

RELEASE OF CHILD (continued)

If applicable, DO NOT RELEASE MY CHILD TO THE FOLLOWING PEOPLE:

Name Relationship to Child

Name Relationship to Child

EMERGENCY CONTACTS

Please identify **TWO** persons who may be called between 2:45 pm and 5:45 pm if you are not available.

First Name Last Name

First Name Last Name

Relationship to Student

Relationship to Student

() - Home Phone

() - Home Phone

() - Work Phone

() - Work Phone

() - Other Phone

() - Other Phone

Street Address

Street Address

City State Zip

City State Zip

INFORMATION ABOUT CHILD

What are your child's interests? _____

Are there any particular areas in which you would like the program to focus (i.e., math, social skills, health awareness)?

I allow the school to release information about my child's school performance, including, but not limited to, grades and test results, to the *New Jersey After 3* program: Yes No

PARENT/GUARDIAN SIGNATURE

I give my child permission to participate in the *Club Ed* afterschool program that is fully licensed and certified by the State of New Jersey and I have received a copy of the following two documents: 1. *Information to Parents*
2. *Guidelines for Positive Discipline*

Parent/Guardian Signature (must be completed for enrollment) _____ / /
Date

