

*Mansfield Township Elementary School*

50 Port Murray Road, Port Murray, NJ 07865

908-689-3212

Before and After Care Application

2011-2012

Student's Name: \_\_\_\_\_

Grade for 2011/2012: \_\_\_\_\_

Days Attending *Morning Care*:    M    T    W    TH    F

Days Attending *After Care*:        M    T    W    TH    F

Mother's Name: \_\_\_\_\_

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

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

Father's Name: \_\_\_\_\_

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

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

Emergency Contact: \_\_\_\_\_

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

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

Relationship to the student: \_\_\_\_\_

Additional individuals that have permission to pick up your child. (ID will be checked. Must be at least 18 years old)

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