

**Heart to Heart & Associates LLC**

17 Legion Pl Rochelle Park, NJ 07662  
Tel: 201-843-3274/Fax: 201-487-7885

**After Care REGISTRATION FORM****GENERAL CONTACT**

Child Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: M F \_\_\_\_\_

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

City/State/Zip \_\_\_\_\_

Days of the Week (circle days required)

Monday      Tuesday      Wednesday      Thursday      Friday

minimum of 2 days required

**FAMILY INFORMATION**

	Parent/Guardian 1	Parent/Guardian 2
Name		
Cell Phone		
Email		
Occupation		
Company Name		
Company Address		
Work Phone		

Marital Status: Married\_\_\_\_\_ Divorced Separated\_\_\_\_\_

If parents are not living together, with which parent does child reside?

\_\_\_\_\_

Please give specific instructions regarding custody and visitation arrangements if parents are not living together. If there is a visitation court order in effect, please provide a copy to the office. Please list all people who are allowed to pick up your child from the After School Program.

\_\_\_\_\_  
\_\_\_\_\_**CHILD MEDICAL INFORMATION**

Is your child potty trained? Y/N Please NOTE: We cannot take children who are not potty trained in the After School Program.

Please List ALL Food and Other Allergies

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**Client Behavior Information**

Highly Preferred Activities/Items (favorite snacks, activities, toys/leisure items, characters, etc.):


**PROBLEM BEHAVIORS** List all:

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**Physical Aggression towards PEERS**

Although we try to accommodate all children, for the safety of all, we cannot take children who are aggressive towards peers. If your child does exhibit aggressive behavior towards peers, Heart to Heart reserves the right to rescind admission without refund.

Insurance Company \_\_\_\_\_

Policy ID# \_\_\_\_\_

Pediatrician Name: \_\_\_\_\_

Address \_\_\_\_\_

Phone # \_\_\_\_\_ Hospital Preference : \_\_\_\_\_

I, \_\_\_\_\_, give Heart to Heart Camp Staff permission to take my child to the hospital in the event of an emergency.

(parent signature) \_\_\_\_\_ (date) \_\_\_\_\_

Please provide information on two individuals in addition to parents/guardians that we may contact in the event of an emergency.

**EMERGENCY CONTACT INFORMATION**

	Emergency Contact 1	Emergency Contact 2
Name		
Address		
Home Phone		
Cell Phone		

Please remember:

Payment MUST be made in full BEFORE the 10<sup>th</sup> of the month.

There is NO Extended pickup hours. Pick up time is 6:00 sharp! There will be an additional \$20 per 10-minute increment after 6:00 pm.

Heart to Heart Aftercare follows the School District calendar. Any days that the school is closed, our aftercare is closed as well.

Refund policy: there are no refunds for absences. There are NO make-up days and NO substituting days.

Please make checks out to Heart to Heart & Associates LLC. We accept Mastercard or Visa, however, a 3% service fee will be applied for all credit card transactions.

#### Liability Waiver

In consideration of ("my child's or children's") participating in activities at Heart to Heart & Associates LLC, I agree to assume all risk and hereby waive, and release Heart to Heart & Associates LLC and its officers, directors, employees and instructors from any and all claims or causes of action for injury, damage or loss to the person or property of my child. I further agree to indemnify and hold Heart to Heart & Associates LLC harmless from any and all losses, claims or causes of action for injury, damage or loss in any way relating to or arising from any incidents occurring at its facility. This waiver and release is intended to be an express waiver and release from any and all claims against Heart to Heart & Associates LLC arising from my child's participation in any activities, including all claims or causes of action based upon the alleged negligence or gross negligence of Heart to Heart & Associates LLC. This agreement shall remain in effect as long as and whenever my child participates in activities at Heart to Heart & Associates LLC. I also grant Heart to Heart & Associates LLC permission to provide emergency assistance and obtain medical care in the event of a medical emergency.

I give Heart & Associates LLC the right to use and copyright photographs of my child taken at Heart to Heart & Associates LLC (but not his or her name) in Heart to Heart & Associates LLC print and electronic advertisements.

Check Appropriate Box: ☐ YES ☐ NO

(parent signature) \_\_\_\_\_ (date) \_\_\_\_\_