

**Stafford Township Education Foundation  
Extended Day - GET LEAN PROGRAM - Registration Form  
2008-2009**

Child's Name: \_\_\_\_\_ Gender: M \_\_\_\_\_ F \_\_\_\_\_  
 Address: \_\_\_\_\_ Birth Date: \_\_\_\_\_  
 Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Home Phone #: (\_\_\_\_) \_\_\_\_\_ Preferred Hospital: \_\_\_\_\_  
 Family Doctor: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_  
 Bill To (Please Select One): Mother: \_\_\_\_\_ OR Father: \_\_\_\_\_

Father's Name: _____	Mother's Name: _____
Home: (____) _____ Cell: (____) _____	Home: (____) _____ Cell: (____) _____
Address: _____	Address: _____
City/State/Zip: _____	City/State/Zip: _____
Email: _____	Email: _____
Employed By: _____	Employed By: _____
Work Phone: _____	Work Phone: _____

**EMERGENCY CONTACT INFORMATION / RELEASE AUTHORIZATION**  
 The following individuals are authorized to pick up child and may be contacted in the event of an  
 emergency or school closing

**\*\*ADDITIONAL EMERGENCY CONTACTS (other than parents):**

Name \_\_\_\_\_ Phone 1: (\_\_\_\_) \_\_\_\_\_ Phone 2: (\_\_\_\_) \_\_\_\_\_  
 Relationship to Child \_\_\_\_\_ Phone 3: (\_\_\_\_) \_\_\_\_\_

Name \_\_\_\_\_ Phone 1: (\_\_\_\_) \_\_\_\_\_ Phone 2: (\_\_\_\_) \_\_\_\_\_  
 Relationship to Child \_\_\_\_\_ Phone 3: (\_\_\_\_) \_\_\_\_\_

Name \_\_\_\_\_ Phone 1: (\_\_\_\_) \_\_\_\_\_ Phone 2: (\_\_\_\_) \_\_\_\_\_  
 Relationship to Child \_\_\_\_\_ Phone 3: (\_\_\_\_) \_\_\_\_\_

**Morning Session - Everyday Commitment \$75.00 per month  
 (except major holidays and weather-closing days)**

Monday X      Tuesday X      Wednesday X      Thursday X      Friday X

**Weekend Sessions - (Ocean Fitness) Indicate Participation**

Saturday \_\_\_\_\_ Sunday \_\_\_\_\_

**Location:**      McKinley Avenue School

**GET LEAN Registration Fee Waived For 2008-09**

Start Date: \_\_\_\_\_  
 (Please allow 1 week for processing)

For Administrative Office Use Only

Reg. Fee Check # \_\_\_\_\_

Staff Initials \_\_\_\_\_

**Siblings**

Name: \_\_\_\_\_ Age: \_\_\_\_\_ School Attending: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ School Attending: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ School Attending: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ School Attending: \_\_\_\_\_

**Medical**

Are there any allergies or medical conditions that we should be aware of?                      **Yes**      **No**

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

✕ \_\_\_\_\_

**Signature of Legal Parent/Legal Guardian**

**Date**

**\*\*\*Please read and initial the following\*\*\***

\_\_\_\_\_ I have received and read the Extended Day Parent Information Packet, which explains all of the policies regarding the Stafford Township Education Foundation Extended Day Program.

\_\_\_\_\_ I have received and read the Department of Family and Youth Services information to parents statement.

\_\_\_\_\_ I have received and read the Stafford Township Education Foundation's expulsion policy.