


# REGISTERING ONLINE

This is the main screen where you will enter in all of your information. Please note that anything with a \* is mandatory. You will not be able to submit the form if these items are NOT filled in.



**THE EWING PUBLIC SCHOOLS**

**Parent/Guardian #1 Information**

\* First Name  \* Last Name   
\* Relationship  \* Email   
\* Address  \* City   
\* State  \* Zip   
\* Cell Phone  Home Phone   
Work Phone

**Parent/Guardian #2 Information**

First Name  Last Name   
Relationship  Email   
Address  City   
State  Zip

At the end of the form you will be able to register your child/children. You have to add each child seperately as some children attend different schools and different programs. Click on **Add Child**.

I HAVE COMPLETELY READ AND UNDERSTAND THE EDP PAYMENT POLICY AND ACCEPT RESPONSIBILITY THAT TUITION WILL BE PAID BY THE 10TH OF EACH MONTH PRIOR TO THE MONTH OF ATTENDANCE.

\* Name  \* Date

**Registered Child(ren)**

To register your child(ren), please click **Add Child**.

**Add Child**

Once you Click on **Add Child** you will be brought to another page. Enter all your childrens information on this page. Once you are finished adding your child, click on **Add Programs** to select their schedule.

**\*NOTE\*** If your child attends O'Brien Academy, please select the Grade and your child's 'home school' for purposes of registration.

\* Gender  \* Birth Date   
(mm/dd/yyyy)

**Custody Information**

\* Custody  Provide Details

**School Information**

\* Grade  (2016-17) \* School

Teacher  \* Program Start

**Health Information**

\* Food/Other Allergies  Provide Details

\* Medications/Medical Conditions  Provide Details

Select the Type of Program you will be registering for: AM, PM or AM & PM then click on **Add Fees/Schedule Details**.

**\*\*NOTE\*\*** - If you are registering for Integrated PreSchool you only have to select '**Preschool Program**'

Please choose from the following options for Abigail Dewysockie

**Preschool Program**

**Grade K-5 AM Program**

**Grade K-5 PM Program**

**Grade 6-8 PM Program**

Privacy Policy  
We keep your personal information private and secure. When you make a payment through our site, you provide your name, contact information, payment information, and additional information related to your transaction. We use this information to process your payment and to ensure your payment is correctly credited to your account.

Contact Us: The Ewing Public Schools • 2099 Pennington Road, Ewing, NJ 08618 • (609) 538-9800 • [mgarrison@ewingps.org](mailto:mgarrison@ewingps.org)

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You will then be brought to the Fees/Schedule page. You **must select** from the Drop-Down menu for \$25 for the 1<sup>st</sup> Child (Registration Fee).

**\*\*When adding additional children to the system, you must select Additional Child – \$0 for each additional child you add\*\*** If you do not do this, you will be charged \$25 for each child.

Select Child #1: \$25 for your first initial registration. When completing additional registrations you will need to select "Additional Child - \$0"

**Options for Abigail Dewysockie**

Registration Fee

Grade K-5 AM 1 Day

Pay Now

Pay Now \$25.00

Please select the one (1) day this child will attend.

Monday

Tuesday

Wednesday

Thursday

Schedule Details

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**Grade K-5 AM 2 Days**

Pay Now \$50.00

Please select the two (2) days this child will attend.

Monday

Tuesday

Wednesday

Thursday

Friday

**Grade K-5 AM 3 Days**

Pay Now \$75.00

Please select the three (3) days this child will attend.

Monday Yes

Tuesday

Wednesday

Thursday Yes

Friday Yes

**Grade K-5 AM 4 Days**

Make sure to select the days that your child will be attending by using the drop down menu and selecting YES for each day your child will be in attendance.

Click on **Add Another Child** if there is another child in your family attending EDP or **Click on Confirm Registration** when you are done adding children for the program.

[Privacy Policy](#)

[Back to Programs](#) [Add Another Child](#) [Confirm Registration](#)

Verify all of your information before submitting your registration. If you made any mistakes, they will need to be changed by contacting the EDP Secretary.

[Back](#) [Submit and Pay](#)

**Parent/Guardian #1 Information**

* First Name Jessica	* Last Name Dewysockie
* Relationship Mother	* Email jdewysockie@ewingboe.org
* Address 2099 Pennington Road	* City Ewing
* State NJ	* Zip 08618
* Cell Phone 609-538-9800	Home Phone 609-538-9800

Once you are on the payment screen, you can enter all of your Credit Card information and billing information. If you wish to use this credit card for recurring tuition charges, you must select **Store Account with SafeSave™**. If you do not wish to save your credit card or wish to pay by Check or Money Order for the remainder of the year, you will be invoiced monthly for these charges.

**Store Account Information**

Keep your payment information on file. Your account information is saved securely by SafeSave™. Payment for your monthly tuition fees will automatically be processed based on your securely saved account information. In addition, future one-time add-on fees may be processed automatically as well. Click the check box below to save your account information for future use.

Store Account with SafeSave™  
secure storage for future use [\(what's this?\)](#)

**Billing Address -- Please edit if billing address is different.**

\* Address   
City   
State   
\* Zip   
Email

[Terms/Conditions](#)

If you have any issues accessing the form or navigating the form, please contact Michele Garrison at extension 7179.