

# Discovery Child Care Center

## Fall 2022-23 Registration

Please fill out the registration form below and return it to the front desk to ensure your child's class enrollment. Space is extremely limited so sign up early! **Enrollment forms must be completely filled out, signed and returned with the annual Non-refundable/Non-transferable registration fee: \$45 Single Child / \$60 Family.**

Please note: Registration may change due to COVID restriction policies.

**Current Clients have until 12/30/21 to secure your spot before opening to the Public.**

### DAY CARE PROGRAM

Ages 2.5 months to 4 yrs old

#### Infant Care Fees (2.5 Months-17 Months):

3-Days: 7:00 AM to 6:00 PM \$1,150.00  
5- Days: 7:00 AM to 6:00 PM \$1,590.00

#### Toddler Care Fees (18 Months-2.5 Years):

3-Days: 7:00 AM to 6:00 PM \$1,010.00  
5- Days: 7:00 AM to 6:00 PM \$1,395.00

#### PreK-2 thru PreK-4 Fees:

3-Days: 7:00 AM to 6:00 PM \$ 915.00  
5- Days: 7:00 AM to 6:00 PM \$1,295.00

### CRANFORD AFTER CARE:

1<sup>st</sup> Grade thru 6<sup>th</sup> Grade

5- Days: Pick up from school until 6:00 PM \$ 475.00

**Early Bird (7:00-8:00 AM with Transportation to School)**

5 Days: Add: \$ 135.00

**In addition to Registration Fee, a Half Month Security deposit is due upon Registration.**

### KINDERGARTEN PROGRAM

#### SCHOOL & FULL-DAY KINDERGARTEN FEES:

5- Days: 7:00 AM to 6:00 PM \$1,140.00

**Early Bird (7:00-8:00 AM with Transportation to School)**

5 Days: Add: \$ 135.00

#### Morning Wrap Around Kindergarten Fees:

5-Days: 7:00 AM-12:15 PM \$ 640.00

#### Afternoon Kindergarten Fees:

5-Days: 11:15 AM-6:00 PM \$ 795.00

**Additional Afternoon Pick-Up (5-Days) w/care until 6:00 PM \$ 340.00**

**\*MUST participate in Morning Care Program**

#### **Night Owl (6:00-6:30 PM)**

5 Days: Add: \$50.00

## Fall 2022-23 Registration Form

Student \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

E-Mail Address \_\_\_\_\_

\_\_\_ Yes, I will be registering for the Fall 2022-23 school year

\_\_\_ No, unfortunately I will not be registering for the Fall 2022-23 school year

**Please Check Appropriate Boxes:** \_\_\_ Infant Care Program \_\_\_ Toddler Care Program \_\_\_ PreK-2 Class \_\_\_ PreK-3 Class \_\_\_ PreK-4 Class \_\_\_ Full Day Kindergarten \_\_\_ Morn Wrap-Around Kindergarten \_\_\_ Afternoon Wrap-Around Kindergarten

\_\_\_ 3-Day Full Day (7:00 – 6:00) \_\_\_ 5-Day Full Day (7:00 – 6:00) \_\_\_ Night Owl (until 6:30 PM)

**School Age After Care Options:** **Grade:** \_\_\_\_\_ **School Attending:** \_\_\_\_\_

\_\_\_ Pre Care 7:00 AM \_\_\_ Night Owl (until 6:30 PM)

\_\_\_ Cranford After Care 5-Day

Amount Enclosed \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

**One Commerce Drive Cranford, NJ 07016 908-272-3500 [www.discoverychildcarenj.com](http://www.discoverychildcarenj.com)**

# Cranford After Care School Program

Registration Handbook



ONE COMMERCE DRIVE, CRANFORD, NJ 07016 • (908) 272-3500



[www.cranfordaftercare.com](http://www.cranfordaftercare.com)  
[www.discoverychildcarenj.com](http://www.discoverychildcarenj.com)  
[www.diamondgymnasticsacademy.com](http://www.diamondgymnasticsacademy.com)

# Application for Enrollment

One Commerce Drive Cranford, NJ 07016

908-272-3500

www.cranfordaftercare.com

(Please print clearly)

Name of Child \_\_\_\_\_ Child's Date of Birth \_\_\_\_\_  
 Home Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
 \_\_\_ Pre Care ONLY \_\_\_ After Care ONLY (till 6:00) \_\_\_ Pre & Extended After Care

Mother's/Guardian Name \_\_\_\_\_  
 Home Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_  
 Home Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Mother/Guardian's place of work \_\_\_\_\_  
 Work Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
 Work Phone # \_\_\_\_\_ Hours at Work \_\_\_\_\_

Father's/Guardian Name \_\_\_\_\_  
 Home Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_  
 Home Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Father/Guardian's place of work \_\_\_\_\_  
 Work Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
 Work Phone # \_\_\_\_\_ Hours at Work \_\_\_\_\_

In case of emergency, give names of persons (reachable emergency numbers) who can be called if we cannot reach parents (and be sure that these people know you have given us their names):

Name \_\_\_\_\_ Phone # \_\_\_\_\_  
 Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
 Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone # \_\_\_\_\_  
 Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
 Relationship \_\_\_\_\_

***Names and ages of other children in the family:***

Name \_\_\_\_\_ Age: \_\_\_\_\_  
 Name \_\_\_\_\_ Age: \_\_\_\_\_

Is there a physical, medical or emotional problem which might interfere with your child's adjustment to this program? Is so, please describe: \_\_\_\_\_

I, \_\_\_\_\_ (Parent/Guardian), wish to enroll \_\_\_\_\_  
 (Child's Name) in the After Care Program for the following schedule:  
 Hours your child is attending \_\_\_\_\_ Please Circle: Mon Tue Wed Thur Fri  
 School Your Child Is Attending \_\_\_\_\_

Enclosed are the enrollment fees (Non-Refundable if my child is accepted) and a full months tuition as a deposit. I have read and understand all policy information and agree to comply with these policies.

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

## Cranford After School Program Emergency Information Form

Name of Child \_\_\_\_\_ Date of Birth \_\_\_\_\_

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

Mother's/Guardian's Name: \_\_\_\_\_ Telephone \_\_\_\_\_

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

Work \_\_\_\_\_ Telephone \_\_\_\_\_

Hours at Work \_\_\_\_\_

Father's/Guardian's Name: \_\_\_\_\_ Telephone \_\_\_\_\_

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

Work \_\_\_\_\_ Telephone \_\_\_\_\_

Hours at Work \_\_\_\_\_

In case of an emergency, give names of persons who can be called if we cannot reach parents  
(and be sure that these people know you have given us their names):

Name: \_\_\_\_\_ Telephone \_\_\_\_\_

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

Name: \_\_\_\_\_ Telephone \_\_\_\_\_

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

Is there is a physical or emotional problem which might interfere with your child's adjustment  
to this program? If so, please describe: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

## Cranford After School Program

### Authorization for Pick Up

The following authorizations are necessary for the staff to act in your child's best interest at all times. Please complete and sign each one.

Child's Name: \_\_\_\_\_

#### **Pick-Up Authorization: I hereby authorize:**

Name: \_\_\_\_\_ Relationship \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Work Phone \_\_\_\_\_

Name: \_\_\_\_\_ Relationship \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Work Phone \_\_\_\_\_

To pick up my child from the facility. If these instructions should change, I will let you know in advance and in writing. (Please note any special instructions and the names of persons **not** authorized to remove your child from the gym).

Signature of parent/guardian \_\_\_\_\_ Date \_\_\_\_\_

**MUST HAVE PICTURE ID ON FILE!**

***One Commerce Drive Cranford, NJ 07016 (908) 272-3500***

**www.cranfordaftercare.com**

# DISCOVERY INC.,

Discovery **Child Care** Center • Cranford **Afterschool** Care • Diamond **Gymnastics** Academy

## Automatic Credit/Debit Card Withdrawal Form

√ *Please Check Appropriate Area Below.*

- Discovery Child Care (Infant thru Kindergarten)
- Cranford After Care School Program (1st Grade-8th Grade)
- Diamond Gymnastics Academy

Name on Credit/Debit Card \_\_\_\_\_  
 Student \_\_\_\_\_

Visa     Master Card     American Express     Debit Card     Discover

Credit/Debit Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_  
 Amount to be Withdrawn \_\_\_\_\_

I authorize Discovery Inc. to withdrawal the amount above from my account each month. A two week written notice must be given to our front office to cancel automatic withdrawal.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_