>	<b><i>Per Week Rates</i></b>	<b>3 Days</b>	<b>4 Days</b>	<b>5 Days</b>
Program A (6:30am - Noon)		\$56.25	\$75.00	\$93.75
Program B (Noon - 6:30pm)		\$60.00	\$80.00	\$100.00
Program D (6:30am - 6:30pm)		\$90.00	\$120.00	\$150.00

**Registration Fee:** \$25.00 per child

**Security Deposit:** One week based on child's schedule



**Brick Township Police Athletic League**  
**Pre-K and Before/After School**  
**Doctors Health Release – 20011/2012**

PO Box 4095  
 60 Drum Point Road  
 Brick, NJ 08723  
 732-477-0144  
 Fax: 732-477-0510

*This form must be completed by a Licensed Physician and returned with the Registration Form.*

**CHILD'S NAME:** \_\_\_\_\_ **School Name:** \_\_\_\_\_

**Immunization History**

<i>Vaccines</i>	<i>DATES</i>					
DTP						
Haemophilus Influenza b (HIB)						
Polio						
Measles/Mumps/Rubella (MMR)						
Hepatitis B						
Tuberculin Test Given						
Pneumococcal Conjugate (PCV)						
Varicella						
Other: _____						

**Physician's Health Care Recommendations**

The last date I examined the above applicant was _____		(Date Examined)
The above's condition <input type="checkbox"/> DOES <input type="checkbox"/> DOES NOT		preclude his/her participation in an after school care program.
Height	Weight	Blood Pressure
The applicant is under the care of a physician for the following condition(s):		
Current treatment (include current medications):		
Explanation of any reported loss of consciousness, convulsion, or concussion:		
Does Applicant have epilepsy? <input type="checkbox"/> Yes <input type="checkbox"/> No		Does Applicant have diabetes? <input type="checkbox"/> Yes <input type="checkbox"/> No

**Recommendations & Restrictions While at Before/After School Care**

Any treatment to be continued at site?
Any allergies (food, drugs, plants, insects, etc.)?
Any medication to be administered at site?
Additional health information

**PHYSICIAN'S SIGNATURE**

Licensed Physician's Signature	
Address:	Phone #
Date Form is Completed:	If Form Completed by Nurse, please initial:



**Brick Township**  
**POLICE ATHLETIC LEAGUE**

PO Box 4095 \* 60 Drum Point Road \* Brick, NJ 08723  
(732) 477-0144 \* Fax (732) 477-0510

**PARENT PERMISSION FOR AFTER SCHOOL PICKUP AND  
BEFORE SCHOOL DROPOFF**

We have permission to pick up and/or drop off your child \_\_\_\_\_ on a  
daily basis at \_\_\_\_\_ school and take him/her to the PAL after-  
care program or from the PAL before-care program.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

In Partnership With

