



## After Care Registration

Please mail or drop off payment **BEFORE** September 7<sup>th</sup> to:

Shawn Heeter/Recreation,  
Borough of Bradley Beach,  
701 Main St., Bradley Beach, NJ 07720

**Fee:** \$150 per month for first child  
\$125 for second child

1. Child's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

2. Child's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

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### Parent/Guardian Info

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

### Emergency Contact Info

(Please list someone other than Parent/Guardian above)

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

## **AFTER CARE PROGRAM INFORMATION**

Bradley Beach Recreation will coordinate the After Care Program to take place at Bradley Beach Elementary School. Please read carefully for important information.

### **After Care Hours/Schedule:**

- Until 6pm, Monday through Friday, except on half days, days before holiday weekends or breaks, and other scheduled dates.
- Until 3pm on half days for BBES.
- No After Care on: Nov. 8<sup>th</sup> & 22<sup>nd</sup>, Dec. 22<sup>nd</sup>, Jan. 12<sup>th</sup>, Feb. 23<sup>rd</sup>, March 16<sup>th</sup> & 29<sup>th</sup>, May 4<sup>th</sup> & 25<sup>th</sup>, June 18<sup>th</sup> & 19<sup>th</sup>. (Dates are subject to change.)

*A \$10 fine will be assessed each occurrence that a child is not picked up by the scheduled time.*

### **Disclaimer:**

Please be advised this program is guaranteed through the end of the calendar year. In the event we do not have a monthly enrollment of 15 children we will no longer be able to run the program in January. A decision will be made by the end of November about the sustainability of the program.

### **Emergency Medical Release:**

If emergency medical care is deemed necessary and I cannot be contacted, I authorize the staff to act on my behalf in granting permission for my child to receive emergency treatment.

Medical Insurance: \_\_\_\_\_  
(company and policy #)

Medical/Health Concerns: \_\_\_\_\_  
(medications, allergies, special needs, etc.)

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### **Permission Slip:**

I DO or DO NOT (circle) give my child permission to participate in walking trips to locations in Bradley Beach.

I DO or DO NOT give my child permission to appear in the media or on the borough's website.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date: