



Middletown Preschool
 Tonya Keller Community Center
 50 Bray Avenue, Middletown, NJ 07748

PreK4
 Full Day / Half Day

PreK3
 Full Day / Half Day

Young Toddlers

Registration Information Form

Child's Name: _____ D.O.B. ____/____/____

Address: _____ City: _____ Zip Code: _____

Home Phone Number: _____ Email Address: _____

Parent/Guardian Name: _____ Occupation: _____

Business Address: _____ Cell Phone Number: _____

Parent/Guardian Name: _____ Occupation: _____

Business Address: _____ Cell Phone Number: _____

Are both parents living? _____ Separated? _____ Divorced? _____

Other Family Members Living at Home:

<u>Name</u>	<u>Relationship</u>	<u>Date of Birth:</u>

Child's Preferred Name: _____ Is child potty trained? _____

Any known allergies? _____

Is your child cared for during the day by anyone other than parents? _____

Please list an emergency contact:

<u>Name</u>	<u>Phone Number</u>	<u>Relationship to Child</u>

Is there anyone that you DO NOT wish to pick up your child? _____

Please provide any additional information you feel we should know about:

Signed: _____ Date: _____



Accident Insurance Plan Notice – Please select only ONE of the sections below

Middletown Preschool Program Accident Insurance Plan provides for all sponsored and supervised activities. Coverage will be effective during the program hours and on the days when such activities are supervised by an authorized staff representative in accordance with the activity scheduled by Middletown Preschool.

PLEASE BE ADVISED THAT THIS IS “FULL EXCESSIVE COVERAGE” AND LIABILITY EXTENDS ONLY TO THAT PORTION OF MEDICAL EXPENSES NOT COVERED UNDER OTHER INSURANCE PLANS.

Cost per child: \$6.00

Insurance Effective Dates: Insurance becomes effective 30 days after payment is received and is valid until the end of the calendar year (January-December).

Section I: Currently covered by other insurance and DO NOT want to participate in Middletown Preschool Program Accident Insurance Plan.

I do not want to have my child (name) _____ covered by Middletown Preschool Program Accident Insurance Plan, and I assume full responsibility for allowing my child to participate in all programs at the TKCC. I hereby agree to indemnify and save harmless Middletown Township Department of Recreation, its employees, and its volunteers from any and all liability arising out of any accidents as a result of said programs.

PHOTOCOPY OF INSURANCE CARD REQUIRED!

Parent/Guardian Name- Print

Parent/Guardian Signature

Date

Section II: Would like to participate in Middletown Preschool Program Accident Insurance Plan

Yes, I do want my child (name) _____ covered by Middletown Preschool Program Accident Insurance Plan. Enclosed is \$6.00. I understand the guidelines for coverage and that the coverage will expire at the end of this calendar year. I hereby indemnify and save harmless Middletown Township Department of Recreation, its employees, and its volunteers from any and all liability arising out of any accident as a result of said programs.

Parent/Guardian Name- Print

Parent/Guardian Signature

Date



Disclosure Statement

In accordance with State Regulations, all parents (in a cooperative program) are required to provide the following information:

1. The Convicted of a Crime Disclosure Statement below- filled out by parent(s)/guardian(s) who will be working the program.
2. Your child's Health Examination Form with Immunizations completed by your doctor within 30 days upon registration and returned to us.
3. A copy of your child's Birth Certificate.

Have you ever been convicted of a crime?

Name: _____ Yes _____ No
(Printed)

Name: _____ Yes _____ No
(Printed)

If yes, please explain:

Signatures:

_____ Date

_____ Date

This is for the safety of your children.



Emergency Release Form:

In case of medical emergency, our physician is:

Physician: _____ **Phone Number:** _____

I hereby authorize the above physician and/or their designated associates or assistants, or his/her covering physician, or in the event these persons cannot be contacted, the emergency room physician on duty at ANY AREA HOSPITAL to provide emergency treatment on my child for the following:

- a. Any laceration, fracture or other traumatic injury; or
- b. Any symptom, disease or injury which, in the judgment of the attending physician, if untreated, reasonably may be expected to increase the risk of or threaten the health of life of my child, or threaten disfigurement or impairment of my child's faculties.

No major surgery or life threatening procedures may be performed upon my child and no general anesthesia may be administered unless:

- a. The life of health of my child is in danger; or if delaying such treatment to obtain consent would create a threat of serious injury to the health of my child; and
- b. The attending physician and one other physician consult and agree that such treatment is necessary for the health of my child.

I hereby give my consent for admission of my child at ANY AREA HOSPITAL if, in the judgment of the attending physician, it is necessary for any treatment authorized herein.

This consent is to be effective only after reasonable efforts have been made to contact the parents to obtain specific consent to any emergency treatment. This consent is also to be used in conjunction with the hospital's procedure for documented administrative authorization.

The children covered by this form are:

<u>Name</u>	<u>Date of Birth</u>	<u>Any known allergies</u>

Parent's Signature: _____ Date: _____

Witness: _____ Date: _____



Neighborhood Walks Permission Slip (Pre-K Class ONLY)

I hereby give my child _____ permission to go on neighborhood walks for educational purposes under the supervision of the staff members and/or scheduled working parents of Middletown Preschool.

This permission slip pertains to neighborhood walks that may be taken at the discretion of the teachers on any given day of the program. This permission slip does not pertain to any other trip away from the school area. Individual consent slips will be sent home for those occasions.

Date

Parent's Signature

**In addition to this registration form, you will be required to provide a copy the following documents:

- Birth Certificate
- Universal Health Record + Immunization Records
- Insurance Card (unless you selected Section II on Page 2)
- Any additional legal documents (restraining orders, religious exemptions, emergency medical paperwork, etc.)