



After School Enrollment Application

What days are you registering your child for? Mon Tues Weds Thurs Fri

What hours will your child attend? Drop Off Time _____ Pick up time _____

Which Elementary School will your child be coming from? _____

What BUS will your child arrive to Keyboard Kids on? BUS NUMBER _____

At what time is the bus anticipated to arrive at Keyboard Kids? _____

Date of Application _____

Child's Name _____ Sex _____

Address _____ Birthdate _____

_____ Home Phone _____

Child's Nickname _____

Father's Name _____ Mother's Name _____

Occupation _____ Occupation _____

Company Name _____ Company Name _____

E-Mail address _____ E-Mail address _____

Work Phone _____ Work Phone _____

Cell Phone _____ Cell Phone _____

Sibling's Name _____ Birthdate _____ Sex _____ Age _____

Sibling's Name _____ Birthdate _____ Sex _____ Age _____

Sibling's Name _____ Birthdate _____ Sex _____ Age _____

Persons authorized to pick-up child and/or contact in case of an emergency if neither parent is available:

Name _____ Name _____

Relationship _____ Relationship _____

Address _____ Address _____

Phone _____ Phone _____

Child's Doctor _____ Phone _____

Address _____

Are there any areas of concern or special information relevant to your child that we should be aware of?

Does your child have any special dietary restrictions?

Allergies	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Medical Problems	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Detailed medical information must be provided on a separate Medical Form					

Signature of Parent or Guardian

Date

If parents are separated or divorced, please complete the following:

Name of parent **not** living with child _____

Address of parent **not** living with child _____

Phone _____

Any additional information _____

MAIL OR DROP OFF COMPLETED APPLICATION TO:

KEYBOARD KIDS, 6-10 TOWNE CENTER DR., NORTH BRUNSWICK, NJ 08902

TEL # 732-821-1400

RATES

SCHOOL HOURS 7:45 A.M. – 6:30 P.M.

\$275/MONTH – INCLUDES BEFORE CARE / AFTER CARE / EARLY RELEASE DAYS

\$145/MONTH FOR EACH ADDITIONAL SIBLING

\$235/MONTH – INCLUDES AFTER CARE & EARLY RELEASE DAYS