

The School District of Jenkintown

325 Highland Avenue
Jenkintown, Pennsylvania 19046

BEFORE AND AFTER SCHOOL CHILDCARE PROGRAM

Child's Name:	Grade:	Nickname:
Address where the child resides:	Birthdate:	Homeroom Teacher::
Child lives with: Both Parents Parent 1 Parent 2 Other _____	Desired Start Date:	Primary language spoken at home:

Parent/Guardian 1 Information

Name:	Home Address (if different than student)	Relationship to child:
Employer/Workplace	Work Address:	Email Address
Home Phone	Cell Phone	Work Phone

Parent/Guardian 2 Information

Name:	Home Address (if different than student)	Relationship to child:
Employer/Workplace	Work Address:	Email Address
Home Phone	Cell Phone	Work Phone

Please circle the days for each program type

Before School Care Program (7:00-8:15 AM)	Monday	Tuesday	Wednesday	Thursday	Friday
After School Program (3:00-6:00 PM)	Monday	Tuesday	Wednesday	Thursday	Friday
Does your child have an IEP or 504 Plan? Yes No	Does your child have any allergies? Yes _____ No				

Describe any additional information that will be important for the staff to know about your child.

Please return the forms to the Jenkintown Elementary School Office or mail to:

Carmen Taylor, Site Supervisor

Jenkintown Elementary School

325 Highland Avenue

Jenkintown, PA 19046

OR

Email

taylorc@jenkintown.org