



CEDAR HILL PREPARATORY SCHOOL

152 Cedar Grove Lane
Somerset, NJ 08873
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Aftercare Form

Please print the following information:

Child's Name: _____ Grade: _____

Child's Name: _____ Grade: _____

Mother's Name: _____ Cell #: _____

Father's Name: _____ Cell #: _____

Emergency Contact Name: _____ Phone: _____

LIST ANY ADDITIONAL PEOPLE - OTHER THAN PARENTS you authorize to pick up your child (Must show photo ID at time of pick-up). **PLEASE PRINT**

Name	Relationship to child:
Home Phone #:	Mobile Phone:

Name	Relationship to child:
Home Phone #:	Mobile Phone:

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Home Phone #:	Mobile Phone:

Please list any allergies:

Aftercare days/times are as follows:

Monday - Friday 3:00pm - 6:00pm (depending on grade).

Anyone picked up after 6:00pm will incur a late fee paid in cash to the supervising counselor at the time of pick-up.

Please refer to the Tuition Form for Aftercare prices.

I agree to the above: Please enroll my child in the Cedar Hill Prep Aftercare Program.

Parent Signature: _____ Date: _____