

# Piscataway Board of Education

Community Education & Outreach  
1515 Stelton Road  
Piscataway, NJ 08854  
(732) 572-4688

## Before and Aftercare Emergency Enrollment Form

### Attention Principals/Secretaries:

*Please complete the following steps prior to placing a Non-Registered student into aftercare.*

Program(check off) Before Care \_\_\_\_\_ or After Care \_\_\_\_\_ Date of Usage\_\_\_\_\_

1. Inform parent/guardian they will be charged a \$15.00 for before care and \$35.00 for after care for emergency enrollment.
2. **After Care Only - Provide aftercare staff with a copy of the student's Emergency Contact Information from Genesis.**
3. Fill in student name and billing information and sign form.

\_\_\_\_\_  
Office Staff Initial

### Student Name and Billing Information:

Print name of student:	
Home Address:	
Parent Cell Phone:	Parent Email Address:
Print name of parent/guardian authorizing placement in aftercare:	

*Before and/or Aftercare staff completes the bottom section of the form*

Program Center (check one)

_____ Arbor	_____ Eisenhower	_____ Grandview
_____ M.L. King	_____ Knollwood	_____ Randolphville
_____ Quibbletown	_____ Schor	_____ Conackamack
_____ Children's Corner Pond	_____ Children's Corner River	

\_\_\_\_\_  
Print name of parent/guardian

**X** \_\_\_\_\_  
Signature of parent/guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print name of staff member witnessing signature

**X** \_\_\_\_\_  
Signature of staff member

\_\_\_\_\_  
Date

### Staff complete below

Payment: Check \_\_\_\_\_ Cash \_\_\_\_\_ Amount of payment \_\_\_\_\_ Date: \_\_\_\_\_

Credit Card # \_\_\_\_\_ Exp. Date. \_\_\_\_\_ CVV \_\_\_\_\_

Revised Form 8/19

RETURN TO COMMUNITY EDUCATION