

**Marlboro Township Public Schools
Department of Special Services
355 County Road 520 Marlboro, New Jersey 07746
Phone: 732-972-2000, ext. 2036
Linda Attanasio, Supervisor of Special Education**

2018 EXTENDED SCHOOL YEAR PROGRAM REGISTRATION

**THIS FORM MUST BE SIGNED & RETURNED TO THE ABOVE ADDRESS
EVEN IF YOUR CHILD IS NOT ATTENDING THE PROGRAM.
FORM MUST BE RETURNED BY APRIL 20, 2018**

I DO NOT want to register my child (print name) _____ for
the 2018 Department of Special Services ESY Program at the David C. Abbott Early Learning Center.

Parent/Guardian Signature Date

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 I want to register my child for the 2018 Department of Special Services ESY Program at the David
C. Abbott Early Learning Center.

Please print

Child's Name _____

Age (as of 6/30/18) _____ Date of Birth _____

Address _____

****Parent/Guardian Contact Information***

Home Telephone _____ Business Telephone _____

Cell Phone _____ Other _____

****Current Information 2017-2018***

School Year School _____ Grade _____ Teacher _____

****Emergency Contact Information***

Name _____ Home Phone _____

Cell Phone _____ Work Phone _____

Name _____ Home Phone _____

Cell Phone _____ Work Phone _____

In case of illness or injury to my child, I have arranged for those designated as emergency contacts to pick up and care for my child. Our family physician may be contacted by the nurse if necessary.

Name of Physician _____ Phone _____

Hospital _____

Please list all medications taken regularly by child at home or in school. _____

Please provide details of any operations, illnesses or injuries your child has had during the last 12 months. Also detail serious allergies or other health problems.

****Transportation***

Please check only ONE:

My child will ride the bus. Parent will transport.

I understand that my child's program will be based on needs identified in his or her current Individualized Educational Program.

Parent/Guardian Signature

Date