

**Trinity Episcopal Day School**  
**2026-2027 AFTERCARE ENROLLMENT APPLICATION**

Name Of Child:	Birthdate:	Enrollment Date:
----------------	------------	------------------

*Please check the box (□) to indicate the primary residence of the child listed above.*

PARENT/GUARDIAN INFORMATION	PARENT/GUARDIAN # 1		PARENT/GUARDIAN # 2	
	Name:		Name:	
	Relationship:		Relationship:	
	Cell Phone:		Cell Phone:	
	Home Phone:		Home Phone:	
	<input type="checkbox"/> Home Address:		<input type="checkbox"/> Home Address:	
	Employer Name:		Employer Name:	
	Employer Phone:		Employer Phone:	
	Employer Address:		Employer Address:	
	E-Mail Address:		E-Mail Address:	

EMERGENCY CONTACTS	Persons authorized to pick up your child and/or contact in case of emergency if neither parent is available to assume responsibility for the child.		
	Contact Name #1:	Contact Name #2:	Contact Name #3:
	Relationship:	Relationship:	Relationship:
	Cell Phone:	Cell Phone:	Cell Phone:
	Home Phone:	Home Phone:	Home Phone:
	Employer Phone:	Employer Phone:	Employer Phone:

CUSTODY	Name of person PROHIBITED from picking up your child:	
	If a non-custodial parent has been denied access, or granted limited access, to the child by a court order, please submit documentation to this effect for the center to maintain a copy on file, and to comply with the terms of the court order.	

PERMISSIONS	<input type="checkbox"/> I give permission for my child to participate in <b><u>WALKING TRIPS</u></b> within the center's neighborhood, using routes that pose no known safety hazards to children, with the understanding that the walk involves no entrance into another facility unless otherwise indicated.	<input type="checkbox"/> I <b><u>DO NOT</u></b> give permission for my child to participate in <b><u>WALKING TRIPS</u></b> within the center's neighborhood, using routes that pose no known safety hazards to children, with the understanding that the walk involves no entrance into another facility unless otherwise indicated.
	<input type="checkbox"/> I give permission for my child to be <b><u>PHOTOGRAPHED</u></b> during normal daycare hours, field trips, or activities and understand that photographs may be used in promoting child care services, either in print or on the Internet.	<input type="checkbox"/> I <b><u>DO NOT</u></b> give permission for my child to be <b><u>PHOTOGRAPHED</u></b> during normal daycare hours, field trips, or activities and understand that photographs may be used in promoting child care services, either in print or on the Internet.

RECEIPT OF POLICIES	<p>I (we) attest that all of the information on this application is accurate, and that I (we) have received the following information:</p> <p>Center Policies and Procedures          Information to Parents Document          Policy on the Expulsion of Children from Enrollment          Policy On the Use of Technology and Social Media          Policy On the Management of Illnesses/Communicable Diseases          Policy On the Release of Children          Policy on the Methods of Parental Notification of Injuries (if applicable) Other:            Other:</p>		
MEDICAL INFORMATION	Child's Health Care Provider:		
	Health Care Provider Phone:		
	Health Care Provider Address:		
	Name Of Insurance Company/HMO:		
	Group #:		
	Identification #:		
	Subscriber's Name On Insurance Card:		
	Known Allergies (including medication):		
	Medication My Child Is Taking:		
	List Special Conditions, Disabilities, Medical/Physical Restrictions, Medical Information for Emergency Situations:		
HEALTH STATEMENT	<p>As the parent/guardian of the above-named child, I certify that he/she is in good physical health and may participate in the normal activities of the program and has no conditions or specific needs that require specific accommodations, unless otherwise indicated in the medical information provided above or an attached Universal Health Record or a Care Plan for Children with Special Health Needs.</p>		
	<p>Parent/Guardian Initials:</p>		
EMERGENCY TREATMENT	<p>As the parent(s)/ legal guardian(s) of the above-named child, I (we) attest that the information above is correct. I (we) authorize the child care center staff to obtain emergency treatment for my child and understand that I (we) shall be promptly notified.</p>		
	<p>Parent/Guardian Initials:</p>		
Parent/Guardian Signature #1:		Date:	Parent/Guardian Signature #2:
			Date:

# Trinity Episcopal Day School

**Registration Fee: \$75 (non-refundable)**

Checks made payable to: Trinity Episcopal Day School or TEDS

Do you give permission to receive emails regarding our program? YES  NO

Please answer to help us better serve your child (optional):

1. Language(s) spoken at home: \_\_\_\_\_
2. Is there any other information we should know about your child?  
\_\_\_\_\_  
\_\_\_\_\_

3. Are you a current member of Trinity Episcopal Church of Cranford? YES  NO
4. What public school will your child be attending? \_\_\_\_\_
5. What grade will your child be attending? \_\_\_\_\_

**Indicate your choice of days below:**

3 days

Circle the days you request

M T W Th F

4 days

Circle the days you request

M T W Th F

5 days

# AUTHORIZATION FOR ROUTINE TRANSPORTATION

(Update this form each year or as changes occur.)

Each center (or agency other than the center) that provides or arranges for the provision of transportation for children to or from their homes or other prearranged sites and the center must comply with applicable provisions of New Jersey Motor Vehicle Commission (MVC) law, pursuant to N.J.S.A. 39:1-1 et seq., and the rules promulgated thereunder, as specified in N.J.A.C. 13 and the Child Care Center Licensing Act pursuant to N.J.S.A. 30:5B-1 et. Seq. and the rules promulgated thereunder, as specified in the MANUAL OF REQUIREMENTS FOR CHILD CARE CENTERS, N.J.A.C. 3A:52.

All vehicles utilized to transport children shall be equipped with either "S1" or "S2" plates and with child safety seats and booster seats that meet Federal motor vehicle safety standards, as appropriate for the age and weight of the children transported, in accordance with applicable provisions of Motor Vehicle Commission (MVC) law, pursuant to N.J.S.A. 39:3-76.2a and f or 39:3B-10 and 11, as applicable.

The center shall obtain written authorization from the parent or guardian before transporting a child to or from the center. Authorization provided on this form is for the routine transportation to and/or from the center and does not grant authorization for your child's participation in or transportation to or from field trips or other off-site activities or events.

Child Care Center Name

Child's Name	Parent/Guardian Name
--------------	----------------------

<input type="checkbox"/> Home	<input type="checkbox"/> School
<input type="checkbox"/> I authorize the center to transport my child from home to the center.	<input type="checkbox"/> I authorize the center to transport my child from the center to my child's school.
<input type="checkbox"/> I authorize the center to transport my child from the center to home.	<input type="checkbox"/> I authorize the center to transport my child from my child's school to the center.
Home Address:	School Name and Address:

## Child Safety Seat Requirements (check one)

<input type="checkbox"/> (a) My child is under the age of 2 years and 30 pounds and must be secured in a rear-facing seat equipped with a 5-point harness.
<input type="checkbox"/> (b) My child is under the age of 4 years and 40 pounds and must be secured as described in (a) until they reach the upper limits of the rear-facing seat, then in a forward-facing child restraint equipped with a 5-point harness.
<input type="checkbox"/> (c) My child is under the age of 8 and a height of 57 inches and must be secured as described in (a) or (b) until they reach the upper limits of the rear-facing or forward facing seat, then in a belt positioning booster seat.
<input type="checkbox"/> (d) My child is over 8 years of age or 57 inches in height must be properly secured by a seat belt.

## Child Safety Seat (check one)

<input type="checkbox"/> My child is over 8 years of age or 57 inches and does not require a child safety seat.
<input type="checkbox"/> My child is under 8 years of age or 57 inches and requires a child safety seat that I, the parent/guardian will provide daily. I understand that the center will not transport my child without the appropriate child safety seat.
<input type="checkbox"/> My child is under 8 years of age or 57 inches and requires a child safety seat that the center will provide.

As the parent/legal guardian of the above child, I authorize the above child care center to provide routine transportation to and/or from the center as described above.

Parent/Guardian Signature	Date
---------------------------	------