

ANDREA McKENNA  
Director  
908-359-2111  
Fax: 908-359-5491



MAILING ADDRESS  
265 Burnt Hill Road  
Skillman, New Jersey 08558

Dear Parent:

Thank you for your interest in Montgomery Township's Kid Connection Kindergarten Enrichment Program. Kid Connection's Kindergarten Enrichment program is for children registered in Kindergarten at Orchard Hill Elementary School. You can extend your child's day at Orchard Hill Elementary School by adding Kid Connection's morning or afternoon enrichment program to complement their half day Kindergarten program. You may also add before school or after school care if needed. Please refer to our main website (within the Montgomery Township website) for information on program times and costs.

If you haven't already done so, please call the director of Kid Connection at (908) 359-2111 to verify that the program you wish to enroll your child in is available at this time. If we can meet your schedule request, please print out the entire registration package and fill out all the paperwork. You will need to turn in all of these documents at the time of registration. We will also need a non-refundable \$150 deposit (made payable to Montgomery Recreation) at the time of registration. You will receive a call from our registration coordinator to set up an appointment to hand in your completed paperwork, deposit and sign the financial agreement. Once you have signed the financial agreement and turned in your paperwork and deposit, your child will be officially registered with us at that time. If after you have registered with us and wish to reduce services or cancel your child's registration with our program you will incur a \$250 administrative fee.

We look forward to meeting you and your child.

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## IMPORTANT

**PLEASE READ AND SIGN BELOW BEFORE REGISTERING!**

Dear Kid Connection Parents:

Montgomery Kid Connection follows the Montgomery Township Board of Education's school calendar for holidays, in-service days, and vacations. This includes snow days, delayed openings, and emergency early dismissals.

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I have read and understand that the Montgomery Kid Connection will follow the Montgomery Board of Education's school calendar.

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Child's name

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Parent's signature

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Date

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My child has the following allergies:

None \_\_\_\_\_

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He/She has an EpiPen for these allergies: Yes \_\_\_\_\_ No \_\_\_\_\_

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Dear Parent:

In keeping with New Jersey's child care center licensing requirements, we are obligated to provide you, as the parent of a child enrolled at our center, with this informational statement, and a Kid Connection Parent Manual which includes the following: Information to Parents Document, Policy on the release of children, Positive guidance and discipline policy, Policy on methods of parental notification, Policy on communicable disease management, Expulsion policy, and Policy on the use of technology and social media.

The statement highlights, among other things: your right to visit and observe our center at any time without having to secure prior permission, the center's obligation to be licensed and to comply with licensing standards and the program's expulsion policy. It is the obligation of all citizens to report suspected child abuse/neglect/exploitation to the State's Department of Children and Families at Hotline 1 (877) NJ ABUSE.

Please read this statement carefully. If you have any questions, feel free to contact me at (908) 359-2111.

Sincerely,

Andrea McKenna

Director

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Please complete this portion and return it to the center. Please print.

Name of child \_\_\_\_\_

Name of parent \_\_\_\_\_

I have read and received a copy of the Information to Parents Statement, and a copy of the information/policies listed above, as stated in the parent manual.

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

**KID CONNECTION CHILD INFORMATION SHEET**

Birthdate \_\_\_\_\_

Teacher \_\_\_\_\_

*(For Official Use Only)*

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

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

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

**Mother's Name** \_\_\_\_\_

**Father's Name** \_\_\_\_\_

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

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

E-mail \_\_\_\_\_

E-mail \_\_\_\_\_

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

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

(If there has been a custody decision, please list the name, or names, of persons NOT PERMITTED to pick up your child from the program.)

Please list two neighbors or relatives who will pick up, if necessary, and assume responsibility for the care of your child in case of an emergency.

1. Name \_\_\_\_\_ Address \_\_\_\_\_

Phone \_\_\_\_\_

2. Name \_\_\_\_\_ Address \_\_\_\_\_

Phone \_\_\_\_\_

Family Doctor \_\_\_\_\_ Address \_\_\_\_\_

Phone \_\_\_\_\_

Does your child have allergies? (such as penicillin, insect bites, food, dust, pollen, other) Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

**If there is a change in the above information, I will notify Kid Connection promptly in writing.**

Date \_\_\_\_\_ Signature of Parent/Guardian \_\_\_\_\_

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## KID CONNECTION PROGRAM

My child \_\_\_\_\_ is in good physical condition and can participate in all activities at Kid Connection.

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Parent Signature

Date

Teacher \_\_\_\_\_  
For Official Use Only

### KID CONNECTION PICK-UP RELEASE FORM

Dear Staff:

I have authorized the following person or persons to pick up my child from school in the event I am not able to do so myself.

I give \_\_\_\_\_ authorization to pick up my child,

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

**Parents Please Note:** The person or persons listed above should coordinate with those listed as emergency contacts on your **child's information sheet**.

Brief Description of the person named above:

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\_\_\_\_\_  
Parent/Guardian Signature

*For Official Use Only*

**MONTGOMERY TOWNSHIP KID CONNECTION  
BLANKET EMERGENCY RELEASE FORM**

In accordance with State Regulations, you are required to sign a Blanket Emergency Release giving the Emergency Room, First Aid Squad, or your child's physician permission to practice emergency medical treatment in case you cannot be reached. Please sign this form and return it to us promptly.

CHILD'S NAME \_\_\_\_\_

I hereby give permission to the facility staff to administer first aid and in the case of an emergency, to transport, secure proper treatment for and order injections, anesthesia or surgery for my child if it is determined to be necessary. I hereby give permission to emergency personnel, including first aid squad personnel, emergency room personnel, and the child's physician to practice emergency medical treatment if it is determined to be necessary. I understand that I will be responsible for all charges not covered by insurance.

\_\_\_\_\_

Parent/Guardian Signature

Date

Name of Insurance \_\_\_\_\_ Policy # \_\_\_\_\_

Note any physical or mental conditions to be aware of in case of an emergency.

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

Other comments: \_\_\_\_\_

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

School Year \_\_\_\_\_

MONTGOMERY KID CONNECTION  
PARTICIPATION INFORMATION SHEET

Name: \_\_\_\_\_ Gender: \_\_\_\_\_ M \_\_\_\_\_ F \_\_\_\_\_

1. Nickname and what you would like your child to be called: \_\_\_\_\_

2. Child's date of birth: \_\_\_\_\_

3. Prior school/group experience: \_\_\_\_\_

4. Will your child tell us when he/she has to use the bathroom? \_\_\_\_\_

5. Does your child have known fears? If so, please explain: \_\_\_\_\_

\_\_\_\_\_

6. Does your child have sisters or brothers? \_\_\_\_\_

What are their names and ages? \_\_\_\_\_

7. Does your child have a favorite toy? \_\_\_\_\_

8. Primary language spoken at home: \_\_\_\_\_

9. Please describe your child's demeanor, i.e. active, quiet, verbal: \_\_\_\_\_

\_\_\_\_\_

10. Special Family Situations: \_\_\_\_\_

11. Any Allergies: \_\_\_\_\_

12. Any food restrictions: \_\_\_\_\_

If you have designated someone else to pick up your child, his or her proper identification on the Pick-Up Release form must be on file at Kid Connection.

**WE WILL NOT RELEASE A CHILD TO ANYONE UNLESS WE HAVE THE PROPER IDENTIFICATION ON FILE.**

Thank you for helping us at the Kid Connection to know and understand your child better. If there is something further regarding your child, not already covered, please use the space on the other side to explain.