

# 2016-2017 Registration Form

Taken by: \_\_\_\_\_

Approved by: \_\_\_\_\_

Date: \_\_\_\_\_



Vernon Police Athletic League  
 P.O. Box 755  
 25 Church Street  
 Vernon, NJ 07462  
 973-764-9514  
 Fax: 973-764-8345

Please note that you must have a family page in the PAL online registration system in addition to this paper registration. Please go to [www.vernonpal.com](http://www.vernonpal.com) and click on the Register button and make a family page – both are required to participate in Before Care and After School Programs.

Requested Starting Date: \_\_\_\_\_ End Date (If Known): \_\_\_\_\_

School Child Attends: \_\_\_\_\_ PAL Site Assignment: \_\_\_\_\_

(PAL OFFICE USE ONLY)

Please select from the following PAL Programs: After School K-4<sup>th</sup> grades @ Cedar Mountain or 5<sup>th</sup>-8<sup>th</sup> grades @ Vernon PAL Before Care K-8 grades @ Vernon PAL

Cedar Mountain After School: Dismissal-6:30PM:

Vernon PAL Before Care: 6:30AM

Vernon PAL After School: Dismissal-6:30PM

After School \$155.00 for 1<sup>st</sup> child and \$130.00 for 2<sup>nd</sup> child in same family. Before Care \$145.00 for 1<sup>st</sup> child and \$125.00 for 2<sup>nd</sup> child in same family. There will be a \$5.00 fee applied to all credit card transactions (one per family – one per month). Separate application for each child enrolled please.

## Child Information:

Last Name	First Name	Date of Birth	Grade
Child Street Address			
City	State	Zip Code	Home Phone
Sex			Permission to Photograph Child? <input type="checkbox"/> YES <input type="checkbox"/> NO

## Parent / Guardian Information: Parent / Guardian #1

Parent / Guardian Information: Parent / Guardian #1			Authorized To Pick Up	Lives With Child
Last Name	First Name	Relationship		
Parent/ Guardian Address				
Home Phone	Mobile Phone	Work Phone	Personal Email Address	
Employer Name	Employer Address		Work Email Address	

**Parent / Guardian Information: Parent / Guardian #2**

Parent / Guardian Information: Parent / Guardian #2			Authorized To Pick Up	Lives With Child
Last Name	First Name	Relationship		
Parent/ Guardian Address				
Home Phone	Mobile Phone	Work Phone	Personal Email Address	
Employer Name	Employer Address		Work Email Address	

**Is Parent #2 allowed to change child's schedule/data: Yes \_\_\_\_\_ No \_\_\_\_\_**

Additional Emergency Contact			MUST BE AT LEAST 18 YEARS OF AGE		Authorized To Pick Up	Lives With Child
Last Name	First Name	Relationship				
Home Phone	Mobile Phone	Work Phone	Personal Email Address			
Employer Name	Employer Address		Work Email Address			

Additional Emergency Contact			MUST BE AT LEAST 18 YEARS OF AGE		Authorized To Pick Up	Lives With Child
Last Name	First Name	Relationship				
Home Phone	Mobile Phone	Work Phone	Personal Email Address			
Employer Name	Employer Address		Work Email Address			

\*If additional emergency contacts are needed, please complete a change of data form to add additional contacts.

**Child Pick-Up Restrictions: Please describe any restrictions regarding the pick-up of your child from our program. Any applicable Restraining or Court Orders must be placed on file with the Vernon PAL Main Office to complete the registration of your child. Please fax, mail or personally deliver applicable information to our PAL Main Office indicating your child's name on the cover sheet.**

**Child Physician Information**

Physician Name	Phone Number
Physician Address	Town, State, Zip Code

**Child Insurance Information \*Please note: PAL Insurance coverage is secondary ONLY.**

Insurance Carrier Name	Phone Number	
Address	Town, State, Zip Code	
Company ID #	Policy #	Group #

**Additional Child Information**

Allergies/Illness/Diagnosis/Behaviors:
Medications:
Other Information:

**ALL PARENTS/GUARDIANS PLEASE NOTE:**

**Failure to disclose all pertinent MEDICAL information concerning your child may result in dismissal from the PAL Program. While the PAL makes every attempt to enroll students, parents should be advised that the PAL is not mandated to enroll nor equipped to care for children who require extraordinary care. The PAL does not provide one-on-one care or supervision.**

**If you have questions or concerns, please contact the PAL Main Office to discuss them with PAL Administration. All conversations will held in confidence.**

**Parent / Guardian Authorization: Please Initial next to each number below.**

1.	Please enroll my child for the period beginning as indicated on the front of this application. I understand my child will remain in Vernon PAL during the time period reserved for him / her.
2.	I authorize Vernon PAL to utilize pictures of my child in their advertisements.
3.	I state that we are the parent/guardians having legal custody of the above child and attest that the information herein contained is completely accurate.
4.	I authorize the Director or the Director's designee of the above childcare center to obtain emergency treatment for my child. I further consent to an x-ray examination, anesthetic, medical or surgical diagnosis or treatment, and hospital care, to be rendered to the minor at a recognized medical facility, under the general or special supervision of a licensed physician or surgeon.
5.	I also recognize and understand that the use of any equipment and/or my child's participation in any activity sponsored by the Vernon Township Police Athletic League will be done at my own risk, knowing that the use of said equipment and/or participation in said activities may subject my child to physical injury serious or otherwise. As such, I will not hold the Vernon PAL, its members, coaching staff, volunteers and directors responsible for any accident or injury that may befall me in the use of said equipment and/or the participation in said activities. Furthermore, I will provide the Vernon PAL with a medical certification form from my child's doctor attesting to my child's physical ability to participate in certain activities requiring notification.
6.	By affixing my signature below, I agree and fully comprehend that I am responsible for all payments incurred with regard to this program.

***By signing below, I, \_\_\_\_\_, the parent/ guardian of \_\_\_\_\_ attest that all information provided on this form is accurate and up to date. I understand that any changes to any of the requested information on this form must be immediately submitted to Vernon PAL, in writing, for review. I understand that failure to provide all accurate and up to date information will lead to dismissal from any and/or all Vernon PAL programs.***

<b>Print Name</b>	<b>Signature</b>	<b>Date</b>

<b><u>PAL OFFICE USE ONLY:</u></b>				
<b>CHECK#</b> _____	<b>CASH</b> _____	<b>CREDIT CARD</b> _____	<b>AMOUNT</b> _____	<b>RECEIVED BY</b> _____

## Payment Acknowledgement Form – Before Care and After School

### Registration

- ***Important*** → You must register by Thursday, August 11<sup>th</sup> in order for your child to attend the PAL Before Care and After School programs on the first day of school (Tuesday, September 6<sup>th</sup>). Children registered between August 11<sup>th</sup> and September 6<sup>th</sup> may not be able to attend the Before or After Care programs on time as the registration process must be completed by noon two days in advance of requested start date.
- Each family must have a family page on the Vernon PAL's online registration system in addition to a separate paper registration form for each child enrolled in Before Care and After School.

### Tuition Fee

- Tuition is due on the 20<sup>th</sup> day of each month, in advance of service. Tuition is payable in 10 equal installments beginning August 20<sup>th</sup> and ending May 20<sup>th</sup>.
- Monthly payments can be made either by cash, check, or credit card. You must fill out a "Billing Authorization Form" at time of registration (see attached).
- If paying by credit card, your account will be charged on the 20<sup>th</sup> of each month or the first business day prior to the 20<sup>th</sup> of the month should the 20<sup>th</sup> fall on a weekend or holiday.
- The monthly payment will be in accordance with the program selected.
- Tuition not received by month end in advance of the next month's service will be considered delinquent and a \$25.00 late fee will be charged. Thereafter, additional \$25 late fees will be charged each subsequent month end the account remains delinquent. Delinquent payments may lead to my child being removed from the program. Any collection and/or legal fees required to collect delinquent payments will be at the expense of the parent/guardian. \_\_\_\_\_ ***Initial***

### Tuition Calculation

- PAL Before Care and After School programs are considered to be annual programs and tuition is computed on an annual basis. As such, monthly payments are equal regardless of the number of school days in a month. Refunds are not given for illness or absenteeism. Days missed due to holidays or inclement weather cannot be exchanged for other days. \_\_\_\_\_ ***Initial***
- Please note tuition discounts are given for additional siblings enrolled in a PAL school program.

### Schedule and Billing Changes

- ***Important*** → Schedule & billing information changes must be submitted in writing to the main office by one of the following methods: Email: ([info@vernonpal.com](mailto:info@vernonpal.com)), Fax: (973-764-8345), Mail: (P.O. 755 Vernon, NJ 07462) or Drop-Off: (PAL Main Office at 25 Church Street, Vernon NJ). Verbal communications will not be considered an official request until such time the request is submitted and received in writing as per the methods above. Do not submit change requests to the school site as they will not be considered an official request. You will continue to be billed based on the information previously submitted in writing to the main PAL office. ***Important*** → \_\_\_\_\_ ***Initial***

\_\_\_\_\_  
1st Child's Name (please print)

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
2nd Child's Name (if applicable)

\_\_\_\_\_  
3<sup>rd</sup> Child's Name (if applicable)



Vernon Police Athletic League  
P.O. Box 755  
25 Church Street  
Vernon, NJ 07462

**Automatic Billing Authorization Form – Before Care and After School**

As indicated below, I hereby authorize Vernon Township Police Athletic League to initiate a credit card charge of each month to the credit card listed below for payment of the next month's tuition. I understand, should the scheduled payment date fall on a weekend or holiday the account will be debited on the first business day prior to the weekend or holiday.

The monthly payment will be in accordance with the program(s) indicated on the signed Registration Form that I have submitted and at the agreed upon rate.

I understand all other incurred fees will be charged to my credit card upon scheduling of service.

I further authorize Vernon Township Police Athletic League to initiate charges to my credit card for any transactions credited in error. I acknowledge that the Vernon Township Police Athletic League is not responsible for providing advanced or subsequent notification of any transaction initiated to my financial account due to a prior billing error.

This authority will remain in effect through the end of the 2016/2017 school year or until Vernon Township Police Athletic League Main Office is notified in writing to cancel such authority. I also acknowledge that upon cancellation the Vernon Township Police Athletic League and related financial institutions require a reasonable amount of time to act on it.

**Credit Card Authorization** *(there will be a \$5.00 fee for all credit card transactions)*

(Circle the applicable card type)     Visa     Master Card     Discover

Name on Credit Card: \_\_\_\_\_

Billing Address: \_\_\_\_\_  
\_\_\_\_\_

Credit Card #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

CVV Code: \_\_\_\_\_

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



**Vernon Police Athletic League**  
**P.O. Box 755**  
**25 Church Street**  
**Vernon, NJ 07462**

## **Check or Cash Billing Authorization Form (Before Care & After School)**

I hereby agree to pay to Vernon Township Police Athletic League, by cash or by check, the School Care tuition on the 20<sup>th</sup> of each month in advance of the next month's service.

The amount of the tuition payment will be in accordance with the program selected and attendance frequency indicated on the signed Registration Form and/or Change Form(s) that I have submitted and at the agreed upon rate.

**Tuition not received by the end of month in advance of the next month's service will be considered delinquent and a \$25.00 late fee will be charged.** Thereafter, additional \$25.00 late fees will be assessed each subsequent month end that the account remains delinquent.

Delinquent payments may lead to my child being removed from the program. Any collection and/or legal fees required to collect delinquent payments will be at the expense of the parent/guardian. Please note that a \$25 fee will be charged for any check returned for insufficient funds.

I also agree to pay Vernon Township Police Athletic League by cash or by check all other incurred fees upon scheduling of service.

This authority will remain in effect until Vernon Township Police Athletic League is notified in writing to cancel such authority.

\_\_\_\_\_  
**Parent or Guardian (Print Name)**

\_\_\_\_\_  
**Parent or Guardian Signature**

\_\_\_\_\_  
**Date**