

## STEP REGISTRATION FORM

Student Enrichment Programs (STEP)  
 c/o Cooper Elementary School  
 1960 Greentree Road  
 Cherry Hill, NJ 08003-1121

OFFICE USE: Record \_\_\_\_\_ 2016-2017  
 Check Name (signer) \_\_\_\_\_  
 Check # \_\_\_\_\_ Check Amount \_\_\_\_\_  
 SACC EDCC Discount \_\_\_\_\_

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

\_\_\_\_\_ STUDENT NAME (first and last) \_\_\_\_\_ HOME SCHOOL \_\_\_\_\_ SCHOOL TEACHER \_\_\_\_\_ ROOM # \_\_\_\_\_ GRADE \_\_\_\_\_ If K  
 AM or PM  
 \_\_\_\_\_ HOME PHONE \_\_\_\_\_ ADDRESS \_\_\_\_\_ CHERRY HILL, NJ 080 \_\_\_\_\_

**PROVIDE AN E-MAIL ADDRESS TO RECEIVE NOTIFICATION ABOUT YOUR SELECTED COURSE BEING CANCELLED OR RUNNING PLUS FUTURE COURSE OFFERINGS.**

E-MAIL: \_\_\_\_\_

COURSE TITLE	COURSE LOCATION (SCHOOL NAME)	DAY OF WEEK	START DATE OF COURSE	TUITION AMOUNT
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

PARENT/GUARDIAN #1 NAME: \_\_\_\_\_ CELL PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_

PARENT/GUARDIAN #2 NAME: \_\_\_\_\_ CELL PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_

Custodial Restrictions? If yes, indicate: \_\_\_\_\_

List adults to be called in an emergency that involves your child, if we cannot reach you. Your parental permission for these adults to pick up your child is implied.

NAME: \_\_\_\_\_ DAY PHONE \_\_\_\_\_ NAME: \_\_\_\_\_ DAY PHONE \_\_\_\_\_

CHILD'S PHYSICIAN: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

Care Information: Please share relevant information that you have shared with your child's school that would be useful in meeting your child's needs in the STEP program.

Health/Medical: \_\_\_\_\_ Social/Emotional: \_\_\_\_\_ Other: \_\_\_\_\_

AT STEP CLASS DISMISSAL MY CHILD WILL: **(circle one)**  
 BE PICKED UP    RETURN TO SACC    RETURN TO EDCC    RETURN TO FAMILY FRIENDLY CENTER

I have read the attached page of "STEP Registration Information".

PARENTAL PERMISSION: My child has permission to participate in the activities of the Student Enrichment Program. I accept full responsibility for my child's acts while in the STEP program and release the Board of Education from any liability.

Child's Insurance Co. and Policy Number \_\_\_\_\_  
 for primary coverage if accident or injury occurs while participating in the program. The District only provides secondary insurance coverage; parent/guardian is responsible for expenses related to accidental injuries.

Signature of Parent or Guardian \_\_\_\_\_ Date: \_\_\_\_\_



## STEP REGISTRATION INFORMATION



**PLEASE DO NOT CALL YOUR SCHOOL OFFICE.** For all information, contact STEP at: (telephone) 856-429-6564 ext. 2, (Fax) 856-429-8246, (E-mail) [EKlitz@chclc.org](mailto:EKlitz@chclc.org), School District Web Site → "Departments" → "School Age Child Care and STEP" → "STEP Courses and Registration". Download the registration form or call the STEP office.

When there is inclement weather or when the district cancels after school activities, you need to expect that activities will be closed and your child will go home at the end of the school day in his/her normal manner.

If an outdoor class is cancelled due to rain, we will begin contacting families as soon as possible.

On the dates that your child is taking an after school course, maintain arrangements at your home in case your child mistakenly goes home at school dismissal time instead of remaining for the course. These classes are not the norm for your child, therefore, he/she might forget and go home by mistake.

If your child will be absent from a class, please notify us at 856-429-6564 ext. 2 and leave a message on the answering machine. We will inform the instructor not to expect your child on that day.

Please make note of the dates of your course selections as the classes may not be scheduled on consecutive weeks. On each course day, remind your child to stay after school.

**BE PROMPT IN PICKING UP YOUR CHILD** at the end of each class. Fees for late pick up may apply. Continued late pick up may result in being removed from the program.

**STEP courses are open to all elementary school students.** However, if you are signing up for a STEP course on your regularly scheduled (paid) SACC or EDCC afternoon, you may submit the STEP tuition at half price. You need to take the discount to receive it. After class, SACC or EDCC students will return to their SACC or EDCC location within the school.

Students are not permitted to walk home after the classes.

It is not appropriate for parents to be in the classroom during the classes. Please wait in the lobby until pick-up time.

Courses that do not have the minimum number of students will be cancelled. Therefore, we encourage you to register early so the course may run.

For the safety of the children, registrations will only be accepted up to two school days prior to the course start date, if space is available.

Please make CHECKS PAYABLE TO: CHERRY HILL STEP. No Cash payments.

Use a different registration form for each child. Send a separate check for each different course.

Your child may take courses at any school if you provide the transportation. Simply ask our STEP office for course information at other schools or look online.

Make a copy of the registration form if you plan to register for more courses later in this school year or simply request more forms from the STEP office. Forms may be downloaded from the web site to fill in by pen.

**Mail the registration form directly to the STEP office, Cooper Elementary School, 1960 Greentree Road, Cherry Hill, NJ 08003-1121.** Do not send the form with your child to his/her classroom or school.

We reserve the right to cancel courses due to insufficient enrollment or to limit enrollment for the sake of safety or quality. If you do not wish to re-schedule your child for another class, the tuition will be refunded.

**The registration form requests an e-mail address for notification about your selected course being cancelled or running.** We will, also, e-mail next year's course flyers to you. Thank you.